

**WHAT HAPPENS AFTER CHILDREN TELL?
A QUALITATIVE ANALYSIS OF NARRATIVES OF
WOMEN WHO AS CHILDREN DISCLOSED
INTRA-FAMILIAL SEXUAL ABUSE**

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Abstract

Contrary to depictions of strangers and perverts lurking in the shadows, most children are sexually abused by “normal” people known to them, often in their own families. The majority of child sexual abuse, especially when it occurs within families, is neither disclosed nor reported. It has been argued that disclosure is a necessary prerequisite for protecting children and ending abuse, as well as for child welfare, criminal, therapeutic, and other individual and societal interventions. Although it opens the door for intervention, disclosure is also a potential source of further trauma and revictimization, depending on the responses to the disclosures.

There is a great deal of research addressing the prevention, prevalence and incidence, antecedents, etiology, impact, disclosure, and treatment of child sexual abuse. However, what appears to be lacking in the extant literature are victim’s stories of what happened after they as children disclosed intra-familial sexual abuse. Thus, 16 women living in Saskatchewan, Canada were interviewed about their experiences of disclosing, before age 18, intra-familial child sexual abuse. Employing feminist research methods and a constructivist grounded theory research design, this research explores and describes the process of disclosing, what happened after they disclosed, and how the abuse ended. Two models for understanding disclosing and ending intra-familial child sexual abuse and reactions to the disclosures are presented. The first

reflects the factors impacting disclosing and ending abuse and the reactions of families, community members, and professionals. The second envisions optimal conditions for disclosing and ending intra-familial child sexual abuse, and for achieving the desired responses to disclosures. Implicit within the second model are recommendations for change, including implications for professional practice and education.

This research is grounded in feminist, constructivist, and social work traditions of witnessing individual subjective experiences and transforming what is learned into individual and social change through social action. In addressing concerns raised through women's personal narratives, this research aims to increase awareness and understanding among peers, families, formal and informal support systems, and communities about how to respond appropriately, supportively, and helpfully to children's disclosures of sexual abuse. Further, this research aspires to contribute to prevention, clinical intervention, and child protection practices and policies, with an ultimate goal of ending child sexual abuse.

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Chapter One

1 Introduction and Overview

1.1 Intra-familial Child Sexual Abuse

Contrary to depictions of sexual abusers as strangers and perverts lurking in the shadows, most children who are sexually abused are assaulted by “normal” people who are known to them, often in their own families (Badgley et al., 1984; Bagley & King, 1990; Barter, Fairholm, Ungar, Tutty, & McConnell, 2005; Dominelli, 1986; Finkelhor, 1979a; Krane, 2003; Schlesinger, 1986). “Although CSA [child sexual abuse] is recognized as a serious violation of human well-being and of the law, no community has yet developed mechanisms that ensure none of their youth will be sexually abused” (Collin-Vezina, Dion, & Trocmé, 2009, p. 28). As such, children continue to be sexually abused on a daily basis by people who should be safe and trustworthy: their family members (Barter et al., 2005; Krane, 2003; Paine & Hansen, 2002).

The power and authority of adults, especially parents and other family members, is generally accepted by children. Thus, when abusers present abusive sexual behaviour as acceptable, normal, and sanctioned, children comply (Finkelhor, 1979a; Herman, 1992; Krane, 2003). The sexual expression of non-sexual issues, child sexual abuse involves power and dominance over children in relation to their age, gender, dependency, vulnerability, and subordination (Butler, 1985; Conte, 1984; Dominelli, 1986; Dorais, 2002; Rush,

1980; Sgroi, 1982).

Mostly perpetrated by adults or older youth in the family who are typically in a position of power or authority, sexually abused children are exploited for the abusers' own sexual gratification. Using bribery, force, isolation, intimidation, and secrecy, abusers set the stage for sexual abuse and create conditions to eliminate accountability, meet their own needs, and repeat the abuse (Budin & Johnson, 1989; Conte, 1984; Dorais, 2002; Krane, 2003). Sexual abuse acts as an outlet for the abusers' sexual feelings, an expression of angry feelings, an effort to express and receive affection, and an opportunity to exert power (Faller, 1988).

Involving direct or implicit coercion, sex acts are imposed on children who are emotionally and cognitively immature, undeveloped, and unprepared for sex (Butler, 1985; Finkelhor, 1979b; Sgroi, 1982). As a result of this cognitive, emotional, and physical immaturity and dependent state, children lack the actual freedom to say yes or no (Finkelhor, 1979b; Leonard, 1996).

The social position of children is one of basic subordination to adults. Children may be taught to stay away from strangers, but they are socialized to be obedient and affectionate with those entrusted with their care. Due to their lesser social status, smaller physical size, lesser strength, and lesser socialization experiences, it is clear that no child has equal power to say no to any adult, especially one in a position of

authority, such as a parent (Leonard, 1996, p. 112).

Children do not know or comprehend to what they are consenting when they are approached sexually by adults in a position of trust, as they may not fully understand sexual acts or the impact and consequences thereof. As such, children's inability to refuse cannot reasonably be construed as consent (Butler, 1985; Dominelli, 1986; Finkelhor, 1979b, 1984).

Child sexual abuse may involve non-contact sexual abuse (i.e., sexually intrusive questions or comments, listening to sexual talk, watching sexual acts or pornography, exposure of or to sexual body parts, sexually explicit material, sexual exploitation) and/or contact sexual abuse (i.e., having one's sexual body parts touched; touching other people's sexual body parts; oral, vaginal, or anal penetration; sexual exploitation).

1.2 Disclosing Intra-familial Child Sexual Abuse

Disclosure, the process through which abuse is revealed or discovered (Nagel, Putnam, Noll, & Trickett, 1997), can occur indirectly or directly; accidentally or purposefully; spontaneously or when prompted or elicited; contemporaneously, delayed, or not at all. Irrespective of the "common sense" argument that disclosing is essential for ending abuse, prosecuting or rehabilitating offenders, and supporting and treating victims (Berliner & Conte, 1995; Conte, 1984; Kogan, 2004; Lanktree, Briere, & Zaidi, 1991; Paine & Hansen, 2002), the majority of child sexual abuse, especially that which occurs

within the family, is not disclosed or reported (Alaggia, 2004, 2005; Arata, 1998; Hershkowitz, 2006; Hershkowitz, Lanes, & Lamb, 2007; Priebe & Svedin, 2008; Smith, Letourneau, Saunders, Kilpatrick, Resnick, & Best, 2000; Ullman, 2003).

When child sexual abuse is disclosed, families and others often react with denial, secrecy, shame, and victim-blaming (Barter et al., 2005; Crisma, Bascelli, Paci, & Romito, 2004; Draucker & Martsolf, 2008; Hunter, 2011; Malloy & Lyon, 2006; Palmer, Brown, Rae-Grant, & Loughlin, 1999; Roesler & Wind, 1994). Children who are old enough to participate in the intervention process are rarely offered a voice or a choice in any intervention (Allnock, 2010; Berliner & Conte, 1995; Sauzier, 1989; Ungar, Barter, McConnell, Tutty, & Fairholm, 2009; Ungar, Tutty, McConnell, Barter, & Fairholm, 2009). At times, unsupportive and blaming systems may cause more distress and upheaval in the lives of children and families than the abuse itself (Berliner & Conte, 1995; Plummer & Eastin, 2007; Sauzier, 1989).

1.3 Why Research Disclosing Intra-familial Child Sexual Abuse?

My interest in children disclosing intra-familial sexual abuse springs from my experience in social work practice, education, and research. For 10 years, I was employed in Saskatoon at a community mental health clinic, working individually and in groups with women who were sexually abused as children. Grounded in women's experience and the practice wisdom of my

colleagues, I came to understand that, at times, the reaction of others when they came to know about the abuse had as much or more impact on the long term consequences of the child sexual abuse than the type, extent, and duration of the abuse or the relationship with the abusers. Witnessing women's pain in dealing with the reactions of others and coming to understand that people's reactions to the abuse often had greater impact than the abuse itself led me to want to know more about disclosing, responses to disclosing, and how we as a caring community can respond more helpfully to disclosures and better support victims and survivors.

To enhance my theoretical understanding of child sexual abuse and disclosure, I moved to St John's to complete my MSW at Memorial University. I then worked for two and a half years as a research assistant with The Hidden Hurt Project, a national research project addressing child abuse prevention. The project data included 2243 evaluations forms from two Canadian Red Cross RespectED violence and abuse prevention programs. One thousand six hundred and twenty of the evaluations contained disclosures of child abuse, family violence, bullying, and dating violence. Reading these evaluation forms, analysing the data, and hearing the voices of victims and survivors took me back to my feminist roots in responding to violence against women and children. The project expanded my knowledge about child abuse, disclosing, and how abuse ends, simultaneously fueling my passion for social justice and

social change. My involvement in the many facets of the project also enhanced my research skills and sparked my interest in PhD studies.

My PhD journey has allowed me to broaden, deepen, and sharpen my focus on intra-familial child sexual abuse, what happens after disclosing, and how abuse ends. I became aware of the plethora of extant literature addressing the prevention, prevalence and incidence, antecedents, etiology, impact, disclosure, and treatment of child sexual abuse. It became apparent, however, that little is known from the perspective of victims about what happens after children disclose intra-familial sexual abuse. Anecdotal accounts written by survivors and extant research suggest that, due to fear of repercussions, many children delay disclosing, often into adulthood, and that many never disclose the abuse. Those who do disclose typically experience negative reactions, particularly when the abusers are family members.

My dissertation research has provided the opportunity to explore *how women, who before age 18 disclosed sexual abuse by one or more family members, retrospectively describe disclosing, what happened after disclosing, and how the abuse ended* through in-depth interviews with women who were willing to share their stories and candidly discuss their experiences as children disclosing intra-familial sexual abuse. Preserving the anonymity and confidentiality of the 16 women telling their stories, the current research presents and discusses women's experiences as children of:

1. *pathways to and processes of disclosing the abuse, including what instigated disclosing; to whom, where, when, and how they disclosed; and barriers to and support for disclosing;*
2. *what happened after they disclosed, including responses from and actions taken by those to whom they disclosed;*
3. *getting help to end the abuse and access support, including professional responses to disclosing; and*
4. *what might have been different for them and, thus, could be different for other children who are at risk of or are sexually abused within their families.*

As applied feminist constructivist grounded theory research, the data are intended to lead to possible solutions to practical problems (Charmaz, 2006; Mason, 1997; Muzychka, Poulin, Cottrell, Miedema, & Roberts, 2004; Rodwell, 1998; Walker & Myrick, 2006). In addressing concerns raised through women's personal narratives, the current research aims to increase awareness and understanding among peers, families, formal and informal support systems, and communities about how to respond appropriately, supportively, and helpfully to children's disclosures of sexual abuse. Further, the current research aspires to contribute to prevention and intervention strategies and policies, with an ultimate goal of ending child sexual abuse.

1.4 Lenses for Understanding Intra-familial Child Sexual Abuse and Disclosing: My Theoretical Framework

The lenses through which I view the world and the ways in which I make sense of the experiences of intra-familial child sexual abuse and disclosing determine the questions I ask, who I ask, how I gather and analyze the data, how I interpret the results, what conclusions I draw, and which recommendations I put forward.

Data and facts are not like pebbles on a beach, waiting to be picked up and collected. They can only be perceived and measured through an underlying theoretical and conceptual framework, which defines relevant facts and distinguishes them from background noise (Wolfson, 1994, p. 309).

Exploring the disclosure of intra-familial child sexual abuse, what happens after disclosing, and how abuse ends, the current research is viewed through the lenses of social work, feminism, and constructionism, melding into Just Practice, a social justice approach to social work.

1.4.1 Social work.

The current research aspires to give voice to women without one and to disseminate knowledge aimed at promoting equality in society, thereby improving the quality of the lives of children and families.

Social workers believe that it is important for those who are silenced--

for whatever reason--to have a voice. We also tend to believe that those who are marginalized in society have a perspective that is valuable for the rest of us to hear (Witkin, 1999, as cited in Witkin, 2012, p. 30).

The focus on disenfranchised voices and desire for broader social change is supported by the CASW Code of Ethics (2005), which distinguishes social work by way of our commitment to social justice and social change (Wharf, 1990). The foundation of social work knowledge is practice wisdom built on core skills of relationship building, the art of helpful listening, social caretaking, and engaging with social context (Weick, 1999, 2000). These are all essential components of qualitative research, particularly in addressing sensitive issues such as disclosing and ending child sexual abuse.

While social work theory integrates multi-level responses to child abuse and disclosing, social workers, since the beginnings of the profession, have struggled to balance cause with function, public issues with private troubles, and social change with individual needs (Jarvis, 2006; Morell, 1987). Juggling dual roles as agents of social control and advocates for social change, social workers responding to child sexual abuse have struggled to address both individual needs and broader social issues (Howe, 1987). In doing so, social work aims to alleviate pain and end sexual abuse on an individual level while concurrently addressing child sexual abuse in the broader context of community, culture, history, and society, while focusing on structural and

historical systems of oppression (Bagley & King, 1990; Community Services Council Newfoundland and Labrador, 1997; Freire, 1993; Howe, 1987).

Cognizant of how social work is challenged to incorporate micro, mezzo, and macro practice, the current research aims to address both individual experiences and suggest strategies grounded in collective action and social change.

1.4.2 Feminism.

While feminism and social work are separate entities, there is a substantive overlap and a goodness of fit. Just as social work struggles to integrate individual and social change into theory and practice, so too can feminism, although there are those who would assert that feminism does so more seamlessly (Morell, 1987).

Both feminist and social work theories and activism are multi-faceted, nuanced, complex, and often contentious. Feminisms and social work each stand as unique and distinct arenas of knowledge, values, skills, and actions. And there are substantive areas in which the knowledge, values, skills, and actions of feminisms and social work engage, overlap, and are interwoven (Swigonski & Raheim, 2011, p. 11).

There is no one feminist truth; there are multiple feminist truths. All are continuously evolving and open to debate (Dominelli, 2002; Swigonski & Raheim, 2011; Valentich, 2011). Like Dominelli (2002), my own brand of

feminism involves a weaving together of the elements that I have adopted from a range of feminist theories, grounded in the radical feminism I first embraced as a young, passionate feminist and queer activist in the early 1980s.

“Embedded in the notion of feminist epistemology is the understanding that there are many different feminisms; nonetheless, there are some central unifying points” (Brown, Western, & Pascal, 2013, p. 441). Foundational to feminism is a belief that the personal is political; a philosophy brought to life through transformation politics addressing the psychological and social manifestations of oppression (Crossley, 2000; Dominelli, 2002; Kitzinger, 2001; Morell, 1987; Saulnier, 2000; Swigonski & Raheim, 2011; Warner, 2009).

“Boundaries between private and public, personal and political (...) are disrupted by feminist interventions around the family, relationships, the body, sexuality, and domestic life” (Kitzinger, 2001, pp. 100-101). As such, feminism “seeks individual liberation through collective activity, embracing both personal and social change” (Morell, 1987, p. 147).

“Feminist theories explain the structure and dynamics of women’s experiences within sociopolitical and interpersonal sexual hierarchies” (Saulnier, 2000, p. 5). Recognizing the diversity of women’s lives and experiences, some feminist theories reason that sexual abuse is rooted in gender-based social conditioning, patriarchy, personal and structural power, and violence (Dominelli, 2002; Nes & Iadicola, 1989; Swigonski & Raheim,

2011). Moreover, that private and public relations between women and men, combined with the sanctity and structure of families, promote abuse (Cox, Kershaw, & Trotter, 2000; Guberman & Wolfe, 1985). These assertions sit in stark contrast to other schools of thought blaming liberal views toward sex and sexuality, dysfunctional families, colluding mothers, the individual psychology of abusers, or excessive rampant male sexual behaviour (Cox et al., 2000). They also are not entirely compatible with feminist theories that integrate a post-structural analysis in place of an engendered analysis addressing patriarchy (see Hanish & Moulding, 2011; Reavey & Warner, 2001, 2003).

Power, and our understanding thereof, is a key focus of feminist theories. Warner (2009) posits that power is a practice not a possession. Rooted in radical feminism is the belief that patriarchy, the concentration of power in one gender, is a fundamental social problem (Butler, 1985; Crossley, 2000; Dominelli, 2002; Featherstone and Lancaster, 1997; Guberman & Wolfe, 1985). Featherstone and Lancaster (1997) argue that the power of patriarchy is manifested in misogyny, which leads to sexism, which in turn leads to sexual discrimination, which ends in sexual violence (e.g., intra-familial child sexual abuse). “The idea that violence is abhorrent in a sexist, capitalist society is wishful thinking at best” (Guberman & Wolfe, 1985, p. 24). Violence is consistent with the social values of a patriarchal culture, force is accepted as a

means of control in maintaining men's dominance over women and children, and abuse is normative not aberrational (Dominelli, 1986, 2002; Featherstone & Lancaster, 1997; Guberman & Wolfe, 1985; Lister, 2003). "Child abuse, including sexual abuse, will continue so long as society tolerates violence, exploitation and imposed inequality, and powerlessness in a variety of institutions" (Bagley & King, 1990, p. 228). Ending child sexual abuse necessitates addressing power and violence on individual and social levels.

Grounded in feminist and social work traditions, the current research is designed to witness individual subjective experiences and transform what is learned into individual and social change through social action (Mason, 1997; Muzychka et al., 2004; Witkin, 2012) by "challenging dominant knowledge systems and providing avenues for silenced voices" (Witkin, 2012, p. 31).

While my feminist theories and practises are grounded in radical feminist visions of revolutionary changes in attitudes, beliefs, and social structures, I am also realistic about the necessity of working both within and outside of existing system to manifest immediate and incremental change. I believe that, because the current social structures are so firmly entrenched, revolutionary acts are necessary to achieve true social justice and equality of all persons. In the meantime, incremental changes are crucial in order to protect women, children, and other marginalized and oppressed persons, and to cumulatively end violence, abuse, oppression and, in doing so, to co-create

a safer and more just world.

1.4.3 Constructionism.

Rooted in post-modernism, constructionism is an epistemological perspective addressing how people make sense of and describe themselves and their world (Johnson & Grant, 2007; Payne, 2005a; Witkin, 2012). Linking power, knowledge, and dialectical discourses, constructionism involves critical reflection, reflexivity, deconstruction of assumptions, questioning of dominant discourses, and extension of possibilities (Witkin, 2012). In contrast to modernism and empiricism, which seek truth in objective realities, rely on reason and science as pathways to universal knowledge, and produce grand narratives, post-modernism and constructionism support multiple realities based in subjective interpretation (Johnson & Grant, 2007; Payne, 2005a; Witkin, 2012). As such, it is essential to honour women's perspectives on their childhood experiences of intra-familial sexual abuse, their process of disclosing, and the impact thereof.

Knowledge, which is historically, culturally, and socially contingent, is constantly changing, not true or false (Witkin, 2012). As such, how (and if) sexual abuse is defined, understood, and addressed reflects the social-cultural-political-legal-economic-historical context. Although all knowledge and ways of knowing are considered epistemologically equivalent (Witkin, 2012) (e.g., victims' and abusers' understanding of abuse), they are not perceived as

morally or ideologically equivalent (Warner, 2009). Thus, the current research privileges women's experiences and understandings of intra-familial child sexual abuse and disclosing.

“Social constructionism is a philosophical approach maintaining that reality is uniquely experienced, interpreted, and created in relationships” (Witkin, 2012, p. 47). Social constructs evolve from multiple human choices rather than laws of nature or divine will. Constructionism is congruent with the *Thomas Theorem* (1928), which suggests that if people define situations as real, they are real in their consequences (Johnson & Grant, 2007). Thus, children, families, and communities are impacted by the very naming of and disclosing of child sexual abuse.

1.4.4 Just Practice.

Informed by critical theory, constructionism, and feminism, Just Practice (Finn & Jacobson, 2003, 2008) is a social justice approach to social work that “systematically addresses questions regarding the production of meaning and difference, the construction of social subjects and structured inequalities, the intersections of multiple forms and relations of power and domination, and the possibilities and constraints of historical conditions” (Finn & Jacobson, 2003, p. 64). Just Practice is “social work that theoretically and practically links themes of meaning, power, and history to the context and possibilities of justice-oriented practice” (Finn & Jacobson, 2003, p. 64).

Practising reflexivity, self-reference, and self-examination, people are meaning-makers who understand circumstances, events, people, the world, and their experiences through lenses shaped by context and social location. History shapes where people are and where they are going. Drawing on its feminist roots, Just Practice posits that power exists in many forms: power over, power from within, power with, and power to do. Possibility and hope are posited an amalgamation of what has been done, what can be done, and what can exist (Finn & Jacobson, 2003, 2008).

1.5 My Social Location and Intersecting Identities

Key to each of the components of my theoretical framework is social location. “A messenger’s position affects not only the message delivered, but also how that message is received” (Cox et al., 2000). What we perceive, how we make sense of our experiences, what we tell others, and what we do impacts and is impacted by who we are in our family, community, and the world around us. Our perspective is further impacted by what we know and believe about ourselves and others (our world view or theoretical orientation), our intersecting identities, and our shared and divergent social-cultural-political-legal-economic-historical context: in all, our social location.

I am committed to honouring different ways of knowing and being in the world. My life work is focused on working with and giving voice to the meanings and subjective experiences of people who have experienced abuse,

marginalization, oppression, trauma, and violence. To fully do so involves me, as researcher, socially locating myself and addressing my experiences, beliefs, and biases (Crossley, 2000; Lister, 2003; Sachdev, 1992; Witkin, 2012). “Data do not speak for themselves. The interpretation of facts depends on substantive content of theory, which, in turn, depends on one’s social location, social identity, and research purposes” (Sachdev, 1992, p. 35).

I am a white, middle class, butch lesbian woman born in the early 1960s. I was raised in urban Saskatchewan, the only child in a two parent family. My mother, born in the early 1920s, was raised on a farm, educated in a one-room school house, studied teaching at Normal School, and taught in rural Saskatchewan. She continued her education and completed a BSHEc. For the majority of her career, she was employed as a home economist, engaged primarily in community development and public education. She was well-known and respected, both personally and professionally, in Saskatchewan and beyond. A woman ahead of her time, she was a feminist who spoke her mind, was involved in her community, and supported social change. My father, born in the early 1900s, worked in a bank, was an RCMP officer, then worked for a crown corporation. He was very community-minded, generous with his time, unexpectedly open-minded, and, not surprisingly, quite rule-bound. Reading and education, awareness of social and political issues, and well-honed communication, debating, and public speaking skills are strongly

encouraged and highly valued in my immediate and extended family.

My life choices have been nurtured by class, educational, and racial privilege. I was raised in the heart of NDP country, when Saskatchewan was a “have not” province. My beliefs and values are rooted in the idealism and practical challenges of feminism, human rights, social democracy, socialized healthcare, social welfare, and social justice through cooperative, grassroots political and social action. I have witnessed the devastation of abuse, marginalization, oppression, and violence (including assimilation and colonization, poverty, racism, and transphobia), and know intimately the impact of gender oppression, heteronormativity, and homophobia.

I came out in first year university and have lived very openly and publicly as a butch lesbian since that time. I have worked and volunteered in a number of LGBTQ organizations, and have been quite outspoken about queer rights and the impact of heteronormativity, homophobia, and gender oppression on LGBTQ and straight people. I have lived, studied, and worked in Regina, Saskatoon, and Ottawa. For the past thirteen years, I have lived in St John’s with my partner of almost 20 years, a Newfoundlander, also a white, middle class, university educated social worker.

Drawing on advocacy, clinical work, community work, group work, and political and social action, I have worked and volunteered with women in conflict with the law, women who experienced problems with drugs and

alcohol, Aboriginal people, LGBTQ people, women sexually abused as children, and sex offenders. I have been employed in community agencies, government departments, health boards, and academia. My social work practice has been grounded in my conviction that the personal is political, and that community, creativity, knowledge, perseverance, and wisdom are foundational to personal and social transformation. I strongly support the ontological belief in multiple realities and the relativity of truth as evidenced through people's contextualized and subjective perspectives. I feel grounded in what I know and open to possibilities.

1.5.1 Potential impact of my social location and intersecting identities on the current research.

My social location, intersecting identities, and inherent strengths, biases, and limitations impact in multiple ways my relationship with the research, the participants, and their narratives.

First and foremost, I was not sexually abused as a child. Thus, I do not possess an intimate understanding nor a lived experience of what I invite other women to discuss with me. People may assume that I was abused by virtue of my interest in the area of child sexual abuse, however, that would be a flawed assumption. That I was not sexually abused as a child may or may not have been known or of concern to potential participants. As such, it may or may not have been a factor in the participants' decision to participate in the

research.

On the other hand, my not having been sexually abused as a child provides a valuable outsider prospective for hearing women's experiences and working with their narratives. Further, a decade of individual, group, and advocacy work with women sexually abused as children has provided me in-depth knowledge about and vicarious understanding of child sexual abuse. This experience may have drawn women to participate. It also may have positively impacted participants' perceptions and experiences of me and, thus, of the research. My knowledge and understanding of child sexual abuse and the experiences of survivors also impacted my understanding of the participants and their experiences, and enhanced my data analysis and theory building. My knowledge and years of experience in working with women sexually abused as children, as well as in the queer community, with Aboriginal women, with substance abuse, and with women in conflict with the law, provided a solid foundation from which to contextualize the participants experiences, understand the dynamics and impacts of their experiences and social locations, weave together their narratives to build a conceptual understanding of the data, and frame their answers to my primary and secondary research questions.

My being a woman may have impacted how participants perceived me and their comfort in conversing with me. Grounded in their own experiences

of being female, coloured by sexism and gender bias, the participants' reactions to my sex and gender may have invited or deterred their participation in the research. Many women find it easier to discuss personal issues, including abuse, with another woman; others feel less comfortable doing so. Viewing the participants and their experiences through my sex and gender most certainly impacted how I made sense of and conceptualized the participants experiences of intra-familial child sexual abuse and disclosing. As a feminist and a constructionist, I believe that, as a woman, my experiences in and perspective are profoundly different than if I were a man.

My sexual orientation and gender expression also may have impacted the current research. I have been out and public about my sexuality for over 30 years, half of which I lived in Saskatoon. While I typically do not introduce myself as a butch lesbian, I do not hide my sexual orientation nor do I change pronouns when my relationship is mentioned. My gender expression is such that I fit stereotypical images of a lesbian. As such, participants may have made assumptions about my sexual orientation based on my appearance and mannerisms. Knowledge of or assumptions about my sexuality, combined with my choice to distribute information about the research through LGBTQ agencies and networks, may have drawn potential participants anticipating a safe, queer positive space. In contrast, if they knew or assumed that I am a lesbian, women who are opposed to or are not comfortable with

homosexuality may have chosen not to participate.

Knowledge of me and my Saskatoon history working and volunteering with the queer community, women experiencing problems with alcohol and drugs, and women who were sexually abused as children also may have impacted who volunteered to participate in the current research. My personal and professional connections were certainly helpful in recruiting participants. Further, my varied work and volunteer experiences broaden and deepen my understanding of women's experiences, as reflected in the overall value and quality of the current research.

1.6 Thesis Overview

This first chapter, *Introduction and Overview*, begins with a brief discussion regarding intra-familial child sexual abuse and disclosing, then addresses why I chose to research disclosing intra-familial child sexual abuse. The discussion flows into an exploration of my lenses for understanding intra-familial child sexual abuse and disclosure. Foundational to the research, this theoretical framework integrates social work, feminism, constructionism, and Just Practice. Grounded in my theoretical framework, a critical exploration of my social location and intersecting identities, and the impact thereof on the research follows. The first chapter concludes with a chapter by chapter overview of my thesis.

The second chapter, *Child Sexual Abuse*, provides an introduction to

child sexual abuse aimed at more fully contextualizing children's experience of disclosing intra-familial sexual abuse, what happens in response to disclosing, and how abuse ends. In order to set the context and position the experiences of children and their families, the chapter begins with a definition of terms and an exploration of the potential impact of the intersecting identities and social locations of children and families on intra-familial child sexual abuse and disclosing. This is followed by a brief overview of causes, rates, and impacts of child sexual abuse. The majority of the chapter focuses on a history of child sexual abuse and the cycles of awareness and suppression of child sexual abuse (discovery, collective amnesia and suppression, rediscovery, and suppression), in order to provide a sense of the social-cultural-political-historical climate faced by the participants who, as children, disclosed intra-familial sexual abuse.

The third chapter, *Disclosing Intra-familial Child Sexual Abuse*, builds on the information about and context for child sexual abuse provided in the second chapter. The subject of disclosing intra-familial sexual abuse is introduced through a discussion of the types of disclosures. What happens after disclosing, including positive responses, negative reactions, and negative experiences of reporting, is then explored. The discussion shifts to delayed disclosing, non-disclosure, and barriers to disclosing. How intra-familial child sexual abuse ends when either no one discloses or responds effectively to

disclosures is then addressed. The chapter concludes with a rationale for further research.

The fourth chapter, *Methodology*, begins with a rationale for employing a qualitative approach. This is followed by an in-depth discussion of both classical and constructivist grounded theory. Feminist research is described and the congruence between constructivist grounded theory and feminist research is addressed. A discussion of sampling and recruitment precedes a description of interviews, member checking, and data storage and management. The discussion then focuses on data analysis. The chapter concludes with a description of ethical considerations and a critique of the credibility of the research and the impact of truthfulness.

The fifth chapter, *Results: The Nature of Intra-familial Child Sexual Abuse*, is the first of two chapters focusing on the results of the interviews. The chapter begins with a brief description of the interview process, the impact of using retrospective interviews and the major themes of the participants' narratives. Shifting focus, the 16 participants are introduced. The balance of the chapter explores the participants' experiences of intra-familial child sexual abuse and the context thereof. This is followed by a discussion of three key factors (exposure to sexual abusers and familial mental illness, substance abuse, and violence) impacting the participants' experiences of abuse and disclosure. The chapter concludes with a description of the how the abuse

ended.

The sixth chapter, *Results: Disclosing and Ending Intra-familial Child Sexual Abuse*, is the second of two chapters focusing on the results of the interviews. Having contextualized and described the women's experiences of intra-familial child sexual abuse, this chapter explores what they said about disclosing the abuse. The voices of the participants are reflected in discussions about their experiences of disclosing and what happened after the disclosures. The chapter concludes with the participants' thoughts about the barriers they encountered to disclosing and what might have been different.

The seventh and final chapter, *Analysis and Discussion: Models for Understanding Disclosing and Ending Intra-familial Child Sexual Abuse*, contextualizes and weaves together the experiences and insights of the 16 women who participated in the current research and integrates their voices with the writings of survivors, activists, practitioners, and researchers who have addressed disclosing and ending intra-familial child sexual abuse. In doing so, two models gleaned from the participants' insights and experiences are presented and discussed. The first model reflects the factors impacting disclosing and ending the abuse and the reactions of families, community members, and professionals. The second model presents a vision of optimal conditions for disclosing and ending intra-familial child sexual abuse, and for achieving the desired responses to disclosures. Implicit within the second

model are recommendations for change, including implications for professional practice and education. This is followed by a brief discussion of the results of the member checking, the challenges encountered and the lessons learned while interviewing the women and analyzing the data, and suggestions for further research. The chapter concludes with a call to action for enacting change on both personal and social levels to make the world a safer and more responsive place for children.

Reminder to readers: The participants' descriptions of their experiences and the author's discussions of child sexual abuse, disclosure, and the impact thereof are explicit and uncensored.

Chapter Two

2 Child Sexual Abuse

In order to more fully contextualize disclosures of intra-familial child sexual abuse, what happens in response to disclosing, and how abuse ends, this chapter provides an introduction to child sexual abuse. The chapter begins by providing context and positioning the experiences of children and their families through a definition of terms and an exploration of the potential impact of the social locations and intersecting identities of children and families on intra-familial child sexual abuse and disclosing. This is followed by a brief overview of causes, rates, and impacts of child sexual abuse. An historical overview of child sexual abuse, including cycles of awareness and suppression, provides a glimpse into the social-cultural-political-historical climate faced by the participants who, as children, disclosed, over a 50 plus year period, intra-familial sexual abuse.

Recognizing the commonalities and differences between intra- and extra-familial child sexual abuse and the abuse of girls and boys, this and the following chapter explore child sexual abuse and disclosing from a more general perspective. When there are substantive differences noted in the extant literature, the focus is placed on intra-familial child sexual abuse, disclosing, and girls' experience thereof. Where pertinent, the discussion is expanded to address the potential effect of the participants' intersecting identities and

social locations

Given that the participants described their experiences of intra-familial child sexual abuse, disclosing, and the abuse ending over a 50 year time span, beginning in the 1950s and ending in the early 2000s, I deliberately included literature that spanned a broad time frame. While many researchers include only the most recent literature, given the focus of the current research on the social-cultural-political-historical climate and context of the participants while they were being abused and disclosing, there is a wider temporal range of extant literature integrated into the current research.

2.1 Definition of Terms

Child pertains to any person under the age of 18 years. *Aboriginal* includes status and non-status Indians, Metis, mixed blood, Innu, and Inuit people.

The broad concept of *child abuse* refers to any act or failure to act resulting in the imminent risk of or emotional or physical harm or death to a child. *Child abuse* includes sexual, physical, and emotional abuse and exploitation, and exposure to intimate partner violence.

Child sexual abuse involves an adult or older youth (typically in a position of power or authority) using a child for the abuser's own sexual gratification. *Non-contact child sexual abuse* may involve watching sexual acts or pornography, listening to sexual talk, sexually intrusive questions or

comments, sexually explicit material, exposure of or to sexual body parts, and sexual exploitation. *Contact child sexual abuse* may involve having one's sexual body parts touched, touching other people's sexual body parts, sexual exploitation, and oral, vaginal, and anal penetration. *Extra-familial child sexual abuse* is perpetrated by people outside the family, either strangers or people known to the child. *Intra-familial child sexual abuse* is perpetrated by members of the child's immediate or extended family.

2.2 Setting the Context: The Potential Impact of Children's and Families' Social Locations and Intersecting Identities on Intra-familial Child Sexual Abuse and Disclosing

Intra-familial child sexual abuse and disclosing occur in a particular family, community, geographical or social location, context, and moment in time. Just as my social location and intersecting identities impact the research, children's and families' intersecting identities and social locations impact their experience of intra-familial child sexual abuse and disclosing. Thus, the potential impact of these factors warrants attention.

Although most child maltreatment takes place in the family and thus "behind closed doors," this immediate and even developmental context of maltreatment itself needs to be contextualized. Cultural attitudes, values, and practices, as well as the economic circumstances of a society and its cultural history, play an important role in the etiology of child

maltreatment. Even though they are not in any sense an immediate or proximate cause of child abuse and neglect, they create a fertile soil in which these disturbing practices can grow and even flourish (Belsky, 1993, p. 423).

Given that feminism is foundational to my theoretical framework, understanding the impact of sex and gender, including mother-blaming and men's invisibility, is essential. Just as who we are, what we believe, and how we behave is impacted by sex and gender, we are shaped by the families in which we are raised. Diverse cultural and religious identities further shape and are shaped by beliefs and values, behaviour, norms and community standards, and world views.

2.2.1 Sex, gender, mother-blaming, and men's invisibility.

The social structure of gender relations is associated with the sex and gender divide between victims and abusers, whereby most sexual abusers are male and most victims of sexual abuse are female (Alaggia & Vine, 2006; Cox et al., 2000; Finkelhor, 1979a; Rush, 1980; Walker, Bonner, & Kaufman, 1988; Warner, 2009). Girls are abused because they are children and girls; their vulnerability attributed to age and gender. In contrast, boys are abused because they are children, not because they are boys. Their vulnerability is attributed to age not gender (Guberman & Wolfe, 1985; Walker et al., 1988).

Although more sexually abused girls become victims as adults and

more sexually abused boys become abusers (Butler, 1985; Guberman & Wolfe, 1985), the social structure of gender relations is not a complete explanation for these sex and gender divides. Not all men are abusive; women can and do sexually abuse children. Not all girls are victimized; boys can and do experience sexual abuse (Faller, 1998).

Mother-blaming, too, reflects the social structure of gender relations and is pervasive in child sexual abuse and child protection practice and discourse (Cox et al., 2000; Dominelli, 1986; Joyce, 2007; Krane, 2003). Most psychological and social-psychological theories question not whether but how mothers cause and contribute to the sexual abuse of their children (Caplan & Hall-McCorquodale, 1985; Conte, 1986; Kirwin, 1996; Krane, 2003).

Dysfunctional mothers have been implicated as the cornerstone of the problem and blamed for consciously or unconsciously being aware of, colluding in, orchestrating, participating in, and sanctioning the sexual abuse of their daughters (Butler, 1985; Caplan & Hall-McCorquodale, 1985; Conte, 1984, 1986; Dominelli, 1986; Guberman & Wolfe, 1985; Joyce, 2007; Olafson, Corwin, & Summitt, 1993; Rist, 1979; Satter, 2003; Schlesinger, 1986; Warner, 2009).

Further, mothers are most often at the centre of investigations and interventions (Kirwin, 1996; Krane, 2003). "Although the dominant discourse has constructed sexual abuse as a complex, individual, family, and social problem, interviews with [social] workers reveal how the mother has become

the focus of attention rather than the offender” (Krane, 2003, p. 83). Lacking adequate support and resources, mothers are held accountable for protecting children from abusers and for controlling men`s behaviour--an impossible task (Krane, 2003). It is easier and more socially acceptable to implicate and treat mothers than to confront male abusers (Kirwin, 1996).

Fathers and other men, whether abusive or not, are often invisible, rarely implicated in the dynamics of child sexual abuse, and typically excused from accepting any responsibility (Butler, 1985; Conte, 1984; Dominelli, 1986; Faller, 1988; Herman, 1992; Krane, 2003; Rush, 1980; Warner, 2009). When abusers are held accountable, their behaviour is often blamed on their own childhood experiences of sexual abuse or dysfunctional family dynamics. Completing the circle, again the blame is squarely placed on mothers (Conte, 1986; Finkelhor, 1979a; Krane, 2003).

2.2.2 Family.

Familial relationships, in which children should be safe, protected, and not exploited, are the crucial psychosocial dynamic of child sexual abuse (SgROI, 1982). Children`s absolute dependency on their parents and other adults makes them vulnerable to sexual abuse and decreases their ability to defend themselves. So, too, do social expectations around privacy and the sanctity of the family (Crosson-Tower, 2008; Guberman & Wolfe, 1985; Working Group on Child Sexual Abuse, 1996). “The only people who have the

power to protect [children] adequately are those who also have the power to exploit them physically and sexually” (Walker, 1988, p. 16).

Offenders live in a society which accepts the sexualization of children reinforced by popular media images, and the sanctity of a family home as a place where outsiders fear to tread. Society accepts the dominance of adults over children and enables offenders to justify their actions as acceptable or at least tolerable. The offenders are reflecting widespread beliefs about children, sex, and their own invulnerability (Working Group on Child Sexual Abuse, 1996, p. 28).

Contextually, the historic ownership of children by their fathers (*pater familias*) perpetuates and justifies child sexual abuse (Chen, 2005; Goelman, Marshall, & Ross, 2004; Herrick & Stuart, 2005; Krane, 2003; Rose & Fatout, 2003). “Some families have over time integrated a veritable culture of sexual abuse. It would be unreasonable to think such a culture could instantly be brought to an end” (Dorais, 2002). Families in which women are abused by their intimate partners (Alaggia, 2001; Alaggia & Turton, 2005; Hiebert-Murphy, 2001; Molloy & Lyon, 2006; Prilleltensky, Nelson, & Peirson, 2001) and where there is substance abuse (Molloy & Lyon, 2006; Prilleltensky et al., 2001) may experience increased rates of intra-familial child sexual abuse and less supportive responses to disclosures. Further, Prilleltensky et al. (2001) suggest that families who experience absent maternal figures, alcoholism,

distorted roles, limited supervision, poor mental health, or significant spousal conflict are more vulnerable to sexual abuse. Education levels and poverty were not considered risk factors.

2.2.3 Culture and religion.

Culture and religion are prime determinants of attitudes toward and beliefs about children, family, sexuality, and sexual abuse. Religion and culture frequently intersect with gender relations and rigid patriarchal norms. As such, disclosing often results in conflicts around family preservation, loyalty to children and partners, and fear of alienation from family and community (Alaggia, 2001). In an extensive literature review of children reporting sexual abuse, London, Bruck, Wright, and Ceci, (2008) suggest that there may be significant differences across cultures in attitudes, supportive facilities, and types of abuse.

Cultural and religious beliefs, context, experiences, and intersecting identities impact victims' self-image, beliefs about forgiveness, feelings of shame, notions about their loss of virginity, perception of being permanently damaged, sense of responsibility for the abuse, and loss of self-esteem, honour, and social worth (Alaggia, 2001; Eisenberg, 1981; Fontes, 2005; Korbin, 1980). Mothers and other women, depending on the context of their culture and religion, may blame victims in order to insulate themselves from the shame of not protecting their children. Disclosing may be inhibited by culture and

religion. Victims, abusers, and families may be isolated from formal and informal support by cultural mores, religious beliefs, secrecy, and shame (Alaggia, 2001; Eisenberg, 1981; Fontes, 2005; Korbin, 1980).

2.2.4 Aboriginal peoples.

Michael Hart (2002), a Cree social worker and academic from Northern Manitoba, posited that, “if the helping professions respected Aboriginal perspectives, they would incorporate process and methodologies which directly address the effects of genocide, colonization, and oppression” (p. 31). The same holds true for research, particularly that addressing violence against girls and women. Smith (2003) asserts that it is essential to examine the intersectionality between sex, gender, race, class, and colonization when addressing sexual violence. Familiarity with the distinct history and perspectives of Aboriginal peoples (status and non-status Indians, Metis, mixed blood, Innu, Inuit) in Canada and the intersections between assimilation, colonization, racism, classism, sexism, child sexual abuse, and social work are essential in undertaking the current research.

To understand the experiences of Aboriginal girls and women, which Smith (2003) describes as qualitatively different than the experiences of White women, it is essential to consider differences in beliefs, values, and spirituality as well as family and community norms, relationships, and structure.

Although distinctive to each Nation and people, traditional Aboriginal

spirituality and culture typically is grounded in nature and in cycles of life, growth, and transformation. Fundamental concepts of balance, connection, harmony, healing, and wholeness exist in concert with values of sharing, respect, and spirituality (Baskin, 2011; Castellano, Archibald, & DeGagne, 2008; Hart, 2002; Prilleltensky et al., 2001; Ross, 1992; Sinclair, Hart, & Bruyere, 2009).

Children are Aboriginal people's most valuable resource and the Creator's most precious gift. As such, harm to a child is an assault on Aboriginal culture and spirituality (Alaggia & Vine, 2006; Hart, 2002; Prilleltensky et al., 2001). In direct opposition to the sacred value traditionally placed on children, Aboriginal children have been sexually abused in adoptive, foster, and their own families. Intertwined with assimilation, colonization, residential schools, and child protection systems, child sexual abuse has devastating and profound consequences in the lives of Aboriginal children, families, and communities (Alaggia & Vine, 2006; Castellano et al., 2008; Hick, 2006; Prilleltensky et al., 2001; Sinclair et al., 2009).

Ostensibly designed to educate Aboriginal children, residential schools obliterated Aboriginal identity and culture by forcibly removing children from their families, imprisoning, brainwashing, regulating, and controlling their lives. Children were denied access to family, community, culture, language, spirituality, and rituals. They were systematically emotionally, physically,

sexually, and spiritually abused, exploited, and neglected (Alaggia & Vine, 2006; Baskin, 2011; Blackstock, 2011; Castellano et al., 2008; Goelman et al., 2004; Prilleltensky et al., 2001). Of the 20% of Aboriginal people who attended residential schools, 33% reported being sexually abused (Regional Health Survey National Team, 2007, as cited in Collin-Vezina et al., 2009).

This resulted in a legacy of abuse, alienation, exploitation, harsh discipline, loss, and neglect. Removed from values and beliefs guiding holistic, communal parenting, residential school survivors had little experience of healthy relationships or parenting. Suffering from multi-generational grief and internalized oppression, many residential school survivors recreated abusive, controlling, oppressive relationships with their children and families and within their communities (Alaggia & Vine, 2006; Castellano et al., 2008; Goelman et al., 2004; Prilleltensky et al., 2001; Sinclair et al., 2009).

In contextualizing and analyzing the women's narratives, it is essential to consider the potential impact of each of these factors where relevant on their experiences of sexual abuse and disclosing.

2.3 Causes of Child Sexual Abuse

Despite years of research and theory generation, there is no universally accepted, clear, definitive, known, or sufficient cause of child sexual abuse (Belsky, 1993; Meston, 1993; Mulligan, 1991; Prilleltensky et al., 2001). In a study of Canadian child abuse prevention programs, Meston (1993) reminded

us that:

Child abuse is a complex problem that no single factor can explain and for which there is no one cause. While studies indicate that many social, psychological and economic factors are either antecedents to abuse or are associated factors, the factors are so intertwined and variable that it is impossible to say which factors cause which problems. The cumulative effect of a number of factors may be critical (p. 19).

Innumerable causal models have been developed, each with their own strengths and limitations (Corby, 2000; Gomes-Schwartz, Horowitz, & Cardarelli, 1990; Mulligan, 1991; Walker et al., 1988). Psychological theories (i.e., cognitive, learning, attachment, psychodynamic, psychiatric) address individual instincts and intrapsychic factors. Social psychological theories (i.e., family therapy, humanist, interpersonal, interactional, social ecological, systems) target the dynamics of interaction. Social theories (i.e., anti-oppression, children's rights, feminist, socio-cultural, sociological, structural) point to social and political conditions.

While it is beyond the scope of this paper to describe or critique each theory, my theoretical framework for understanding child sexual abuse and disclosing (outlined in *Chapter One*) combines social work, feminist, and constructionist theory, melding into Just Practice, a social justice approach to social work.

2.4 Rates of Child Sexual Abuse

Despite acknowledging that child sexual abuse is common and serious, researchers cannot accurately measure its *incidence* (number of new cases) or *prevalence* (total number of cases or persons affected at any given point at time) (Conte, 1984; Cox et al., 2000; London, Bruck, Ceci, & Shuman, 2005; Mulligan, 1991; Overton, 1993; Warner, 2009). Further, incidence and prevalence rates, typically based on clinical samples or abuse reported to child protection or legal systems, fail to accurately reflect the total population of children who are sexually abused (Cox et al., 2000; Mulligan, 1991; Parker & Parker, 1986; Prilleltensky et al., 2001; Walker et al., 1988).

Successful identification of the scope of child sexual abuse is impeded by social, structural, and methodological factors, including inconsistent definitions of abuse, sampling and data collection methods, and record-keeping among agencies and across jurisdictions (Collin-Vezina, Helie, & Trocmé, 2010; London et al., 2005; Mulligan, 1991; Nelson, 1984; Parker & Parker, 1986; Prilleltensky et al., 2001; Walker et al., 1988). Incidence and prevalence rates are skewed by under-reporting, delayed disclosing, and non-disclosure, resulting from denial, fear, secrecy, shame, victim-blaming, and the privacy and sanctity of the family (Cox et al., 2000; Faller, 1988; London et al., 2005; Mulligan, 1991; Parker & Parker, 1986; Prilleltensky et al., 2001; Tang, Freyd, & Wang, 2008; Walker et al., 1988). Despite these challenges, the data

invariably have revealed that child sexual abuse is neither a minor individual issue nor the product of hysteria, but a major social problem (Conte, 1984; Cox et al., 2000; Prilleltensky et al., 2001).

In the first American random study addressing child sexual abuse, Russell (1983) found that 38% of 930 women had experienced contact sexual abuse before age 18 and 28% before age 14. In 1984, the *Badgley Report* shocked the Canadian nation, reporting that one in three girls and one in six boys had been sexually abused before age 18. Putnam (2003), in a ten year review of child sexual abuse research, found that 12 to 35% of women and four to nine percent of men had unwanted sexual experiences before the age of 18.

More recently, in the *Canadian Incidence Study of Reported Child Abuse and Neglect--2008*, Trocmé et al. reported that "there were an estimated 85,440 substantiated child maltreatment investigations in Canada in 2008 (...) Sexual abuse was identified as the primary maltreatment category in 3% of substantiated investigations." While the rates of child sexual abuse are much lower in the *Canadian Incidence Study* than reported by other authors, these data include only substantiated child abuse cases reported to and investigated by child protection agencies. The data do not include cases that are unreported, screened out prior to investigation, or investigated only by the police.

In discussing the challenges of adults identifying child sexual abuse,

Martin and Silverstone (2013) posit that only five percent of child sexual abuse, specifically that revealed by incidence studies, lies above the surface. In contrast, 95% lies below the surface where it is revealed only by retrospective incidence and prevalence studies. In determining the concordance between adolescent reports of and child protection records of child abuse, Everson et al. (2008) found that when they were asked directly, adolescents revealed four to six times the child abuse as was indicated in child protection records.

2.4.1 Differing rates: Intra- and extra-familial child sexual abuse.

In a review of 10 studies addressing rates of intra- and extra-familial child sexual abuse, Bagley and King (1990) found extra-familial abuse to be only slightly more common, with intra-familial abuse rates ranging from 10 to 50%. In a Saskatchewan study of 1037 cases of child sexual abuse reported to police, which involved 23% boys and 77% girls, Fischer and McDonald (1998) found that 44% involved intra-familial abuse and 56% extra-familial.

Russell (1983) found that 31% of 930 women had experienced extra-familial contact sexual abuse before age 18 and 20% before age 14. Sixteen percent had experienced intra-familial contact sexual abuse before age 18 and 12% before age 14; 40% of which occurred within the immediate family. When the definition of intra-familial was expanded to include contact and non-contact sexual abuse, the rates jumped to 54% before age 18 and 48% before age 14.

2.4.2 Differing rates: Aboriginal and non-Aboriginal children.

Reports addressing child sexual abuse rates among Canadian Aboriginal children and adults differ significantly in their findings concerning the extent of the abuse. Most studies report higher rates than the national average and place Aboriginal children at greater risk of child sexual abuse than non-Aboriginal children (Collin-Vezina et al., 2009; Hylton, 2002). Kowalski (1996) found that, under the *Canadian Criminal Code*, “other sexual offences” (those usually involving children) were reported to police two to three times more often on reserve than in small urban or rural communities (as cited in Collin-Vezina et al., 2009 and in Hylton, 2002). Between the mid-1990s and 2002, “other sexual offences” in First Nations communities involved 31.4 incidents per 100,000 population, approximately three times the national average (Hylton, 2002). In 2004, seven times the number of sexual assaults (in all three categories of the *Canadian Criminal Code* combined) of adults and children on reserve were reported to police than the national average (Collin-Vezina et al., 2009).

While the preceding rates are based on reports to police, Collin-Vezina et al. (2009) reviewed 20 retrospective studies between 1989 and 2007 addressing child sexual abuse rates in Canadian Aboriginal communities. In those studies, 14 to 100% of Aboriginal adults reported being sexually abused as children. After removing misquoted studies and research investigating

high-risk sub-populations, the authors extrapolated that 25 to 50% of Canadian Aboriginal adults had been sexually abused as children.

2.4.3 Decreasing rates of child sexual abuse.

In 2010, researchers questioned whether decreases in substantiated intra-familial child sexual abuse investigations in the 1998, 2003, and 2008 *Canadian Incidence Studies* reflected decreased incidence or changes in reporting trends or investigation methods (Collin-Vezina et al., 2010; Trocmé, Fallon, MacLaurin, & Sinha, 2011). Similar patterns of declining rates of child sexual abuse were reported and explanations queried in Canadian Aboriginal communities (Collin-Vezina et al., 2009), Australia (Dunne, Purdie, Cook, Boyle, & Najman, 2003), Ireland (McGee, Garavan, Byrne, O'Higgins, & Conroy, 2010), and the United States (Almeida, Cohen, Subramanian, & Molnar, 2008; Finkelhor & Jones, 2004). However, it should be noted that, for the reasons described above in relation to accurately ascertaining incidence and prevalence rates, a reduction in substantiated investigations by child welfare agencies does not necessarily reflect a decrease in the incidence or prevalence of child sexual abuse.

Collin-Vezina et al. (2009) agree that the numbers may only reflect a decrease in disclosing or reporting abuse. They also posit that changes in Aboriginal communities (i.e., strengthening spirituality, native identity, individual and community healing) may be decreasing the incidence of child

sexual abuse. Reclaiming traditional ways (e.g., spiritual and cultural teachings, traditional ceremonies) combined with culturally appropriate programs and services may be helping to build stronger families and communities.

Nelson (1984) proposed that cyclical structural factors impact the incidence of reported child sexual abuse. Social cutbacks lead to lower reporting (less staff intervening leads to futility in accessing services which leads to less people reporting abuse); lower reporting leads to lower incidence rates (interpreted as the problem declining or disappearing); and lower incidence rates lead to funding and service cut-backs, which cycle back to lower rates of reporting. Further explanations for declining child sexual abuse rates include more conservative child protection standards, changes in definitions or data collection, increases in caseloads, decreases in screening or investigations, exclusions when abusers are not primary caregivers, diminishing reservoir of older cases, less reporting due to sexual abuse backlash, or a real decline in incidence and prevalence (Almeida et al., 2008; Finkelhor & Jones, 2004). Finkelhor and Jones (2004) suggest that there is no solid convincing explanation for the decline and that there are likely multiple factors involved. They further assert that, if there is not an actual decline, more children are not receiving and will not receive the help and services they need and deserve.

2.5 Forms of Child Sexual Abuse

Much of the child sexual abuse and disclosure research differentiates between the forms of sexual abuse and ranks the seriousness of those various forms. Based on the level of intrusion, non-contact sexual abuse is presented as less serious, non-penetrative sexual contact as more serious, and penetration as the most serious form of sexual abuse. Intra-familial child sexual abuse is often presented as involving more serious forms of sexual abuse than extra-familial child sexual abuse, involving longer duration, greater frequency and repetition, and more intrusion (Fischer & McDonald, 1998; Mian, Wehrspann, Klajner-Diamond, LeBaron, & Winder, 1986; Russell, 1983).

Although the categories vary somewhat in the following studies, the rates of non-contact sexual abuse range from one to 10%, contact non-penetration from 25 to 91%, and penetration from 19 to 74%. Berliner and Conte (1995) reported that 53% of the participants were molested and 42% raped. Bradley and Wood (1996) indicated that 36% of victims of intra-familial child sexual abuse experienced fondling of clothed genitals, 55% fondling of unclothed genitals, and 49% penetration. Goodman-Brown, Edelstein, Goodman, Jones, and Gordon (2003), in a study where 47% of participants were sexually abused by family members, indicated that 10% experienced exhibitionism and non-genital contact, 48% genital contact with no penetration, and 42% penetration. Jonzon and Lindblad (2004), in a study

where 94% of participants experienced intra-familial child sexual abuse, found that 1% experienced non-contact sexual abuse, 25% contact with no penetration, and 74% penetration. Ullman's (2007) research involving 71% women and 38% intra-familial child sexual abuse victims reported that 77% had experienced exposure or fondling, 4% attempted penetration, and 19% completed penetration. In Priebe and Svedin's (2008) study, 10% of the women experienced non-contact child sexual abuse, 69% contact, and 21% penetration.

2.6 Impact of Child Sexual Abuse

The short- and long-term consequences of child sexual abuse impact victims and survivors on cognitive, emotional, physical, psychological, sexual, and spiritual levels. Three primary symptom groups have been identified: hyperarousal (hypervigilance); intrusion (flashbacks); and constriction (dissociation) (Briere, 1992a; Herman, 1992). Dynamic and interactive consequences may include anxiety, avoidance, cognitive distortions, damaged sense of self, depression, dissociation, eating issues, guilt, interpersonal/intimacy disturbances, low self-esteem, post-traumatic stress, self-harming behaviours, sexual problems, somatization, substance abuse, and suicidality (Alaggia & Vine, 2006; Briere, 1992a; Corby, 2000; Herman, 1992; Lanktree et al., 1991; Putnam, 2003; Rist, 1979; Walker et al., 1988; Warner, 2009).

The long-term and profound effect of child sexual abuse on victims results from traumagenic dynamics, a combination of factors including

betrayal, disempowerment, powerlessness, stigmatization, and traumatic sexualization (Briere, 1992a; Finkelhor & Associates, 1986; Walker et al., 1988).

The child trapped in an abusive environment is faced with formidable tasks of adaptation. She must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness (Herman, 1992, p. 96).

While symptoms may be more or less intense at different times over the span of a lifetime, the impact and consequences of child sexual abuse may be related to or mediated by age at onset, duration, developmental stages and issues, gender, level of violence, nature of sexual acts, relationship of victim to abuser, whether and when disclosed, responses to disclosing, acceptance of abuse myths, and cultural, religious, and social meanings (Briere, 1992b; Corby, 2000; Cormier & Goldsmith, 2010; Faller, 1988; Putnam, 2003; Walker et al., 1988; Waller & Ruddock, 1993). For example, Collin-Vezina et al. (2009) noted that Aboriginal victims display as many, and often times more, mental health problems as non-Aboriginal victims. This may be explained in part by the cumulative negative experiences, grounded in colonization, racism, sexism, and classism, that Aboriginal women and children endure.

The negative impacts of child sexual abuse also can be reframed as innovative coping strategies. "Much of what seems pathological is really

creative, albeit ultimately dysfunctional, strategy for survival.... Even the most disturbing behaviours have functional meaning when conceptualized in this fashion” (Briere, 1992a, p. x).

2.7 History of Child Sexual Abuse

More often a question of the extent and interpretation of child sexual abuse than of its presence or absence, history has recorded accounts of child sexual abuse sanctioned by civic, legal, and religious institutions dating back into ancient times (de Mause, 1998; Rush, 1980; Walker et al., 1988). The ownership of children by their fathers (*pater familias*) and by the state (*parens patriae*) facilitated state and religiously sanctioned sexual abuse, serving a variety of cultural, disease prevention and treatment, economic, initiatory, and religious functions (Chen, 2005; Goelman et al., 2004; Guberman & Wolfe, 1985; Herrick & Stuart, 2005; Hilarski, Wodarski, & Feit, 2008; Rush, 1980). Although experiences vary by era, geography, and social location, children have been sexually abused and exploited in a multitude of ways, including being bought and sold as wives, prostitutes, and slaves; non-consensual sexual acts, including rape; and in pornography (de Mause, 1998; Hilarski et al., 2008; Rush, 1980).

Alternating over the last two centuries between a conservative ideology (based on individual responsibility) and a liberal ideology (based on individual rights), responsibility for children has been located in the hands of

the state (Kirwin, 1996). Respect for the privacy and sanctity of the nuclear family has hampered the efficacy of legal and child protection systems. Confidentiality rules have enforced public silence, decreased possibilities of family or community support, and left or placed children at risk (Community Services Council Newfoundland and Labrador, 1997; Crosson-Tower, 2008; Guberman & Wolfe, 1985; Working Group on Child Sexual Abuse, 1996).

2.8 Cycles of Awareness and Suppression of Child Sexual Abuse

Child sexual abuse has undergone a social-cultural-legal-political cycle of discovery, collective amnesia and suppression, rediscovery, and suppression (Cling, 2004; Cox et al., 2000; Gordon, 1988; Olafson et al., 1993). “The different ways we understand child sexual abuse give rise to competing versions of reality that have markedly different effects on the lives of abused women and girls” (Warner, 2009, p. 1).

This cycle has ebbed and flowed with the rhythm of feminist movements. The presence of a strong feminist movement gave rise to more progressive and humane responses to child sexual abuse. Awareness of child sexual abuse increased as political movements gave voice to disempowered people and challenged the subordination of women and children. In contrast, more punitive and misogynist reactions took shape when feminism was suppressed and its power declined (Gordon, 1988). In this context, child sexual abuse was reinterpreted, and the voices of victims and survivors discredited

(Gordon, 1988; Herman, 1992).

2.8.1 **Discovery.**

Beginning in the 1800s, the first wave of the feminist movement, child savers and child rescuers (the early social workers), social reformers, and the Temperance Movement worked in concert to address and raise awareness of “social purity” and the sexual exploitation of children (Herrick & Stuart, 2005; Messing, 2011; Olafson et al., 1993). Fueled by a feminist analysis, blaming male brutality and lack of sexual control, early social workers and others strove to protect children from abuse, neglect, and family violence. In doing so, they challenged the sanctity of the Victorian family and the authority of pater familias (Gordon, 1988).

Both the Settlement House Movement, associated with Jane Addams, and the Charities Organizing Societies, guided by Mary Richmond, were active in addressing child sexual abuse. Societies for the Prevention of Cruelty to Children (SPCC) focused their publicity and fundraising on “carnal abuse” (Gordon, 1988) and moralist groups (e.g., the Salvation Army, Social Purity Alliance, White Cross Society) sought to preserve childhood sexual innocence (Bagley & King, 1990; Payne, 2005b).

Beginning in the 1860s, physicians in Germany, France, and Vienna created public awareness of the increasing sexual abuse of children through public lectures in which they drew connections between “hysteria” in women

and their history of childhood trauma (Olafson et al., 1993; Williams & Griffin, 2008). In 1873, Ambroise Tardieu published a paper describing 11,000 French rape cases; almost 80% of which involved children (Williams & Griffin, 2008). Simultaneously discovering the roots of hysteria in psychological trauma, Pierre Janet pioneered the study of trauma and dissociation while Sigmund Freud linked hysteria with child sexual abuse (Cling, 2004; Finkelhor, 1979a; Guberman & Wolfe, 1985; Herman, 1992; Joyce, 1995; Olafson et al., 1993; Rush, 1980; van der Kolk & van der Hart, 1989). While Janet's work disappeared into virtual obscurity for a century, Freud's ideas spread like wild fire throughout the medical and professional communities and the public. Freud broke new ground by making the connection between reports of intra-familial child sexual abuse (verified by relatives and servants of female patients) and women's symptoms of neurosis. In 1895 and 1896, he published four papers in which he outlined his seduction theory and postulated that childhood sexual trauma caused hysteria in women (Herman, 1992; Joyce, 1995; Rush, 1980).

2.8.2 Collective amnesia and suppression.

Within a year, Freud recanted his theory; denied his patients' stories (despite verification); blamed women for remembering the desire for, not the actuality of, abuse (autoerotic memories and Oedipus complex); and named mothers as seducers of children (Cling, 2004; Crosson-Tower, 2008; Finkelhor,

1979a; Guberman & Wolfe, 1985; Herman, 1992; Joyce, 1995; Olafson et al., 1993; Rist, 1979; Rush, 1980). Freud's retraction has been attributed to pressure from colleagues, disbelief of the high rate of child sexual abuse and fears of radical social implications, and Freud's own self-analysis following the death of his sexually abusive father (Bagley & King, 1990; Guberman & Wolfe, 1985; Herman, 1992; Rush, 1980; Walker, 1988).

Freud's retraction and his subsequent eroticized theories have had devastating and far-reaching consequences (Cling, 2004; Crosson-Tower, 2008; Finkelhor, 1979a; Guberman & Wolfe, 1985; Herman, 1992; Joyce, 1995; Olafson et al., 1993; Rist, 1979; Rush, 1980). Children have not been believed, have been blamed for instigating and participating in their abuse, and have been accused of seducing the men who abused them. Mothers have been blamed for collaboration with abusers and for conscious or unconscious awareness of and complicity in the abuse of their children. Abusers have not been held accountable. On the macro level, attention, energy, and resources have been diverted from the social change necessary to stop the sexual abuse of children.

Pushed underground until the 1970s, child sexual abuse garnered little appropriate or helpful public or professional attention (Cling, 2004; Gordon, 1988). As such, child sexual abuse was reinvented in public discourse, exacting a toll on victims and survivors. The locus of child sexual abuse moved from

the home to the streets. Abusers were identified as perverted strangers rather than male family members. Victims were transformed from betrayed innocents to sexual delinquents (Gordon, 1988). Children who disclosed were blamed for the abuse and portrayed as liars, seductresses, and sexual delinquents (Bagley & King, 1990; Cling, 2004; Corby, 2000; Gordon, 1988; Guberman & Wolfe, 1985). Girls who ran away to escape sexual abuse were considered a “moral danger” and arrested or institutionalized (Bagley & King, 1990; Finkelhor, 1979a; Gordon, 1988).

Incest victims initially are betrayed by the adults in their families who fail to provide them with emotional, physical, and sexual safety, and they are further victimized by a society that shuts its doors and its eyes at the mention of sexual abuse (Butler, 1985, p. 29).

Mothers were blamed for complicity and “moral neglect” and that, with their home and family safe from public scrutiny, abusers were treated with impunity (Gordon, 1988). With the exception of well-publicized cases of “stranger danger” by sexual perverts and psychopaths, abusers remained invisible and avoided responsibility (Finkelhor, 1984; Finkelhor, 1979a; Gordon, 1988). Further protecting abusers from assuming responsibility for their crimes, generations of attorneys and judges were negatively influenced by John Henry Wigmore’s *Treatise on the Anglo-American System of Evidence in Trials at Common Law* (1904). In what is considered one of the greatest books on

law ever written, Wigmore demanded that women and children undergo psychiatric assessment prior to testifying in cases involving sexual abuse, lest they bring false accusations against “men of good character” (Cling, 2004; Wells, 1990).

While Moralists kept child molestation and sexual corruption on the radar, albeit from a judgmental and child-blaming stance, Liberals, fearing the concerns of Moralists would interfere with sexual liberation and reforms, downplayed concerns and blamed “seductive children” (Finkelhor, 1979a, 1984; Olafson et al., 1993). Alfred Kinsey, in his 1953 ground-breaking study of female human sexuality, suggested that one in four girls and one in 10 boys were sexually abused before the age of 18. However, he argued, sexuality was natural and, therefore, child sexual abuse, although common, was not a problem. He blamed women for complaining about their abuse and argued that the social-cultural-political reaction to disclosing, not the abuse itself, was harmful (Bagley & King, 1990; Cling, 2004; Finkelhor, 1979a; Olafson et al., 1993; Winter, 1990).

Grounded in Freud’s psychoanalytic theory, family systems theorists presented intra-familial child sexual abuse as a symptom of family dysfunction that served to reduce tension and preserve the family. Again, mothers and victims rather than abusers were blamed. Inadequate, sexually dysfunctional wives were blamed for parentalizing their daughters, and for instigating

mother-daughter role reversals and maternal collusion. Simultaneously, seductive daughters were characterized as willingly accepting the aforementioned mother-daughter role reversals and the resulting sexual role with their fathers. By focusing on family context and dynamics, family therapists shifted responsibility from abusers to families. In doing so, they trivialized the impact of child sexual abuse (Bagley & King, 1990; Caplan & Hall-McCorquodale, 1985; Cling, 2004; Conte, 1986; Featherstone & Fawcett, 1994; Finkelhor, 1979a; Guberman & Wolfe, 1985; Olafson et al., 1993; Rush, 1980).

2.8.3 **Rediscovery.**

Bringing an end to this era of suppression, second wave feminism, the children's rights movement, the child protection movement, and the sexual revolution created space and permission for child victims and adult survivors to give voice to their experiences of sexual abuse (Bagley & King, 1990; Corby, 2000; Crosson-Tower, 2008; Finkelhor, 1979a, 1984; Gordon, 1988; Guberman & Wolfe, 1985; Olafson et al., 1993; Warner, 2009). In this increasingly responsive environment, women who had been sexually abused as children spoke out about their experiences and the impact of child sexual abuse, drawing both public and professional attention to the issue. In doing so, they sought both personal healing and social change (Bagley & King, 1990; Warner, 2009).

Notably, as a whole, adult survivors of child sexual abuse have been far more

vocal, visible, and political than survivors of other forms of child maltreatment (Wachtel, 1994).

Vincent DeFrancis, of the American Humane Society, undertook the first large scale study, *Protecting the Child Victim of Sex Crimes Committed by Adults* (1969). The first to distinguish between physical and sexual abuse and to estimate national levels of child sexual abuse, the study addressed abuse, victims, abusers, parents, and circumstances surrounding the abuse. The study successfully raised the profile of child sexual abuse in public and professional domains. However, continuing the negative messages of an earlier time, the report was steeped in the biases inherent within psychoanalysis and family therapy, including family pathology, mother-blaming, parental dereliction of duty, and victim-blaming (Cling, 2004; Sgroi, 1982).

In contrast, much of the early literature addressing child sexual abuse written by feminists, social workers, and rape trauma specialists reported and contextualized the experiences of sexually abused children and adult survivors. Bringing a similar analysis to child sexual abuse as to other forms of violence and abuse against women and children, feminists contended that the patriarchal social system licensed men to sexually abuse women and children who then were blamed for their own victimization (Joyce, 1995). "Feminist attention to the formerly silenced or minimized problems of incest and child sexual abuse fit the feminist program of countering the distortions of

patriarchal experts with the truths of women's experiences" (Satter, 2003, p. 452).

First presented in 1971 and published in 1980, Florence Rush's comprehensive historical treatise contextualized the social-cultural-political-legal-economic-historical sanctioning of and support for child sexual abuse. Rush questioned social attitudes toward sex, the sanctity of the nuclear family, male-female role expectations, and the rights of children to their own bodies.

Now as before, we have no difficulty condemning a man who will take a child's bicycle (with or without her consent, because an adult is expected to discriminate right from wrong), but will wonder whether a man is to be held responsible for sexually using a non-resisting child. It is only in sexual matters that a child is held accountable as an adult and a man permitted to be as irresponsible as a child. Consequently, the sexual abuse of children by adults has never been established as an irrefutable legal and moral violation and to this day remains a debatable polemic (Rush, 1980, p. 73).

Rush placed responsibility on abusers for their behaviour, identified the lack of social responsibility for preventing and responding to abuse, and did not blame children. In doing so, Rush presented child sexual abuse as a political and patriarchal issue; a socially accepted pervasive pattern with a long history, rather than as isolated individual incidents (Rush, 1980).

The 1984 *Report of the National Committee on Sexual Offences Against Children and Youth* (the *Badgley Report*) had profound influence on awareness of and response to child sexual abuse, juvenile prostitution, and child pornography in Canada. The report revealed extensive child sexual abuse in Canada, inadequate laws to protect children, and inadequate public services. The report was influential in making the criminal code more child-friendly by redefining sexual offences and changing the rules of evidence and court procedure, thereby impacting child victim testimony (Badgley et al., 1984; Schlesinger, 1986). Most notably, the report propelled child sexual abuse into public and professional discourse in Canada.

By the 1980s, child sexual abuse had transitioned from virtual obscurity to a high profile social issue; evolving from an uncommon, unimportant problem to a major news story. Reports of abuse mushroomed (Finkelhor, 1984).

Identifying inequality, gender-based power relations, and oppression as inherent within a patriarchal society, feminists raised awareness about child sexual abuse and shifted the narrow focus from the family to society. They acknowledged the innocence of victims and responsibility of abusers, advocated for punitive prison sentences for abusers, and critiqued family preservation and reunification. The privacy of the family was invaded by public scrutiny as feminists challenged both patriarchy and the sanctity of the

family.

Feminists politicized individual services and personalized social structures through advocacy, consciousness-raising, collective acts of resistance, mutual peer support, and the creation of alternative groups and programs (Bagley & King, 1990; Guberman & Wolfe, 1985; Morell, 1987). Knowledge of sexual abuse was advanced and social policy created through partnerships between grassroots and professionals, feminist advocates and adult female survivors of child sexual abuse (Cling, 2004; Warner, 2009).

2.8.4 Suppression.

The 1990s witnessed the beginning of another era of public, professional, and legal scepticism and denial of child sexual abuse and its impact (Cling, 2004; Olafson et al., 1993; Schlesinger, 1986). Child sexual abuse was redefined as gender-neutral and perpetrated by strangers and by large institutions and organizations (e.g., Churches, Boy Scouts, private boarding schools) (Gordon, 1988).

Child sexual abuse again has been portrayed by some factions as a normal, acceptable form of sexual expression. Proponents of normalizing adult-child sex, articulated by separate movements of gay and heterosexual men, have become more vocal. They have argued that adult men are naturally attracted to pre-adolescents and adolescents; that historically, adult-child sex has been sanctioned; and that it is oppressive to deny children their right to be

sexual with adults. Both movements have continued to advocate for decriminalization of adult-child sex (Cling, 2004; Malon, 2010).

Disclosures by victims and survivors have been more closely scrutinized and their veracity attacked by proponents of “false memory syndrome”. Victims and survivors of child sexual abuse have been accused of falsifying accounts of abuse and therapists have been publicly denounced for manipulating clients into falsely believing that they had been sexually abused (Cling, 2004; Olafson et al., 1993; Warner, 2009). Mothers, protecting children from abusive fathers, have been vilified and discredited in custody cases. Many have lost access to or custody of their children as punishment for speaking out against the sexual abuse of their children (Cling, 2004; Olafson et al., 1993).

The false memory backlash has shifted focus away from reforming structural hierarchies and the need for changes in the daily lives and thinking of individuals, institutions, and systems (Olafson et al., 1993; Warner, 2009). Feminists, survivors, and supportive family members have fought back, advocating that false accusations are rare and false retractions are common (Putnam, 2003; Walker, 1988).

2.9 Key Concepts Moving Forward

In shifting from the broader discussion of child sexual abuse to the more narrow focus on disclosing intra-familial child sexual abuse, a number of

key concepts are particularly pertinent.

Intra-familial child sexual abuse and disclosing typically involve engagement, sexual interaction, secrecy, disclosure, and suppression following disclosure (Sgroi, 1982). Engagement, a required precursor to the sexual acts, necessitates access, opportunity, relationship, and inducements. The secrecy inherent within sexual abuse eliminates accountability and enables repetition. Disclosing, whether accidental or purposeful, a crisis or a planned intervention, is frequently followed by suppression or denial. Suppression is more likely to occur with intra-familial child sexual abuse, where victims are more often disbelieved and abusers are less likely to be held accountable.

The short- and long-term consequences of child sexual abuse impact victims and survivors on cognitive, emotional, physical, psychological, relational, sexual, and spiritual levels. The effects of the abuse are mediated by a variety of factors, including whether or not abuse is disclosed and the resulting reactions to any disclosures. Likewise, the effects of the abuse and how those effects are perceived by victims, abusers, and others influence whether or not abuse is disclosed and, ultimately, the reaction to any disclosures.

Disclosing occurs in a particular family, community, geographical or social location, context, and moment in time. Disclosing, what happens after disclosing, and how abuse ends are impacted not only by that place and time

but by the broader social-cultural-political-legal-economic-historical context. Thus, any such discussions must be grounded in an awareness of the children's, families', and other involved persons' intersecting identities and social location within that broader context.

Chapter Three

3 Disclosing Intra-familial Child Sexual Abuse

This chapter focuses on disclosing intra-familial sexual abuse, beginning with a discussion of the types of disclosures. The disclosing of intra-familial child sexual abuse and what happens following disclosure, including positive responses, negative reactions, and negative experiences of reporting, are examined. Delayed disclosing and non-disclosure are discussed, as are barriers to disclosure and how intra-familial child sexual abuse ends when either no one discloses or responds effectively to disclosures. This chapter concludes with a rationale for further research to address *how women, who before age 18 disclosed sexual abuse by one or more family members, retrospectively describe disclosing, what happened after disclosing, and how the abuse ended.*

3.1 Types of Disclosing

Disclosing is the process through which abuse is revealed or discovered (Nagel et al., 1997). Distinguished by level of detail, intent, spontaneity, and temporal proximity, abuse can be disclosed indirectly or directly, accidentally or purposefully, spontaneously or when prompted or elicited, contemporaneously or delayed or not at all.

Indirectly disclosing includes others witnessing the abuse or observing physical symptoms (e.g., bladder infections, sexually transmitted infections, pregnancy), emotional indicators, behavioural signals, and self-harming or

risk-taking behaviours.

Not all victims remain silent, however. Some, finding the burden of their secret exploding within them, begin to behave in ways educators see as bad: their grades plummet; they become aggressive toward other children; they express their pain in as many individual ways as there are children. And often they are punished for doing so (Butler, 1985, p. 156).

Indirect verbal disclosures may include language cues, questions about or discussions of abuse or related topics, hints about abuse, and anonymous surveys, help-lines, or online discussion forums. Children may test adult reactions through indirect disclosures and, depending on the responses received, may progress to directly disclosing (Butler, 1985; Crisma et al., 2004; Horton & Cruise, 2001; McCord & Oliveri, 1993; Palmer et al., 1999; Sorenson & Snow, 1991; Ungar, Barter, et al., 2009; Ungar, Tutty, et al., 2009).

Disclosing directly involves using oral or written language to directly tell about the abuse. Children often disclose directly to peers or informal supports (e.g., relatives, neighbours), least frequently disclosing to formal service providers (Butler, 1985; Crisma et al., 2004; McElvaney, 2006; Palmer et al., 1999; Schonbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2012; Shackel, 2009; Ullman, 2003; Ungar, Barter, et al., 2009). Many victims share their secret with friends, who may offer support, convince the victim to seek help, tell a

trusted adult, or keep the secret (Butler, 1985; Horton & Cruise, 2001; Ungar, Tutty, et al., 2009).

Involving either direct or indirect disclosures, purposeful and accidental disclosing are differentiated by the child's lack of intent to tell about the abuse. *Purposeful disclosing* involves "an intentional and deliberate revelation of the abuse with clear intent of revealing its existence" (Mian et al., 1986, p. 226). In contrast, *accidental disclosing* involves "a statement made without forethought or intent to reveal the abusive relationship" (Mian et al., p. 226).

Spontaneous disclosing occurs when the motivation to tell is internal and the child initiates the disclosure, whereas prompted and elicited disclosures occur in response to outside influences. Disclosing can be *prompted* by precipitating events in the lives of victims (e.g., abuse prevention programs, abusers moving away, family conflict, television shows about abuse). Disclosures are *elicited* when children are asked indirectly (e.g., about symptoms of abuse, what is bothering them) or directly about their experience of abuse. Children often disclose when asked and can be less likely to tell when not asked (Flam & Haugstvedt, 2013; Lanktree et al., 1991; McElvaney, 2006, 2013; McElvaney, Greene, & Hogan, 2014). Lanktree et al. (1991) assert that, as sexual abuse in clinical samples goes largely unrecognized, eliciting disclosures enhances the possibilities for intervention by enabling immediate

reporting and interventions, facilitating protection and safety, ending ongoing abuse, and allowing developing symptoms to be addressed before they become entrenched. When questioned directly, adolescents revealed four to six times the child abuse as was indicated by child protection records (Everson et al., 2008).

Preschool children tend to disclose accidentally, often when prompted by precipitating events (Biron-Campis, Hebden-Curtis, & Demaso, 1993; Mian et al., 1986; Nagel et al., 1997; Paine & Hansen, 2002; Shackel, 2009; Sorenson & Snow, 1991). School age children are more likely to tell a parent or other adult (Hershkowitz et al., 2007; Kogan, 2004; Schaeffer, Leventhal, & Anes, 2011); teens are more prone to disclose to peers than adults (Kogan, 2004; Priebe & Svedin, 2008; Schaeffer et al., 2011). Both school age children and teens are more likely to disclose purposefully without prompting or eliciting (Biron-Campis et al., 1993; Collings, Griffiths, & Kumalo, 2005; Paine & Hansen, 2002; Sorenson & Snow, 1991). This may, in part, be related to participation in school-based prevention programs. Children who participate in such programs are more likely to disclose sexual abuse (MacIntyre & Carr, cited in Fieldman & Crespi, 2002) and are more likely to disclose purposefully (Fieldman & Crespi, 2002).

In compliance with mandatory reporting laws, *adult directed disclosure* involves informing authorities of known or suspected abuse, at which point

the child protection and/or legal systems assume control of the process (Ungar, Tutty, et al., 2009). *Youth directed disclosure* may progress from indirectly disclosing to disclosing directly to informal supports or reporting to mandated service providers (Ungar, Tutty, et al., 2009).

McElvaney et al. (2012) describe three distinct experiences of disclosure: active withholding, the pressure cooker effect, and confiding the secret. Active withholding, in contrast to passive non-disclosure, involves the child not wanting others to know, denying if asked, trying but having difficulty saying it, and confining the secret to a chosen few when a disclosure is made. The pressure cooker effect involves the child wanting and not wanting to tell, feeling distressed, being prompted by an opportunity to tell, and purposeful yet unplanned disclosure. Confiding the secret involves the child choosing a confidante and sharing confidences with an expectation of confidentiality.

In a qualitative study exploring the relationship between children's signs and expressions of sexual abuse and caregivers responses, Flam and Haugstvedt (2013) posit that "when trusted adults provided door-openings, children used them; when carefully prompted, children talked; when thoughtfully asked, children told" (p. 633). They suggest that all children reveal initial signs of abuse either through expressing reservations about a specific person or activity related to that person, or more directly when discussing bodily functions or abuse. In response to these initial signs or

expressions, non-abusing caregivers will either stop the conversation, delay the conversation, or facilitate full disclosure. "Caregivers experiences show how child sexual abuse can, by its nature, be a taboo, remain a secret, and become an invalid and traumatic experience if not explored through adult intervention and acknowledgement" (p. 640).

3.2 Outcomes of Disclosing and Reporting Intra-familial Child Sexual Abuse

Both disclosing and not disclosing sexual abuse can have positive and negative consequences (Arata, 1998; Jonzon & Lindblad, 2004; Roesler & Wind, 1994). "In general, the disclosure of traumatic events has been found to decrease distress, to increase support, and to decrease physical symptoms related to the traumatic event" (Arata, 1998). Further, numerous authors have argued that disclosing is a necessary prerequisite for healing, protecting children, and ending abuse, as well as for child protection, criminal, therapeutic, and other interventions (Allnock, 2010; Berliner & Conte, 1995; Conte, 1984; Kogan, 2004; Moors & Webber, 2012; Paine & Hansen, 2002), as often disclosures are the only evidence that the sexual abuse occurred (Fieldman & Crespi, 2002). "Because child sexual abuse is usually concealed by shame and secrecy, disclosure is a critical aspect of the response process; one of the first conditions for stopping the abuse is that it become known to others beside the victim and perpetrator" (Tang et al., 2008, p. 2).

However, disclosing intra-familial sexual abuse normally precipitates a crisis for children and their families (Everson, Hunter, Runyon, Edelson, & Coulter, 1989). "The disclosure of sexual abuse causes profound emotional upheaval for the victim, perpetrator, and family" (Wild, 1988, p. 119). A small percentage of accused and convicted abusers attempt or suicide following disclosure, most often in cases of intra-familial child sexual abuse (Wild, 1988). Although completed suicides outnumber attempts in abusers, the opposite is true in child victims and non-offending mothers, where suicide attempts are more common and completed suicides are rare (Wild, 1988). Goodwin (1981) reported 13 suicide attempts in 11 of 201 families where there was substantiated sexual abuse perpetrated by father figures. Five attempts involved non-offending mothers and eight involved daughters who were victims. In each of these families, none of which stayed intact post-disclosure, the mothers disbelieved and actively blamed their daughters.

With the most to lose and the most to fear from change, families often respond more negatively to disclosures of intra-familial child sexual abuse (Everill & Waller, 1995; Guberman & Wolfe, 1985; Roesler & Wind, 1994). As exemplified above, "especially at risk are children who have been victimized by their fathers or father-figures because issues of betrayal and concern about family well-being compound the trauma of sexual victimization" (Everson et al., 1989, p. 197).

When a child discloses abuse by a father or father figure, the non-offending mother is called upon to believe what she may not want to and make sense of what is incomprehensible (Everson et al., 1989; Plummer & Eastin, 2007). She then must choose between her child and her partner (Alaggia, 2001, 2002; Everson et al., 1989; Goodwin, 1981; Hariot, 1996; Leonard, 1996; Lipovsky, 1991; Plummer & Eastin, 2007; Sirles & Lofberg, 1990). For a mother to believe her child means putting her relationship on the line, often risking emotional, economic, and social support (Alaggia, 2001, 2002; Everson et al., 1989; Hariot, 1996; Lipovsky, 1991; Sirles & Lofberg, 1990). The price of believing must be greater than the cost of disbelieving (Leonard, 1996). Thus, mothers are more likely to believe and be supportive of their children when the abusers are not their current partners (Everson et al., 1989; Hariot, 1996; Palmer et al., 1999) and when they admit guilt (Everson et al., 1989). In contrast, mothers in abusive relationships or who have active addictions or mental health challenges are least likely to believe and protect their children (Alaggia, 2010; Alaggia & Turton, 2005; Goodwin, 1981; Hariot, 1996; Hiebert-Murphy, 2001; Malloy & Lyon, 2006; Prilleltensky et al., 2001; Sirles & Lofberg, 1990).

3.2.1 Positive responses to disclosing: Stopping the abuse.

Responding positively to disclosures begins with believing children and acknowledging the abuse. Positive responses also entail supporting victims,

offering advice, and assisting children in accessing formal services.

Responding positively involves protecting victims and other vulnerable children and holding abusers accountable by confronting or ceasing contact with them.

“Just as secrecy is necessary for the continuation of incest, breaking the secret is involved in its cessation” (Roesler & Wind, 1994, p. 328). A number of studies have indicated that disclosing ends some child sexual abuse (Barter et al., 2005; Butler, 1985; Crisma et al., 2004; Jonzon & Lindblad, 2004; McConnell, 2011; Plummer & Eastin, 2007; Roesler & Wind, 1994). Kellogg and Huston (1995) reported that a full one half of children who disclosed were helped in a way that terminated the abuse (as cited in Kellogg, 2002).

Children are protected when, following disclosure, abusers give up, are denied, or lose access to victims or opportunities to abuse. Abusers may access professional help or may be arrested, charged, and/or convicted. Non-abusing parents respond positively to disclosures by more closely supervising children and abusers. Supportive non-abusing parents leave, separate from, or divorce their partners, or insist abusers move or be removed from the home.

Once the abuse is disclosed and reported, children may be removed from their own homes by child protection agencies mandated to protect victims and other children from further abuse. Child protection agencies may respond positively by removing children in reaction to “disclosure disasters”

(Hindman, 1999), wherein non-abusing parents or family members respond to disclosures with disbelief, blame, shame, or general lack of support, resulting in out-of-home placement. Children may experience any of these removals positively, negatively, or ambivalently.

3.2.2 Negative Reactions to Disclosing.

Although it opens the door for intervention, disclosing provides the potential for further trauma and revictimization, depending on the outcomes of disclosing (Arata, 1998; Hunter, 2011; McCord & Oliveri, 1993; Ullman, 2007). The abuse continues or worsens after indirectly disclosing when adults are oblivious to, ignore, or misinterpret the signs (Drauker & Martsof, 2008). Purposeful and direct disclosing are more likely to evoke negative reactions (Drauker & Martsof, 2008; Lamb & Edgar-Smith, 1994; Nagel et al., 1997; Roesler & Wind, 1994) and, as such, are associated with victims blaming themselves for the abuse (Everill & Waller, 1995). When their attempts at indirect or direct disclosure fail to garner their desired responses, children are likely to keep the secret and not attempt disclosure again (Drauker & Martsof, 2008; Hershkowitz et al., 2007; Sorenson & Snow, 1991).

Victims feel betrayed when they are not believed, the abuse is not acknowledged, and when the abuse, its severity, or its impact are minimized. This disbelief of disclosures is correlated to the acceptance of myths relating to child sexual abuse (Cormier and Freyd, 2007, 2009, as cited in Cormier &

Goldsmith, 2010). Further damage is done when victims are blamed, punished, or rejected, or when adults enforce secrecy and silence about the abuse. The abuse is likely to continue when family members or other adults respond ineffectively, do not question or impede access, or otherwise support abusers in continuing the abuse.

A number of studies have indicated that disclosing does little to end intra-familial child sexual abuse (Arata, 1998; Hunter, 2011; Jonzon & Lindblad, 2004). Palmer et al. (1999) reported that of 249 adults sexually abused as children by family members who reported that they disclosed as children or that someone knew about the abuse: 60% indicated the abuse continued, 20% got worse, 15% stopped temporarily, and five percent stopped completely. In a retrospective study of women who disclosed intra-familial sexual abuse, Roesler and Wind (1994) noted that 52% of the abuse continued for a minimum of one year post-disclosure.

3.2.3 Negative experiences of reporting.

Most disclosures of child sexual abuse are “dead-end disclosures” (Malloy & Lyon, 2006) and, as such, not reported to authorities (Easton, 2013; Malloy & Lyon, 2006; Priebe & Svedin, 2008; Russell, 1983; Somer & Szwarcberg, 2001; Ungar, Tutty, et al., 2009). Few survivors report professional intervention at the time they disclosed as children (Arata, 1998; Easton, 2013; Palmer et al., 1999; Sauzier, 1989). In contrast, some adults respond

inappropriately to disclosures by reporting to authorities when neither mandated nor helpful (Crisma et al., 2004).

Paradoxically, abused children rather than abusing adults are removed from their homes, families, and communities. That said, removing children from their homes often does not bring an end to sexual abuse. In addition to leaving children feeling punished, out of home placement exposes children to further risk for abuse in foster or adoptive families or institutions (Cox et al., 2000; Dominelli, 1986; Guberman & Wolfe, 1985; Martin & Palmer, 1997, as cited in Prilleltensky et al., 2001; Palmer et al., 1999; Prilleltensky et al., 2001).

When disclosures are reported, many professionals are less than helpful in their responses. Crisma et al. (2004) found that of 26 adolescents for whom abuse had stopped, none of the abuse had been stopped by a protective agency. When professionals do intervene, they rarely offer victims old enough to participate in the intervention process a voice or a choice in that intervention (Berliner & Conte, 1995; Dominelli, 1986, 2002; Sauzier, 1989; Ungar, Tutty, et al., 2009). Assuming a protectionist and controlling stance, “adults frequently inferiorize and depersonalize children by assuming they know best” (Green, 2006, p. 81).

These negative responses by professionals who minimize or disbelieve disclosures increase the level of anger experienced by victims, lead them to distrust professionals, and cause them to question or deny their own

experiences of abuse (Crisma et al., 2004; Denov, 2003; Palmer et al., 1999; Sauzier, 1989; Somer & Szwarcberg, 2001). Often these professionals are serving the needs of patriarchal, adult-centric legal and child protection systems. Although they espouse the importance of structural causes, most child protection system responses to child sexual abuse are depoliticized and levelled at individuals rather than aimed at societal or institutional structures and discourses (Dominelli, 2002; Green, 2006). Regrettably, many children and their non-abusing parents continue to be harmed more by unsupportive and blaming systems than by the abuse itself (Berliner & Conte, 1995; Plummer & Eastin, 2007; Sauzier, 1989).

3.3 Delayed Disclosing and Non-disclosure

Given the negative outcomes of disclosing and reporting intra-familial child sexual abuse, it is no surprise that 30 to 80% of sexually abused children do not disclose their abuse before adulthood, if at all (Alaggia, 2004, 2005; Easton, 2013; Hershkowitz, 2006; Hershkowitz et al., 2007; Hunter, 2011; Jonzon & Lindblad, 2004; London et al., 2005, 2008; Roesler & Wind, 1994; Sauzier, 1989; Schonbucher et al., 2012; Smith et al., 2000; Ullman, 2007). It is common for victims, particularly when abused by a family member, to delay three to 18 years before disclosing (Alaggia, 2004; Arata, 1998; Easton, 2013; Hershkowitz, 2006; Hershkowitz et al., 2007; London et al., 2008; Sauzier, 1989; Sjoberg & Lindblad, 2002a; Smith et al., 2000; Ullman, 2007). The closer the

relationship between the victim and the abuser, especially when the abuse is intra-familial (Goodman-Brown et al., 2003; Kogan, 2004; Schonbucher et al., 2012; Smith et al., 2000) or the abuser is a father-figure (Faller, 1989), the less likely the disclosure and the longer the delay. Victims who do not disclose may withhold deliberately or they may experience difficulty accessing memories of abuse (Alaggia, 2004).

It has been argued that without disclosing, there can be no intervention or treatment on an individual or societal level, the abuse continues, and victims and survivors experience greater psychological and physical health consequences (Hershkowitz, 2006; Tang et al., 2008; Ullman, 2003). Delayed disclosing and non-disclosure have “implications for the maintenance of the abuse at both individual and societal levels and for the potential to provide support to victims” (Tang et al., 2008, p. 2). Disclosing and reporting transform the visibility of child sexual abuse from private and confidential to public. In doing so, disclosing and reporting force society to indicate our receptivity to accepting responsibility for the safety and well-being of children, either by reacting or choosing not to react (Green, 2006; Shalhoub-Kevorkian, 1999).

3.3.1 Barriers to disclosing.

When deciding whether to disclose and to whom, children assess the relative advantages and disadvantages thereof (McElvaney, 2006). As such, both their willingness to tell and the impact of disclosing are affected by their

perception of their caregivers as supportive or not (Lawson & Chaffin, 1992; Malloy & Lyon, 2006; Priebe & Svedin, 2008). Frequently, children do not disclose out of fear that adults will not hear or believe them, or will blame them for the abuse (Alaggia, 2005; Easton, Saltzman, & Willis, 2013; Foster & Hagedorn, 2014; Hunter, 2011; Jensen, Bulbrandsen, Mossige, Reichelt, & Tjersland, 2005; Lawson & Chaffin, 1992; Palmer et al., 1999; Schonbucher et al., 2012; Ungar, Barter, et al., 2009; Ungar, Tutty, et al., 2009). “Children are understandably reluctant to say what adults are reluctant to hear, be they parents, teachers or therapists. Indeed, purposeful disclosure of sexual abuse by children is deemed to be so difficult as to be a rare occurrence” (Sauzier, 1989, p. 455).

Guilt, shame, perceived responsibility, and self-blame further inhibit children from telling (Alaggia, 2005; Draucker & Martsof, 2008; Easton et al., 2013; Foster & Hagedorn, 2014; Goodman-Brown et al., 2003; Hunter, 2011; McElvaney, Greene, & Hogan, 2014; Palmer et al., 1999; Roesler & Wind, 1994), as does acceptance of myths about child sexual abuse (Cormier & Goldsmith, 2010; Somer & Szwarcberg, 2001). Emotional bonds between victims and abusers impede disclosing, protect abusers long after the abuse has ended, and may lead to ambivalent feelings in victims (relief that abuse ended combined with feeling rejected) (Julich, 2005; Priebe & Svedin, 2008; Roesler & Wind, 1994; Sauzier, 1989; Sjoberg & Lindblad, 2002a).

Younger children, in particular, may lack understanding of what has happened or language to describe their experience (Alaggia, 2010; Easton et al., 2013; Foster & Hagedorn, 2014; Schaeffer et al., 2011; Sjoberg & Lindblad, 2002b; Ungar, Barter, et al., 2009; Ungar, Tutty, et al., 2009). They may lack knowledge of community resources, fear loss of control of the information shared, and expect ineffectual or over-zealous responses from available resources (Allnock, 2010; Ungar, Barter, et al., 2009; Ungar, Tutty, et al., 2009).

Children make decisions about disclosing sexual abuse based on the potential consequences to themselves, their abusers, and their families (Foster & Hagedorn, 2014; Kogan, 2005; McElvaney, Greene, & Hogan, 2014). Schonbucher et al. (2012) found that children do not disclose, especially to their parents, because they worry about being a burden. Disclosing also is silenced by fear of recriminations, including fear for their own safety or the safety of others (primarily family members) (Alaggia & Turton, 2005; Draucker & Martsolf, 2008; Goodman-Brown et al., 2003; Hunter, 2011; Jensen et al., 2005; Malloy, Brubacher, & Lamb, 2011; Roesler & Wind, 1994; Sauzier, 1989; Ullman, 2003). This fear for self and others is more common in families experiencing other forms of violence and abuse (Alaggia & Turton, 2005; Alaggia, 2010). Children may choose not to disclose out of fear of parental or other adult reactions (Berliner & Conte, 1995; Goodman-Brown et al., 2003; Hershkowitz et al., 2007; Hunter, 2011; Lawson & Chaffin, 1992; Palmer et al.,

1999; Schonbucher et al., 2012; Somer & Szwarcberg, 2001; Ullman, 2003), including intrusive child protection interventions (Dominelli, 1986; Priebe & Svedin, 2008; Staller & Nelson-Gardell, 2005; Ungar, Barter, et al., 2009; Ungar, Tutty, et al, 2009) or forced participation in counselling (Foster & Hagedorn, 2014), over which they may have no influence or control.

Disclosing is silenced by religious and cultural norms around honour, modesty, obligatory violence, patriarchy, respect, sexual scripts, shame, taboos, virginity, and women's status (Fontes & Plummer, 2010; Paine & Hansen, 2002). "Cultural norms affect the likelihood that child sexual abuse will be discovered by an adult or disclosed by a child. Cultural norms also affect whether abused children's families will report child sexual abuse to authorities" (Fontes & Plummer, 2010, p. 491). Children's ability to disclose is also impacted by discrimination, immigration status and deportation concerns, lack of culturally specific services, lack of knowledge of community supports, language barriers, and racism (Paine & Hansen, 2002).

Similarly, Aboriginal children are less likely to disclose due to a history of colonization and racism, issues of power within their communities, lack of culturally appropriate programs and services, loss of faith in the justice system, loyalty to community, reluctance to interfere in the lives of others (a cultural value), and a legacy of residential schools and unresolved guilt (Collin-Vezina et al., 2009).

The child victim is faced with deciding between disclosure, with the promise of frightening consequences, and maintaining the secret, which guarantees continued personal violation but may be accompanied by some degree of social approval as well. Exchange theory suggests that, from the child's point of view, the price of keeping the secret and enduring further abuse is less costly than revealing the offense and feeling responsible for all the aftermath (Leonard, 1996, p. 111).

Alaggia (2010) contends that "disclosing is multiply determined by a complex interplay of factors related to child characteristics, family environment, community influences, and cultural and social attitudes" (p. 32) and provides a framework for understanding barriers to disclosure through an ecological lens. As such, Alaggia (2010) suggests that individual characteristics and developmental factors impact whether children understand that is abuse and have the vocabulary to disclose that abuse, and that temperament and personality impact children's ability to tell. Family dynamics, such as rigid gender roles and dominant fathers, dysfunctional communication, chaos and aggression, other forms of child abuse and family violence, and social isolation negatively impact disclosing (Alaggia, 2005, 2010; Alaggia & Kirshenbaum, 2005). Neighbourhood and community characteristics, including lack of empathy, knowledge, and involvement, present barriers to disclosing (Alaggia, 2010). On a cultural and social level,

messages from media and social circles as well as controlling, sexist, and patriarchal attitudes, discourage disclosing (Alaggia, 2010). Easton et al. (2013) present a similar model, suggesting that barriers to disclosure operate on personal, interpersonal, and sociopolitical levels.

3.3.2 How child sexual abuse ends when no one discloses or responds appropriately to disclosures.

When no one discloses or responds appropriately to disclosures, intra-familial child sexual abuse may end in response to a variety or combination of factors, of which victims and abusers may or may not be cognizant. Relying on internal and external resources, victims or abusers may deliberately or by chance stop the abuse. Other children or adults also may unwittingly act to end the abuse. "Intervention is not always the reason incestuous relationships cease. Other factors can also account for its cessation" (Crosson-Tower, 2008, p. 176).

As victims grow and mature, becoming physically and emotionally more powerful and confident, they may stop the abuse by threatening to tell, verbally or physically confronting the abuser, refusing to continue in the abuse, or leaving home (Barter et al., 2005; Butler, 1985; Crisma et al., 2004; Crosson-Tower, 2008; Kufeldt & Nimmo, 1987; McConnell, 2011; Palmer et al., 1999). Fear of pregnancy may contribute to ending the abuse (Butler, 1985; Crosson-Tower, 2008) or abusers may lose sexual interest as victims develop

and mature, transferring their attention to younger children (Crosson-Tower, 2008; Johnson & Grant, 2007).

Abusers may give up, be denied, or lose access to victims or to opportunities to abuse. Abusers may, of their own volition, access professional help or they may become ill, incapacitated, or die (Barter et al., 2005; Crisma et al., 2004; Crosson-Tower, 2008; Horton & Cruise, 2001; Johnson & Grant, 2007; Lipovsky, 1991; McConnell, 2011; Palmer et al., 1999). For reasons unrelated to the abuse, non-abusing parents may eliminate access by moving away from, separating from, or divorcing their partners (Barter et al., 2005; Butler, 1985; Lipovsky, 1991; McConnell, 2011; Palmer et al., 1999).

Many victims leave home in a desperate attempt to stop the abuse (Barter et al., 2005; Butler, 1985; Crisma et al., 2004; Crosson-Tower, 2008; Gallagher & Dodds, 1985; Kufeldt & Nimmo, 1987; McConnell, 2011). Fleeing from the dangers within their families, these youth often encounter homelessness, poverty, sexual exploitation, substance abuse, suicide, and violence (Butler, 1985; Kufeldt & Nimmo, 1987). The abuse also may end when victims suicide or die as a direct or indirect result of the abuse (Barter et al., 2005; Butler, 1985; McConnell, 2011).

3.4 Rationale for Further Research

Given that the majority of child sexual abuse, especially that which occurs within the family, is not disclosed or reported and that disclosing can

play a key role in ending abuse, prosecuting or rehabilitating offenders, and supporting and treating victims, it is important to understand experiences of disclosing intra-familial child sexual abuse, what happened after disclosing, and how the abuse ended.

In order to create a safe and supportive environment for disclosing sexual abuse, peers, families, neighbours, and communities need to know how to respond appropriately, supportively, and helpfully to disclosures. This knowledge can contribute to equipping adults to intervene to stop the abuse and to children receiving the support they need to heal. It is crucial that formal support systems, including prevention and intervention programs, understand and integrate feedback concerning helpful responses and harmful reactions to disclosing from the perspectives of victims and survivors of intra-familial child sexual abuse.

There is a great deal of research addressing the prevention, prevalence and incidence, antecedents, etiology, impact, disclosure, and treatment of child sexual abuse. However, what appears to be lacking in the extant literature are victims' stories of what happened after disclosing intra-familial sexual abuse. Hence, the purpose of the current research and the questions being explored.

The current research explores *how women, who before age 18 disclosed sexual abuse by one or more family members, retrospectively describe disclosing, what happened after disclosing, and how the abuse ended.* In

particular, the current research presents and discusses women's experiences as children of:

1. *pathways to and processes of disclosing the abuse, including what instigated disclosing; to whom, where, when, and how they disclosed; and barriers to and support for disclosing;*
2. *what happened after they disclosed, including responses from and actions taken by those to whom they disclosed;*
3. *getting help to end the abuse and access support, including professional responses to disclosing; and*
4. *what might have been different for the participants and could be different for other children who are at risk of or are sexually abused within their families.*

Chapter Four

4 Methodology

The methodology chapter begins with a rationale for employing a qualitative approach, followed by an in-depth discussion of both classical and constructivist grounded theory. Feminist research is described and an argument is made for the goodness of fit between constructivist grounded theory and feminist research. The chapter then addresses sampling, recruitment, and potential sources of sampling bias. Following this, there is a description of the interviews, member checking, data storage and management, and data analysis. The chapter concludes with a discussion of ethical considerations and strategies for co-creating safety, followed by a critique of the credibility of the research and the impact of truthfulness.

4.1 Rationale for Employing a Qualitative Approach

This qualitative research addresses the contextualized and experiential nature of the data in a holistic and extensive manner, honouring different ways of knowing, capturing diversity, and giving voice to the range of participant perspectives, meanings, interpretations, and subjective experiences (Liamputtong, 2009; Teram, Schachter, & Stalker, 2005). Foundational to the current research is the congruence between qualitative analysis and the ontological belief that reality is subjective and multiple, and that each person possesses a unique perspective. A qualitative approach facilitates the

researcher and participants socially locating themselves, addressing biases and limitations, and building relationships essential for construction of candid and thoughtful narratives (Cresswell, 2007; Liamputtong, 2009; Teram et al., 2005).

We also conduct qualitative research because we need a complex, detailed understanding of the issue. This detail can only be established by talking directly with people (...) and allowing them to tell the stories unencumbered by what we expect to find or what we have read in the literature. We conduct qualitative research when we want to empower individuals to share their stories, hear their voices, and minimize the power relationships that often exist between a researcher and the participants in the study (Cresswell, 2007, p. 40).

A qualitative approach facilitates a contextualized analysis of participant narratives, supporting exploration and description of the dynamic relational processes between participants and others in their lives. In addition, it allows for a specific understanding of the key factors influencing and the experiences of disclosure by children of intra-familial sexual abuse, what happens after disclosure, and how the abuse ends. "Personal accounts of, and opinions about, child sexual abuse can be drawn on to enrich, inform, challenge, and reshape theoretical understanding about the issue " (Warner, 2009, p. 73).

The current research is of a subjective, personal, and sensitive nature. A

qualitative approach supports participants in delving deeper, advancing the conversation beyond simplistic answers, and conveying their individual subjective perspective. Thus, the participants are able to expand upon and clarify questions during their interviews (Martin, Anderson, Roman, Mullen, & O'Shea, 1993). Nurtured by the relational, responsive, and adaptable design, participants are more likely to understand what they were being asked, seek clarification, and go deeper and broader into their experiences and subjective understandings thereof.

4.2 Research Design, Methodology, and Methods

The design of the current research is rooted in constructivist grounded theory methods (Bryant & Charmaz, 2007; Charmaz, 2006; Coyne, 1997) and informed by feminist epistemology and research methodology (Allen, 2010; Bryant & Charmaz, 2007; Finn & Jacobson, 2003, 2008; Keddy, Sims, & Stern, 1996; Mason, 1997; Muzychka et al., 2004; Sachdev, 1992; Wuest, 1995).

4.2.1 Grounded theory.

In 1967, Barney Glaser, a structural functionalist quantitative researcher from Columbia University, and Anselm Strauss, a symbolic interactionist ethnographer from the "Chicago School", broke new ground with the publication of *The Discovery of Grounded Theory*. In reaction to challenges to and devaluing of qualitative research by quantitative researchers, Glaser and Strauss rejected the biases and objectivity of positivistic research and

abandoned the logico-deductive method of verification and theory building. In doing so, they discovered a highly systematic, inductive, iterative, comparative method of data analysis for social theory construction, a rigorous method of collecting and analyzing qualitative data to discover the theories grounded therein. Glaser and Strauss' initial version of grounded theory focused on three core principles: theoretical sampling, constant comparative method of data analysis, and inductive theory development.

Theoretical sampling is a systematic, evolving, emergent form of purposeful sampling whereby the researcher collects, codes, categorizes, and analyzes data concurrently via the constant comparative method. Based upon what the data reveal, the researcher then decides what data to collect next and where to collect it. Sampling is undertaken for theory construction, not representativeness. The ongoing collection of data is directed by the data through the comparison of emerging codes, categories, and theory. Data are collected until theoretical saturation is achieved.

Unique to grounded theory methods is the integration of data collection, data analysis, and theory development using the constant comparative method, a circular fluid process. Coding, a core process in data analysis, involves breaking down the data, comparing the data for similarities and differences, then categorizing the data theoretically. Codes and categories evolve from the data and are not based on a list of variables, pre-conceived

hypotheses, or extant literature. Theory development occurs at each stage of data collection and analysis, aided by memo writing.

By definition, inductive theory development ensures that all theories are grounded in the data. These emerging theories represent statements of plausible relationships between social phenomenon revealed through systematic comparison between data, codes, and theoretical categories. To avoid the influence of extant theories and knowledge, and to decrease the risk of forcing data into preconceived categories, literature reviews of received or extant theory are to be completed only after independent analysis of the data. Completed grounded theories are a close fit with the data, useful, conceptually dense, durable over time, modifiable, and possess explanatory power. Further, a finished grounded theory explains processes in new theoretical terms, demonstrates causes and conditions under which processes emerge and vary, and delineates consequences.

As Glaser and Strauss individually evolved in their conceptualization of grounded theory methods, they diverged over two key data analysis processes and procedures: forcing versus emerging in coding procedures and theory production (Walker & Myrick, 2006). In developing new coding procedures, Glaser added theoretical to open coding. He claimed theoretical coding allowed the data (participant voices) to speak to the researcher by revealing relationships between the data and any of his 18 theoretical coding families

(Charmaz, 2006; Walker & Myrick, 2006). Data are examined through neutral questions and comparing incident to incident, then categories are generated and theory is discovered (Walker & Myrick, 2006). Seeking causes, deterministic explanations, generalities, and universality, Glaser maintained a positivist view of theory as explanatory and predictive (Charmaz, 2006).

In contrast, Anselm Strauss and Juliet Corbin presented coding as a process of analyzing data through the use of specific techniques and analytic tools. They added axial and selective to open coding. Their strategy has been criticized for forcing the data into codes and categories (Charmaz, 2006; Walker & Myrick, 2006). In beginning to discuss the research as interpretive work, Strauss and Corbin presented data analysis as the interplay between researchers and their data (Walker & Myrick, 2006). They also acknowledged the role of theoretical sensitivity (the researcher's professional knowledge and experience) in grounded theory research. Seeking understanding rather than explanation, and patterns and connections rather than linear reasoning, Strauss and Corbin developed more interpretive definitions of theory and theory development (Charmaz, 2006).

4.2.2 Criticisms of classical grounded theory.

The classical grounded theory methods of Glaser and Strauss, Glaser, and Strauss and Corbin have been challenged on a number of fronts, including their inductive positivism. Their early work was criticized for being rigid,

static, linear, value-neutral, and mimicking the language of quantitative research (Charmaz, 2006; Keddy et al, 1996). It was further challenged for its rigid adherence to research methods and procedures (Charmaz, 2006; Keddy et al, 1996). Detractors argued that the objective expert stance, reification of data, lack of discussion of the broader context, and failure to recognize the embeddedness of the researcher in the research process limit the relevance of grounded theory methods (Bryant & Charmaz, 2007; Charmaz, 2006; Keddy et al., 1996). These concerns are reflected by the absence of reflexivity, explanations of the impact of researchers on the research process, and discussion of ethical issues in classical grounded theory methods (Bryant & Charmaz, 2007). In response to this criticism, Bryant and Charmaz (2007) noted that, although reflexivity is not included in Glaser's model, it is present in a limited form in the approach to grounded theory developed by Strauss and Corbin. Finally, grounded theory has been criticized for the failure of its researchers to use their theories for social reform (Keddy et al., 1996).

4.2.3 Constructivist grounded theory.

In response to the criticisms and perceived limitations of classical grounded theory, Kathy Charmaz, who was educated, trained, and mentored by both Glaser and Strauss, introduced constructivist grounded theory. Unlike classical grounded theory, which has been described as prescriptive and rigid, constructivist grounded theory is flexible, emergent, and interactive. Charmaz

(2006) uses classical grounded theory methods, without the earlier objectivist positivist assumptions, as tools for systematically collecting and analyzing qualitative data to construct theories originating in the data. Viewing theory and research as constantly changing and evolving, Charmaz built on her predecessors' work to develop constructivist grounded theory, which guides the methods of gathering and analyzing data as well as theoretical development (Charmaz, 2006).

Constructivist grounded theory recognizes that researchers bring to each research project "sensitizing concepts" (Blume, 1969, as cited in Charmaz, 2006 and in Wertz, Charmaz, McMullen, Josselson, Anderson, & McSpadden, 2011). This pre-existing knowledge and experience is incorporated into each phase of the research project and guides how interview questions are formed, participants heard, codes developed, and data analytically interpreted. Unlike classical grounded theory, the review of the extant literature is integrated throughout the analysis to compare similarities and differences between extant knowledge and emerging codes, categories, and theories. Extant literature is further analyzed to demonstrate how emerging theories extend, transcend, or challenge existing theories.

Faithfully representing participants' words, meanings, and experiences, constructivist grounded theory presents the participants to others who have not directly heard their voices (Allen, 2010). An understanding of the

structural aspects of participants' lives is blended with their individual constructions of meaning and unique responses to their lived experiences. The data and resulting theories, as constructions of reality, are presented as interpretive portrayals rather than exact pictures (Allen, 2010; Charmaz, 2006). Participant and researcher meanings of the data and the analysis thereof are shared in recognition of the role of participants as "co-authors at a distance and in anonymity" (Allen, 2010, p. 38).

Unlike classical grounded theory, neither data nor theories are discovered but rather are socially constructed (Charmaz, 2006; Liamputtong, 2009). Constructivist grounded theory emphasizes the impact of researchers on research, the social context on the participant and the researcher who co-create data and its analysis, the relative differences in researcher and participant power and status, and the impact of social location on theory development. Thus the necessity of researcher reflexivity.

Memos, a core constructivist grounded theory method, integrate reflexivity and awareness of positionality and social-cultural-political-legal-economic-historical context. Writing memos provides an opportunity to reflect on how the data are studied and compared analytically, while charting, recording, and detailing the analytic phase of the research. Using the constant comparative method, researchers write memos about the data to identify patterns, define codes and theoretical categories, and enhance abstract

thinking and theory building. Memo writing provides the opportunity to ask questions of the data, thereby producing more abstract and theoretical categories. Theory is constructed through sustained and successive analysis in memo writing.

Data are rich, detailed, focused, and full, revealing participants' views, feelings, intentions, actions, life contexts, and social structures. Descriptions are thick, reflecting the world through participant perspectives. Theoretical sampling and constant comparative methods shape and reshape data gathering and thus the data gathered.

“Initial sampling in grounded theory is where you start whereas theoretical sampling directs you where to go” (Charmaz, 2006, p. 100). Theoretical sampling involves an interactive strategy for seeking pertinent data for the development of emerging theories, elaborating and refining codes and categories, then gathering more data to elaborate and refine the theoretical categories until the point of theoretical saturation, when no new properties of categories or fresh theoretical insights emerge. Flowing from initial purposeful sampling and enhanced by simultaneous memo writing, theoretical sampling is strategic, specific, and systematic, prompting the researcher to gather more data from existing and/or new sources to fill gaps and saturate categories.

Coding, the process through which data are separated, sorted, and synthesized, moves “from the individual stories to a more general composite

stage of understanding, searching for commonalities of experiences and meanings which enable the researcher not only to suggest common patterns of experience, but which can in turn illuminate the individual story” (Allen, 2010, p. 16). Initial coding involves studying data fragments by labelling segments of data to simultaneously categorize, summarize, and account for all the data. Focused coding involves selecting the most significant or frequent codes to sort, synthesize, integrate, and organize the data. Theoretical categories are formed by comparing data with data, followed by a comparison of data with codes.

The constant comparative method involves coding followed by making and coding comparisons to find similarities and differences, always cognizant of the social context of the data. Data analysis entails comparing data, constructing abstractions, then linking abstractions back to the data. In the process of doing so, tentative analytic categories are formed from the data and new data are gathered to fill gaps and answer questions. Those categories become more theoretical and abstract as the researcher engages in successive levels of analysis until theories, emerging from the data, are constructed. “Grounded theory methods can provide a route to see beyond the obvious and a path to reach imaginative interpretations” (Charmaz, 2006, p. 181).

The theories constructed using constructivist grounded theory methods are an interpretive framework from which to view multiple realities.

Theories flash illuminating insights and make sense of murky musings and knotty problems. The ideas fit. Phenomena and relationships between them you only sense beforehand become visible. Still, theories can do more. A theory can alter your viewpoint and change your consciousness. Through it, you can see the world from a different vantage point and create new meanings of it. Theories have an internal logic and more or less coalesce into coherent forms (Charmaz, 2006, p. 128).

4.2.4 Feminist epistemology and research methodology.

As described in the first chapter, feminism integrates the personal and the political, and maintains that people's lives and experiences are rooted in gender-based social conditioning and impacted by the resulting intersecting forms of oppression. Feminism posits that power is a practice not a possession, and that the concentration of power in one gender is a fundamental social problem. Feminists engage in transformation politics, challenging oppression on micro, *mezzo*, and macro levels.

Feminist research draws directly on women's experiences, reconceptualizes power, and gives voice to those without one (Liamputtong, 2009; Mason, 1997; Muzychka et al., 2004; Sachdev, 1992; Teram et al., 2005). Through social change and the promotion of equality, feminist research aims to improve the lives of women and children by providing a more ample

understanding of women's experiences (Teram et al., 2005). Feminist research is designed to provide witness to individual subjective experiences and to transform what is learned into individual and social change through social action (Mason, 1997; Muzychka et al., 2004; Witkin, 2012).

Feminist researchers speak with a subjective voice, reflect on the impact of their value-base and social location, and integrate the totality of themselves into the research and ensuing knowledge-building process (Lister, 2003; Sachdev, 1992). Through the researcher's reflexivity and awareness of power dynamics, self-disclosure, open dialogue, and building trust and rapport, feminist researchers make transparent and minimize power differentials between themselves and participants (Liamputtong, 2009; Mason, 1997; Muzychka et al., 2004).

Rather than assuming one truth, feminist researchers anticipate many truths and critically examine the multiple versions of reality presented by participants (Lister, 2003; Warner, 2009). Participants' experiences are contextualized by way of their social locations and within the broader social-cultural-political-legal-economic-historical context (Finn & Jacobson, 2003, 2008). In doing so, feminist researchers explore the meanings attributed by the participants to their experiences (Finn & Jacobson, 2003, 2008). Congruent with the belief that the data and both the researcher's and participants' understandings are enhanced by imagining what could have been or might be

different, feminist researchers also consider possible alternate experiences and outcomes (Finn & Jacobson, 2003, 2008).

4.2.5 **Goodness of fit between feminist research and constructivist grounded theory.**

Providing an alternative to positivism (Bryant & Charmaz, 2007), feminist research and constructivist grounded theory are evolving and organic, emerging from the data (Wuest, 1995). Both are interactive processes involving the researcher and the participants, wherein data are co-created (Bryant & Charmaz, 2007; Charmaz, 2006; King, 1994). Diverse perspectives are explored and integrated, not dismissed or explained away (Wuest, 1995). Both approaches recognize multiple realities and focus on contextual influences (Bryant & Charmaz, 2007; Wuest, 1995). Thus, the researchers and the participants are recognized as mutually embedded in the social context of the research (Bryant & Charmaz, 2007; Charmaz, 2006).

Feminists ask questions pertinent to women's lives, of interest to women, grounded in women's experience, and born of socio-political struggle (King, 1994). Constructivist grounded theory and feminist research both emphasize the emergence of theory from the data and allow for the exploration of women's experiences without the constraints or guidance of a predefined framework (Bryant & Charmaz, 2007). Both approaches allow for the analysis of complex questions and for the voices of participants to be heard

as they tell their stories (Keddy et al., 1996; Wuest, 1995). Using constructivist grounded theory methods, feminist researchers can explore salient problems in people's lives and how they respond to them from the participants' point of view (Keddy et al., 1996).

In both constructivist grounded theory and feminist research, power imbalances between the researcher and the participants are recognized and addressed as researchers strive to share power and assume a non-hierarchical, non-oppressive stance (Bryant & Charmaz, 2007; Charmaz, 2006; King, 1994; Wuest, 1995). Participants are recognized as experts on their own experiences and their subjective voices are privileged as legitimate sources of knowledge (King, 1994; Wuest, 1995). Reflexivity, fundamental to feminist research and to constructivist grounded theory, encourages researchers to reflect upon, examine critically, and explore analytically their impact on the research, their own and the participants' social locations, and the contextual influences of the research and the participants' lives (Bryant & Charmaz, 2007; Charmaz, 2006; King, 1994; Wuest, 1995).

Recognizing that theory building is a process that flows from the data (Wuest, 1995), feminist and constructivist grounded theory researchers and participants co-construct knowledge (Bryant & Charmaz, 2007; Charmaz, 2006). As such, both approaches employ member checking to ensure that the researcher's interpretation of the data and theory building is consistent with

the participants' perspectives (Wuest, 1995). The resulting theories, written to be accessible to the public, policy-makers, and academics, are judged on whether they fit with participants' experience and attributed meanings, and whether the theories can be applied in the social world (Walker & Myrick, 2006; Wuest, 1995). In both feminist research and constructivist grounded theory, the aim is to transform practices and social processes and, in doing so, to contribute to a better world (Charmaz, 2006).

Of particular pertinence to the current research, Allen (2010) posited the value of a feminist perspective in concert with constructivist grounded theory methods for giving voice to women's experience of violence. She suggested that feminism and constructivist grounded theory blend well to facilitate alternate understandings of women's experiences. Those experiences, Allen (2010) contends, can inform professional interventions through the development of the theoretical analysis of diverse experiences.

4.3 Retrospective Design

Given that the current research addresses disclosure of intra-familial child sexual abuse, what happens after disclosure, and how abuse ends, it is logical to employ a retrospective design. That said, the choice of a retrospective design was guided by ethical concerns as well as an awareness of the challenges and risks concerns associated with research with sexually abused children. Potential concerns include children's vulnerability and

powerlessness, children's ability to provide informed consent, the dynamics and relationships between victims and abusers, the proximal consequences of abuse, and the impact of discussions of abuse with victims too soon after the abuse has ended (Kinard, 1985, 1994). The decision also was driven by concerns about the potential reactions of the relevant Research Ethics Boards to interviewing children, and the inherent time and resource implications were there to have been barriers presented to undertaking research with children.

4.4 Sampling and Recruitment

The research design incorporates theoretical sampling which, like most qualitative methods, begins with purposive, non-probability initial sampling, involving a variety of recruitment methods and strategies. "Initial sampling provides a point of departure, not of theoretical elaboration and refinement" (Charmaz, 2006, p. 100). The constant comparative method, an evolving cyclical process of data gathering and analysis, prompts the researcher to gather more data from existing and new sources to fill gaps and saturate categories. Data gathering stops once theoretical saturation is reached. (This process is described in greater detail earlier in the chapter).

In designing and completing the current research, I strove to engage in theoretical sampling, recognizing the confines imposed on completing a PhD thesis (e.g., learning curve, time, education leave, financial resources). Two visits were planned to Saskatoon to gather data: the first in June/July when I

interviewed 10 of the 16 women; the second in September when I interviewed the remaining six of the 16 participants. I deliberately and consciously left ample time between each of the interviews to engage in memo-writing and preliminary analysis, and between the two visits to engage in data analysis, in order to assess the need for more data. In analyzing the data gathered during the first visit, patterns were beginning to emerge. The second visit provided the opportunity to interview six more women. That said, the decision to stop gathering data was based more on time-lines and the number of women who came forward to be interviewed than on actually reaching theoretical saturation, as not all of the interviews had been analyzed when the data gathering stopped.

That said, the sample did provide a range of experiences, some of which contained aspects that were unique to individual participants and some of which overlapped with the experiences of other participants. In reviewing the extant literature and comparing it to the findings of the current research, the experiences that are lacking, or at least limited, in the current research involve positive experiences of disclosing, other's reactions to disclosures, and ending the abuse. This lack of positive experiences may be a result of not achieving theoretical saturation or it may be an accurate reflection of the experiences of the women who met the criteria to be interviewed.

The current research is not alone in its failure to comply fully with

theoretical sampling methods. Very few researchers using grounded theory methods actually practice theoretical sampling. Most begin with purposive sampling; few reach theoretical saturation using the constant comparative method (Bryant & Charmaz, 2007; Charmaz, 2006; Wertz et al., 2011).

To provide clearer expectations and to facilitate completing the thesis, a decision was made during the proposal stage about the parameters of an acceptable sample size, based on achieving variability among participants plus depth, breadth, and richness of data. A potential sample size of 12 to 20 was deemed large enough to be relevant and diverse, but not overwhelming in size or scope (Carey, 2009; Guest, Bunce, & Johnson, 2006; Luborsky & Rubinstein, 1995; Thomson, 2011). Twelve to 20 participants was regarded as adequate to gather a range of perspectives and experiences by virtue of the potential participants' varied social locations and experiences of abuse and disclosing. Upon completing 16 interviews, which involved interviewing all of the women who had volunteered for the research by the end of the second visit to Saskatoon, it was determined that I had interviewed a sufficient number of women to fulfill the need for variability among participants plus depth, breadth, and richness of data.

In order to participate in the research, women, before reaching 18 years of age, must have: (a) experienced contact or non-contact sexual abuse by one or more family members; and (b) disclosed the abuse (indirectly or directly;

accidentally or purposefully; spontaneously or when elicited or prompted). Due to the differing experiences of sexual abuse and disclosing based on the sex and gender of the victims and their relationship to their abusers (i.e., intra-versus extra-familial abuse) (Dorais, 2002; Haugaard & Emery, 1989; Kinard, 1994; O'Leary & Barber, 2008), the scope of the sample was limited to girls sexually abused by one or more family members.

The sample was drawn from Saskatoon and surrounding area, in part because I had lived and worked there for many years and had established enduring relationships with professionals in a variety of health and human services agencies, including those addressing child sexual abuse. These connections were beneficial in recruiting participants and in ensuring that support was available to participants through local agencies, including the Saskatoon Health Region and the Saskatoon Sexual Assault and Information Centre. A further benefit of drawing the sample from Saskatoon is the region's long history of offering support and therapy to adult female survivors of child sexual abuse. As a result, child sexual abuse is part of the community discourse and a local community of women have addressed the abuse and undertaken a healing journey.

Participants initially were recruited through the Saskatoon Health Region, community agencies, sexual abuse programs, and personal and professional contacts. *Letters to Agencies (Appendix C)* and *Advertisements for*

Participants (Appendix B) were emailed to agencies likely to provide services to adult female survivors of child sexual abuse. The email requested that recipients post the information and share it with colleagues and potential participants. *Advertisements for Participants (Appendix B)* also were posted on agency, university campus, and other public bulletin boards, as well as distributed via personal and professional contacts.

Snowball sampling, which is especially beneficial with hard to reach groups or participants who are unlikely to volunteer without a link to the research or researcher (Bryant & Charmaz, 2007; Carey, 2009), was used in the initial purposeful sampling. Women were invited to share information with others who fit the sample criteria. A number of participants invited other women to participate and some requested permission to post the information on their social media pages.

Women interested in participating in the research contacted me via email, text, or telephone with questions and to schedule an interview. Those who expressed interest in the research were screened to ensure they fit the sample criteria of being sexually abused by at least one family member and disclosing that abuse before age 18. Participants also were asked to indicate: (a) that they were willing and able to discuss their childhood experiences of intra-familial sexual abuse, focusing on disclosure, what happened after disclosure, and how the abuse ended; and (b) that they had access to formal or informal

support to deal with any surfacing issues.

4.4.1 Potential sources of sampling bias.

Selection and social competency bias may have affected who is included in the sample and who volunteered to be interviewed. Criteria requiring participants to have access to support for surfacing issues may have eliminated potential participants or biased the sample by recruiting participants further along in their healing journey or experiencing greater stability in their lives (Kinard, 1994; Teram et al., 2005). Regardless of the potential for bias, it is unethical to increase risk to participants by interviewing women unprepared, unable, or lacking support to cope with surfacing issues (Brzuzy, Ault, & Segal, 1997; Teram et al., 2005).

Women of a particular age, class, ethnicity, or other socio-demographic identity may have been more prone to volunteer to participate in the current research, although no obvious bias is evident in reviewing the participants' demographics. Widely circulating information about the current research and relying on personal and professional connections to encourage diverse participation was intended to mitigate any selection bias. *Advertisements for Participants (Appendix B)* and *Letters to Agencies (Appendix C)* were widely disseminated. The information was emailed to agencies serving women with diverse cultural, religious, and sexual identities, and shared with personal and professional contacts with connections in a variety of communities.

Data gathered from retrospective self-reports may present challenges to reliability, validity, and trustworthiness. The passage of time may impede accurate and complete recall of past events or participants may be selective in responses and memories (Berliner & Conte, 1995; Dorais, 2002; London et al., 2005; Tang et al., 2008). Participants also may have been susceptible to re-authoring their subjective truths, altering their perceptions of the meanings attached to various experiences, or reinterpreting past events through present knowledge and understanding (Briere, 1992b; Dorais, 2002; Tang et al., 2008). Despite the potential limitations, retrospective designs are widely accepted in child sexual abuse research.

4.5 The Interviews

Prior to my arrival in Saskatoon, arrangements were made for temporary office space at the University of Regina's Faculty of Social Work, Saskatoon campus. On-site office space was also negotiated for interviewing women referred by therapists at the Saskatoon Health Region Adult Community Mental Health Clinic.

Each in-person interview was scheduled for up to two hours, at a time and place convenient and comfortable for both the participant and the researcher. Time was allotted between interviews to begin to analyze the data through memo writing. Interviews were structured to begin with building rapport through introductions, discussing the current research process,

reviewing the ethical guidelines, and building or renewing acquaintance.

Following the grounded theory methods outlined by Charmaz (2006), an open-ended interview guide (*Appendix E*) loosely shaped the exploration of the participants' experiences of intra-familial child sexual abuse, disclosing, and how the abuse ended. Included in the interview guide were six open-ended, semi-structured, focused questions inviting participants to describe their experiences of growing up in their family and community, the sexual abuse, disclosing, what happened after they disclosed, how the abuse ended, and what they thought could have been different. Participants also were invited to ask any questions and to provide clarification around anything they had discussed.

4.5.1 **Member checking.**

Member checking, one aspect of theoretical sampling (Charmaz, 2006), confirms the content from initial interviews by providing participants an opportunity to add missing information in a follow-up interview (Charmaz, 2006; Liamputtong, 2009; Rodwell, 1998; Teram et al., 2005; Tempel, 2010). Further, member checking provides an opportunity for researchers to review the results with participants to ensure that the researchers' interpretations reflects the participants' reality; provides participants an opportunity to discuss, monitor, check, and reshape emerging themes and theories; and enhances the likelihood that emerging theories originate with participants

(Charmaz, 2006; Liamputtong, 2009; Rodwell, 1998; Teram et al., 2005; Tempel, 2010). Consistent with feminist research and constructivist grounded theory, member checking attempts to balance power by creating an opportunity for participants to decide how their voices are represented in the current research through the option to retract data which may identify them or which they simply prefer not to have included. Providing an empowering, consultative role for participants, member checking integrates the voices and wisdom of participants in the analysis of data, ensuring accuracy and consistency in the presentation, discussions, recommendations, and any emerging theories (Charmaz, 2006; Liamputtong, 2009; Rodwell, 1998; Teram et al., 2005; Tempel, 2010).

In the current research, member checking (discussed further in *Chapter Six*) occurred via text and email after the data had been analyzed and the two findings chapters written. Each of the women had access to electronic communication and, as such, was provided with an electronic copy of a draft version of *Chapters Five and Six* and asked for her feedback in reference to the accuracy of the information presented and the preliminary data analysis.

4.5.2 Data management and storage.

All interviews were audio recorded on micro-cassettes and transcribed. I transcribed the first nine interviews and, primarily due to time constraints, hired a secretary to transcribe the remaining seven. The person hired to

transcribe recordings read and signed a confidentiality agreement.

Each interview was transcribed into an individual RTF file then loaded into a password protected QSR NVivo 10 file (qualitative and mixed methods data analysis software) on an encrypted laptop. The files on the transcriber's laptop were deleted once copies were transferred to my encrypted laptop. All names of people and places in the transcripts were replaced either by initials or by the relationship to the participant (e.g., brother, sister). The participants' names were replaced with their pseudonyms.

Audio tapes and transcripts were labelled with the date of the interview and the pseudonym chosen by the participant. Audio tapes are stored in a locked file cabinet in a locked office. The interview schedule and the list linking participant names to pseudonyms as well as the transcripts and NVivo files are stored on an encrypted laptop and on a memory stick in my safety deposit box. There are no hard copies of the interview schedule, participant list, transcripts, or NVivo files.

4.6 Data Analysis

Data analysis relied on initial and focused coding and recoding of interviews, followed by member checking, and culminating in inductive theory development. Just as the participants make sense of their experiences, I attempted to make analytic sense of their experiences, meanings, and actions (Charmaz, 2006). Recognizing the participants' power and focusing on the

meaning they give to their own experiences, data analysis was directed at discovering patterns and building knowledge for action and social change (Rodwell, 1998). Participants' intersecting identities and social locations were considered in coding and analyzing the data.

The interviews were transcribed and entered into QSR NVivo 10 qualitative software to facilitate easier and more efficient management and analysis of the large volume of data collected through 16 intensive interviews. NVivo was used to map out the coding structure; manually code the data; sort the data to facilitate the review of patterns and themes and the generation of models or theories; and constantly compare data, coding, themes, and patterns. Memo writing and preliminary analytic notes were used throughout the research process to analyze the data, keep me grounded in the research, and ensure that new and emerging ideas were not lost or forgotten.

Constructivist grounded theory employs the constant comparative method of qualitative analysis (described in detail earlier in the chapter). The process of conceptualizing ideas started through reading and re-reading the transcripts, concurrent with initial coding, involving line-by-line reading and open coding of the data. Early in the analysis it became apparent that the coding structure was evolving and changing with each transcript coded. Themes, drawn from the data rather than determined from the extant literature, were developed then compared through the analysis of the

dimensions and properties of each theme. Focused coding was important in separating, sorting, and synthesizing the data, the coding structure, and the initial analysis.

As the coding structure evolved, expanded, and became more focused, the data from all previously coded transcripts was re-coded at three points throughout the process: after the first three, then nine, then 14 transcripts were coded. The final recoding involved a total overhaul of the coding whereby all coding was stripped from the data. To ensure that all transcripts were coded consistently using the same coding structure, the 16 uncoded transcripts then were recoded over a one week period using the final revised coding structure. Once all the transcripts were recoded, I reviewed all the data coded at each node for goodness of fit then recoded the data and merged the nodes where appropriate.

4.7 Ethical Considerations

The research design was granted full ethics clearance by the Interdisciplinary Committee on Ethics in Human Research at Memorial University of Newfoundland (ICEHR number: 20130100-SW) (*Appendix A*). The University of Saskatchewan Research Ethics Board (REB number: BEH-12-178) found the proposal to be acceptable on ethical grounds (*Appendix A*), facilitating operational approval from the Saskatoon Health Region (*Appendix A*).

The *Tri-Council Policy Statement* dictates that all Aboriginal participants must be asked “whether any culturally appropriate assistance is desired to interpret, or support compliance, with the research” (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2010, p. 114). Recognizing that the participation of any of the women might be impacted by their religious, cultural, and ethnic identities, all participants were asked a conversational version of the *Tri-Council Policy Statement* question.

4.7.1 The participants’ vulnerability and safety.

In discussing potentially sensitive and painful memories with survivors of intra-familial child sexual abuse, particular attention was directed toward creating an atmosphere of safety; ensuring fully informed, freely given consent and freedom to withdraw at any point; opportunity to debrief; access to formal or informal support for surfacing issues; and the confidentiality of data and anonymity of participants. Each of these strategies for creating safety was described in the *Informed Consent Form (Appendix D)*, which was discussed and agreed upon immediately prior to interview.

After scheduling an interview time and place, participants were emailed a copy of the *Informed Consent Form (Appendix D)*. The form provides information about the nature and purpose of the current research, plans for dissemination of the results, potential risks and benefits, and the need for

access to support. While the *Informed Consent Form (Appendix D)* is somewhat long and cumbersome, transparency and complete honesty about the research is intended to avoid recreating the dynamics of abuse (e.g., betrayal, powerlessness, secrecy) (Finkelhor, 1988 as cited in Lynch, Glaser, Prior, & Inwood, 1999). Immediately prior to beginning the interview, the *Informed Consent Form (Appendix D)* was reviewed with the participant and two copies of the form signed (one each for the participant and the researcher).

In order to facilitate women accessing support before and after the interviews, local agencies were informed of the nature and time frame of the interviews via the *Letter to Agencies (Appendix C)* (Amaya-Jackson, Socolar, Hunter, Runyan, & Colindres, 2000; Briere, 1992b; Brzuzy et al., 1997; Kinard, 1985; Lynch et al., 1999; Teram et al., 2005). Upon my arrival in Saskatoon, I met with the staff of the Saskatoon Sexual Assault and Information Centre, which offers a 24 hour crisis line plus individual and group counselling, to formalize arrangements for participant support. Prior to beginning the interview, each woman confirmed that she had access to informal or formal support for surfacing issues.

Although it is crucial to recognize and respond to participants' vulnerability, it is equally important to honour the resilience of women who have survived intra-familial child sexual abuse and other forms of trauma. "Researchers must be careful that their efforts to protect survivors do not send

the message that the survivors are incompetent. Treating survivors as overly vulnerable risks repeating abuse dynamics that cause further harm” (Becker-Blease & Freyd, 2006, p. 223). A paternalistic or excessively protective researcher is as disrespectful, disempowering, and ineffectual as one who inadvertently exposes research participants to undue risks. As Stoler (2002) reminds us, “it is likely that those volunteering to participate in research will not be as fragile as those seeking clinical help” (p. 270).

4.7.2 Dual relationships with the participants.

Although my history of employment, volunteer, and community involvement in Saskatoon benefited me in many ways, it also opened the door to dual relationships with research participants. Of the 16 participants interviewed, I was previously acquainted with seven but had no prior connection with the other nine women. I had worked as a therapist individually and in group with four, had been socially acquainted with two, and one had been a social work colleague. Each of these women had been recruited in the same manner as the rest of the participants; none of the participants had been directly solicited.

Before their interviews, each of these seven women explored with me the implications of participating in the research and any challenges related to our prior relationship. Each concluded that, because I no longer live in Saskatoon and have no ongoing relationships with any of them, there were no

negative implications or risks associated with their participation. On the positive side, their interviews may have been richer and deeper as a result of the previously established trust and sense of connection.

4.8 Credibility of the Research

Rigour, trustworthiness of findings and authenticity of process, is reflected in credibility (likened to internal validity), dependability (likened to reliability), confirmability (likened to objectivity or neutrality), transferability (likened to external validity), fairness, and ontological, educative, catalytic, and tactical authenticity (Rodwell, 1998). Authenticity, richness, and trustworthiness of data and findings are enhanced and rigour demonstrated through memos; the constant comparative method of data analysis; member checking; detailed and thick description of the research design, methodology, and analysis; and representative quotations in the results and discussion chapters (Charmaz, 2006; Liamputtong, 2009; Rodwell, 1998; Teram et al., 2005). Where possible, through the research design and methodology, I have addressed any possible sources of bias. Any unresolved issues or divergence from themes or relationships amongst contributing factors are critically considered throughout the data analysis and transparently addressed in the results and discussion chapters.

4.8.1 Truthfulness.

As described in the *Suppression* section of the discussion of the history

of child sexual abuse in *Chapter Two*, beginning in the 1990s, Elizabeth Loftus and other supporters of false memory syndrome accused victims and survivors of child sexual abuse of falsifying accounts of abuse. Further, they publicly denounced therapists for manipulating clients into falsely believing they had been sexually abused. Outraged, survivors, feminists, and others defended victims and survivors and the veracity of their claims, arguing that there were more false negatives (under-reporting) than false positives (fabricated claims) (Walker, 1988; Warner, 2009). This is consistent with the findings of Sjoberg and Lindblad (2002a, 2002b), who reported that false claims of sexual abuse by children are rare.

In response to the ensuing heated public debate over false memory syndrome, researchers retrospectively exploring child sexual abuse typically have addressed the possibility of misrepresentation. "Because there are almost no empirical data in this area, the possibility of abuse confabulation cannot be overlooked by researchers, even given the common clinical impression that such misrepresentation is rare" (Briere, 1992b, p. 198).

The experience of the participants was accepted at face value as a phenomenological reality. This decision was based on the knowledge that survivors have all too frequently been silenced by people doubting their honesty and authenticity, and the assumption that participants in any research study could potentially be deceitful or withhold information. Given the

therapeutic and political importance of believing and honouring each woman's truth and valuing the subjective experience, meaning, and perspective of each account of sexual abuse; the grounded theory practice of accepting what is experienced as what happened; and the qualitative philosophy and practice of capturing everyday experience as truth (in contrast to the external validation of positivism), participants' narratives were not systematically screened for credibility, feasibility, or truthfulness of abuse, but rather accepted at face value (Cresswell, 2007; Crisma et al., 2004; Teram et al., 2005).

Chapter Five

5 Results: The Nature of the Intra-familial Child Sexual Abuse

Just as the review of the pertinent literature has been divided into two chapters, the first addressing child sexual abuse and the second disclosure, so too has the discussion of the results of the current research. The participants' narratives describing the abuse they experienced and the context thereof grounds their discussions about disclosing. Thus, this chapter lays the foundation for "Chapter Six", which focuses on disclosing, what happened after disclosing, barriers to disclosing, and what might have been different.

While the reader might expect the results chapters of a grounded theory study to be structured in relation to the themes constructed through the data analysis, I made a conscious and considered decision to focus on the women's stories in the results chapters then tie the themes together in the discussion chapter. Congruent with the ontology and epistemology of social work, feminism, constructionism, Just Practice, constructivist grounded theory, and feminist research methods, this structure is intended to privilege and honour the participants' voices as they described their experiences of intra-familial child sexual abuse and disclosing. In doing so, the authenticity, richness, and trustworthiness of the data and findings are enhanced and rigour is demonstrated. Most importantly, structuring the results chapters in this manner allows the reader to understand intra-familial child sexual abuse from

the perspective of the participants. At the same time, it provides the reader a more fulsome understanding of the participants' experiences and the meanings they make of those experiences.

This chapter begins with a brief discussion of the interview process, the impact of using retrospective interviews, and member checking. An introduction of the central themes of the women's narratives follows. The focus then shifts to the 16 women who participated in the current research and their narratives. The bulk of the chapter explores the participants' experiences of intra-familial child sexual abuse. This is followed by a discussion of the factors influencing their abuse and disclosing: exposure to known or suspected sexual abusers, and familial mental illness, substance abuse, and violence. The chapter concludes with a discussion of how the intra-familial child sexual abuse ended.

5.1 The Interview Process

The interviews lasted from one to two hours and occurred at a time and place convenient and comfortable for both the participant and the researcher. Eight women were referred by a colleague at the Saskatoon Health Region Adult Community Mental Health Clinic, six through advertising in the community, and two through snowball sampling.

Recognizing that the participants may have been vulnerable to distress triggered by the content or process of interviews, particular care was taken to

avoid revictimizing the participants. While each of the participants was emotionally expressive during her interview, none appeared to be overwhelmed by their feelings. As discussed below, I was mindful of the importance of not moving into the therapeutic realm. Thus, when the women expressed emotion, they were encouraged to honour their feelings and continue the interview when ready.

Given my past role in providing individual and group therapy to women sexually abused as children, it is not surprising that, at times, it was challenging to maintain my role of researcher and not lapse into responding therapeutically to the women's narratives. This was particularly difficult when the women expressed ambivalence or confusion about the abuse, or discussed current struggles with the impact of the abuse or disclosing. Unexpectedly, it was less of a concern in interviewing the women with whom I had previously worked individually or in group, perhaps because they were in a different place in their healing journeys. Responding as a researcher to the women's narratives required me to be self-aware, grounded in the moment, and clear in my focus and boundaries. Reflecting on and writing memos about each interview immediately after its conclusion assisted me in maintaining clear roles and boundaries, while ensuring that I was appropriately present with the women and able to respond respectfully and empathetically, rather than therapeutically, to their experiences.

Overall, the participants appeared to have given much thought to and spoke in depth about the abuse and its impact on their lives prior to the interviews. They appeared to possess an adult perspective on the abuse and their disclosures, to feel self-assured in discussing their experiences and the impact thereof, and to possess effective internal and external resources to deal with any surfacing issues. In taking responsibility for their own self-care, a number of the participants had scheduled counselling appointments either before or after their interview.

5.1.1 The consequences of employing retrospective interviews.

Despite the potential limitations, retrospective designs are widely accepted in child sexual abuse research. That said, many of the participants were unsure about dates, their chronological ages, and the exact sequences of events. A few participants tried to make sense of their childhood experiences through their adult perspectives. Often, they struggled to justify the actions (or lack thereof) on the part of caregivers and other adults who knew about the abuse. For example, one participant recognized her perspective as that of an adult woman looking back through time at her experiences as a child. "I don't know if I thought about this then, because I was pretty little. So I don't [know] if I am going from an adult perspective now or if that's what it [was]."

Recognizing the potential limitations, and in congruence with feminist research methods and constructivist grounded theory, the data were analyzed

as presented.

5.2 Data Analysis: The Themes of the Narratives

Four primary themes became evident in analyzing the participants' narratives: *Context*, *Abuse*, *Disclosing*, and *What Could Have Been Different* (see Table 5.1). The theme *Context* includes the participants' discussions of their experiences growing up, as well as the factors that influenced the abuse, disclosing, and people's reactions to the disclosures. *Abuse* includes their descriptions of the abuse, relationship to abusers, ages, duration of the abuse,

Table 5.1. *Data Analysis: Themes*

Primary themes	Sub-themes
Context	Family and community context Dynamics that influenced abuse
Abuse	Abuse Immediate reaction to abuse by victim Impact of abuse on victim
Disclosing	Barriers to disclosing Disclosing Responses to disclosures Outcomes of disclosing
What Could Have Been Different	Abuse Barriers to intervening Caregivers Disclosing Responses to disclosure

and impact thereof. *Disclosure* describes the barriers to disclosing; their process of disclosing, including to whom, where, when, and how they disclosed; and how others reacted to and the outcomes of the disclosures. The final theme, *What Could Have Been Different*, presents the participants' feedback about what might have altered their experiences of abuse and disclosing. Results addressing the themes of *Context* and *Abuse* are presented in this chapter; the themes of *Disclosure* and *What Could Have Been Different* in Chapter Six.

5.3 The Participants

Sixteen women who, as children, disclosed intra-familial sexual abuse participated in intensive interviews. The women were not asked directly about their demographic characteristics. Rather, I asked them to tell me what they thought would be helpful for me to know, given the focus of the research, about themselves, their families, their communities, and their experiences of growing up. This empowered the participants to share what they thought relevant. Each of the women suggested that a variety of family and personal identities influenced their childhood experiences in varying ways and to differing degrees.

Eight participants mentioned their ethno-cultural-racial identities, describing their family ancestry as either purely or a mix of Aboriginal (three), Black (two), British (one), French (three), German (two), and Ukrainian (one). Four of these eight women described intersecting ethno-cultural-racial

identities. Eight women spoke of growing up in Christian families; half of whom were Catholic. Of the nine who discussed socio-economic class, six were raised in poverty, two in working class families, and one in a middle class family. Three women were in their 20s, eight in their 40s, three in their 50s, and two in their 60s at the time of their interview. Two referred to current or past adult intimate relationships with women, two with women and men, 11 with men, and one discussed no adult intimate relationships.

5.4 The Participants' Experiences of Intra-familial Child Sexual Abuse

All of the 16 participants provided some information about the age at which the abuse started and ended, their relationship to their abusers, and the geographic setting in which the abuse occurred. The abuse had occurred on a farm (five participants), in the north (two), in a town (seven), and in a city (six). Two had been abused in more than one type of setting and five described a large number of relocations by their families.

The abuse had started before six years of age for 11 participants, between six and 11 for two, and between 12 and 15 for three (see Table 5.2). The abuse had stopped between ages six and 11 for one, between 12 and 15 for ten, and between 16 and 20 for three. Of the 14 for whom the duration could be calculated, the abuse had lasted between one and 16 years. Almost half of the participants had endured intra-familial sexual abuse for 10 or more years. The earliest abuse had started in the 1950s and the most recent had ended in

the late 2000s.

Table 5.2. *Duration of the Intra-familial Child Sexual Abuse*

Participant	Age began	Age ended	Duration (years)	Dates of abuse
Hillary	infant	15	unknown (10+)	1950s and 60s
Emily	5	? < 16	unknown	began 1958
Leatitia	11	12	1.5	1958-1959
Freedom	3	? < 15	unknown (10+)	1959-late 1960s
Maria	little	14	unknown (10+)	1960s
Tango	3	19	16	1960s, 70s, 80s
Rocky	3	13	10	1966-1976
Shakira	2	12	10	1967-1977
Marie	8	15	7	1970s
Ellen	? < 6	? > 10	unknown	1970s
Julie	4	14	10	1974-1984
Sarah	12	17	5	1980-1985
Matilda	12	20	8	1981-1989
Sophie	5	7	2	1989-1991
Meika	3	12	9	1993-2002
Kaitlyn	13	16	3	2000's

All had been sexually abused by at least one family member; eight by multiple family members. Their abusers included: fathers, adopted fathers, and step-fathers (eight); uncles (seven); brothers, adopted brothers, foster brothers, step-brothers, and brothers-in-law (seven); grandfathers (three); and

mothers and foster mothers (three). Half of the participants also had been sexually abused by extra-familial perpetrators, in all but one instance after they first had been abused within their families. Seven women were involved with emotionally, physically, and/or sexually abusive partners in their adult relationships.

Over half of the participants had experienced non-contact sexual abuse including sexual talk and sexually intrusive comments (three), exposure to sexually explicit material (four), exposure to sexual acts (four), and the sexual perpetrators' or their body parts being exposed (three). All had experienced contact sexual abuse including sexual touching (16), oral penetration (three), vaginal penetration (four), possible anal penetration (one), and sexual exploitation (three). The sexual exploitation involved their parents making pornography (one) and forcing the child into prostitution (two). Twelve had experienced multiple forms of intra-familial child sexual abuse.

Because the interviews were focused on disclosing rather than on the abuse, the participants were asked to describe only briefly their experiences of abuse. Thus, they likely did not detail every incident of intra-familial sexual abuse. Further, the nature of the abuse was presented in varying degrees of detail. For example, when describing sexual touching, few women indicated whether the abuser had touched them or they had touched the abuser or both, or if the abuse had progressed beyond sexual touching. At times, this absence

of detail was associated with the focus of the interview on disclosing; at other times, with the participant's lack of recall.

5.4.1 **Leatitia.**

Leatitia's abuse involved sexual touching at ages 11 and 12 by her violent, alcoholic father. The abuse started the summer of 1958 and ended the fall of 1959. "It wasn't intercourse. It was touching. It might have led to [intercourse] had I not confessed to a priest that I was doing something wrong."

The intra-familial child sexual abuse ended following Leatitia's disclosure to her priest and then to her mother, who confronted her father, immediately rearranged sleeping arrangements, then the following year sent Leatitia away to a girls' convent. Her childhood experiences of abuse, coupled with the fallout of her disclosing, has had a lasting impact on Leatitia, including her experiences with abusive relationships with alcoholic men.

5.4.2 **Sarah.**

Having grown up in an emotionally abusive family, Sarah was abused by her sister's husband from age 12 through 17. The abuse had begun with verbal sexual abuse and progressed to sexual touching.

The abuser was my sister's husband. It started when I was 12 and went until the day I left home when I was 17. The first episode, when there was a hints that this was happening, we were sitting in a restaurant, me,

her husband, and her, before they were married. He looked right at me and told me that if anything happened to my sister, I could be his new wife. I was 12. He didn't mean cooking and cleaning either. He didn't manhandle me at that point, but he made it pretty obvious that he was going to. The winking, the inappropriate remarks. He decided to talk to me about my parents' sex life. At 12, it was disgusting. He talked a lot about sex and about different expressions of it. Yuck! It escalated from there. He graduated from winking at me and hugging me too closely to putting his tongue down my throat, and a few other things. Some of the stuff he used to say to me, really creepy. It was uncomfortable. It was a violation. It was inappropriate.

When none of the adults (including her older sister, her parents, and the psychiatrist) who knew about the abuse intervened to stop it, Sarah protected herself by "being physically combative and angry." While her strategy did not stop the abuse, it decreased the occurrence thereof. "I noticed that when I was angry and snappish, he would leave me alone. When I started to fight with him, [the abuse] started to go down a bit. It didn't stop, but it started to happen less often." Sarah ended the abuse when she left home immediately after high school. The abuse "started when I was 12 and went until the day I left home when I was 17. That's how it ended, I left home."

5.4.3 Ellen.

Ellen, who grew up with a violent, alcoholic father, recalled two incidents of sexual abuse in her family. She was touched sexually, first by her grandfather and later by her uncle. The first abuse occurred while visiting her grandparents. "I don't know why grandpa and I slept in the queen bed upstairs. It was all very foggy. I woke up and his hand was just in my pyjama pants, and in there." This traumatic encounter with her grandfather was followed by multiple incidents of sexual abuse by older boys and men from outside her family. Then, sometime after she was age 10, Ellen's uncle sexually touched her during a late night swim at a family gathering. Both Ellen and her uncle were intoxicated, as were the other adults.

If any adult tells me that I can go swimming, I'm gone. It's 4 o'clock in the morning. Everybody's passed out. My uncle and I go out swimming. All of a sudden he's holding me in the water, under the tummy and under the bum. I think, "Oh god." He asks me, "Do I want to fool around?" I say, "Well, no." I said however old I was (I forget how old I was) and I called him uncle. I thought how weird it was. So he ends up with his hands in his pants and inside me. I did not like it. I felt a little bit scared. I was afraid of drowning. We were out to his depth, not mine.

It is not clear why the earlier sexual abuse by her grandfather or by her

uncle at the lake, which was the last episode of intra-familial sexual abuse that Ellen recalled, ended. Sadly, that was not the end of the sexual abuse, as Ellen continued to endure sexual abuse perpetrated by family friends and strangers. Her substance abuse progressed and, as an adolescent and young adult, Ellen spent time living on the street where she was particularly vulnerable to further abuse. Ellen continues to struggle with substance abuse.

5.4.4 **Rocky.**

Rocky's uncle had sexually touched her from the age of three until she was almost 13. After he stopped abusing Rocky, he began abusing her younger cousins.

I don't really know when the abuse started. My earliest recollection was when I was about three or four. I don't know how much went on before that. I am guessing it was not a lot before that because, based on when I was potty trained, he just wouldn't have been comfortable being responsible for somebody in diapers. My uncle was fondling me and manipulating me and touching me. He'd let us sit on his knee and drive when we were four or five or six years old. At the same time, he'd be doing stuff that was inappropriate. He had certain things he always did to everyone.

In reaction to her grandmother's death, Rocky made a decision to stop the abuse. With no support from anyone, she persisted in her attempts to stop

the abuse until her uncle complied.

It stopped the day that my grandma died. My grandma had gone for her afternoon nap. My uncle was fondling me and manipulating me and touching me in one room of the house. I could hear my grandmother making odd noises. They were kinda snoring noises but they weren't really. I couldn't do anything because I was there in that situation and I couldn't get out of it. When it was done, he went to the bathroom. I got up and went to check on my grandma. She was dead. That was when I decided that was the end of [the abuse]. It was going to be over. So I just put a stop to it. I just said no finally. He listened after repeated nos and fighting back and removing myself from his company. It took a while.

Although he stopped abusing Rocky, he continued to sexually abuse other children in her extended family. "I never thought that there was anybody else. He took it out on some of my younger cousins for a while after that." When Rocky was an adult, her cousins disclosed to the family and she and her cousins reported their abuse to the police. The uncle was arrested, prosecuted, and pled guilty to charges of child sexual abuse.

The abuse took its toll on Rocky. Although she was very successful in high school, after she left home, she began drinking heavily, was haunted by memories of the abuse, drank more, and experienced an emotional

breakdown, all of which led to her seek help to deal with the abuse and her addictions.

5.4.5 **Meika.**

Raised in a home with violence and addiction, Meika was sexually touched by her two older brothers. She had been abused from the time she was a toddler until she was 12 years old. After the first brother had moved away from home, the second brother began abusing her.

My second oldest brother abused me. There's twelve years between us. But for as long as I can remember there has always been abuse. There was always someone sneaking in[to my room] in the middle of the night. After he left, it continued with another one of my older brothers for only a couple years.

Meika's second oldest brother stopped abusing her when he moved away. "I was about 10. He left home because he had a child with someone." The abuse by her oldest brother ended when Meika left home. However, the abuse and her disclosures profoundly damaged her relationships with her parents and brothers. Her resulting anger and substance abuse left her vulnerable to risky situations and abusive relationships.

I was just angry for many years. I had no high school. I didn't want to work a minimum wage job for the rest of my life. I was only 18, not even a legal drinking age, and I had been to AA meetings. [I had health

problems] from stress and drinking too much and partying too hard.

Relationships became [the focus of] my life.

5.4.6 **Sophie.**

Raised by an alcoholic mother, Sophie was sexually abused by both intra- and extra-familial perpetrators until the abuse stopped at age seven. The intra-familial abuse involved exposure to sexual acts and sexual touching. Her first experience of sexual abuse occurred as a young child while visiting her paternal grandparents.

Me and my brother used to sleep with my grandpa all the time when we were little kids. I just have a kinda strange intimation about being in bed with him and he used to rub himself on my feet. I don't actually have a vivid memory of it.

At about the same time, her alcoholic mother was having sex with various men in Sophie's presence, sometimes with Sophie in the same bed.

In the house that we lived in for the majority of my growing up, there was one bedroom. That's another form of sexual abuse, to be having sex when the children are in the room. I remember being in their bed and these men would be naked. I don't have a clear visual memory of anything [else] happening.

The abuse ended when, in response to a disclosure, her mother cut off contact with everyone in the community, including Sophie's abusers. While

the intra-familial child sexual abuse ended, not talking about or dealing with the abuse left Sophie vulnerable to further sexual and physical abuse outside her family. As a coping strategy, following in her mother's footsteps, Sophie began abusing substances. "When I was 14, I turned to drugs and alcohol as the only way I could function." For the next 14 years, Sophie's anger, addictions, and reliance on sex and relationships to fulfill her needs left her vulnerable to dangerous situations, including violent and abusive relationships with men.

5.4.7 **Freedom.**

Surrounded by addictions and violence in her family, Freedom was sexually abused from age three through adolescence. Her abusers included her grandfather, her uncles, her half-brother, and a number of unnamed relatives, in addition to numerous men outside the family. The intra-familial abuse had involved exposure to sexual acts and sexual touching.

It started out when I was three. My mother working in the fields and she didn't want me there. She sent me to my uncle's place. I remember that very vividly. The smells, everything, even how the house was, the alcohol bottles, and the musty smell of dirt. I was abused there. That was the first time. With relatives, [I was] even abused driving to [the city]. Sitting on a lap because there was no room, and I was abused there. When I look back, the first person was my uncle, then a relative,

then another relative, then it kept on and on. "As long as we can get sex from her, that's all that matters." That's all it was. I was not loved for who I was. I seen a lot of sexuality with the older relatives in cars and in the bedrooms. Things were not closed; it was kinda open. I thought this was just the way it was. Just normal.

Freedom largely escaped the sexual abuse in her family by running away. (She was sexually assaulted by her brother on one occasion after she left home.) However, as a young person addicted to drugs and alcohol and living on the street, Freedom endured emotional, physical, and sexual abuse from numerous men outside her family.

Eleven years old I went to [a city] to get away from the abuse. But then I was abused there too. I lived on the streets from 11 to 15. I got into the drug scene at age 11. I was doing acid. Then the years went on. Eleven to 14, 15, I got into heroin. Living on the streets, pan-handling. I did try prostitution - but that scared me. I was raped twice. First time, I thought I was going to die. The feeling was very scary. The second time, I had no air, like I was going to die. I got into rolling men because I started to hate them.

As an adult, Freedom struggled with her addictions and found herself in unhealthy relationships and friendships until she discovered therapeutic services for women sexually abused as children.

5.4.8 Shakira.

Shakira was sexually abused from ages two through 12 by her father.

“My dad got into it when he was a teenager. He was difficult, so his mom and dad sent him to another farm to work. They had two girls and their dad was doing it, so [my dad] learned. The dad invited my dad to participate.”

Shakira’s father abused her, her sisters, and other children, at times in partnership with other men. “This dad was abusing his girls; my dad was abusing his girls; this dad was abusing his girls; and all three dads were going to this house with their girls and making movies.” The intra-familial sexual abuse, involving sexual exploitation (making pornography) and sexual touching by her father and his friends, was combined with emotional and physical abuse by her mother and father.

Shakira’s father stopped abusing her when she reached adolescence.

“[He] stopped touching me because I had gotten my period. He was only into prepubescent. That was his age group. Once I hit my period, the abuse stopped on my part, but I knew it was happening to my sisters.” The sexual abuse of her sisters ended when Shakira disclosed and the abuse was reported.

Shakira’s relationships with her parents and sisters were profoundly damaged by the abuse and the disclosures. She has battled anxiety, depression, shame, and suicidal thoughts for much of her adult life. Shakira has been divorced four times and continues to experience challenges in

building healthy friendships and relationships.

5.4.9 **Emily.**

Emily was sexually abused as a young child by her violent, alcoholic father. The abuse began at age five and involved being exposed to her father's sexual body parts, sexual touching, and oral penetration.

My dad must have been a sex addict. I can picture him. He used to prance around in just his underwear. You know men always get [an erection]. I remember that used to bother me. That's totally inappropriate in front of girls.

While Emily described one clear cognitive memory (above), most were emotional and body memories. "I know on some level I do remember. I've got lots of gaps, especially the cognitive [memories]. I lived through hell [with] major emotional and body memories."

Whenever my sister was either having seizures or croup, she slept with my mom. My dad spent the night in [our] bedroom. [He had] easy access [to abuse me]. I just have had the most powerful body and emotional memories. Some of my memories are crystal clear and others are gone. I don't know if they will ever be retrieved. I have so many memories, and I have had it in dreams, absolute choking sensations. My mouth is full and I am trying and trying and trying and trying not to swallow. I have woken up in the night just gagging and choking.

The intra-familial sexual abuse ended when Emily's father left her mother for another woman, moving out of the family home and away from Emily. Despite her belief that her mother, her babysitter, and her teachers knew about the abuse, no one followed up on her behavioural cues, the abuse was never addressed, and Emily did not receive the support she needed. She continued to struggle with being overly responsible, anxious, and fearful of men. Emily also grappled with finding her voice, feeling safe in the world, and forming healthy friendships and relationships.

5.4.10 **Tango.**

For most of the first 20 years of her life, Tango was subjected to both intra- and extra-familial sexual abuse in combination with the emotional and physical violence she experienced in her home and community. The sexual abuse perpetrated by her mother, father, and uncle involved exposure to sexual acts, sexual touching, and sexual exploitation.

At three years of age, Tango's first experience of intra-familial sexual abuse involved watching her father sexually assault her mother.

It was a common thing, [my father] forcing sex on [my mother]. I knew, because I was there. They had sex while I was there. I can remember back to when I was about 3 years old and my parents are having sex and I wanted to be involved. I can remember wanting to jump on top of my mom, and she told my dad, and them saying, "No, no." Just kinda

being there.

Tango was sexually touched and sexually exploited by her mother, who would allow her friend to spank her and Tango for money. "I watched [my parent's friend] spank my Mom and give her money for her letting him do that. He would also spank me for money too." In trying to make sense of the sexual abuse perpetrated by her mother, Tango acknowledged that "it didn't feel like abuse to me." She reflected on her varied and confusing roles with her mother. "What is a mom? What is a lover? What is a friend? I was all those things to my mom."

Tango also was sexually exploited by her father, who had supported and facilitated her being sexually abused by their "provider who was a social worker and had his license as a spiritual advisor/priest."

I had a lot of abusers. One of my abusers was like my dad, like a provider. I would let him do things so he would provide for my family. I was sort of acting like a child prostitute. That went on until 18 or 19. He would kiss, and I didn't want him to. My dad would say, "Come on - don't be that way." If I didn't do things, he would find other kids and help their families out, like the family down the block. I never wanted my family to go without, so ...

Despite interventions by counsellors, police officers, and social workers, the intra-familial sexual abuse ended only when Tango left home. After

leaving home, she continued to struggle with shame, addictions, abusive relationships, and conflictual relationships with her family.

5.4.11 **Hillary.**

Hillary was sexually abused from infancy to age 15 by her alcoholic father and two uncles. The intra-familial abuse included oral penetration, sexual touching, sexual comments, and exposing her sexual body parts.

Hillary experienced body and emotional memories of being “sexually abused as an infant by my dad and his best friend, my uncle. Body memories of feeling like I had a log down my throat.” As a young child, she was touched sexually by her uncle. “I would do things like sit on my uncle’s lap when I went over there for Sunday suppers. I realize he found something provocative or sexually arousing.” As a teenager, she was subject to sexual comments from her uncle. “I remember there were sort of sexual innuendos.” He also humiliated Hillary by disrobing her.

This was very subtle sexual abuse. My uncle came into what had been my aunt’s bedroom and I was lying in bed naked because it was hot. So my uncle came into the room, pulled down the sheet. I don’t remember whether I stopped him from seeing me naked or not. I think I freaked and grabbed the sheet and expressed horror and outrage. I have memory of the sheet coming down and my uncle kind of leering at me. He thought it was funny to do that to a 15 year old girl.

It is not clear why the sexual abuse by her father and uncles ended when Hillary was young. The sexual abuse by her uncle when she was a teenager ended when Hillary moved out of her aunt and uncle's home. However, ending the intra-familial sexual abuse did not end the sexual abuse. Hillary spent time on the street, continued to abuse drugs and alcohol, and, as an adolescent and young adult, was abused by men from outside her family. "A lot of men really sexually abused me and sexually abused me quite badly." Hillary continues to struggle with forming healthy friendships and relationships, finding her voice, and feeling solid and grounded in the world.

5.4.12 **Matilda.**

Matilda's emotionally abusive and controlling adopted dad sexually touched her, made sexual comments, and exposed her sexual body parts. "He was really mean to me, right from the start. I think he resented me." Beginning at age 12 and continuing until she was 20, the sexual abuse occurred on a daily basis, often in the presence of her mother and sister.

It's when I started to develop that the touching started. It was molestation and touching on a daily basis. It was a power and control thing. I'd be washing dishes at the sink and he'd come up and touch my breasts from behind. Always laughing. "I'm just tickling you. I'm just teasing you. I'm not hurting you." He made me walk up the stairs ahead of him so he could touch my bum and grab me and poke up my

vagina. I would be taking a shower but I couldn't leave the door locked. He would come in and grab at me there. Daily and all day long, constant mauling. It really never went past [the touching, except] the one time that I recall. I was 16 and we were home alone. He undressed me on the family room couch. He didn't touch me but he did undress me. He was looking at my body. He was telling me what a beautiful body I had and gross stuff like that.

The abuse continued after she left home, stopping when Matilda was in graduate school. Upon hearing a disclosure from a sexually abused boy, Matilda realized that she had been sexually abused. She immediately stopped the intra-familial sexual abuse by ceasing contact with her adopted dad. Her relationships with her immediate and extended family were destroyed by the sexual abuse and violence in her family. Her marital relationship and her emotional and physical health also have been profoundly impacted.

5.4.13 **Kaitlyn.**

Kaitlyn's abuse by her step-brother, who was 18 when she was 13, involved sexual touching and vaginal penetration. Within a year, the abuse had morphed into a dating relationship, leaving Kaitlyn feeling confused and ambivalent about the nature of their relationship, whether it was abuse, and who was to blame.

Thirteen year old girls are really vulnerable, especially with a recent

divorce. My mom was just so into her own relationship. I felt really ignored and pushed aside. I was looking for a companion and I found it in [my step-brother]. But it quickly turned into something that I didn't want. But then I did want it. My mom would get me to sleep in his room. One night I was sleeping and then he put his hands on me. It kept happening. I didn't consent, though I feel like I could have stopped it, if I really wanted to. It got to the point where it became like a relationship. We were boyfriend girlfriend for a year or two. I lost my virginity to him, totally by choice. I was 14. We were basically sleeping together in this big house while this family was starting. It was such a weird dynamic. We had this big secret.

While she did not indicate why she ended the relationship, Kaitlyn did so more than six months after her sister witnessed Kaitlyn and her step-brother kissing. Most regrettably for Kaitlyn, her mother's reaction to the abuse and to her disclosures permanently damaged their relationship, leaving Kaitlyn ambivalent and confused about the nature of her relationship with her step-brother. "I struggle so much because my mom will never admit what it actually was. She says it wasn't abuse. She says it wasn't a big deal. It was just two kids being curious together. I always thought it was different."

5.4.14 **Maria.**

Maria was sexually touched by her father and by her alcoholic maternal

uncle from the time she was “little” until she left home at age 14. Given the blood that her mother discovered on her jeans, she also likely had been penetrated vaginally and/or anally.

The sexual abuse had happened at a time before I had my period. I remember myself as a little girl and I remember something happening. Then I remember myself as taller, about ten or eleven. It didn't end until I left. One day I got up [and] my mom wasn't around. [My dad] called me into their room and I went there. I held on to his penis while he masturbated. Then he said, “This is okay because you're not my kid anyways.”

The intra-familial sexual abuse continued until 14-year old Maria ended the abuse the only way she could, by leaving home. “It didn't end until I left. I left the whole situation, went on my own, and did whatever I chose to do. I didn't really care about anything, just surviving.” Maria carried what she learned in her family into her adulthood, engaging in abusive relationships with men who betrayed and disrespected her.

5.4.15 Julie.

Julie was sexually abused between ages four and 14 by three family members, including exposure to sexually explicit materials, sexual touching, and vaginal penetration. Between ages six and 18, she also was abused by multiple men and women outside the family. It began when Julie was

emotionally and physically abused in her family of origin, removed by the local child protection agency, then placed in a series of foster homes before moving in with the family who had planned to adopt her. Julie was sexually abused first by her foster mother and then by her foster brother.

[My foster mother] was physically and sexually abusive. That was my first experience. It was things she used to do to me in the bathtub. That was sexual; that wasn't just physical. There was some sexual stuff that went on with a brother in that family as well.

After Julie was removed from that home, she was placed with the family who adopted her. In that family, her adopted brother sexually abused her over a six-year period.

By grade four, I started getting molested by my brother. When it first started, I didn't realize that I was being molested. He was reading porno magazines, and my body was reacting, and I liked it. It progressed from there. It was wrong, but it wasn't too bad. But it got to the point he started touching me in ways that I didn't like. He would sneak into my room at night. [It] stopped around grade seven-ish. Nothing happened until I was about 14. I was gang-raped by some friends of his, and he was involved.

The intra-familial abuse ended after Julie was gang-raped, although Julie did not indicate how the abuse stopped. With no one effectively

addressing the abuse or supporting Julie, she continued to abuse drugs and alcohol and act out her pain and anger. As an adolescent and young adult, she was abused by a number of sexual predators outside her family. Julie continued to struggle with addictions and forming healthy relationships until she found the support she needed to address the sexual abuse and accompanying issues.

5.4.16 Marie.

Marie was sexually abused from age eight to 15 by her violent, alcoholic father. The abuse had begun with sexual touching and progressed to oral and vaginal penetration and sexual comments. Growing up in a Catholic family, "I thought it was God punishing me for what I had done, because both times prior to that intercourse that happened my dad would say to me, 'Look what you made me do.'"

I remember the first incident. I was probably eight or nine. I suffered with earaches. I remember crying and mom coming to the bed. Then I went and laid with my dad. The touching started. It didn't pursue any further than vaginal touching. I didn't really know what was going on. It was kind of weird, but I never said anything. Nothing happened again for a long time. About a year later, my mom went to my grandma's farm. I had to be about 10 or 11. I just remember him coming in my room and he's really drunk. He was just in his shorts and it was

in the middle of the night. He started with the touching and it did progress to intercourse. Then nothing ever happened for about six months. Then I started developing. He'd come in my room in the morning when I was getting dressed to go to school and he'd say to me, "Let me see your titties. They're growing," and things like that. He wouldn't touch me, but he'd want to look. When I turned thirteen, I had scoliosis really bad. I got a brace to straighten out my spine but it took my dad to put it on. My mom could never get it tight enough. So every morning he came in and put this brace on. By this time I'm wearing a bra. So he was always feeling me up He would come from behind me and I could feel his erection in me. When I was 14, I got my own room downstairs. He probably came down at least once a month. At that point I totally dissociated. "Just do your thing [and] go away."

The majority of the sexual abuse stopped after 15 year old Marie confronted her father, in her mother's presence, about the sexual abuse. Against her wishes, Marie's father remained in their home and the abuse was neither discussed again nor was it reported. Her mother's failure to protect or support Marie destroyed their relationship. "After [the confrontation], my mom and I were oil and water. I hated her because she didn't do anything. I hated her. She did not protect me."

Following the confrontation, once the worst of her abuse had stopped,

Marie focused on protecting her younger sister. Marie advocated loudly and repeatedly to her mother to protect her sister. Lamentably, her mother's religion presented significant barriers to protecting herself and her children from her abusive husband.

I kept begging her, "Please, [my sister] is going to be thirteen years old. Get him out. There's nobody to protect her when you're not around." [Eventually] she did [divorce him], against her Catholic beliefs. She was excommunicated from the church until he died.

In order to further protect herself, Marie found sanctuary at the home of a friend whose family welcomed her without any questions. "I pretty well lived at my friend's for a good two years. They were such good people. I was always grateful that I could go there." Marie ended the intra-familial child sexual abuse in its entirety when she left home after high school. In escaping the abuse at home, she married a man who became increasingly emotionally, physically, and sexually abusive. The impact of the abuse and disclosures coupled with her alcohol and drug use and her need to escape her family home left Marie vulnerable to extra-familial sexual exploitation and abusive relationships.

5.5 Contributing Factors to Intra-familial Child Sexual Abuse

Cognizant of the fact that mothers, in particular, have been unreasonably and unfairly blamed for their children's abuse, it is crucial that

responsibility for intra-familial child sexual abuse rests unequivocally with the abusers. In discussing contributing factors, it is essential to not shift the responsibility away from abusers. That said, the women identified key factors that increased their vulnerability to being abused, impacted their experiences of abuse, and affected their disclosing and the reactions to their disclosures. These contributing factors include exposure to known or suspected sexual abusers, and familial substance abuse, mental illness, and family violence.

5.5.1 Exposure to known or suspected sexual abusers.

Three participants were exposed to and abused by known or suspected sex offenders. Sophie recounted how her alcoholic mother had compromised her safety by leaving her with a sexually abusive uncle. Her mother “has memories of [her brother] raping her when she was a kid. All of us kids used to hang out at his house all of the time.” Freedom’s alcoholic parents had done the same, placing her in the care of her sexually abusive grandfather. “My mother was abused by my grandfather. That was where they sent me, to my grandmother’s. My grandfather sexually abused me.” Sarah described how her parents had failed to protect her, despite having maligned her sister’s husband as sexually dangerous.

My parents knew that he had a huge sexual appetite. They were always commenting on his lousy relationship record. But they never seemed to be able to imagine an inappropriate male like this being unsafe around

their 14 year old child, an underage teenager. They never seemed to connect the dots. This is what really has mystified me. They knew how poor his character was. Is that a leap to think that the guy might be taking advantage of our youngest daughter? The guy has no morals.

5.5.2 Familial substance abuse, mental illness, and family violence.

Eleven participants described the impact of family members who abused alcohol and drugs and 11 the effect of emotional and physical violence. In four families, this was exacerbated by one or more family members experiencing mental illness. In total, 14 of the 16 women had experienced either family violence or familial substance abuse or their combined effects, in four families in association with mental illness. Three had experienced emotional and physical violence without substance abuse or mental illness in their families. Three had experienced familial substance abuse with no family violence or mental illness in their families. Only two had experienced neither substance abuse, mental illness, nor emotional or physical abuse in their families.

5.5.3 Family violence without familial substance abuse or mental illness.

Matilda's adopted dad was "emotionally abusive and controlling." She described her mother's relationship as a place "where she was so dominated by [her adopted dad]." Sarah, too, experienced emotional abuse in her family. "A lot of tension, a lot of conflict already in my family dynamic. A lot of

emotional abuse, ranges of emotional abuse.” Shakira was emotionally and physically abused by her mother. “She passed all of her self-hatred onto the first child, which was me. She always told me, ‘Why don’t you go out and play in traffic.’ That to me meant I should just go and die. My mom would beat me with an electric cord and I would have stripes on my legs.”

5.5.4 Familial substance abuse without family violence or mental illness.

Three participants experienced familial substance abuse, without the impact of family violence. Maria’s uncle abused her only when he was inebriated. “When my uncle [would] come after me he would be drunk.” After a two year hiatus, Julie’s adopted brother had started abusing her again concurrent with the onset of substance abuse. “He started drugs and drinking. That’s when things picked up again.” Sophie’s alcoholic mother neglected her children while she was out drinking, often leaving them in unsafe situations. “[She] wasn’t really interested in her kids. She was doing her thing. My childhood is lots of different neglect. She couldn’t protect me. She didn’t make herself available to me for help.” It was only after she had quit drinking that Sophie’s mother was able to protect her children and stop the abuse.

5.5.5 Combined familial substance abuse, mental illness, and family violence.

Eight of the participants experienced a combination of substance abuse and emotional and/or physical violence in their families. Four were further

impacted by family members experiencing mental illness. Everyone in Marie's family had been altered by the experience of her father's addictions and his violence toward his wife and children. "It was hard on all of us. And to watch my mom turn into a very bitter, angry person.... That's not who she would have been." Emily lived in fear of her violent alcoholic father. "He was a dreadful alcoholic. He had a violent, violent temper. I was terrified of him so unpredictable and violent."

Leatitia sought to understand her father's abusive behaviour in the context of his alcoholism, recognizing how radically his personality and behaviour changed when he was drinking.

He had an alcohol problem, binge drinking. It wasn't every day. It's not like we saw stuff flying every day but [we did] when he drank. He was a really good person when he didn't drink. As much as he wasn't that type of a person, he became a different person. Alcohol does strange things to people.

Freedom, too, had struggled to try to make sense of the history of mental illness, substance abuse, violence, and sexual abuse. She remembered the presence of alcohol combined with violence the first time she was abused and most times thereafter.

I couldn't understand what was going on growing up with alcoholics and arguing and fighting. [My parents] both drank, and there was

violence in the whole family. I would sit back and analyze things and wonder why they were doing what they were doing and what was causing it. Alcohol was a big factor. Anytime there was alcohol, there was abuse, mentally, physically, and sexually, depending who was around, and I seemed to be around at the time.

Abandoned by her alcoholic, mentally ill mother (who experienced depression) and her absentee father, Meika and her older brothers had been unsupervised, providing endless opportunities for them to sexually abuse her. "Dad wasn't really around, really absent. My mom was always drinking or on some kind of prescription meds. My mom stayed in her room a lot." The alcoholism and violence in her family had isolated Meika further, as she learned not to bring friends home. "We never really had people at the house. It was embarrassing. Mom's just getting out of bed when we get home. There's screaming and stuff. So we never really had people over."

Hillary's mother was physically abusive towards her when she was young, and emotionally and verbally abusive throughout her life.

There was a lot of physical abuse between my mom and me when I was very young. But my mom really knew what it was to protect your image. She used a yardstick a lot on me when I was really young and then she stopped. I think she stopped because she knew it was socially unacceptable. Then she started using other techniques to punish and

control. My mother would get really weird. She would not say anything but she would sort of smile in this odd way. My mother was quite sadistic and she had issues around taking pleasure in other people's pain.

Hillary's father was an alcoholic, a fact that her mother denied until her death.

[My father] enabled my mother to deny that he was an alcoholic, even after he died. My mother and I found probably ten bottles of vodka in my dad's suit coats after he died. Years later I mentioned something about my dad being an alcoholic and my mother just went ballistic.

[She] said to me, "Your father was not an alcoholic."

Following her father's death, Hillary moved in with her mentally ill aunt and her alcoholic, sexually and verbally abusive uncle. "[It] was like going from the frying pan to the fire. My aunt was quite severely mentally ill and my uncle was a binge alcoholic. He was very verbally violent when he was drinking."

Tango linked multiple incidents of sexual abuse, including exposure to sexual acts and sexual touching by her mother, with her parents' combined addictions, violence, and mental illnesses. "He drank. Post-traumatic stress. It was a common thing, forcing sex on [my mother]. I knew, because I was there." Tango also connected her mothers' mental illness and her abuse.

I don't know what you'd call it but she was speaking in different tones

of voice and split personalities, quite a few. [I have] flashbacks of lying on top of her and stuff. [I] don't really know which personality is doing what. It's kinda out of my league.

5.5.6 **Children's abuse of substances.**

Two participants also described incidents during which their having been under the influence of alcohol or drugs made it easier for family members to sexually abuse them. Ellen and Freedom both were intoxicated when they were sexually abused as teenagers. Their abusers also were using alcohol or drugs. Freedom's "half-brother took me in [off the street]. We were stoned and he abused me." Ellen shared a similar experience that occurred sometime after she completed grade five. Late one night, after a drunken family gathering, Ellen was sexually abused by her uncle.

Everybody's passed out. He was pissed to the gills. He didn't know what the fuck he was doing. I was half in the bag too. I shouldn't have been nipping the drinks. Not a soul around. No supervision. No one to draw the line. No one to protect me. I knew better than to drink all that, but I was a kid.

In total, eight participants described how their abuse of substances had left them vulnerable to extra-familial child sexual abuse and to emotional, physical, and sexual abuse as young adults.

As posited earlier, it is crucial to recognize that the abusers are

responsible for the abuse; not the children or other family members.

Nonetheless, the impact of exposure to known or suspected sexual offenders, familial substance abuse, mental illness, and family violence on intra-familial child sexual abuse and on disclosing must be thoughtfully considered in any attempt to understand the experiences of children who have disclosed sexual abuse by family members.

5.6 How the Intra-familial Child Sexual Abuse Ended

The sexual abuse stopped in a variety of ways for the 16 participants who identified 22 distinctive endings (see Table 5.3). For some participants, one event or action ended all of the intra-familial sexual abuse. For example, Maria stopped being sexually abused in her family when she ran away from home. Other participants described a number of distinct endings, each involving a different abuser. For example, the sexual abuse perpetrated by one of Meika's brothers ended when he left home; the sexual abuse by her other brother ended when Meika left home.

Table 5.3. *How the Intra-familial Child Sexual Abuse Ended*

Participant left home	Disclosing ended abuse	Abuser ended abuse	Participant ceased contact	Unknown
7	4	3	3	5

Seven participants left home to end the sexual abuse in their families.

Freedom, Maria, and Meika ran away as young adolescents to escape the

abuse. Marie employed a variety of measures to decrease and finally stop the sexual abuse by her father. The abuse continued at a greatly reduced level after she confronted her father in her mother's presence, then she lived sporadically at a friend's house. Upon graduating from high school, Marie moved out of her family home, thereby entirely ending her sexual abuse in her family. As a teenager, Hillary stopped the sexual abuse by her uncle by moving out of his house and back in with her emotionally abusive mother. Sarah moved away immediately after completing high school to start a job as a model. Tango, too, ended the abuse by moving out of her family home as a young adult.

Four participants reported that disclosing played a significant role in ending the sexual abuse. When Julie was a young child, her foster father reported the abuse by his wife and Julie was removed from their home. Leatitia disclosed to her priest then to her mother, who confronted Leatitia's father and protected her by sending her to a girls' convent school. Shakira ended her sisters' abuse by disclosing to the school counsellor. Her father was removed from the home, convicted, and incarcerated. By the time he was released, the girls were past his age preference. Sophie's mother was approached about the abuse of her children by her AA sponsor. She responded by isolating herself and her children, thereby ending the sexual abuse.

Three participants ended the abuse by ceasing contact or ending their relationships with their abusers. Kaitlyn ended the dating relationship with her step-brother more than six months after disclosing. Matilda cut off contact with her sexually and emotionally abusive adopted dad when, in graduate school, she recognized that she was being sexually abused. The death of her grandmother while Rocky was being sexually abused motivated her to say “no” to her abuser, fight back, and cease contact.

In three instances, the abuse was ended by the abusers. Shakira’s father, who only abused pre-pubescent girls, lost interest in abusing her when she started her period. Emily’s father and one of Meika’s brothers ended the abuse by leaving the family home to pursue new relationships.

Three women did not indicate how the sexual abuse by five different family members stopped. Hillary has no recall of how the sexual abuse by her father and her first uncle when she was a young child ended. Ellen did not say how the episodic abuse by her grandfather and by her uncle stopped, nor did Freedom indicate how the abuse by her brother ended.

5.7 Key Findings

The participants’ experiences of intra-familial child sexual abuse and disclosure ranged from the 1950s until the early 2000s. For almost three quarters of the participants, the abuse began before their sixth birthday and, for two thirds, ended when they were young adolescents (between 12 and 15

years of age). More than half of the participants endured the sexual abuse for more than 10 years.

All of the women experienced contact sexual abuse; half also were subject to non-contact sexual abuse. Half of the participants were abused by multiple family members. Twenty-five of the 28 abusers were men. Four of the participants knew of other children in their immediate or extended families who also were sexually abused by the men who had abused them. Three disclosed or confronted their abuser or their non-offending parent in an effort to protect their siblings from being sexually abused.

Half of the participants also were sexually abused as children by men and women outside their families. In all but one instance, their first experiences of sexual abuse occurred within the family. Half of the women were sexually assaulted as adults and/or involved in emotionally, physically, and/or sexually abusive intimate relationships.

Three participants were exposed to or left in the care of known or suspected sex offenders. All but two of the participants grew up in families where there was alcohol abuse, mental illness, and/or family violence. Two of the participants were intoxicated when they were sexually assaulted by family members, and half of the women used drugs and/or alcohol to cope with or escape from the abuse as children and adolescents and into adulthood. Their substance use as adolescents and young adults often left them vulnerable to

further abuse by men and women from outside their families.

The 16 participants described 22 distinct endings of intra-familial child sexual abuse. Seven left home as adolescents, three ceased contact with the abusers, three abusers ended the abuse, four endings resulted from disclosures, and five did not indicate how the abuse ended.

Chapter Six

6 Results: Disclosing and Ending the Intra-familial Child Sexual Abuse

This second of two results chapters explores the women's experiences of disclosing intra-familial sexual abuse as children and the immediate reactions to and longer term outcomes of their disclosures. This leads into a discussion of the barriers they encountered in disclosing the abuse, including confusion about what happened, not having a voice, community norms, family dynamics, and lack of trust. The chapter concludes with the participants' thoughts about what might have been different in reference to support from families and communities, recognizing the signs of abuse, disclosing sexual abuse, responding to disclosures, ending the abuse, and interactions with professionals.

6.1 Analyzing the Participants' Disclosures of Intra-familial Child Sexual Abuse

In reading the women's narratives, it is important to recognize that there are substantive overlaps between the types of disclosures and the ways of disclosing. Twenty three of the 50 disclosures were determined to be neither spontaneous, prompted, nor elicited, as they were detected by a third party rather than revealed by the child. As a result of these findings, the coding was revised to distinguish between when participants attempted to disclose through behavioural or other cues and when there was no attempt to disclose

yet third parties detected the signs or symptoms of abuse or witnessed the abuse. Further, it was deemed important to recognize the experiences of participants who, when they were questioned about the abuse, denied that they were being sexually abused. Thus, five additional descriptors, *abuse witnessed, signs detected, adults knew, behavioural disclosures, and false denials* were incorporated into the analysis in order to more accurately reflect the range of experiences of how the abuse was disclosed or came to be known. This is consistent with Palmer et al. (1999) who broadly define disclosure to include:

The revelation of the abuse to adults, either by the child victim or by the adults' observation of the abusive behaviour and/or its effects.

Observation is included because children may be preempted from disclosing abuse if they believe [the abuse] is already known to adults in their environment (p. 260).

When the abuse was witnessed by third parties, the disclosure was coded as indirect, accidental, abuse witnessed. When there was no apparent intent of disclosing on the part of the child and third parties detected signs of the abuse, the disclosures were coded as indirect, accidental, signs detected. This coding is consistent with Alaggia (2004) who describes accidental disclosures as including detection by third parties who witness the abuse or detect the physical signs and symptoms of the abuse. It is also consistent with

Collings et al. (2005) who, in examining patterns of disclosure, distinguish between disclosure and detection. Their description of *eyewitness detection* involves third parties directly witnessing the abuse; whereas *accidental detection* involves third parties observing injuries, behavioural changes, and/or changes in emotional status. The primary difference between the coding in the current research and the categories put forward by Alaggia (2004) and Collings et al. (2005) is that their disclosure categories involve verification or reporting of the abuse. In the current research, the majority of those who witnessed the abuse or detected signs of the abuse neither acted nor intervened in any manner known to the participants.

When the participants attempted to disclose through behavioural and other cues, the disclosures were coded as indirect, purposeful, behavioural. This is consistent with Alaggia (2004) who described *behavioural disclosures* as when the “victim intentionally attempts to tell through behaviour, non-verbal communication, or indirect verbal hints” (p. 1221). Thus, the distinction between signs detected and behavioural disclosures is based on the participant’s perspective that, as a child, her intent was to deliberately disclose the abuse through behavioural or other cues.

When the participants believed that third parties “knew” about the abuse, as demonstrated by the adults’ questioning of or protection of them as children, the disclosures were coded as indirect, accidental, adults knew. In

describing the experiences of children who believed that adults knew about the abuse, Palmer et al. (1999) posited that children do not tell what they think adults already know. For example, Rocky indicated that, while the abuse had never been discussed, she believed that her grandmother knew about the abuse and, as a result, acted in a variety of ways to protect her from her abusive uncle.

When children were asked directly or indirectly about the abuse and denied that they were being sexually abused, *false denial*, was used to describe their disclosure experience. This is consistent with Alaggia (2004) who described *disclosure intentionally withheld* as representing the experiences of victims of sexual abuse who resolved not to disclose the abuse, including those who outright denied the abuse when asked if they were being sexually abused.

To enhance clarity and provide consistency, when the abuse or the signs of the abuse were detected on multiple occasions by the same person(s), it was analyzed as one disclosure. For example, Matilda's mother and sister witnessing her being sexually harassed by her adopted dad on a daily basis was analyzed as one disclosure and coded as indirect, accidental, abuse witnessed, not reported. When a series of disclosures cascaded from one initial disclosure, the series was analyzed as one disclosure and coded according to the initial precipitating disclosure. For example, when Sophie's mother's AA sponsor picked up on signs of abuse, he spoke to Sophie's mother who later

elicited a disclosure from Sophie. This series of disclosures was analyzed as one and coded as an indirect, accidental, signs detected, not reported.

6.2 The Participants' Experiences of Disclosing Intra-familial Child

Sexual Abuse

Despite the multitude of barriers and hard learned lessons (discussed in the subsequent section), each of the participants' experiences of being sexually abused in their families became known through various forms of disclosure. The 16 women, before age 18, disclosed 50 times (see Table 6.1). Two of the participants disclosed only once; the remaining 14 disclosed multiple times, employing a variety of means.

Table 6.1. *Number of Disclosures per Participant*

Disclosures	1X	2X	3X	4X	5X	6X	7X
Participants	2	6	3	1	2	1	1

More disclosures were indirect than direct and slightly more were purposeful than accidental (see Table 6.2). Almost half involved detection wherein third parties either witnessed the abuse or observed the signs or symptoms of abuse. Six of the disclosures were elicited and, on two additional occasions, participants falsely denied being sexually abused when their mothers attempted to elicit a disclosure. Despite mandatory reporting laws, only 10% of the disclosures were reported to the police or local child protection agency.

Table 6.2. *Types of Disclosures*

Indirect	30	Purposeful	27	Revealed by child (27)		Not reported	45
Direct	20	Accidental	23	Spontaneous	10	Reported	5
				Prompted	6		
				Elicited	6		
				Behavioural	5		
				Detected by other (23)			
				Abuse witnessed	11		
				Signs detected	7		
				Adults knew	3		
				Elicited - false denial	2		

Despite multiple barriers to disclosure (addressed in a subsequent section), nine participants, on 20 occasions, took the risk to say something directly to a friend or family member about the abuse. Of those 20 direct disclosures, six were prompted and six were elicited. For example, Marie told her mother and her grandmother about the abuse. Meika disclosed when asked by her teacher and social workers. In contrast, Freedom and Kaitlyn, falsely denied that anything was wrong when asked indirectly about the abuse by a parent.

Disclosing directly brought mixed results. On rare occasions, the abuse was addressed and ended. For instance, the abuse was stopped and Leatitia was protected after she confessed to her priest and told her mother. Regrettably, the vast majority of participants were neither protected nor supported, as illustrated by Marie's experience. Three of Marie's six disclosures involved her deliberately raising her voice or screaming at her father to stop while she was being sexually abused within earshot of other family members. Her brother came to her rescue once and his presence interrupted that episode of abuse. However, on countless other occasions, no one responded. The abuse was never discussed and nothing was done to stop the abuse or to support Marie in response to any of these disclosures.

In 11 instances, immediate family members witnessed the abuse. All of the witnesses either ignored what they saw or failed to effectively intervene to stop the abuse. Only one of the siblings who witnessed abuse was outwardly supportive of her younger sister. However, like each of the child siblings who had witnessed abusive incidents, she lacked the power to intervene or stop the abuse. Adults possess the power to and are responsible to intervene. Yet, none of the seven parents or one adult sibling who witnessed the sexual abuse effectively or adequately intervened to stop the abuse or to protect or support their daughters/younger sister.

In a number of instances, family members and other non-related adults

also recognized that a problem of some sort existed; however, most often, the problem remained unnamed and unaddressed. Five women believed that adults knew that they were being sexually abused by a family member, as indicated by those adults attempting to elicit disclosures (two) or protect them from the abuser (three).

Frequently in the case of indirect behavioural disclosures, the significance of the acting out behaviours was not understood or the behavioural cues were ignored. For example, eight participants were very young when they began abusing alcohol and drugs. Yet no one in their families or their communities questioned their substance abuse or inquired as to what had prompted their behaviour. Despite their best efforts to reach out for help, their attempts at behaviourally disclosing the abuse were all too often not understood and their behaviour pathologized. Neither parents, other adults, nor professionals explored what necessitated their desperate cries for help.

Only five disclosures by four participants led to the abuse being reported to the police and/or the local child protection agency. Given Canada's mandatory reporting laws and the fact that the 16 participants disclosed 50 times, 20 times directly and 11 times with third parties having witnessed the abuse, the rate of reporting is very low. In three of the four families where the abuse was reported, the child or the abuser was removed

from the home on a temporary or permanent basis as a result of the reporting, and the abuse stopped in two of these families. The process of reporting and subsequent interventions caused significant distress and upheaval for the children. The two remaining reports, both from one family, were handled ineffectually, instigated no intervention, caused distress for the child, and achieved no positive outcomes.

The following narratives are divided according to those who disclosed directly at least once and those who disclosed only indirectly, then presented chronologically according to when the abuse started.

6.3 Direct Disclosures

6.3.1 Leatitia.

Leatitia was sexually abused by her father for a year and a half, beginning when she was 11 in 1958. She disclosed once in 1959, at age 12, directly, purposefully, and when prompted. The abuse was not reported.

Leatitia “confessed to a priest that I was doing something wrong.” Unexpectedly, given the historical and social context, the priest supported Leatitia rather than blaming or punishing her.

The priest did say, “I’ll give you a week to tell your mother.” So it was good that he gave me that choice. I had an opportunity of being alone with my mother. I’ll never forget. I said, “Dad’s been touching me.” She said, “That’s horrible.” She was so hurt by it. “I told Father in

confession and he told me to tell you." "That was good," she said, "I'm so glad he did that. I will have a talk with your dad." That scared me. What if he denies? He had slapped me before. She followed up with me a day later. I was so scared of the repercussions. "I spoke to your father and he said [that] he did this." "There is no reason why this should have happened. Next year you're going to a girl's school, a girl's convent."

Rarely did the participants receive the kind of support and protection they needed and deserved. The exception is Leatitia. Her mother believed her, confronted her father, and protected her. Her father did not sexually abuse her again. "I made every effort to stay clear away from him because he was angry. If he would have touched me, it would have been to hurt me." Leatitia's mother protected her in part by reassigning bedrooms until she could raise the money to send Leatitia away to school. "Their master bedroom was the only one downstairs. I got their room upstairs with that special lock." The following school year, her mother sent Leatitia to a girl's convent.

While initially the disclosure was a fairly positive experience, the decision to send Leatitia away rather than removing her father from the home "felt like punishment." Most poignantly, her relationship with her siblings was negatively impacted.

By the time I was 13, I went to a convent 300 and some miles away from

my family. That was very difficult because, in a sense, I'm having to grieve the loss. Coming home only three times a year, if that. I'm the one that had to separate from my siblings. Thus started the distancing of myself with my siblings. Abusers make every effort to alienate anyone that could protect you. Thus started [my father] alienating three of my brothers. They, all of a sudden, were distancing themselves from me. By discrediting me, he protects himself.

Although Leatitia's sexual abuse ended as a result of her disclosure, the sexual abuse in her family did not stop. As an adult, Leatitia's youngest sister disclosed that she had been sexually abused by their eldest brother for six years while Leatitia was living in the girls' convent. As a result of disclosing the abuse, Leatitia continues to be alienated from and shunned by her family of origin.

6.3.2 **Maria.**

Maria was abused by her father and her uncle from the time she was little until age 14, primarily during the 1960s. She disclosed three times involving a mix of direct and indirect, accidental and purposeful. Two disclosures were spontaneous and once the signs of abuse were detected. None of the abuse was reported.

When Maria directly disclosed separately to her mother and her grandmother about her uncle sexually abusing her, both women disbelieved

and disrespected her.

I was living at my grandmother's. It was her son, my mom's brother, [who abused me]. [My grandmother] called me a stupid, f'ing whore. I was just a young kid. When I told my mom, she said I was a liar.

Maria gained insight into their reactions when she learned that her grandmother had sexually abused two grandsons. "My sister told me after that my grandma had been molesting her two boys. She had strong control of everybody."

On another occasion, her mother discovered blood on a pair of jeans that Maria had borrowed from her. Rather than checking whether Maria had been injured, she reacted with anger and jumped to false conclusions.

I remember her waking me up one night. I was just a young kid, probably about eight. She woke me up in the middle of the night, grabbed me and pulled me downstairs. [She] asked me why I put blood all over the inside of her jeans. "You had your period and you didn't tell me." I couldn't figure this one out because we never learned about all that yet.

Disclosing had no impact on ending the abuse. Neither Maria's mother nor her grandmother addressed the abuse or intervened to stop it. As such, the intra-familial sexual abuse continued until 14 year old Maria left home. It is noteworthy that no one intervened when she left home, nor did anyone

inquire as to why she had done so.

6.3.3 **Tango.**

Tango was sexually abused from ages three to 19 by her mother, father, and uncle. Her abuse spanned the 1960s, 70s, and 80s. Tango's direct, purposeful disclosures to the authorities were elicited after the abuse had been reported. She cannot recall how the disclosures came about, what precipitated the reporting, or, in one instance, who reported.

In the first instance, Tango, with her father present, directly, purposefully disclosed her sexual abuse by her uncle to a police officer. However, this elicited disclosure and reporting did not end her uncle's abuse of her.

I was at home. My mom and dad were in the back room (their bedroom) going to bed. [My uncle] and I were in the living room. He waited until it got dark, then he [abused me]. I don't know how it came up but I ended up sitting on the couch and a police officer had asked me what my uncle had done to me. My dad was there. I was embarrassed that I had to answer questions in front of my dad (very awkward) and the police officer (who was a childhood buddy's father and later in life would be my brother-in-law's father). This was not talked about. I don't know if charges were laid that time. Down the road, my uncle abused me and my friends. *So disclosing to the police didn't stop it?* Obviously

not.

In the second instance, a social worker elicited a direct, purposeful disclosure from Tango after the sexual abuse had been reported to a child protection agency by her friend's parents.

So with all the people that knew what was going on, did anyone do anything to stop it? Probably just the surrogate family I grew up with down the street. They were the ones that said something. They might have been the ones that said my uncle was the one that abused me. Probably. I'm sure he abused my friend. He abused me and I'm sure he abused lots and lots. The same with her uncle abusing me. I was called in to give a statement about my friend being abused and I disclosed too. There was a social worker there talking about his case. I have no idea if it made a difference.

In an email responding to the member check, Tango added:

My friend's uncle got off on all accounts of abuse. Three or more. No charges laid. He had a good lawyer and there was not enough evidence. This is a very long and complicated story of how social services worker had to interview us. I once worked with her before this happened. Very awkward interview.

Even after the abuse had been reported to a child protection agency and they had directly and purposefully disclosed, Tango and her friend did not

talk about the abuse. "We don't talk about it to this day. We're still friends but we don't talk about it." The combination of sexual abuse and the lack of support and protection negatively impacted their relationships with their respective families. "She doesn't have a lot of involvement with her family and I don't either."

These reported, elicited disclosures did nothing to stop the intra-familial sexual abuse that only ended when Tango left home.

6.3.4 **Rocky.**

Rocky was sexually abused from ages three to 13 by her uncle, beginning in 1966. Her two disclosures were a mix of direct and indirect, accidental and purposeful. One disclosure involved an adult knowing and one was elicited. None of Rocky's abuse was reported, although the abuse of her cousins by the same uncle was reported to the police.

Although they never spoke of the abuse, Rocky's grandmother knew that something was wrong and protected her.

There were times that my uncle would suggest things that were to me a situation that would lead to [abuse]. I don't know if [my grandmother] saw something in my face or what. She would cut it off at the pass and say no. She would make up stuff that I needed to do with her. She protected me, whether she knew it or not. We never talked about it. In conversations initiated by her cousins, despite her reluctance to do

so, Rocky discussed the abuse with her cousins who were being abused by the same uncle.

We talked about it. [My cousins] asked me questions about stuff that he did. I was obviously really uncomfortable. We didn't talk about it for long because I kept trying to change the subject or change whatever activity we were doing.

Rocky's disclosures had no impact on the abuse. Rather, in reaction to her grandmother's death, which occurred while her uncle was abusing Rocky, she made a decision to insist that her uncle stop abusing her. With no support from anyone, Rocky persisted in her attempts to end the abuse until her uncle complied. Although he stopped abusing Rocky, he continued to sexually abuse other children in their extended family until, when Rocky was an adult, she and her cousins disclosed and reported the abuse.

6.3.5 **Shakira.**

Shakira was sexually abused from ages two to 12 by her father and his friends, beginning in 1967. She disclosed three times directly and purposefully. Twice she disclosed spontaneously and once when prompted. One disclosure was reported to the authorities.

Shakira unsuccessfully attempted to get help to end the abuse by disclosing directly and purposefully to friends at school and at church. Both times the disclosures "backfired" and Shakira was punished for speaking her

truth.

When I was in grade five, I told a friend. She told her older sister. Then they told the whole school and made fun of me. They would beat me up after school and say, "You have sex with your dad." [My friend's] mom was wondering why [my friend] and I weren't friends anymore. She told her mom that "[Shakira] said that I have sex with my dad." So her mom called my mom. "Do you know what your daughter is saying?" It was the other way around.

Shakira did not clearly recall her parents' reaction to the phone call they received from her friend's mother. "I just remember sitting in the kitchen when my mom was on the phone. My dad was there. I was looking at his eyes. I was afraid. Am I gonna get in trouble for this?"

Despite her previous experience, when she was 13 or 14, Shakira again took the risk of reaching out for support from her friends by disclosing directly and purposefully.

I told somebody in my church group. One of my friends. She went home and told her mom. I wasn't allowed to hang out with any of the girls at church anymore. So that backfired. So then I thought, "I'm just supposed to tolerate it."

When she was in grade 10, Shakira directly and purposefully disclosed to the school guidance counsellor, after prompting by a television commercial

aimed at child sexual abuse. "If someone is touching you and you don't like it, you can tell them [to] stop. Call us. We'll help you." After involving Shakira's mother, the abuse was reported to the authorities.

I said [to my school counsellor], "I want you to remove my dad from the home. I know that he is abusing my two sisters and it needs to stop." The abuse [had] stopped on my part but I knew it was happening to my sisters. I think [the counsellor] said, "I have to make an appointment for your mom to come in." I laughed, "Never mind. Just pretend I wasn't here." She said, "I can't because it's abuse. Whether you walk out of this room or not, I have to follow through with it." So she made an appointment. When I got home my mom said, "There you go again, causing more trouble. Your school called today and I have to go in. What the hell did you do wrong this time?" The next day we go there. [My mom] gets called in. I'm sitting there on the outside and I'm waiting. [My mom] came out and she's laughing. She says, "You're not going to believe what that woman told me. What a bunch of horse shit!" My mom got home and she said [to my sister], "Do you know what Shakira's telling the guidance counsellor? Well is it true?" [My sister] says, "Yeah." Then my mom believed me. She didn't believe me; she believed my sister.

As a result of her disclosure, the sexual abuse was reported to the local

child protection agency and Shakira and her sisters were left in the care of her emotionally abusive mother.

I was made a ward of the government. All three of us were. We never left the home because my dad was in jail. He didn't come to the house. We were allowed to stay with our mom. Looking back, that was a stupid decision because my mom wasn't a healthy parent. She couldn't see that my dad had the sickness. It wasn't me. She blamed me for everything.

Concurrently, Shakira's father was arrested, charged, convicted, and incarcerated. However, in the process, Shakira was further emotionally and geographically alienated from her family.

He wasn't allowed in the home. He was charged. It was all my fault. I ruined the family. I broke up the family. I ended up moving to an aunt's house [in another province]. My sisters stayed [at home]. My parents never got a divorce. He was [sentenced] for two years less a day. He was out nine months later and I was still the one that was the problem. I wasn't the person that actually had a criminal record. It was the child who was hurt.

Shakira's direct, purposeful disclosures had no impact on ending her abuse, as her father had stopped abusing her when she reached adolescence. However, by disclosing the sexual abuse of her younger sisters, she did

succeed in stopping their abuse.

6.3.6 Marie.

Marie was sexually abused from ages eight to 16 in the 1970s by her father. She disclosed directly and indirectly, purposefully and accidentally, spontaneously, when prompted, and when signs were detected. None of Marie's six disclosures were reported to the authorities.

Her first disclosure occurred a year or so after the abuse started. Marie disclosed directly and purposefully by screaming for help as her dad was raping her. "My brother was in the next room. I know he heard me. My dad had put his hand over my mouth because I was trying to scream to stop." Her brother did nothing to intervene.

On another occasion when Marie cried out for help, her brother came to the rescue.

[My dad] came to my room. That night my brother heard me. I yelled. I swore at him. I don't know what hit me but I just started kicking. "Get out of my room. Get out of here. Don't touch me. Get out. Get out." My brother came to the door. So then that was the end of that. Nothing happened for a long time. My brother never talked to me about it. I never said a word.

The sexual abuse resumed when her dad took on the task of adjusting her back brace each morning. Marie repeatedly attempted to draw attention to

and stop the abuse by disclosing directly and purposefully. "I'd be like, 'Okay, that's good enough. Okay, you're hurting me now. It's tight enough now.' Then I'd say it loud so that whoever was in the living room or kitchen can hear me." Her father would stop for the moment, then continue the abuse the next morning. No one in her family said anything nor appeared to comprehend the distress that Marie was attempting to communicate.

At age 13, when her efforts at stopping the abuse and getting help proved futile, following in the footsteps of her alcoholic father, Marie adopted a new coping strategy. Her addiction progressed rapidly, visibly impacting home and school. Despite a number of adults detecting the signs, no one explored what lay beneath her behaviour.

Just before I was 15, I really started drinking, doing drugs, and smoking up. I would leave the house as soon as mom went to sleep. I would sneak out the back door and go hang with the rowdy people, get drunk out of my mind, and come home and sleep in my clothes with the light on downstairs.

At age 14, Marie added cutting to her repertoire of coping skills. Again, no one seemed to notice or consider the possibility that something was seriously wrong.

That was the beginning of my cutting. I remember having a nail file and then seeing the blood; and, in my head, just wanting to stab my arm. [It]

didn't make sense to me at the time. I really started cutting after that.

My legs, my arms. I had a special knife that I hid in my drawer, a really sharp paring knife. I never ever cut deep. Enough [that] I would bleed. I didn't have a ritual with it or anything. I just needed to see blood. Then I was okay.

In the midst of her substance abuse, truancy, cutting, and other self-harming behaviours, Marie directly and purposefully disclosed to her best friend.

My best friend knew. I disclosed to her before I disclosed to anybody. It came out as a joke. At that time we were wearing smock tops.

Somebody said to me, at 14, "You look like you're pregnant." I said, "Maybe I am." My friend says to me, "Yeah right. You don't even have a boyfriend. Who would be the father?" I looked at her and I said, "My dad." She freaked out. She said to me, "I knew it. I can tell something was wrong."

Her friend told a cousin on whom Marie had a crush. Both her friend and her friend's cousin were supportive of Marie, who swore them both to secrecy.

Neither told and the abuse continued.

When she was 15, Marie disclosed directly and purposefully to her parents, confronting her father about the sexual abuse when prompted by his violence. The majority of the sexual abuse stopped. However, against her

wishes, Marie's father remained in their home and the abuse was neither discussed again nor was it reported.

My dad said, "I'm going to ask you once more. Get in that truck." I said, "I'm not going." He grabbed me and started pounding the living shit out of me in front of all my friends. Broke my glasses. Started choking me. Just going ballistic. "Yeah I'll get in the truck." My mom's bawling. My glasses are broken. I can't see. I'm bleeding. My nose is all bleeding. I don't feel nothing. Just rage. "I'm the boss in this house. You do what I say." "Fuck you. I'm going to call the cops right now." He said, "For what? For disciplining my kid?" I said, "No, for raping me." My mom's like, "What are you saying?" I just said to him, "Tell her. Tell her all about the times you've come and had sex with me." Mom's just having a meltdown. "I'm sorry mom. This has gotta stop. I want to phone the police." My mom said, "Just wait. I need to talk to your dad alone for a minute." I was just kind of numb. She said, "He promised he wouldn't touch you again." I remember saying to her, "So is he staying?" "Yeah, he promised me he won't touch you anymore."

The sexual abuse significantly decreased after that confrontation. "My dad never ever had sex with me again but he did try to touch me several times. Just very fleeting. Grab my breasts. Or, 'I bet the boys like those.' Or come up behind me. 'Your boobs are bigger than your mom's.'" Her intra-

familial sexual abuse stopped in its entirety when Marie left home after high school.

6.3.7 Sarah.

Sarah was abused from ages 12 to 17, beginning in 1980, by her sister's husband. Her four disclosures were a mix of direct and indirect, purposeful and accidental. Two of the disclosures were prompted and two involved witnessed abuse. The abuse was never reported, despite the fact that her psychiatrist was mandated to do so.

Her sister and mother had witnessed her sister's husband abusing Sarah on numerous occasions. "My sister knew that this was going on. She witnessed it." Sarah knew that the sexual conversations instigated by her sister's husband were "totally inappropriate. I don't even have kids and I know that this is inappropriate." Yet her sister did not appear to realize that his sexually explicit talks with Sarah were abusive. Nor did she protect 12 year-old Sarah from him.

When Sarah's mother and sister witnessed the progression from non-contact to contact sexual abuse, they normalized the abusive behaviour and did nothing to intervene.

It started very slowly. It just started with the winking and the hugging, which was weird because I wasn't used to that. Nobody used to hug in my family. It escalated from there. My sister saw a lot of it. She had to.

She was standing right there for most of the time. My mother saw it. My mother and my sister knew. But they never said anything. Never did anything. [I was thinking], "What the hell is going on? Am I losing my mind here or what? I don't like this." So all this behaviour was normalized. It was in the context of "he's affectionate." With a 12 year old. He's graduated from winking at me and hugging me too closely to putting his tongue down my throat and a few other things.

Prompted by the impending Christmas holidays, as explicitly as she could, Sarah directly and purposefully disclosed her concerns to her mother. Her mother responded by discussing the surface issue of Christmas presents, never addressing the underlying sexual abuse.

I told her one Christmas that the reason I kept locking myself in my room was that he was pawing me. I didn't get into the nitty gritty. I told her before Christmas that year that I didn't want a big gift [from my sister and her husband]. There was a price. I didn't want to pay it anymore. I just couldn't go through with it anymore. So I told my mother, "I don't want the big gift. If I get the big gift, he's going to grab me." My mother said that she would talk to my sister and husband, which didn't work because they did it anyways.

At age six, Sarah had been sexually abused by a neighbour's son. Her mother's doctor "told her that if I didn't talk about it, I would just forget it. So

we didn't talk about it." Not surprisingly, the abuse resurfaced when Sarah was 16 and was being sexually abused by her sister's husband. Her family sent her to a psychiatrist, which prompted Sarah to directly and purposefully disclose the current sexual abuse.

The psychiatrist found out about what was going on with my sister's husband. She wanted me to go to the police and press charges. I told [my parents] what the doctor told me. That I should call the police and press charges. My dad hit the roof. I have never seen him that angry before or since. "No way," he said, "We're not calling the police. There will be no police come to this house. Nothing is going outside this family." I told [the psychiatrist] what [my parents] said. There was nothing that could be done. Shouldn't [the psychiatrist] have called the cops? I was 16 and he was more than five years older than me. She was obligated to phone, under mandatory reporting laws. But nothing ever happened. My parents did know. The psychiatrist knew. She pushed me to take action, but she never took action.

Following this intervention, Sarah became discouraged and lost hope of receiving any competent help. Her ongoing experiences with unresponsive family members and an ineffectual psychiatrist taught her that nothing would change.

I told the psychiatrist and she didn't do anything. So I thought,

“Nothing is going to happen. The only thing I could do is make sure I don’t get pregnant before I can leave home.” There wasn’t anything else going to happen. Going to the cops? Well, I suppose I could. But why would I? Nobody would have helped me. The cops would have come and taken a statement. They might have charged him. The charges would have been dropped. Then I would have really been in deep trouble. I had already been told not to [call the police].

With no help or support from anyone to whom she had disclosed, Sarah ended the abuse by leaving home immediately after graduating from high school. Her family’s denial and minimization of her experiences of abuse deeply damaged her relationship with her parents and sister. Sarah was left with a legacy of shame, self-blame, and distrust that impacted her sense of self and, ultimately, her relationship with her husband.

6.3.8 **Meika.**

Meika was sexually abused by her older brothers from the time she was three until she was 12 in 2002. Her disclosures involved a mix of direct and indirect, purposeful and accidental. Two disclosures were elicited, two involved witnessed abuse, two were behavioural, and one was spontaneous. Only one of Meika’s seven disclosures was reported to the authorities.

While not directly witnessing the abuse, Meika’s 12-year-old sister suspected that Meika was being abused because of the circumstances in which

she discovered Meika and her older brother.

[My sister] witnessed something when I was younger. I don't remember. She has a memory that I was just a toddler. She said I was barely out of diapers. She was watching me and she found me outside in the van. I was only three and she couldn't find me. She went looking for me and she couldn't find my brother either. She went outside and was screaming for me. She saw my brother get out and run out of the van and go around the other side of the house. She walked up to the van and I was in there. She had the sickest feeling in her stomach. She knew that it wasn't right.

Meika's sister still feels responsible. "She's apologized to me before because she has felt severe guilt for my abuse." Meika acknowledges that "we had parents. It's the adult's responsibility to protect the children. It's not the children's responsibility."

Despite their responsibility to do so, Meika's parents did not protect her or stop the abuse. "My parents were fully aware because [my brother] started doing it out in the open. You would have to be blind, deaf, and dumb to not know. They didn't do anything." When Meika was a pre-schooler, her father witnessed her brother sexually abusing her. However, when Meika could not find the words to answer her father's questions, he just walked away.

I was making a birthday card for one of my brothers, sitting at the

kitchen table. [My brother] was doing his thing. I was half dressed. My dad came out and [my brother] didn't put my clothes back on fast enough. [My dad] leaned over the table, "Why are your pants down?" Then he walked away. The abuse still carried on after that.

Meika indirectly purposefully behaviourally disclosed in an attempt to draw her family's attention to the abuse on one occasion. Tragically, no one came to her aid or stopped the abuse.

[My oldest brother] tried to take me into a room and I ran. I was very young. I knew I couldn't outrun him. I dove under the kitchen table and I latched on to the table leg with a death grip, like I was hanging on for my life. I remember screaming. He came under the table and tried to get me to come to him. He grabbed me and my sweater ripped. I was not letting go for anything. I kicked him and I screamed. It was the only time I ever actually fought or did something. I don't know why. I must have just had a burst of something. Maybe I was getting desperate for someone to hear me.

In contrast, when Meika disclosed directly and purposefully to her best friend, she received support. "I had obviously disclosed it to a friend of mine. [She] was a survivor of sexual abuse from her older brother, who was way older than her. We confided in each other."

At some point afterwards, Meika's grade six teacher elicited a direct

disclosure after she accidentally discovered the abuse when she intercepted a note from Meika's friend stating, "I know what [your brother] did to you." This disclosure ultimately resulted in reporting and interventions by child protection workers, the police, and the medical system.

The teacher caught us passing notes. She confiscated it and she read it.

The teacher took me out of class and asked me, "How's home? Is something going on at home? Are you okay?" I just remember not saying anything. She finally [asked], "Is someone touching you? Is someone scaring you?" My friend was in the room with me. I just remember looking at her. She [said], "You can say yes." I remember nodding. The next thing you know, I'm getting interviewed by two ladies who were social workers. That day I was in a foster home. They took me right from school after they interviewed me.

In describing her experience with the local child protection agency, Meika indicated that "it probably traumatized me more. It was very fast and shocking. I was already shocked and traumatized as a child. I already had suffered so much abuse and it just felt like people weren't handling me carefully." Meika was not told what was happening and had no voice or choice in the outcome of her disclosure.

No one talks to a 12 year old. No one tells me what's going on, which was part of the problem. I was talking to the teacher and then I was

being interviewed by social workers. All of a sudden, I'm in a white van on the way to the city. I was under the impression that I was going home to talk to my parents. When we passed my house, they said, "We're taking you to a foster home." I just started to bawl and bawl and bawl. I thought about jumping out of the car. I bawled every night I was there, cried myself to sleep. I remember being so scared and alone and frightened. I was so frightened that I didn't want to talk to anyone. They wouldn't let me talk to any of my siblings or anyone. I remember my social worker being very cold.

While she was in foster care, Meika was taken to a physician for a physical examination. "I got taken into a clinic to get checked out by a doctor. They poked and prodded. I didn't know what was going on. No one explained anything to me. It was brutal." She was also taken to the police station to make a statement. By that point, her trust had been shattered and she was totally overwhelmed by the whole situation.

[They said] I needed to make a report. I needed to talk to the cops. I'm talking to this RCMP in his office and the social worker is there. I remember I sat down and the whole time I am not talking to anyone. [He] starts asking me questions. I remember just looking at him and I just started bawling. Super panic attack. I couldn't stop crying. I couldn't breathe. I couldn't do anything. All I could get out was,

“Please send me home, please let me go home.”

Upon her return home from foster care, Meika, her abusive brother, and her parents were mandated to see counsellors. “As soon as I got the counsellor, I was actually happy. I thought I was going to get help, someone I could talk to.” Again, the formal helping system failed her. Meika’s experience of having her needs ignored and having no choice in any decisions effecting her in counselling further traumatized her. Being forced against her will to meet with her abusive brother and her parents so that he could apologize replicated her experiences powerlessness and betrayal during the abuse.

There was mandatory counselling after this. I had to go to a counsellor. My brother had to go. My parents had to go. The four of us had to go in every week for counselling. It lasted about six months. That was also handled really shitty. I never actually got to talk about the abuse. I remember always thinking that it was useless. No one even asked me how the hell I felt. No one even asked me my opinion. When I gave it, they just ignored it. I was the victim, the number one person you’re not supposed to ignore.

As a result of her elicited disclosure and subsequent reporting, the local child protection agency also had mandated that her abusive brother move out of their house. Shortly after Meika returned from foster care, he moved back home and again started sexually abusing her. When Meika’s sister elicited a

direct, purposeful disclosure and attempted to intervene, their mother interfered and the sexual abuse continued.

There was an incident after I came home from the foster home with one brother. [My sister] said she could tell by the way I was talking that she needed to ask the questions she asked. She started crying on the phone. "Is it still going on?" I remember just saying, "Yes." I started to cry on the phone. She was so desperate to protect me. "You can come live with me." My mom came back on the phone and started yelling and arguing. She wanted to keep me by her side, but she wouldn't protect me. After that phone call, [my mom] threw a book at me. "If anything ever happens, just write it down in the book."

Her sister's offer of support to help Meika escape the abuse had momentarily given her hope. In contrast, their mother's interference left Meika feeling powerless and disillusioned, reminding her of recent experiences with a child protection agency.

For a split second on the phone with [my sister], it felt like all the hope had come back in the world because I was getting saved. [That's] how you are supposed to feel when the social workers come [to] get you. But then they screw it up and you just end up going back home. You would rather be home than in their care.

In reaction to these traumatic experiences with her parents and

professionals, Meika decided never again to directly disclose the abuse.

After the whole counselling and stuff with the family, it just went back to good old secrets and lies. "Let's keep it quiet and put on a happy face." Nothing ever changed. The simplest thing can be handled wrong. I was screwed. Like hell I was saying anything to anyone ever again. I learned my lesson. I wasn't getting pulled away from home.

While not willing to disclose directly, Meika attempted to communicate her distress by indirectly, purposefully disclosing behaviourally. Even with full knowledge of the earlier sexual abuse, no one, other than her sister, asked if the abuse had started again or offered any support.

[The abuse and how it was handled had] severely damaged my relationship with my parents. It made me into such an angry teenager. I'd go to a friend's house and get totally, utterly intoxicated or stoned. I was so used to not being heard and not fighting and not having help, so I got angry and I got loud. That was a pretty natural response. I eventually started running away. Why wouldn't I just leave and go stay at a friend's house rather than be in a foster home? Rather than deal with cold social workers? Rather than deal with a counsellor [who is] not even going to listen to me? Or sit at home with parents who aren't fit to be my parents or aren't going to protect me? I might as well just start protecting myself.

Despite various professional interventions, disclosing had very little impact on ending the sexual abuse. Meika's second oldest brother stopped abusing her when, unrelated to any disclosures, he left home. Disclosing, reporting, and the subsequent interventions only temporarily stopped her oldest brother from sexually abusing Meika. She stopped the sexual abuse in her family by leaving home as soon as she was old enough to do so.

6.3.9 **Kaitlyn.**

Kaitlyn was sexually abused in the early 2000s, from ages 13 to 16, by her step-brother. She disclosed five times involving a mix of direct and indirect; accidental and purposeful. There were two spontaneous disclosures, she disclosed behaviourally, and the abuse was witnessed. An adult knew about or suspected that she was being abused and attempted to elicit a disclosure, which Kaitlyn falsely denied. At no time was the abuse reported to the appropriate authorities.

The day after the first episode of sexual abuse, Kaitlyn directly and purposefully disclosed to her best friend. Neither Kaitlyn nor her friend knew what to do, so both kept the abuse secret.

I remember going to my best friend the next day and just bawling. I lost it. I didn't know what to do. I was so distraught over it. It almost didn't feel real now that I think about it. *Did you tell your friend at that time what happened?* Uh huh. *How did your friend respond?* I don't really remember.

I think she knew not to say. We were 13. I don't really remember what she said. *So she didn't tell anyone else? It was kept secret?* Yup, and it kept happening.

Kaitlyn's second disclosure, an indirect, purposeful, behavioural disclosure, involved a suicide attempt. She was punished and her desperate plea for help was trivialized as attention-seeking behaviour. Neither her mother nor the psychiatrist discerned what had precipitated Kaitlyn's suicide attempt.

I tried to kill myself. I was 13. I overdosed. My sister found me in the bathroom. [My mom] comes home. The first thing [my mom] does to me is spans me. "Why would you do this? Why are you so stupid?" She called 911. She made me walk into the hospital. She was so angry with me. I feel like I can never do anything right. I feel like, at that time, she should have known that something was wrong. The psychiatrist said, "[Kaitlyn] didn't want to kill herself. She just wanted attention." That's all I wanted. I just wish that my mom would have had known that things were bad. That something was wrong.

Despite this desperate attempt to draw attention to her distress, Kaitlyn chose not disclose the abuse when her mother, suspecting that something was wrong, attempted to elicit a disclosure by asking a year or so later about her relationship with her step-brother. By that time, what had started as abuse had

become, in the eyes of Kaitlyn and her step-brother, a dating relationship. Thus, she falsely denied the abuse and the existence of their relationship, consensual or not.

My mom confronted me about it a couple of times. "What's up with you and [your step-brother] and that relationship? Are you guys just friends?" Obviously I lied about it. At that point, I loved him.

The sexual abuse/relationship came to light when her older sister witnessed them kissing and told their mother. Again, her mother reacted punitively, blaming Kaitlyn.

One day my sister caught us kissing. It was a big deal and all hell broke loose. My mom was so angry at me for lying to her. She said it was all my fault [because] I didn't tell her. So how could she help me? It was awful. It is still awful. My mom was so angry at me for lying to her. "I asked you straight up and you said no." "What did you expect me to say?" She blamed me, and she still does to this day. It was never him taking advantage of me in the eyes of my mom. It might have been with my dad, but my mom never viewed it that I was taken advantage of at all.

Because the abuse by her step-brother morphed into a dating relationship, Kaitlyn's direct, purposeful disclosure to her friends is atypical. She never told her friends that it had started as abuse. Thus, she received their

approval and support for the relationship.

Some of my close friends knew about it. Not when it first happened, but after everyone knew and we were seeing each other. They were fine with it I obviously didn't tell them he took advantage of me. I told them I was dating this guy and my mom was dating his dad.

While her mother knew that something was wrong, she was never able to acknowledge or stop the abuse. "She asked me about it, but she didn't do anything. She allowed it to go on even though she knew deep down that something was wrong. She feels so guilty." Kaitlyn did not receive the help she needed in response to her disclosures. After her suicide attempt, neither her mother nor the psychiatrist asked the questions necessary to discern what had elicited such a desperate reaction. Even when her sister witnessed them kissing, nothing was done to address or end the abuse. Soon after that disclosure, Kaitlyn moved in with her dad and no longer slept over at her step-brother's house. It is noteworthy that neither parent interfered with or put an end to the "dating relationship." Kaitlyn ended the relationship more than six months after the last disclosure.

6.4 Indirect Disclosures

6.4.1 Hillary.

Hillary was sexually abused by her father and her uncles from infancy to age 15, spanning the 1950s and 60s. Both of Hillary's disclosures were

indirect and accidental; neither was reported. One involved detected signs; one involved adults knowing about the abuse.

Her aunt knew that something sexual was occurring between Hillary and her husband, and communicated that to Hillary's mother. "After my mother died, I found a letter to my mother from that uncle's wife in which she accused me of hitting on her husband and being very sexually provocative when I was 13." Neither her aunt nor her mother addressed the letter or the sexual abuse with Hillary.

Hillary's behaviour changed after the initial abuse by her father and uncle and the untimely death of her father. While her school counsellor detected signs of the abuse and recognized that there was a problem, he did not address the abuse directly. His attempts to engage with Hillary were unsuccessful.

I started drinking and I was extremely depressed. I lost so much weight. I started wearing dark colours. I started flunking at school, particularly in the subjects that I had difficulty with. I remember seeing a counsellor trying to talk to him and just finding him not a good fit. I don't think anybody had a clue about how to relate to me. He didn't know what to do. He was a very kindly, gentle man, but he didn't have a clue.

Hillary's disclosures appear to have had no impact on ending the intra-

familial child sexual abuse. That said, it is not clear why the sexual abuse by her father and her uncles when Hillary was young ended. The sexual abuse by her uncle when she was a teenager ended when Hillary moved out of her aunt and uncle's home and back in with her emotionally abusive mother.

6.4.2 **Emily.**

Emily's father began sexually abusing her in 1958 when she was five years old. She is unclear as to exactly when the abuse ended, although she is certain it was before she turned 16. Involving a mix of accidental and purposeful, each of Emily's three disclosures was indirect and none were reported. One disclosure was behavioural, one involved witnessed abuse, and one involved adults knowing about the abuse.

On more than one occasion, Emily's mother had witnessed her husband walking around in only his underwear, sporting an erection. Emily did not know whether her mother considered that behaviour to be abusive or whether her mother, a victim of spousal violence, possessed the power to intervene. That said, Emily believed that her mother protected her by taking her, the only one of five children, on a trip to visit her grandparents in another province.

I'm the only one they took. I remember. I heard this said, "I would not be okay if they left me." They didn't even take the younger ones. I think [my mother's] way to protect me was to have me with her.

Emily attempted to communicate her distress and disclose the sexual

abuse indirectly, purposefully, and behaviourally with what she described as “signals.”

I don't have any recollection of actually telling, but there were ways to know by how I was. Going to somebody and saying, “This is what's happening,” I couldn't and I didn't. In my own way I tried to send out some signals or to tell. Just by the way I became. I'm sure there had to be lots of things that people saw when I was younger. [There] had to be some clues that you [would] know. For some of them, just the fear. I always wanted to be at the back and be invisible. They saw that I was the caregiver. I became so responsible. All the ways that I was, all the behaviours I exhibited. That tells me people had to know.

Although she did not disclose directly, Emily is certain that a number of the adults in her life knew about the sexual abuse. “I'm sure some of my teachers, if they had any wits about them, knew something was going on. Just because of how I was.” She also believed that her babysitter knew and protected her.

I firmly believe she knew something because she always kept an eye out for me. I think that, on some level, she knew. I never broached it with her but I know that she had to know. She always had a soft spot for me. She always looked out for me.

However, neither the disclosures nor the attempts to protect Emily

involved directly addressing or stopping the abuse. The intra-familial sexual abuse ended when her father left her mother for another woman, moving out of the family home when Emily was 16 years old.

6.4.3 **Freedom.**

Freedom was sexually abused by numerous family members, beginning when she was three years old in 1959 and ending before she turned 15 in 1971. Twice Freedom disclosed indirectly; once purposefully, once accidentally. One was behavioural; one involved an adult knowing or suspecting that something was amiss and attempting to elicit a disclosure, which Freedom falsely denied. None of the abuse was reported

When Freedom was a very young child, her mother suspected that something was amiss and attempted to elicit a disclosure. Freedom responded with a false denial.

[I was] even abused driving to [the city]. Sitting on a lap because there was no room. I was abused there. No one did anything. My mother kept turning around and asking if I was OK. I kept saying, "Yeah." It was a good feeling. I was getting attention.

Like many participants, Freedom attempted to communicate her distress about the abuse by disclosing indirectly, purposefully, and behaviourally. Her behaviour was such that the adults in her life recognized it as problematic. However, neither her parents nor the psychiatrist looked

beyond the presenting behaviour to address the underlying sexual abuse.

I started to realize that I didn't like being here. I started feeling something in my body. [I] still couldn't understand. [I was] trying to figure it out and coming up with all these ideas and making myself look like a fool. [I was] trying to explain to somebody. I was shut out. I was not heard whatsoever. That's where I was belittled. They thought I was crazy. I remember my mother sending me to a psychiatrist because they thought I had schizophrenia. I didn't see me being a troubled child. I thought I was just trying to reach out and I was not being heard. *You were in foster care, the police, psychiatry, lots of people were involved.* They just couldn't see what was wrong with me and what was going on. They thought, "That girl is schizophrenic." So they looked only at the surface. They looked at the behaviour and knew something was wrong. They thought it was about me; not about what happened to me.

When her attempts to communicate her distress went unheeded and she did not receive the help she needed, Freedom resorted to running away.

When I turned nine, I started running away because I didn't like the situation. I still didn't understand. I didn't like the feeling of what was going on. I would go to the street. I was put in foster homes. It was just jumping from one thing to another. That's how my life seemed to be.

Freedom continued to try to communicate her distress when, at age 11,

she began using alcohol and drugs to escape the abuse and fill the emptiness. “You just go into a survival mode. You are high on drugs. I think I was filling a gap; just trying to be ok.” Despite her many and varied attempts at revealing the abuse, no one understood her cries for help. The adults in her life failed to recognize that beneath her behaviour lay the real issue: Freedom was being sexually abused by numerous relatives. As a result, Freedom was misdiagnosed and her behaviour pathologized.

When her attempts at communicating her distress by disclosing behaviourally did nothing to end the intra-familial child sexual abuse, Freedom took matters into her own hands. She escaped the bulk of the sexual abuse in her family by running away. Freedom did not indicate how the abuse by her brother, who sexually assaulted her on one occasion after she left home, ended.

6.4.4 **Julie.**

Julie was four years old in 1964 when she was first sexually abused. The intra-familial sexual abuse, perpetrated by her foster mother, foster brother, and adopted brother, ended ten years later. Julie’s disclosures were all indirect and accidental. Three involved witnessed abuse and two detected signs of abuse. Only one of the five disclosures was reported.

The first disclosure led to reporting and an intervention from a child protection agency. In the first family in which Julie was sexually abused, her

foster father witnessed the abuse. "He obviously knew something was going on. He knew that [my foster mother] wasn't treating me the way she should."

I was only there for a year and again social services was involved. That wasn't good. [My foster mother] was physically and sexually abusive. I'm not really sure [how social services got involved]. I think my [foster] dad called. He told me that it was his decision to give me up for adoption because he knew it was in my best interest. I know that [the social workers] knew that I was being physically abused. I don't know if they knew sexually. There were definitely marks all over my body.

During the process of reporting and intervention, Julie was blamed and inappropriately labelled as promiscuous by the social workers.

I just remember my [adopted] mom saying to me that the reason I was given up for adoption from the last family was because I came between the mom and the dad. The social worker said that they needed to watch me because I was too familiar with men and that I was promiscuous.

Twice Julie's mothers (once her foster mother, once her adopted mother) witnessed the abuse when they walked in on their respective sons abusing her. The first time, "I know the mother walked in. I just remember getting yelled at and told that I was too young to be playing with the older boys. I was just told to stay away. I was chastised."

Within a year, her adopted mother witnessed her son abusing Julie. She

neither said nor did anything to stop the abuse or to protect or support Julie.

[My adopted brother] came into my room and I was sleeping. I remember him being on top of me, rubbing my abdomen area. I don't think he had gone to any private area. That's when I remember my mom walking in the room. I know she walked in the room because I saw her. There was absolutely nothing said. I know I saw her. The door opened, I saw her figure there, and the door just closed. I remember holding my breath. Then moving over. Then acting like I woke up. Then he left. I remember feeling like I'd done something wrong.

At a very young age, in response to the abuse and the lack of support she received, Julie began consuming drugs and alcohol and engaging in petty crime. "I really started acting out, even doing vandalism, to the point that police were coming to our house. Because I was such an angry kid, [my adopted parents] knew something was going on but they just didn't know what."

Despite her adopted parents' detection of the signs and recognition that there was a problem, Julie's behaviour was pathologized. No one questioned what had motivated her to act out. No effective support was offered and the abuse was neither acknowledged nor addressed. Her adopted parents turned to religion and their Church for a solution.

"Something's going on with Julie. We think that she should see like a

psychologist or something” “Take her to Church more.” [My adopted parents] come from this really strong religious background. “A little more praying and she’ll be fine.” So that’s basically what happened. We had a lot of prayer groups. Kinda irritating.

A gang-rape by her adopted brother and his friends resulted in Julie’s pregnancy at age 14. As such, her adopted mother, doctor, and others detected her pregnancy, a symptom of her sexual abuse. No questions were asked about who the father was and the abuse was never addressed.

I was trying to hide that I was pregnant, until I went into labour. When I went into labour, my mom took me to the hospital. Honest to god, she thought it was an appendix attack because I still hadn’t told them anything. My doctor looked at her and said, “She’s having a baby”. She never asked how I got pregnant or who did it. She knew for sure. She never asked. There was a lot of name-calling.

Julie did not indicate how the abuse ended after she was gang-raped. However, her description of the events following the rape do not suggest that disclosing ended the abuse.

6.4.5 Ellen.

Ellen was sexually abused before age 6 by her grandfather and after age 10 by her uncle. The abuse occurred in the 1970s. Ellen’s disclosures were both indirect and accidental, and neither was reported. One disclosure involved

detected signs; one witnessed abuse.

As a child and as an adolescent, Ellen disclosed indirectly, purposefully, and behaviourally by behaving in ways intended to draw the attention of her parents and other adults in her life to the abuse she was experiencing in her family and beyond. Yet no one seemed concerned about her drinking to the point of intoxication at such a young age. No one in Ellen's family nor in her community addressed her substance abuse nor did anyone ask about the underlying abuse.

When he was a teenager, Ellen's older brother witnessed her being abused by their uncle. The only sober person at a family gathering, "my brother was just disgusted with the whole fricking evening. If you ask me, he wished he was anywhere else." Her brother did nothing to intervene and they have never spoken about the abuse he witnessed that night.

Then my brother came out of the cabin. I looked at him and he looked at me. He turned around, slammed the door, and went back in. I think he knew what was going on. He didn't protect me. I think he thought it was consensual. What was he going to do? My brother weighs less than I do now and this big bastard was big and burly.

Ellen's disclosures appear to have had no impact on ending the abuse. While it is not clear why the abuse by her grandfather and by her uncle ended, the abuse witnessed by her brother was the last episode of intra-familial sexual

abuse that Ellen recalled.

6.4.6 Sophie.

Sophie was sexually abused from ages five to seven by her grandfather, her uncle, and her mother, beginning in 1979. Her singular disclosure was indirect, accidental, and involved detected signs. The abuse was not reported.

Her mother's AA sponsor detected signs of abuse and addressed his concerns with her mother, who acknowledged that there was a problem and elicited a disclosure from Sophie.

[Her mom's sponsor told her mom], "I really feel like there's stuff happening to your kids. You really need to look at what happened to you in your childhood, because your kids need help." My mom sort of came to herself, remembering her own sexual abuse. She had all this fear that "anybody could be doing anything to my children because I haven't been keeping an eye on them." She cut off all contact. I don't remember telling my mom, but she tells me that I told her about stuff that happened. I don't know if I don't remember because I was in this panic or fear to talk about it to her. She just cut off all contact. But she couldn't deal with it either, so I don't feel like I got any comfort for it. It was just like it was over, done. We just won't talk about it anymore.

Sophie's mother responded to the disclosure and ended the abuse by cutting off contact with everyone, going so far as to home-school her children.

Doing so ended the intra- and extra-familial sexual abuse, but at a cost. Sophie and her brother were further isolated and Sophie blamed herself. "It would all be my fault. I shouldn't have said anything. If I wouldn't have done any of this stuff, I would still have my friends. It's a lot of responsibility for one child."

6.4.7 **Matilda.**

Matilda was sexually abused on a daily basis from ages 12 to 20 by her adopted dad, beginning in 1981. Twice Matilda disclosed indirectly and accidentally. One involved witnessed abuse and one detected signs. The abuse was never reported.

Matilda's mother and sister witnessed the abuse on a daily basis, yet her mother did not intervene effectively to end the abuse.

It was molestation and touching on a daily basis. My mom would be bawling. My sister would be bawling. Everybody would cry. I would be crying to stop. [My mom] knew everything. She saw it all. She was right there. She would say, "No. Quit that." But that was it. There was a bit of protest but nothing else. There was no discussion of it. It's just easier not to do anything. Especially in a relationship like my mom's where she was so dominated by [my adopted dad].

When her teacher detected the signs and assumed that something was wrong, she contacted Matilda's mother. The teacher expressed her concerns about Matilda's behaviour at school yet Matilda's mother remained

entrenched in denial.

Talk about my mom not acknowledging. In grade 8, we had to write one word to describe ourselves. I used the word “self-conscious.” That was exactly how I felt. One of the teachers approached my mom and said, “What’s going on with Matilda?” My mom denied it. Just shut it down.

Physically and emotionally abused by Matilda’s adopted dad, her mother verbally objected to the sexual abuse that she witnessed. However, she did nothing to address or stop the sexual abuse of her daughter, nor did she effectively protect or support Matilda. Repeated disclosures had no impact on ending the abuse. Years after her mother died, Matilda, while in graduate school, stopped the abuse by ceasing contact with her adopted dad.

6.5 Barriers to the Participants Disclosing Intra-familial Child Sexual Abuse

Although each of the 16 participants disclosed in one way or another, most on multiple occasions, each described barriers to directly, purposefully, spontaneously, and contemporaneously disclosing the sexual abuse. These barriers include: confusion about what happened and whether it was sexual abuse or wrong; not having a voice, not having the words, and not knowing what to do; community norms and rules; family dynamics and complicated relationships with family members; and fear, threats, and lack of trust. Each of

these barriers, on its own or combined with others, interfered with the participants' willingness, ability, and power as children to directly and purposefully disclose the intra-familial child sexual abuse. In pondering what silenced her, Rocky expressed surprise at the powerful impact of the messages that children receive to not tell. "It's hard to imagine having that kind of awareness at age [three or four] to not talk about [the abuse]. To keep your mouth shut about it."

6.5.1 Confusion about what happened.

More than half of the participants described how they had struggled to make sense of what had happened to them and to recognize their experiences as sexual abuse. Some were too young to comprehend what was happening, some types of abuse were more easily recognized than others, some did not know that what was happening was wrong, some were confused by the nature of the relationship with the abusers, and, for some, the abuse was normalized or trivialized. When they themselves could not make sense of what was happening to them, how could they tell someone that they were being sexually abused?

Freedom was too young to understand what was happening when the abuse began. "It would have helped if it was caught right off the bat. But at the age of three, how do you know?" As the years passed and the abuse carried on, Freedom continued to struggle to make sense of her experiences. Similarly,

as a young girl, Sarah knew too little about sex to understand what was happening to her. "Sex education, I didn't get any. I really didn't know what was going on." Rocky expressed similar sentiments about not knowing what was happening to her. "I don't know that I had any kind of parameters [for understanding my experience]. All I knew was that this was different. It made me different. It fell in that category of weird."

Some types of child abuse were more easily recognized than others. As a young child in her first long term foster family, Julie quickly recognized the physical abuse, but only later identified the sexual abuse.

I don't know if I would have even considered it sexual until I looked back at it later. It was things she used to do to me in the bathtub. I look back now, and that was sexual. That wasn't just physical.

Even when the participants did figure out what was happening to them, they did not always recognize that it was inappropriate, wrong, or abusive. Matilda acknowledged that, "I didn't know it was wrong. I didn't tell anybody, even a girlfriend [because] I didn't know." When the process of engagement was more subtle or the experience was pleasurable, it also was harder to define their experience as sexual abuse. Julie recalled feeling confused and struggling to label the sexual behaviour in her adoptive family as sexual abuse.

I started getting molested by my brother. When it first started, I didn't

realize that I was being molested. It started off kind of innocent. I didn't know it was wrong, to be honest. He was reading porno magazines and my body was reacting. I liked it. It progressed from there.

The nature of the relationships with their abusers also clouded the participants' understanding of what was abuse. Tango more easily identified the sexual abuse by male relatives than by her mother. She struggled to understand the many roles she played and to sort out what was appropriate and what was not. "It didn't feel like abuse to me. That's why it's so hard. [I needed] a point of reference. What is a mom? What is a lover? What is a friend? I was all those things to my mom."

When the sexual abuse occurred on a daily basis for years, particularly when it happened in the presence of family members who did not stop it, the abuse was normalized or trivialized. As such, several participants did not consider it to be worth mentioning. Tango commented that, "it wasn't a big thing to be abused. Some of my other friends were being abused too. We just all hung out and survived together. We never talked about it." Meika also recounted how sexual abuse was just a normal part of everyday life.

It sounds so gross. So messed up. But it was part of my life. It always happened. It was always there as long as I can remember. It was always part of my life and it was normal to me. That blows my mind now, but it's understandable.

Sarah was confused by her family's silence having witnessed the frequent abuse by her sister's husband. In response to her family's ensuing silence, she began to question her own truth. "Did I imagine all of this? This happened but nobody said anything. Am I making more out of this than what it is?"

Some participants described a process of coming to understand that their experiences were sexually abusive, particularly when the abuse occurred over many years. Matilda did not recognize the abuse by her adopted dad, the final incident of which occurred on their way to university, until she was in graduate school and was working with a boy who had been sexually molested by his older brother in a similar manner to how she had been abused. "It was constant. I minimized it because I was never raped or penetrated. I didn't realize it was wrong until I went to grad school. Because that was life." Ellen did not interpret the first incident of abuse by her grandfather as sexual abuse, making sense of it only after it happened again. Even once she understood what was happening, she had no idea how to tell anyone about the abuse.

It was all very foggy to me. I woke up and his hand was in my pyjama pants, and in there. I thought I was dreaming. Then I realized I wasn't dreaming. I thought, "Maybe he's sleeping." I didn't want to look over there, so I just let it happen. Then I went to sleep. It happened the next night. Then I knew that this was happening. I thought, "What am I possibly going to say?"

6.5.2 Not having a voice; Not knowing what to say or do.

Even after they recognized their experiences as sexual abuse, half of the women as children did not have the words to communicate their experience, know what to do to stop the abuse, or have a voice; all of which interfered with disclosing. Rocky felt powerless to end the abuse. "If I'm not allowed to talk about it then there's no way to change it." Matilda simply had no idea what to do to stop the abuse. "I remember always wanting that book in the library that would tell me what to do. A step-by-step guide. Because I never knew." Sarah did not have the vocabulary to describe the abuse. The adults to whom she disclosed did not hear what she was trying to tell them. "This whole denial about you didn't tell us. You weren't clear enough. I did say something! How clear can you be as a child? I didn't have language. [I] didn't have a point of reference. I didn't have anything." In contrast, Julie "was trained to keep my mouth shut at all costs." Similarly, Meika "was just so quiet back then and I didn't find my voice yet. I needed someone to speak for me, but no one was. I never knew what was going on."

It was particularly challenging for participants who employed dissociation as a coping strategy to tell others about the abuse or to know what to do to stop it. Marie described how she dissociated while she was sexually assaulted by her father. "Once he was finished, I was gone. I was in another room in my head. Just like cement. No feeling. No anything. I wasn't even

crying at that point.” Sophie acknowledged that “disappearing” interfered with knowing what to do or who to tell. “There was a lot going on. I learned at a very early age just to drown things out. To dissociate and not be fully present. Just disappear.”

6.5.3 **Community norms and rules.**

Four participants also described lacking the means or opportunity to tell anyone about the abuse in response to community norms and rules. Given that six of the participants grew up in “tight knit community [where] everybody knew everybody and everyone knew everyone’s business,” one might assume that abuse was recognized, acknowledged, and openly discussed. Yet, as exemplified by Rocky, no one seemed to talk about any kind of abuse, especially sexual abuse. ‘So it was the times; the circumstances. It was the norm. I’m sure our community had, and still does have, requisite median range of spouse abuse and everything else. [It] never came out. [It] got shucked under the rug.”

Compounding this silence, Rocky attended a country school where her opportunities to disclose were limited by rules about not talking about sex or abuse. “I’m not sure that at that age and at that time and place that I would have talked to anybody about anything remotely sexual. You just didn’t discuss sex, period, or anything remotely sexual, or abuse.” Emily acknowledged that, “I don’t know, with how things were, even if I would

have actually come out and said something. [Or] if people would have done anything, because of the times and the personalities.”

6.5.4 Family dynamics and relationships.

Eleven participants perceived their family dynamics as creating an atmosphere that was not conducive to disclosing. Some viewed their relationships with their abusers or other family members as too important to risk saying anything.

In protecting her father, Shakira did not access treatment for a sexually transmitted infection that she had acquired from him.

I got herpes from my dad. I figured it out during health class in grade 5. I couldn't tell my mom. [I was] protecting my dad. I wasn't sexually active. How would I explain? [I] couldn't go to a doctor either.

Kaitlyn confessed that, beginning with the first incident of abuse, she had felt ambivalent and confused about how to define her relationship with her step-brother, how to make sense of what happened, who was responsible, and what to do about it. Even when questioned by her mother, her confusion and her desire to protect her step-brother and their relationship silenced Kaitlyn, leading her to falsely deny the abuse.

Mostly because I didn't want to let him down. I didn't want to disappoint him because I looked up to him so much. [At first,] as much as I didn't want it, I didn't say anything. [Later], I loved him. He was

my boyfriend. I really needed to protect the relationship. I didn't want anyone to know about it. It was such a weird dynamic. We had this big secret.

Ellen protected her parents and their relationship with her paternal grandparents by not telling them about the abuse by her grandfather.

I couldn't tell my mom because this was my dad's parents. They already didn't like my mom very much. I couldn't have mom be the one because that would be another reason to not like her. I couldn't tell my dad because it was my dad's dad.

Four participants described how their decisions around disclosing were inhibited by concerns about their relationships with their mothers. Marie, heeding her father's threats, did not tell her mother for fear of damaging their relationship.

When my mom come home, I remember her saying, "Everything went okay? Did dad get drunk?" Then she was off on her tangent about that. I remember wanting to say to her, "He was so drunk he came to my bed and he did these things to me." I could hear him saying, "Your mom is going to be mad at you." So I was like, "Okay, I'm not doing this."

In contrast, Hillary's, Julie's, and Sophie's antagonistic maternal relationships ensured that they would never tell their mothers about the abuse. Hillary "knew that my mother wouldn't believe me because my mother

didn't believe anything that I knew." Julie described how her history of being apprehended, fostered, apprehended again, then adopted impacted her relationship with her adopted mother and her willingness to directly disclose the abuse. "My mom and I didn't have a good relationship. Because I had already gone through two moms, I wouldn't call my mom 'mom'. So we didn't like each other. I think that's why I didn't tell her anything." Sophie shared similar concerns about telling her mother. "I was in so much trouble all the time. I never could go to my mom for help, because I was too scared of her. [Also], she didn't make herself present there for me. She didn't make herself available to me for help."

In reaction to the violence in their respective families, Ellen and Emily strove to be good obedient children and never spoke out. After a particularly violent reaction from her father, Emily "became so quiet and shy and withdrawn. I did everything to be as good and as perfect as I could." Being good meant not telling anyone directly about the abuse by her father. Ellen explained that, "I was quiet. [I] wouldn't say shit if my mouth was full of it. 'Just don't make waves.' So I didn't. I'd pretty much do anything any adult told me. That's what kids are supposed to do." The intimidation, unpredictability, and violence in her family also kept Ellen silent about the intra-and extra-familial abuse she was experiencing.

I just knew that there was enough shit going on in my family that we

didn't need one more thing to blow up about. There were far too many blow-ups every week, just too much stuff going flying and too many fists. I knew that this was going to put somebody over the top. I just wasn't going to do it.

An atmosphere of secrecy discouraged disclosures in families where contentious issues were not addressed and open conversations were neither welcomed nor encouraged. Rocky recounted how her family "just didn't talk ever about anything. There wouldn't have been the opportunity." Emily acknowledged that "there were so many secrets in our family. Nothing was talked about." Referring to her father's addictions, violence, and Aboriginal ancestry, Marie described how family secrets contributed to her silence. "We had to make our home look happy to the outside world. We weren't allowed to talk about what was going on inside." Matilda resented her mother for keeping secrets, forcing her to maintain silence about her lineage and her abuse, and not protecting her when she witnessed the abuse.

I do have a lot of anger towards [my mother] because she didn't protect me. She also didn't tell me things. As ironic as it is, she got tongue cancer. They had to cut off half her tongue. Then [the cancer] went to her throat and she had trouble talking. I think of the analogy of the secrets.

6.5.5 Fear, threats, and lack of trust.

Ten of the women were silenced as children by fear, threats, and lack of trust. Kaitlyn's response to the first incident of abuse was too emotionally overwhelming for her to find the words to express herself. "I was sleeping. He put his hands on me. I remember him asking me, 'Does this bother you?' I literally couldn't open my mouth. I was so terrified I didn't know what to say." Sarah and Marie each respectively feared punishment if they told. Sarah "was so scared. I didn't know what to do. I thought that I'd be thrown out of the house. I thought that I'd be left without shelter." When a friend found out about the abuse, Marie "made him promise, 'You can't tell anybody.' I kept thinking, 'I'm going to be put in a juvenile home or sent away.'" Fear, impacting every aspect of daily living, also silenced Emily.

I was just too scared. Stuff had happened to me earlier than that. I was reduced to not having the courage to do or say anything. I have lived my life in fear. I thought [my father] was gonna kill me. There were so many times I didn't want to do things, but I didn't have the courage to say, "I don't want to do this." or "I can't do this."

Several participants were verbally threatened about what would happen if they did not keep the abuse secret. Rocky "was warned and threatened not to [tell] by my uncle [who abused me]." Freedom's silence was garnered through threats of being denied treats if she told. While not

significant to an adult, Freedom remembered the power of her uncle's threat to a young child.

[My uncle] used to give me an ice cream cone every time I would do something for him. I thought it was a treat for me. I remember him saying, "If you tell anybody you won't get your ice cream cones anymore." It stuck in my head. Such a silly thing. I was not smart enough to realize that it doesn't matter. When you're little, it does matter.

Less blatant than direct threats, disclosures also were inhibited by the fear of being blamed for the abuse. Why would children tell someone about something that they felt responsible for manifesting? Hillary trivialized her experiences, blamed herself, and kept her experiences to herself. "I trivialized it. He didn't do anything that dramatic. I should have been able to handle it. I should have prevented it. It really didn't matter how irrational my sense of responsibility was. It was just really strong." Julie knew from an early age that any disclosures would not be taken seriously and that she would be blamed.

The social worker said that they needed to watch me because I was too familiar with men and that I was promiscuous. That was written somewhere. I didn't even know what that word meant, but I knew it was bad. That word got carried with me. That led me into things just happening and not speaking up. It leaked into me not telling.

Negative experiences taught a number of participants to distrust adults, making disclosure unlikely. Tango learned from years of ineffectual professional interventions coupled with admonishment from her parents not to talk to anyone about her home life.

I didn't have any trust in the system with what was going on with my mom, my parents. Cops were at our house. It was just common.

Sometimes you didn't say anything because the cops came and they left.

Then you got it worse. You were punished.

Meika described how ineffectual interventions by social workers, physicians, police officers, and counsellors silenced her voice and stole her power. "That whole experience shut me right up and I just never did nothing." Julie learned early in life never to trust and never to tell. "'I'm never gonna fucking trust anybody again.' I remember thinking that. I think I set myself up never to tell anybody anything. There were people I could have told. I learned not to."

These lessons were reinforced when Julie's adopted mother walked in on the abuse and said and did nothing. "I never said anything to anybody. [I] kept it to myself. I figured it wouldn't [matter]. In all honesty, what was the point? She knew."

6.6 What Could Have Been Different?

Just as they described barriers to disclosing, most of the women discussed what could have been different when they were children. They also

made suggestions about what could be different, now or in the future, for children who are sexually abused in their families. While each participant contributed her own unique wishes and perspectives, there are a number of common themes. The women described changes that involved and could have impacted support from families and communities, recognizing the signs of abuse, disclosing sexual abuse, responding to disclosures, ending the abuse, and interactions with professionals.

6.6.1 Healthy and supportive families and communities.

First and foremost, the participants described how living in healthy, supportive families and communities could have made a difference in their lives. They also provided suggestions for building more responsive, supportive, and protective families and communities.

Ellen stated that life would have been better if “my mom wouldn’t have been so ill and my dad wouldn’t have been a drunk. Those things would have made a difference.” Meika acknowledged that her parents needed help to be a better parents to her and her siblings. “My parents needed support. They weren’t supporting each other properly. I know now how much of a mess they were back then. They weren’t fit to support me and take care of me.” Sophie outlined what children need to feel supported and protected, then contrasted that with her experiences as a child.

Children really need someone to be there. Someone to see them as

people. Someone to respect them and protect them. People to love them unconditionally. No matter if they get mad or if they draw on the walls or if they break your favourite thing in the whole world. It doesn't matter. It's just a thing. Your child should be the most important thing to you in the world. I think that's a lot of the pain for me: not even being near the top of the list. So many other things were more important to my mom. I think that's one of the most important things for a kid, that what they need is comfort. They need validation that they are still a good kid, no matter what happened to them. No matter how they felt about their abuse. That somebody will protect them and keep them safe now. They need that validation so that if something happens again, they know who to go to.

Julie was able to discern what she as a child would have wanted by thinking about what she believes is important for her children.

As a mother, I would protect my child. I would go to the ends of the earth to make sure my child is not being hurt. You want to support them. It's hard for me to even think about what I wanted. When I think of my own kids, I would want them to feel safe. I want them to feel heard. I want them to feel loved. I want them to know [that] it's not their fault. So I guess that's what I would want.

Participants contended that, in order to become capable of supporting

and protecting children, adults need to be educated and address their own personal issues. Sophie acknowledged that, just as sexually abused children need support, so too do the adults who are expected to provide that support.

How do you enforce somebody to be there for the kids? How do you enforce my uncle or my aunt to be supportive? I think that's a really difficult question. Not only do kids need support, the kids that are suffering from this abuse, but the people that are supposed to be there for them need their own support. They need to be fixed as well. They need help. They need support to see what is happening to their children. That they're causing it. Or that they're not causing it. [In either case], they're not helping it. I am just starting to feel really hopeful and really confident that people are changing. That we are evolving. That we are starting to see how important children really are. How important we are. If we don't look after our own selves, we can't be present for others, especially kids.

Matilda reinforced the importance of "educating family members about how to be safe. We always talk about the little kid, the victim. Maybe it's the other people." Sophie posited that it is crucial that change "starts with the education of the parents. It starts with the education of everybody as they are right now." She went on to explain that all adults, including survivors of child sexual abuse, need education and support to do their own personal work in

order to become effective parents.

So many people are blocked because it happened to them. Until adults start healing themselves, it's really hard to be there for their kids. If I had kids now, I still wouldn't be the parent that I would want to be. I still have way too much of my own issues, my own things going on, that I would need to deal with before I could ever look after children.

As a strategy for educating adults, Sarah proposed that, if parents and other adults became informed about what had happened to children in the past, they then could learn to respond differently to children.

I think that people like me talking about these things [is important].

This happened to me a long time ago. You can look at that history and you can see how it affected me and the struggles that I went through. [It's] about learning from what wasn't done properly so that you can create a new response.

Leatitia urged communities to take responsibility for keeping children safe by challenging inappropriate behaviour.

Communities need to take responsibility for the people who live [there].

If someone behaves badly, we can't just walk away and think, "[I'm] glad that's not in my family. Or [I'm] glad he's not living next door to me. Or [I'm] glad he's not coaching my kids at soccer."

6.6.2 Recognizing the signs of intra-familial child sexual abuse.

Some participants talked about how important it is to recognize the signs of abuse in order to address and stop intra-familial child sexual abuse. This entails acknowledging that sexual abuse exists and can happen in any family. Rocky suggested that people's awareness of child sexual abuse is expanding and must continue to do so in order to facilitate any real change.

You never think it happens to you, so to speak. What do people always say when they're interviewed because their house burned to the ground or whatever? "I never thought it could happen to us." Now people have a lot more awareness that [child sexual abuse] can happen to anybody. I'm sure there's still a reluctance to imagine it can happen to you, but at least it's on the list of possibilities now. People can't avoid it anymore. They can't avoid thinking about it [and] acknowledging that it exists anymore. It's just too out there on the radar.

Freedom wished that "people could get the insight. When I see children acting out and doing whatever, I can say, 'I have a feeling that child has been abused.'" On the other hand, she acknowledged that it is difficult to discern appropriate affectionate behaviour from sexual abuse. "You can tell when a child wants that attention. If a child is jumping on somebody's lap. Some child could be having fun with their daddy and he's not being abusive. That's the hard part. How can you really know?"

Rocky's life would have been different had her caregivers been more aware of potential risks.

If somebody had ever done the basic math. This young girl, preteen or teen, spends an extraordinary amount of time with this single male in his 40s or 50s. Is there a reason? Maybe we should ask a few questions. Should we look at this? Should we explore it? Does it seem right? Does it seem natural?

Even when parents sensed that something was not right, they typically were not effective in intervening. Kaitlyn wished that her mother had trusted her instincts and responded to her disclosures by supporting her.

[My mom] asked me about [the relationship with my step-brother] but she didn't do anything. She allowed it to go on even though she knew deep down that something was wrong. I just wish that [my mom] would have known. I guess I can't ask her to be a mind-reader, but I wish she would have picked up on all these things - my drug use and stuff. She was asking the questions, but she punished me for it.

6.6.3 Disclosing intra-familial child sexual abuse.

The participants described a number of changes that might have made it possible for them to disclose directly, purposefully, and contemporaneously. Sophie recognized that "if no one wants to talk to you about something, how can you ever find out or make sense of it or work through it?" Matilda would

have needed to know what abuse was to have disclosed directly. "I guess education, in the schools. I didn't tell anybody because I didn't know [that it was wrong]."

Wishing that she had been encouraged to disclose directly, Sarah revealed that no one had ever asked her about the abuse. "They never did see me. When I look back on it, there were never any questions asked. Never any comments made. Nothing." Matilda suggested that a more open atmosphere in her family would have made a difference. "If there had permission in my family to talk. That would have been a big thing." Rocky echoed Matilda's thoughts.

I remember [being sexually abused] from when I was three or four until I was 12, almost 13. If there had been one of those opening discussing environments, maybe I would remember [being sexually abused] from the time I was three or four until I was three or four.

Permission to talk also would have impacted Meika's disclosures.

If we all just talk about [sexual abuse] a little bit more, then it's just something you talk about. Then people wouldn't be so afraid to come out. There would be greater safety for kids because if kids heard this being talked about, then they have permission to talk about it.

In the end, Meika wished that she had received the support she needed to find her voice sooner.

I just wish that someone would have helped me find my voice so I didn't have to find it on my own. If someone could have helped me find my voice at all. Or just grabbed my hand. Or just done anything. Showed me any kind of compassion. I would have felt something other than being terrified. Maybe if I was angry, I would have said something. I was just utterly terrified. Maybe I could have done it sooner than being an adult.

6.6.4 Responding to disclosures and stopping the abuse.

Most of the women discussed what could have been different in the responses of others to their disclosures. They wanted to be believed. They wanted the abuse to be acknowledged and taken seriously. They wanted support and healing. They wanted the abuse stopped.

Kaitlyn indicated that would have been really important to be believed and to have the abuse acknowledged and stopped. Her mother's unwillingness to recognize the sexual abuse has significantly negatively impacted Kaitlyn's acceptance of her experience as abuse. "My mom never viewed it that I was taken advantage of at all. That's why I have struggled with it so much." Sophie needed to be supported unconditionally and to know that the abuse was not her fault. "I think why it becomes traumatic is because they blame themselves. So you need to have somebody there to let you know [that] it's not your fault. To comfort you and to be available to you, condition

free." Sarah needed her family to support her by believing her, apologizing, and stopping the abuse.

I could have even handled my parents being upset and having a hard time believing this. If the words they said were "sorry" and [they] stopped it. Those are two big things. Because you want it to stop. That's why you tell. You have a right to believe, in the natural course of things, if it's logical and not screwy, that when you tell someone that something bad is happening, it stops. That's the whole point of telling. When a kid comes and says, "This person touched me the wrong way. They did this. They grabbed me." "I'm sorry that happened. Thank you for telling me. Now let's make it stop." That's what I think that the first response should be.

Many of the women whose abuse was witnessed suggested that it would have made a profound difference in their lives had that person intervened to stop the abuse. Julie stated, "What would have made a difference? Just my [adopted] mom stopping it. She knew. I know she knew." Sophie agreed that "my mom knew about it and nothing was done." Maria, too, wished that someone had intervened. "If somebody that heard would have stepped in. If she could find the strength to stop the abuse cycle." Matilda wished that her mom had possessed the courage to leave her abusive husband, thereby stopping the abuse. "If my mom had just stepped up. If she had done

something. If she had just picked up and left. Or kicked [my adopted dad] off the farm. That probably would have been the best case scenario. It was her farm.”

Three participants whose disclosures lead to the abuse stopping wished that they could have talked about their experiences at the time the abuse happened and received support to heal from the trauma. Shakira wished that her family had used the opportunity to change and grow. “To bring me and my sisters and my mom closer together. If we had been able to pull together. [If] my mom had used that opportunity to work on herself. That would have been easier.”

In an effort to protect her children, Sophie’s mother had responded to her disclosure by cutting off contact with everyone. Regrettably, the abuse was not discussed again until Sophie was an adult and engaged in her own healing journey. Sophie would have preferred to talk about the abuse contemporaneously and have access to a community of support.

Talking about it. I think [my mother’s] attitude about [the sexual abuse] would have made a huge difference. I was made to feel like I was wrong. By ostracizing me from everybody, it felt like it was my fault. Like I did something wrong. I don’t ever remember talking to her about it. I think that would have made a huge difference. Not even my mom. Just anybody, anywhere in my family or around that area who could

have seen me for who I was, what was happening to me. To be there for me. I think about how they could have kept me safe but not isolated.

Leatitia had needed to talk about the abuse after she disclosed. "Being able to talk about it would have changed. People have to talk about it. The hidden secret, the hidden agenda, all the damage it causes on all parties." She also acknowledged that, in order for the sexually abused child and her family to heal, the whole family needs support.

Somehow, healing for my father, a support system. If [the sexual abuse] would have been talked about in the family and they had help, I would not have been seen as the guilty party. They would have understood that I was the victim, not the one who encouraged it. Or the one who wants to cause fights. Or the one who wants to gossip. Or wants to turn my dad against them. I wouldn't be faced with the loss I'm faced with.

When asked what might have made a difference, Meika wished that she had received support from survivors who could have normalized her experiences. "Hearing their stories. Relating and knowing that you are not alone. That you are not a crazy person. I'm just a very normal person having a very normal reaction to a very abnormal situation that I was put into."

Freedom reinforced Meika's suggestions.

If I had the right people, I could have [sought] the help. Somebody who was sexually abused. Then you'd have something to talk about and to

deal with it. Someone that had a heart. Somebody that would take the time to ask the questions. I just don't remember being asked. Ever.

6.6.5 **Interactions with professionals.**

Most of the participants' interactions with professionals, both before and after they disclosed, resulted in poor outcomes. While it is possible that the women did not recognize or discuss the positive outcomes of their interactions with professionals, many described their encounters as resulting in more harm than good. The women critiqued professionals for seeing only their presenting behaviours rather than the underlying issues, not respecting their wishes, not ending the abuse, and not supporting them or their families. While each participant's situation was unique, their collective feedback can provide guidance to professionals in responding to children who have been sexually abused by family members.

While empathetic about the pressures faced by professionals, Meika clearly articulated the relationship between how children are treated and disclosing.

I know being a social worker is very difficult. It's hard. It's tiring. It's one of those emotional jobs where it's hard not to get invested. But it doesn't matter. It's the job you chose. You're dealing with children. I know it's very difficult but you always have to be calm and warm and caring to them. I felt so alone. Maybe if I didn't feel that way I would

have told my story.

Sophie agreed that professionals need to create safe spaces for children to tell their stories.

I always think on this global scale. I want everyone to change. [You need to] get enough good people in the schools and all these kind of institutions to be there for kids. To validate kids. To let kids know how things work. To have a safe place for kids to come talk to people.

Tango's feedback was based her dissatisfaction with the outcomes of a series of interventions by a variety of helping and social control agencies.

They say [that] kids should be taken out of the home when there is abuse. That's not always how it should be. Sometimes it works. Even though you're going through [abuse], you still love your parents. You don't want that separation. What I would hope was that they would have come in gently and said, "We understand that this is going on. What are the problems? What are the poverty issues? We know you need help. There isn't going to be any repercussions. We aren't going to pull all the kids out and put them in a foster home."

She went on to explain that professionals needed to be cognizant of the family context and children's needs.

There's just so much that can be done differently. [They] need to understand what was going on in the house at the time. [They] need to

take into consideration what is going on in the house to a child. [They] just need to be more gentle about the whole situation. To be questioned by a man in front of a family member was very uncomfortable.

Meika's experience of the process of reporting the abuse to a child protection agency and the subsequent intervention was traumatic. "I'm not saying [that] it was wrong that I got pulled out of my home. Obviously the way I did was brutal. The process was handled wrong." She asserted that professionals need to be transparent about the process and communicate openly with children.

I wish my social workers would have been more warm with me. I think [they] should communicate to the child and not shock the crap out of them. [They] should let them know what's going on and do it in baby steps. Not just freaking snatch and grab. I should have been obviously handled way more carefully. I should have had things explained to me. Even if I was only eleven or twelve, I should have been talked to. I should have been walked through things. It would have helped me a lot to understand. I think if I would have been able to understand it a bit, explain the process more, I would have been okay. Not just going through this whole thing not knowing anything. It just added to the whole stress of the situation. Maybe I would have been able to talk to that cop about the other brother and would have been able to fix that

when I was younger.

Meika contended that the various professionals should have put more pressure on her parents to acknowledge the abuse and accept responsibility for what happened to her.

I think my parents should have been grilled more or something. [The social workers] interviewed my siblings. But who knows what my parents said to them? My parents should have been put through a freaking ringer. They were never held accountable for anything. They should have been.

Freedom stressed that she needed professionals to look beyond her behaviour to recognize and address the underlying sexual abuse. "They need the support to catch it at a young age. If they could just catch it and stop it. They gotta recognize [the abuse] to know that it's not the child, it's what the child has been through." However, she also contended that recognizing the underlying abuse is not adequate. Professionals also need to address children's presenting behaviours.

If the support was in place. At a young age, how do you realize support? It went too far. How could it have been stopped before that? If I was a nuisance to society, society should have had something in place for me. That's the most important thing right there. It was not there. If it was there, I wouldn't be where I am today. I would not have gone

through all the stuff that I had to go through.

Shakira echoed Freedom's concerns. "If I had these courses twenty years ago, I would have been a way better mom and I wouldn't have been so hard on myself. It wouldn't have been so horrible." Meika agreed that the abuse needs to be addressed when it happens, not years later.

I didn't get to deal with that until I was an adult and I decided to start talking. I needed to be talked to so I could have felt more comfortable. Instead, the way it was handled made me shut down. That's the last thing you need a victim to do.

Reflecting on an ineffective intervention by a psychiatrist, Sarah advocated for professionals to communicate openly with children, report the abuse to the authorities, then actively intervene with their families.

If [the psychiatrist] had actually done the follow-through and called the police. If she had actually worked with me and [told me] how the timeline is going to unfold. [The psychiatrist] knew that my parents were resistant to discussing the situation. Saying, "Here's what I am willing to do." That would have been really key. The worst thing is not knowing what's going on. "What happens after this? Where do we go from here?" That would have been very useful. I think that after the dust had settled, there actually could have been some hope there for some kind of resolution, something more positive.

In discussing the justice system's response to the sexual abuse of children, Maria passionately advocated for the incarceration of child sex abusers. "Throw them in jail. Throw them where they belong, in some kind of little room so nobody will come in." Freedom argued for more stringent sentences for abusers as a means of ending abuse.

[The sexual abuse of children] is going to keep going on and on, until someone really buckles down and starts doing something dramatically. Somebody will get jail for doing something that wasn't so bad. But when it comes to abuse, how disrespectful! You've given them six months. Human beings don't mean nothing, but money does. If you rob a bank, you get more time than if you rob a child's soul.

While these ideas about what could have been different are contextualized within each individual participant's story, their reflections form the foundation understanding how families, communities, and professionals have reacted, and for addressing how they can respond differently to children who have experienced intra-familial sexual abuse.

Chapter Seven

7 **Analysis and Discussion: Models for Understanding Disclosing and Ending Intra-familial Child Sexual Abuse**

The seventh and final chapter begins by contextualizing the narratives of the 16 women who participated in the current research. Their experiences and insights are woven together and their voices integrated with the writings of survivors, activists, practitioners, and researchers who have addressed disclosing and ending intra-familial child sexual abuse. In doing so, two models gleaned from their insights and experiences are presented and discussed. The first model reflects the factors impacting disclosing and ending the abuse, and the reactions of families, community members, and professionals. The second model envisions optimal conditions for disclosing and ending intra-familial child sexual abuse, and for achieving the desired responses to disclosures. Implicit within the second model are recommendations for change, including implications for professional practice and education. The results of the member checking, the challenges encountered and lessons learned while interviewing the women and analyzing the data, and suggestions for further research are then presented. The chapter concludes with a call for individual and community action to make the world a safer and more responsive place for children.

Theory building is a process that flows from the data. As such, the

models and knowledge emerging from the current research have been co-constructed by the researcher and the participants (Bryant & Charmaz, 2007; Charmaz, 2006; Wuest, 1995), with the participants acting as “co-authors at a distance and in anonymity” (Allen, 2010, p. 38). Accordingly, the following discussion draws directly on the women’s narratives, giving voice to those whose truths have been silenced or ignored (Allen, 2010; Bryant & Charmaz, 2007; Charmaz, 2006; King, 1994; Liamputtong, 2009; Mason, 1997; Muzychka et al., 2004; Sachdev, 1992; Teram et al., 2005; Wuest, 1995). As Marie reminds us, “[I’m] honoured to be able to share my story. For there are many who have never cut that scab open. There are also many others who have passed away with the secret, and yet others who are the walking wounded.”

7.1 Contextualizing the Participants’ Narratives

7.1.1 Social location and intersecting identities.

As discussed in *Chapter Five*, the participants were not asked directly about their demographic characteristics. Rather, I asked the women what they thought would be helpful for me to know, given the focus of the research, about themselves, their families, their communities, and their experiences of growing up. This empowered the participants to share what they thought relevant. Each of the women suggested that a variety of family and personal identities influenced their childhood experiences in varying ways and to differing degrees. Eight participants mentioned their Aboriginal ancestry

and/or ethno-cultural-racial identities. Eight women identified their family's religion and nine their family's socio-economic class. All identified their age and the geographic location in which the abuse occurred. While none identified awareness of their sexual orientation as a child, all but one referred to the gender of her partner in current or past adult intimate relationships. None of the participants identified that, as children, they had experienced any disabilities.

Surprisingly, while there were individual differences, there were no discernable patterns when the data was analyzed with a critical eye to Aboriginal ancestry, ethno-cultural-racial identities, religion, socio-economic class, or geographic location. It was not possible analyze the narratives in reference to disability or sexual orientation as none of the women discussed either in describing themselves as children. There were, however, significant differences based on the ages of the women when they were interviewed, which is associated with when the abuse and disclosures occurred.

7.1.2 Differences over time: The three eras of child sexual abuse awareness and suppression.

As described in *Chapter Two*, the 50 plus years encapsulated in the current research witnessed significant social-cultural-political-legal-economic changes affecting families, professionals, communities, and society. These changes occurred at a more general level, involving family structure, gender

roles, social mores, and so forth, as well as in people's awareness, perception, and understanding of child sexual abuse and disclosure.

As outlined in *Chapter Two*, there are three distinct eras of child sexual abuse awareness and attitudes overlapping the time frame of the participants' experiences of sexual abuse and disclosure. The Collective Amnesia and Suppression era, which involved a virtual blackout on intra-familial child sexual abuse, lasted until the 1970s, when the Rediscovery era began. By the 1980s, child sexual abuse had transitioned from virtual obscurity to a high profile social issue; evolving from an uncommon, unimportant problem to a major news story. The 1990s heralded the beginning of another Suppression era, involving public, professional, and legal scepticism and denial of child sexual abuse and its impact. Shifting the focus away from intra-familial abuse, child sexual abuse was redefined as gender-neutral and perpetrated by strangers and large institutions and organizations. While this most recent Suppression era did not succeed in driving child sexual abuse underground, False Memory Syndrome proponents called into question the veracity of disclosures and reports of sexual abuse. It is noteworthy that the time-frame of these eras are not precise and their attributed changes are relative and contextualized. Thus, these changes and their impact may vary from family to family and community to community.

Along with the individual and social changes made by first and second

wave feminists and survivors, prevention education programs and strategies are credited with generating significant broad-based increases in children's, families', and communities' awareness and knowledge of child sexual abuse. Beginning in the 1980s, school-based prevention education programs directed at child sexual abuse, and later combined with other forms of child abuse, were designed to address the alarming rates of child sexual abuse, decrease the incidence of abuse, increase disclosing, and facilitate early intervention (Tutty, 1991, 1995, 2014). The programs taught children of all ages to recognize abusive situations and what to do if touched inappropriately by focusing on body ownership, private parts, good versus bad touch, touching by familiar people, identification of strangers, tricks, no secrets, permission to tell, and fault and blame (Tutty, 1991, 1995).

The earliest intra-familial child sexual abuse discussed by the women in the current research began in the 1950s; the most recent ended in the early 2000s. The first disclosure was in the late 1950s; the most recent in the early 2000s. Five of the women were abused and disclosed in the 1950s and into the 1960s during the Collective Amnesia and Suppression era. Eight participants were abused and disclosed in the years overlapping the 1970s and 1980s during the Rediscovery era. The final three participants were abused and disclosed in the 1990s and 2000s during the Suppression era.

It appears that the duration of the abuse decreased over time. With the

exception of one participant whose abuse ended after her initial disclosure, all of the abuse beginning in the 1950s and 60s lasted at least 10 years. The abuse beginning in the 1970s through the 2000s lasted between two and ten years. There was no significant difference between the 1970s and 1980s versus the 1990s and 2000s in terms of the duration of the abuse. The age at which the abuse began and ended varied over the five decades, with no apparent patterns related to the era in which the abuse occurred.

There is great variation in the type of disclosures (indirect or direct, accidental or purposeful, child revealed or third party detected) over time with no apparent pattern in relation to the era in which the abuse was disclosed. There was a slight increase in the number of disclosures over each of the three eras, perhaps as a result of prevention education and the message to “keep telling.” Interestingly, both times when there was only one disclosure by a participant (in the 1950s and the 2000s), the abuse ended as a result of that single disclosure. In terms of the number of reports to authorities, there was an upward trend from the Collective Amnesia and Suppression era to the Rediscovery era followed by downward trend from the Rediscovery to the Suppression era. The upward trend may have been related to prevention education, public awareness, and the legislating of mandatory reporting laws. The downward trend may have been related to the public campaign by False Memory Syndrome proponents and the ensuing backlash against survivors,

therapists, and child protection and social workers.

The five women who were abused during the 1950s and 1960s disclosed 10 times, ranging from one to three times per participant. Two disclosed directly; four indirectly. Three participants were involved with a variety of professionals, including child protection and other social workers, counsellors, psychiatrists, police officers, and religious leaders. Only once did disclosing end the abuse. None of the disclosures were reported to the authorities.

The first disclosure occurred in 1959 in a small French Catholic farming community at a time when there was little awareness of child sexual abuse. Yet, strikingly, the Catholic priest, who heard the confession that prompted the initial disclosure, and the participant's mother, who confronted the abuser and ended the abuse, responded more respectfully and effectively than most of the other parents and professionals over the ensuing 50 years. The abuse ended immediately after the disclosure, lasting only 18 months; whereas all of the other participants in that era endured the abuse for over 10 years. The overall positive and responsive disclosure experiences of this participant were anomalous, not only to this era but throughout the current research.

The eight women who were abused through the 1970s and 1980s (three beginning in the 1960s) disclosed 26 times, ranging from two to five times per participant. Five disclosed directly; all but two indirectly. Five participants were involved with a variety of professionals, including child protection and

other social workers, addiction workers, doctors, psychiatrists, police officers, teachers, and religious leaders. Four disclosures were reported to the authorities and only two episodes of sexual abuse ended as a result of those reported disclosures. In three instances, the same or other family members continued to sexually abuse the participants after the police and/or child protection social workers were involved.

Awareness of child sexual abuse, including risk factors, signs, prevention education, and appropriate responses, including mandatory reporting, increased significantly during this era. These changes were accompanied by a slight increase in the number of disclosures per participant and in the number of disclosures which resulted in episodes of the abuse ending. However, there were no substantive changes in the participants' experiences of disclosing or in responses to their disclosures.

The three women who were abused in the 1990s and 2000s (one beginning in the 1989) disclosed 13 times: one once, one five times, and one seven times. Two disclosed directly; all three indirectly. Two participants were involved with a variety of professionals, including child protection social workers, counsellors, doctors, psychiatrists, police officers, and teachers. In one instance, the abuse ended through a first time, non-reported disclosure. In another instance, a reported disclosure ended the abuse on a temporary basis when the participant was apprehended and placed in foster care. The abuse

resumed when she was returned to her family.

Again, there was a slight increase in the number of disclosures per participant but no substantive changes in the participants' experiences of disclosing or in responses to their disclosures. There appeared to be a downward trend in the number of reported disclosures and an increase in the number of professionals and systems involved in reported disclosures. The only reported disclosure in this era began with a teacher, who reported to the local child protection agency. The child protection social workers apprehended the child and placed her in foster care, where she was examined by a medical doctor and interviewed by the police. Upon her return home, she, her abusive brother, and her parents were mandated to participate in individual or couple plus family counselling. The participant was not fully informed about nor given any choices in the process, and experienced the interventions as harmful. She described the whole reporting and intervention process as replicating various aspects of the abuse.

Although much has changed over the 50 years encapsulated by the current research, much remains the same. Despite significant increases in public and professional awareness and knowledge of child sexual abuse, overall, the experiences of the participants in disclosing and ending the abuse, and in the responses of others to the abuse and the disclosures, has not improved substantively.

7.2 Factors Impacting Children's Disclosing of Intra-familial Sexual Abuse and the Resulting Reactions to Disclosures

Intra-familial child sexual abuse continues to profoundly impact the lives of an undetermined number of children and families. In the current research, none of the adults who witnessed the participants being sexually abused as children stopped the abuse nor did they effectively support or protect them. Only one adult who detected signs of the abuse intervened. That intervention, although described as generally unsupportive, did lead to the abuse ending. Rarely did disclosure lead to effective interventions or to ending the sexual abuse.

Despite their best efforts to communicate their distress, the children's disclosures were often ignored or misinterpreted. Their behaviour, often a desperate cry for help, was frequently misunderstood and pathologized. When family and community members did understand the content of the disclosures, often they did not believe that the children were being sexually abused and reacted by blaming, shaming, and punishing them. All too often, interactions with professionals re-traumatized vulnerable and fragile children. The support the children received upon disclosing came most often from their friends and siblings.

On rare occasions, when the disclosures were believed and the participants supported, the abuse was stopped either by parents or as a result

of child protection or police interventions. In the majority of endings, the abuse stopped when these children left home or ceased contact with their abusers. Less frequently, the abusers stopped sexually abusing them, at times moving on to abuse other children.

Presented in Figure 7.1 is a model outlining the factors that impact children's experiences of disclosing and ending intra-familial sexual abuse and the reactions to those disclosures. The model addresses how contributing factors and barriers to disclosing, individually and in combination, foster unsafe environments, wherein children are vulnerable to being abused, less likely to disclose directly and purposefully, and more likely to experience harmful and ineffectual reactions by families, community members, and professionals. While the negative experiences of the participants far outweighed the positives, this model also reflects the limited positive experiences of belief, support, and protection from friends, families, and professionals, including the four times that the abuse ended as a result of disclosing.

While this model appears very complex and overwhelming, the same is true of intra-familial child sexual abuse, disclosing, and ending abuse. Innumerable individual, familial, community, and social-cultural-political-legal-economic-historical factors converge in influencing the experiences, perceptions, and meaning-making of children, their families, and their

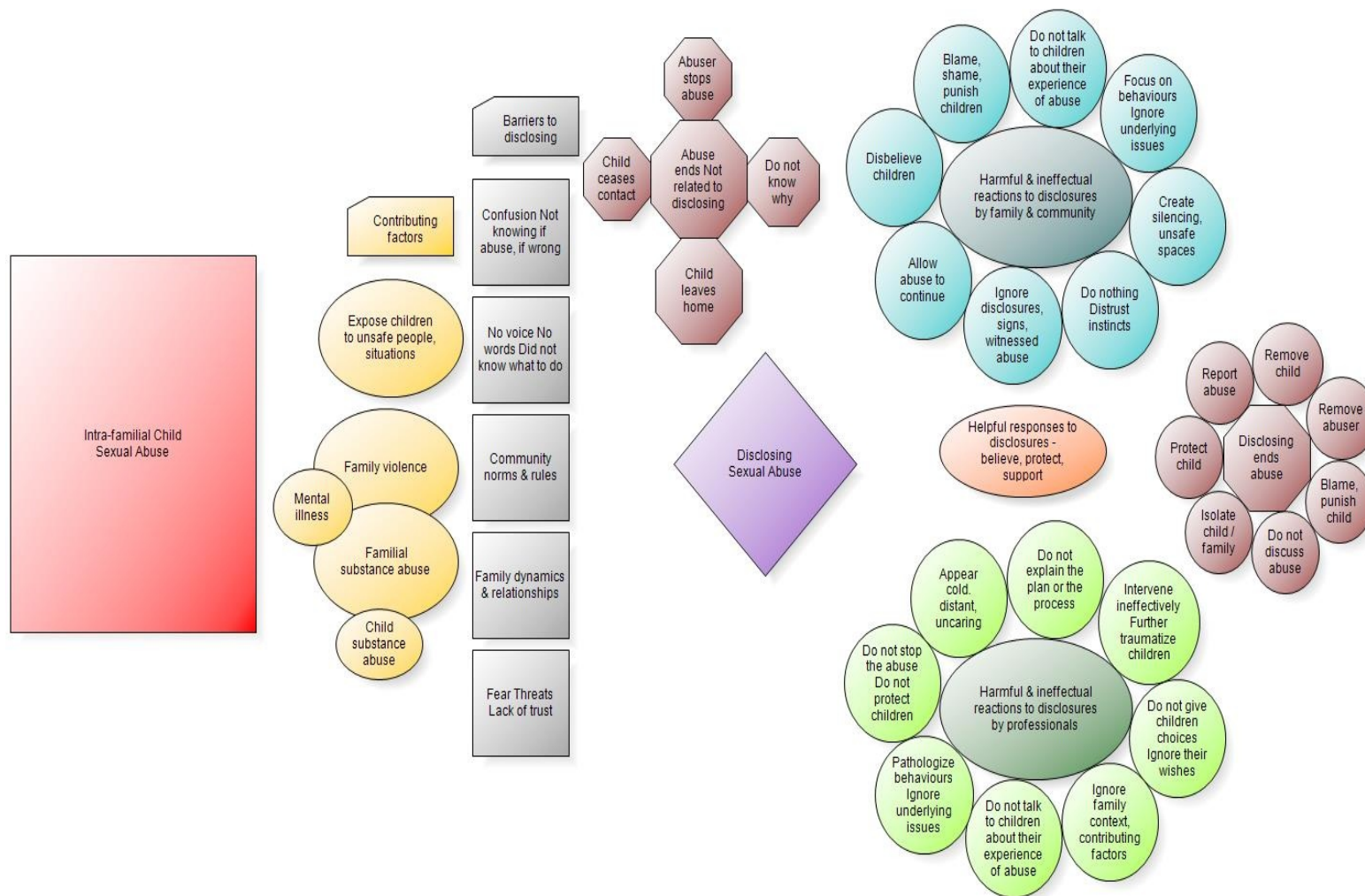


Figure 7.1 Factors Impacting Children's Experiences of Disclosing and Ending Intra-familial Sexual Abuse

communities. This model depicts the relationships and interactions between intra-familial child sexual abuse (red block), the contributing factors (yellow shapes), the barriers to disclosing (royal blue boxes), how abuse ends in the absence of disclosing (burgundy octagons), disclosing (purple diamond), helpful responses to disclosing (small orange oval), how abuse ends as a result of disclosing (burgundy octagon and circles), and harmful and ineffectual responses to disclosing by families and communities (teal circles) and by professionals (green circles).

7.2.1 **Contributing factors.**

As posited earlier, it is crucial to recognize that abusers are responsible for the abuse; not children or other family members. Nonetheless, as evidenced in the current research, the impact of exposure to known or suspected sexual offenders, familial substance abuse, mental illness, and family violence on intra-familial child sexual abuse and on disclosing and ending that abuse must be thoughtfully considered in any formulation of a model for outlining the experiences of children who have disclosed sexual abuse by family members.

In the current research, familial substance abuse, mental illness, and family violence left the participants more vulnerable to intra-familial child sexual abuse, and presented significant barriers to children purposefully disclosing the abuse and to adults responding appropriately and effectively to

any disclosures. Sexual abuse often occurred when the abusers were intoxicated, and intoxicated children were more vulnerable to both intra- and extra-familial sexual abuse. Parents who were intoxicated, mentally ill, or emotionally or physically abusive or abused were less available to supervise, protect, and support their children. With one exception, the mothers of participants who were trapped in violent relationships and unable to defend themselves from spousal abuse also were not able to protect their children from sexual abuse or adequately support them. Participants who lived in fear of emotional and physical abuse as children were more apt to comply with the sexual abuse and less inclined to disclose purposefully or directly. Further, as a result of the substance abuse, mental illness, and violence, they were isolated from their peers, other family members, and people in their community. This isolation limited the availability of trusting relationships and, therefore, opportunities for purposeful or direct disclosure.

The majority of participants in the current research were negatively impacted by family violence, mental illness, and/or familial substance abuse. Many of their families received services from a variety of professionals, including child protection and other social workers, addictions workers, counsellors, physicians, psychiatrists, and police officers. All reported that these services did not adequately address the intra-familial child sexual abuse, substance abuse, mental illness, family violence, or the assortment of

accompanying issues and challenges.

These findings are consistent with the extant research which suggests that children living with parental substance abuse, mental illness, and family violence, alone or in combination, are more likely to be sexually abused, less likely to be supported to disclose, and less likely to be believed when they do disclose (Alaggia, 2010; Alaggia & Kirshenbaum, 2005; Alaggia & Turton, 2005; Goodwin, 1981; Heriot, 1996; Hiebert-Murphy, 2001; Malloy & Lyon, 2006; Prilleltensky et al., 2001; Sirles & Lofberg, 1990). Further, a number of researchers report that disclosures are inhibited by children's fear for themselves and for other family members (Alaggia & Turton, 2005; Draucker & Martsolf, 2008; Goodman-Brown et al., 2003; Hunter, 2011; Jensen et al., 2005; Malloy et al., 2011; Roesler & Wind, 1994; Sauzier, 1989; Ullman, 2003), particularly in families experiencing emotional and physical abuse (Alaggia & Turton, 2005).

7.2.2 Barriers to disclosing intra-familial child sexual abuse.

The participants experienced a variety of barriers to disclosure, which, individually or in combination, acted to inhibit and limit both direct and indirect purposeful disclosures of intra-familial child sexual abuse. For the most part, the barriers encountered by the participants in the current research are echoed in the extant literature and are congruent with the categories of barriers suggested by Alaggia (2010) and Easton et al., (2013). Personal barriers

(Easton et al., 2013), those impacted by the child's individual characteristics (Alaggia, 2010), are confounded by interpersonal barriers (Easton et al., 2013), those impacted by family dynamics and neighbourhood/community factors (Alaggia, 2010), and added to by socio-political barriers (Easton et al., 2013), those occurring at a cultural/social level (Alaggia, 2010).

Participants were silenced when they possessed neither the words nor the power to express themselves, and when they did not know who or how to tell or what to do to escape the abuse. At times this confusion about what was happening and whether what was happening was wrong stemmed from participants' lack of knowledge about sexuality and abuse. Self-blame and feeling overwhelmed also were barriers to participants purposefully disclosing the sexual abuse.

Community norms and rules coupled with family dynamics and familial relationships also contributed to maintaining the silence. Fear, threats, and lack of trust interfered with participants purposefully disclosing the sexual abuse. For some, the sexual abuse became normalized and thus was not recognized as inappropriate. This was especially evident when participants endured the sexual abuse on a daily basis and/or the abuse was witnessed by third parties.

Socio-political factors and social and cultural beliefs form the foundation for personal and interpersonal barriers. All too often, from a very

young age, participants possessed the innate knowledge that they were not permitted to talk about the abuse and that, if they did, they would not be believed or supported.

For the most part, the barriers encountered by the participants in the current research are echoed in the extant literature. Children often do not possess the language, understanding of what is happening, or awareness that the abuse is wrong (Alaggia, 2010; Easton et al., 2013; Foster & Hagedorn, 2014; Schaeffer et al., 2011; Sjoberg & Lindblad, 2002b; Ungar, Barter, et al., 2009; Ungar, Tutty, et al., 2009). Guilt, shame, perceived responsibility, and self-blame further inhibit children from disclosing (Alaggia, 2005; Draucker & Martsolf, 2008; Easton et al., 2013; Foster & Hagedorn, 2014; Goodman-Brown et al., 2003; Hunter, 2011; McElvaney, et al., 2014; Palmer et al., 1999; Roesler & Wind, 1994). Disclosing is inhibited by fear of recriminations, as children maintain their silence in order to protect themselves, their abusers, and other family members (Alaggia & Turton, 2005; Draucker & Martsolf, 2008; Goodman-Brown et al., 2003; Hunter, 2011; Jensen et al., 2005; Malloy et al., 2011; Roesler & Wind, 1994; Sauzier, 1989; Ullman, 2003). Acceptance of myths about child sexual abuse also negatively impacts disclosing (Cormier & Goldsmith, 2010; Somer & Szwarcberg).

7.2.3 How abuse ends in the absence of disclosing.

The sexual abuse stopped in a variety of ways for the 16 participants

who identified 22 distinctive endings. For some participants, one event or action ended all of the intra-familial sexual abuse. Other participants described a number of distinct endings, each involving a different abuser. Four of the endings involved disclosing and three participants were unaware of why five episodes of abuse ended. Of the remaining 13 episodes of abuse, 10 were stopped by children and three by abusers.

Seven participants left home to end the sexual abuse by family members, most of whom experienced extra-familial sexual and physical abuse after they left. Three participants ceased contact with their abusers. The extant literature also indicates that intra-familial sexual abuse is stopped when children cease contact or leaving home (Barter et al., 2005; Butler, 1985; Crisma et al., 2004; Crosson-Tower, 2008; Gallagher & Dodds, 1985; Kufeldt & Nimmo, 1987; McConnell, 2011; Palmer et al., 1999). Congruent with the experience of the participants, fleeing from the abuse in their families, children often encounter homelessness, poverty, sexual exploitation, substance abuse, and violence (Butler, 1985; Kufeldt & Nimmo, 1987).

Three abusers stopped the abuse for reasons unrelated to the well-being of the children. Two abusers left their family homes to pursue new relationships and one ceased abusing his daughter when she entered puberty, shifting the abuse to her younger sisters. This is consistent with the extant literature, wherein, at times, abusers give up access to the child they are

abusing (Barter et al., 2005; Crisma et al., 2004; Crosson-Tower, 2008; Horton & Cruise, 2001; Johnson & Grant, 2007; Lipovsky, 1991; McConnell, 2011; Palmer et al., 1999) or lose sexual interest as children develop and mature, transferring their attention to younger children (Crosson-Tower, 2008; Johnson & Grant, 2007).

Three of the women did not indicate how the sexual abuse by five different family members stopped. In some instances, the abuse occurred only once and the participants did not know why it never occurred again. In other instances, the participants could not recall what stopped the abuse.

As discussed in *Section 7.2.7*, the fact that only four of 22 instances of abuse ended in association with disclosures and that only four of 50 disclosures impacted the abuse ending is particularly disturbing. However, it is not incongruent with the extant literature. A number of studies have indicated that disclosing does little to end intra-familial child sexual abuse (Arata, 1998; Barter et al., 2005; Hunter, 2011; Jonzon & Lindblad, 2004; McConnell, 2011; Palmer et al., 1999; Roesler & Wind, 1994).

7.2.4 Disclosing intra-familial child sexual abuse.

Despite the multitude of barriers experienced by the participants, each child disclosed experiences of being sexually abused by a family member. More than half of the participants disclosed directly and purposefully; all but three disclosed indirectly, either purposefully or accidentally. In total, the 16

children disclosed 50 times. Two of the participants disclosed only once; the remaining 14 disclosed multiple times, employing a variety of means. There were more indirect than direct disclosures and more were purposeful than accidental. More disclosures involved abuse revealed by children than detected by others.

Very few of the participants' disclosures (10%) were reported to the police or local child protection agencies. The extant research is consistent with these findings in that most disclosures of child sexual abuse are not reported to child protection or legal authorities (Malloy & Lyon, 2006; Priebe & Svedin, 2008; Russell, 1983; Somer & Szwarcberg, 2001; Ungar, Tutty, et al., 2009) and there is little or no professional intervention when children disclose (Arata, 1998; Palmer et al., 1999; Sauzier, 1989).

Faced with the barriers described above, on rare occasions, participants denied that they were being abused when asked indirectly about the abuse by non-offending parents who suspected or knew that something was amiss. Contributing to these false denials were reactive or accusatory questions, the absence of follow-up questions or conversations, strained relationships between the child and the non-offending parent, and the child's ambivalence about the sexual abuse. Adults knowing or suspecting that something is amiss, attempting to find out what is wrong (eliciting disclosures), and receiving false denials is consistent with Alaggia's (2004) discussion of the experiences of

victims who intentionally withhold disclosures and with the findings of Sjoberg and Lindblad (2002a) who report that children do not always tell when asked directly.

When indirect or direct disclosures were either ignored or lacked the desired outcome, the participants attempted to both cope with and communicate their distress through their behaviour. Beginning at a young age, several participants engaged in substance abuse, self-harm, petty property crimes, and running away. In response to these disclosures, their behaviours were ignored, minimized, misinterpreted, pathologized, or stigmatized, and/or they were admonished or punished. These findings are replicated in the extant literature wherein children's acting out behaviour is recognized as a coping strategy (Briere, 1992a; Butler, 1985) and as a form of disclosure (Alaggia, 2004; Collings et al., 2005; Mason & Kennedy, 2014).

A few of the participants as children or as young adults were willing to risk disclosing or intervening to protect other children in their immediate or extended families. They often were more effective in stopping the sexual abuse and protecting other children than in stopping their own abuse or protecting themselves.

Supported in part by the findings of Alaggia (2004) and Collings et al. (2005), the current research identifies witnessed abuse, detected signs, and adults suspecting or knowing about the abuse as discreet categories of

indirect, accidental disclosures that are detected by others, and behavioural disclosures as indirect, purposeful disclosures that are revealed by children. Employing a slightly different classification system, Alaggia (2004) describes purposeful disclosures as including direct verbal attempts, intentional behavioural attempts, and indirect verbal attempts. Behavioural manifestations include intentional behavioural non-verbal attempts and non-intentional, unconsciously-driven behaviours (effects or symptoms). Disclosure intentionally withheld involves intentional withholding, false denials, disclosure through third party accidental discovery, and disclosure only when prompted or elicited. Collings et al. (2005) distinguishes disclosures and detections as events or as processes. They define purposeful disclosures as a disclosure event; indirect disclosures as a disclosure process; eyewitness detection as a detection event; and accidental detection as a detection process.

In the current research, the conceptualizations of indirect, accidental disclosures differ from direct and indirect purposeful disclosures as they rely solely on third parties' perceptions and perspectives rather than the disclosures being initiated or undertaken by children. In other words, the disclosures are revealed by a child rather than detected by others. Thus, the distinction between signs detected and behavioural disclosures is based on the participants' perspectives that, as children, their intent was to deliberately disclose the abuse through behavioural or other cues versus third parties

accidentally detecting the signs of abuse.

7.2.5 Reactions of family and community members to disclosures.

As discussed above in relation to contributing factors and barriers to disclosure, the family and community contexts in which the participants grew up impacted their experiences of intra-familial child sexual abuse as well as their ability to disclose the abuse, communicate their pain, defend themselves, and end the abuse. In most instances, the intra-familial child sexual abuse when disclosed, suspected, detected, or witnessed was ignored or minimized; the participants' behaviour and coping strategies were pathologized; the abuse was neither acknowledged nor addressed; and no one intervened to stop the abuse or to protect or support the participants. In response to these reactions, many of the participants shut down, ceased attempting to disclose directly, and resorted to behavioural disclosures. They lost trust and hope, began abusing substances or engaging in other self-harming behaviours, ran away, and/or experienced additional abuse from outside their families.

Almost half of the disclosures in the current research were indirect and accidental, involving third parties witnessing the abuse, detecting signs of the abuse, or suspecting or knowing about the abuse. Those who disclosed only indirectly, either by disclosing behaviourally or by a third party witnessing the abuse, knowing about it, or detecting the signs, relied on others to respond in a manner that would encourage a direct disclosure or facilitate some type of

intervention. That occurred in only one instance, when an adult who detected the signs intervened by discussing it with the child's mother. The mother elicited a direct disclosure and put an end to the sexual abuse. The remainder of the indirect disclosures drew either no response or negative responses. Notably, none of the adults who witnessed the abuse stopped the abuse or effectively protected or supported the participants. At times, the participants did receive some degree of support or protection from their adolescent siblings who witnessed the abuse. At other times, there was no response from their siblings.

When participants did receive support upon disclosing, it was most often from their friends, some of whom keep the abuse secret out of loyalty or not knowing what to do. In contrast, one participant, who was already marginalized by her peer group, was bullied and further ostracized when she disclosed to friends. A small number of participants were supported and protected to some degree by siblings who witnessed the abuse or detected signs. Their brothers, more so than their sisters, tended to ignore the abuse and rarely spoke about it after the incident. Their adolescent siblings, like their peers, lacked the power or resources to intervene or stop the abuse.

The extant research supports these findings, in that responses to disclosures and disclosure attempts are often insensitive and ineffective (Alaggia, 2010). However, the current research paints a bleaker picture of how

families and communities react to disclosures. This may be because so many of the disclosures occurred before the family and community members became aware of the risks, signs, and impacts of child sexual abuse. Researchers suggest that when disclosing and reporting do occur, families and communities are called upon to indicate their receptivity to accepting responsibility for the safety and well-being of children, either by reacting or choosing not to react (Green, 2006; Shalhoub-Kevorkian, 1999). While the extant research also reveals a range of supportive and protective responses to disclosures, regrettably, many families and community members react to disclosures with denial, secrecy, shame, victim-blaming, and inaction (Alaggia, 2010; Barter et al., 2005; Draucker & Martsof, 2008; Hershkowitz et al., 2007; Hunter, 2011; Malloy & Lyon, 2006; Palmer et al., 1999; Roesler & Wind, 1994). When their disclosures fell on deaf ears, many kept the abuse secret and did not attempt to disclose again (Draucker & Martsof, 2008; Hershkowitz et al., 2007; Sorenson & Snow, 1991).

7.2.6 Reactions of professionals to disclosures.

In the current interviews, the reactions of professionals and their interventions were even more concerning than the reactions of families and communities to the participants' disclosures of intra-familial child sexual abuse. In order to contextualize the current research, it is important to recall that of the nine participants who interacted with child protection and other

social workers, addiction workers, counsellors, police officers, psychiatrists, medical personal, teachers, and religious leaders, five interactions occurred before professionals were aware of or trained to respond to child sexual abuse.

That said, on the whole, when the sexual abuse was revealed to these professionals, either through reporting by third parties or direct disclosures by the participants, they failed to intervene to protect or support participants or to end the abuse. The needs and wishes of the participants as children frequently were ignored, and they were not fully informed about the plan for or process of the reporting or intervention. In one instance, the participant was held responsible by a professional for further reporting, despite professional, ethical, and legal mandates to report child abuse. When participants were removed from their homes as part of the professional intervention, they felt punished, confused, and angry, as it was the abuser, not them, who had done something wrong. The participants' interactions with professionals frequently replicated the trauma, powerlessness, and betrayal of being abused.

A number of researchers agree with the findings of the current research in revealing a discouraging pattern of the experiences of children who are involved with professionals. Very few disclosures of child sexual abuse are reported to child protection or legal authorities (Malloy & Lyon, 2006; Priebe & Svedin, 2008; Russell, 1983; Somer & Szwarcberg, 2001; Ungar, Tutty, et al., 2009). Professional responses are ineffective (Alaggia, 2010; Berliner & Conte,

1995; Plummer & Eastin, 2007; Sauzier, 1989) and children who are old enough to participate in the process are rarely offered a voice or a choice in any intervention (Berliner & Conte, 1995; Dominelli, 1986, 2002; Sauzier, 1989; Ungar, Tutty, et al., 2009). At times, children and their families are harmed more by unsupportive and blaming child protection systems than by the abuse itself (Berliner & Conte, 1995; Plummer & Eastin, 2007; Sauzier, 1989).

7.2.7 Impact of disclosing on ending the abuse.

In the current research, more often than not, intra-familial child sexual abuse ended as a result of the actions of the children who were being abused rather than the actions of adults. A number left home or ceased contact with their abusers. While some left home after highschool or as adults, others left prematurely as adolescents. In either case, once they left home, over half were abused by people from outside their families. On rare occasions, the abusers ended the abuse, based either on their preferences for victims of a particular age or changes they made in their relationships and living arrangements. However, these endings were not related to the needs of the participants nor did they involve the abusers acknowledging that their behaviour was inappropriate. Frequently, they continued to sexually abuse other children.

In the current research, disclosing was a factor in stopping the abuse in only four of the 22 distinct endings described by the participants. Only four of the 50 disclosures resulted in the abuse ending. None of the adults who

witnessed the abuse, and only one who detected signs, intervened to stop the abuse.

The extant literature presents mixed conclusions on the effectiveness of disclosing in ending intra-familial child sexual abuse. Several researchers found that disclosing does little or nothing to end the abuse (Arata, 1998; Barter et al, 2005; Hunter, 2011; Jonzon & Lindblad, 2004;. McConnell, 2011; Palmer et al., 1999; Roesler & Wind; 1994). Others posit that some abuse does end after disclosing (Barter et al., 2005; Butler, 1985; Crisma et al., 2004; Jonzon & Lindblad, 2004; Kellogg, 2002; McConnell, 2011; Plummer & Eastin, 2007; Roesler & Wind, 1994).

7.3 Optimal Conditions for Disclosing and Ending Intra-familial Child Sexual Abuse

The traditions of social work, feminism, and constructivist grounded theory foresee individual and social change as an outcome of research. As such, the current research bears witness to participants' individual subjective experiences and aspires to transform what is learned into individual and social change through social action (Charmaz, 2006; Mason, 1997; Muzychka et al., 2004; Witkin, 2012). Supported by the belief that the data as well as the researcher's and participants' understandings are enhanced by imagining what could have been or might be different (Finn & Jacobson, 2003, 2008), the current research considers the changes necessary to manifest optimal

conditions for disclosing and ending intra-familial child sexual abuse, and for facilitating appropriate and effective responses to disclosures.

People become empowered to change when they understand their lives in the context of their world, and when they recognize previously unseen and unimagined choices in believing, thinking, acting, and living (Finn & Jacobson, 2003, 2008; Freire, 1993). By encouraging both private and public discourse about intra-familial child sexual abuse, disclosing, responses to disclosing, and ending abuse, the current research supports personal reflection blended with individual and community action.

Outlined in Figure 7.2 is a model envisioning optimal conditions for disclosing and ending intra-familial child sexual abuse and for encouraging appropriate and effective responses to disclosures. This model reflects what the participants recommended that individuals, families, communities, and society can change in order to develop and foster healthy families and communities. Doing so holds the potential to radically decrease intra-familial child sexual and other types of abuse and to encourage disclosures of abuse. Families, communities, and professionals can undertake a variety of changes (outlined in Figure 7.2) to respond more effectively to believe, support, and protect children.

This model and implicit recommendations emerge from and are congruent with the participants' experiences and attributed meanings.

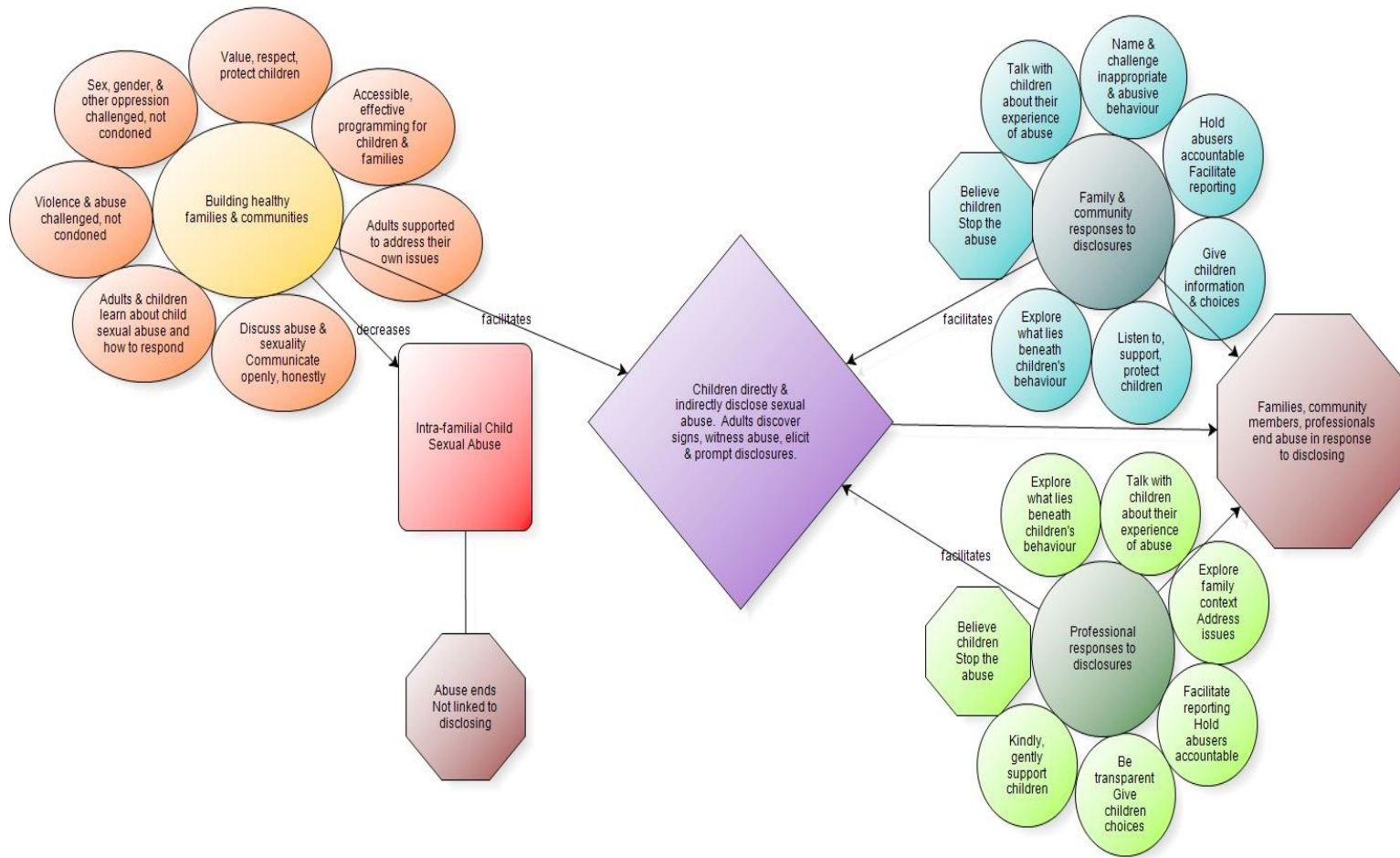


Figure 7.2. Facilitating and Optimal Conditions for Disclosing and Ending Intra-familial Child Sexual Abuse

Directed at families, community members, professionals, policy-makers, and academics, this model and implicit recommendations possess the capacity to transform practices and social processes, and are intended to contribute to a better world (Charmaz, 2006; Walker & Myrick, 2006; Wuest, 1995).

Given that the barriers to disclosure and factors impacting people's reactions to disclosures, including ending abuse, occur on multiple levels, it is logical that interventions need to occur on individual, community, and macro levels (Alaggia, 2010; McElvaney et al., 2012). Consistent with the time frame of the current research, the extant research from which these recommendations are drawn include the 1980s through the 2010s, reflecting the changes and lack thereof over time.

Most of these recommendations are neither new nor earth-shattering. In fact, they may be described as "common sensical." Yet the fact that these recommendations are consistently repeated over the 50 year span of the participants' experiences speaks to a need to "go back to basics" and attend to these foundational changes.

7.3.1 Building healthy families and communities.

Families and communities need to assume primary responsibility for the health, safety, and well-being of all children, and of all community members. This requires that children are valued, respected, and protected in their daily lives, in professional practice, and in agency and social policies.

Violence and abuse can no longer be supported or condoned; nor can any form of oppression, including sex and gender bias. It is essential that inappropriate and abusive attitudes, behaviours, and policies be named, challenged, and changed.

Effective services and programming must be made available and accessible to all children and families, recognizing that adults need to work through their own issues in order to better facilitate and respond to disclosures of intra-familial child sexual abuse. Adults and children need to learn about and talk openly and honestly about sexuality, relationships, intra-familial child sexual and other forms of abuse, what to watch for, how to respond appropriately and effectively, and how to stop the abuse. In doing so, families and communities need to acknowledge that sexual abuse can happen to any child, in any family, and that anyone can abuse children.

7.3.2 Encouraging and facilitating disclosures.

Disclosing transforms intra-familial child sexual abuse from invisible to visible, from private and confidential to public and known. Yet children are unlikely to disclose unless they feel protected and supported. They need to know that their families and communities encourage and support open and honest conversations, particularly about sensitive subjects.

Children have been repeatedly told to “tell when someone hurts you. Keep telling until someone believes you.” While this is an important message,

it is not adequate. It is not fair to put pressure on children to risk saying what most adults do not want to hear. Alternatively, families, community members, and professionals need to assume responsibility for recognizing and dismantling the barriers that deter children from disclosing. In doing so, they need to accept responsibility for creating safe and trusting environments where children are encouraged to talk openly and honestly about their thoughts, feelings, and experiences. This calls for adults to initiate conversations and educate children about sexuality, relationships, sexual and other forms of abuse, and other sensitive topics. Families, community members, and professionals need to build open and trusting relationships with children, follow their instincts when something seems amiss, and keep asking indirect and direct questions until children feel safe enough to speak their truth. As one participant reminds us, “one question, one conversation is not enough.”

7.3.3 Families and communities responding appropriately and effectively to disclosures.

Disclosures of intra-familial child sexual abuse can no longer be ignored, minimized, or misinterpreted. Children can no longer be disbelieved, blamed, shamed, pathologized, or punished for their behaviour, for the abuse, or for disclosing. Rather, children need to be treated gently and respectfully. Families, community members, and professionals need to be open to,

encouraging of, prepared for, and able to hear and respond appropriately to disclosures. Children must be believed and told that the abuse is not their fault. The abuse must be acknowledged, treated seriously, and stopped. Further, it is essential to name, challenge, and change inappropriate and abusive attitudes and behaviours, and to hold abusers accountable.

Emerging from the data is the need for families, community members, and professionals to explore what lies beneath children's behaviour and to ensure that children get the support they need. It is essential that they are alerted to children's use of alcohol and drugs, particularly when it involves consumption to the point of intoxication. Adults need to engage in open, direct, supportive conversations with children about their experiences growing up in their families and about their coping strategies. It is essential that children be informed by the parties reporting the abuse or referring them to professionals of the plans for and process of reporting and interventions. Children need to have their wishes heard and considered; they need to have choices. Where and when appropriate, and in consultation with children, abuse needs to be reported. However, reporting is not enough. Children, families, and abusers require support, healing interventions, and opportunities to talk about their experiences.

7.3.4 Ending intra-familial child sexual abuse.

In the end, families, community members, and professionals need to

ensure that all disclosures lead to stopping the abuse. It is neither reasonable nor fair to expect children to end the abuse. Rather, it is essential that adults actively assume responsibility for protecting and supporting children, and for stopping intra-familial child sexual abuse. When children are not safe or supported in their immediate families, other family and community members, including professionals, must make themselves available to believe, support, and protect them.

Families and community members must ensure that known or suspected sex offenders are not permitted access to any children. Contact should be denied, regardless of the abusers' age, gender, or relationship to or with the children, or of the children's age, gender, perceived ability to protect themselves, or desire to spend time with that person. That said, the data reveals that protecting children from known or suspected sex offenders, in and of itself, is not adequate. Thus it is crucial that all adults are cognizant of children's reactions to people and respect children's reservations about spending time with or engaging in activities related to those people.

7.3.5 Educating children, families, and communities about child sexual abuse.

Many of the concerns and recommendations addressed by the participants and the extent literature are focused on increasing individual, professional, and community awareness of child sexual abuse; knowing how

to recognize abuse; facilitating and responding appropriately to disclosures; believing, supporting, and protecting children; and ending child sexual abuse. Prevention education is one path to achieving those goals. While neither adequate nor sufficient to ensure all of the essential changes, prevention education is a valuable tool for addressing many of the concerns presented by the participants.

“School-based sexual abuse prevention programs have become the mainstay in efforts to educate children about dynamics of such abuse and strategies to potentially interrupt or stop the abuse from occurring” (Tutty, 2014, p.18). Given that most students prior to attending prevention education programming had no information about child sexual abuse, had not received the information they needed from their parents or others, and were surprised that someone they knew or in their family could sexually abuse them (Tutty, 2014), it is crucial that children continue to participate in prevention education programs (Somer & Szwarcberg, 2001; Tutty, 2014). The importance of participation is further evidenced by the findings that more children who participate in school-based prevention programs disclose child sexual abuse than non-participants (MacIntyre & Carr, 1999, cited in Fieldman & Crespi, 2002) and that children who participate in those programs are more likely to disclose purposefully (Fieldman & Crespi, 2002).

Over the years, a number of researchers have recommended that all

adults involved in the lives of children, including parents and future parents, participate in child sexual abuse prevention education (Budin & Johnson, 1989; Conte, Wolf, and Smith, 1989; Lawson & Chaffin, 1992; Paine & Hansen, 2002; Palmer et al., 1999; Staller & Nelson-Gardell, 2005; Ullman, 2007; Ungar, Barter, et al., 2009; Walker-Descartes, Sealy, Laraque, & Rojas, 2011). Early on, Conte et al. (1989) asserted that the prevention of child sexual abuse is very complex and that, on its own, teaching children to “just say no” is not enough. In 2002, Paine & Hansen advocated for adult involvement in prevention education. “It is not enough to educate children to recognize the behaviours that constitute sexual abuse and instruct them to tell.... Parents, individuals working with children, and the public in general must be educated” (p. 291). The same year, Fieldman and Crespi asserted that “involving parents in the school-based sexual abuse prevention program may actually reduce the prevalence of sexual abuse given that many of the necessary conditions for abuse are related to family characteristics” (2002, p. 157).

In response to these recommendations, Tutty (2014) advanced that “schools are but one venue to prevent the sexual abuse of children. Public awareness programs and parenting programs are also essential, but they complement rather than replace teaching children” (p. 32). Lamb and Edgar-Smith (1994) presented a similar argument from the opposite perspective. “Prevention programs with goals to encourage children to tell should not ever

take the place of or exist without corresponding programs that teach probable recipients how to see the clues of possible sexual abuse and also how to respond supportively to disclosures” (p. 324). On a similar note, Staller and Nelson-Gardell (2005) assert that the burden for disclosing must be deflected from children onto the adults who are responsible for protecting them. Doing so necessitates the participation of parents and community members in prevention education programs.

The challenge lies in recruiting parents and other adults to participate in these programs (Tutty, 1991, 2014). It is evident that new recruitment strategies must be developed to entice adults to participate in prevention education. Perhaps, just as prevention education is offered in schools, where children spend most of their waking hours and are a captive audience, prevention education for adults should be offered in workplaces, where the same conditions exist.

Be that as it may, sexual abuse prevention education programs for parents and community members are foundational to changing adults’ responses to child sexual abuse and disclosures (Alaggia, 2010; Fieldman & Crespi, 2002; Foster & Hagedorn, 2014; Lamb & Edgar-Smith, 1994; Paine & Hansen, 2002; Tutty, 2014; Ungar, Tutty, et al., 2009.). Prevention education needs to raise awareness of how to ask questions, facilitate disclosing, and respond appropriately and effectively to disclosures (Alaggia, 2010; Martin &

Silverstone, 2013; McElvaney et al., 2014). These programs also need to provide opportunities for parents to strengthen child/parent relationships (Schonbucher et al., 2012) and to navigate discussions around child sexual abuse with their children (Foster & Hagedorn, 2014). Two studies conducted in the 1990s suggested that prevention education programs teach adults to pick up on behavioural cues and respond appropriately to disclosures (Lamb & Edgar-Smith, 1995; Nagel et al., 1997). A decade later, echoing the same conclusion, Collings et al. (2005) recommend that prevention programming more actively engage the community in detecting and responding to child sexual abuse. In order to be effective, these programs must take into account and be relevant to the developmental levels and cultural backgrounds of the children participating (Tutty, 1995).

To encourage and support disclosures, adults need to learn that children need privacy and the opportunity to talk, a perceived openness to discuss difficult and sensitive subjects, prompting to disclose by discussing child sexual abuse and related topics, and to be asked directly about the sexual abuse, at an appropriate time (Flam & Haugstvedt, 2013; Jensen et al., 2005; Nagel et al., 1997). Recognizing that their responses to disclosures are integral to the well-being of sexually abused children, adults need education to shift their attitudes (Bagley & King, 1990; Lawson & Chaffin, 1992) and learn how to support and validate children when they disclose sexual abuse (Roesler &

Wind, 1994; Staller & Nelson-Gardell, 2005; Ullman, 2007; Ungar, Barter, et al., 2009). In doing so, prevention education programs need to provide opportunities for adults to learn from the disclosure experiences of survivors of child sexual abuse (Palmer et al., 1999).

Prevention education is crucial, but it is only a first step. Families, especially mothers, also need support in order to believe, empathize with, emotionally support, and protect children who have been sexually abused (Alaggia, 2002; Everson et al., 1989; Holt, Cohen, Mamarino, & Jensen, 2014; Plummer & Eastin, 2007). This is especially true for women in abusive relationships (Alaggia, 2002; Alaggia & Turton, 2005; Hiebert-Murphy, 2001; Kellogg, 2002; Malloy & Lyon, 2006; Plummer & Eastin, 2007).

In order for real and lasting changes to take root, prevention and intervention need to occur at individual, family, community, and broader social levels (Alaggia, 2010; Bagley & King, 1990; Collings et al., 2005; Roesler & Wind, 1994). Alaggia (2010) concludes that primary prevention education focusing on awareness and parenting programs are important but not sufficient to turn the tide. She advances the need for secondary prevention programs to challenge the media and other relevant structures to change social messages about child sexual abuse and disclosure.

Child sexual abuse will continue as long as we simply focus on individual children, one at a time, applying crisis measures when abuse

is revealed. It is also important, but not enough, that children and families and offenders are healed after sexual abuse happens. A more general healing of society is required to change attitudes which promote and condone sexually abusive behaviours (Bagley & King, 1990, p. 203).

7.3.6 Responding to sexually abused children and their families:

Implications for professional practice and education.

Just as parents and communities need to learn more about child sexual abuse, disclosure patterns, responding in a helpful way to disclosures, and ending abuse, all professionals working with children need to learn about child sexual abuse and the many ways of disclosing in order to ensure prevention, early detection, and sensitive responses (Alaggia, 2004; Alaggia & Kershenbaum, 2005; London et al., 2005; Palmer et al., 1999; Priebe & Svedin, 2008; Roesler & Wind, 1994). First and foremost, professionals must become aware of their reactions to child sexual abuse then to enhance their skills in resolving or bracketing any negative reactions (Everill & Waller, 1995). Given that “disclosure is multi-determined, influenced by a complex range of factors that may influence each child in a different way” (McElcaney, 2013, n.p.), professionals need to learn to trust their knowledge, instincts, practice wisdom, and common sense when working with children. This can be achieved in part by learning from the disclosure experiences of survivors of

child sexual abuse (Palmer et al., 1999).

This learning will assist professionals in being more open, caring, compassionate, and respectful when working with sexually abused children and their families. Building on that foundation of caring, professionals need to build safe, respectful relationships with children and create safe spaces for them to talk about their experiences. Rather than relying entirely on children to disclose, professionals must assume responsibility for asking questions, soliciting information, and eliciting disclosures. They need to create opportunities to tell by noticing children's distress and asking questions that are both general and more specific to child sexual abuse (Collings et al, 2005; Jensen et al., 2005; Martin & Silverstone, 2013; McElvaney, 2006; McElvaney et al., 2012, 2014).

Professionals and their agencies must be accountable to children, families, and communities, appropriately sharing information, intervention planning, and decision-making with those impacted. As such, they need to provide clear, relevant, and age appropriate information to children. Processes and interventions need to be clearly explained and discussed with children. Furthermore, it is essential to include the views and wishes of children in any plans or interventions.

Rather than pathologizing children's behaviour, it is essential to explore what lies beneath, compassionately and patiently delving into what children

are reacting to in their lives. In doing so, professionals need to be alert to children's alcohol and drug use, self-harming behaviours, and other coping strategies. Alaggia and Kirshenbaum (2005) echo this need for professionals to develop skills in discerning what lies beneath children's behaviour and recognizing when sexual abuse is an underlying issue.

Further, professionals need to consider all aspects of children's and families' lives and relational dynamics. They need to be cognizant that intra-familial child sexual abuse may be occurring in the families with whom they are engaged around other issues, in particular family violence, mental illness, and substance abuse. As such, it is recommended that all professionals learn about the signs of family violence and child sexual abuse then develop their skills in addressing parental violence when working families where there is sexual abuse (Alaggia & Turton, 2005; Hiebert-Murphy, 2001). That, however, is not enough. Professionals must respond to all of the issues and challenges present in families, and not just focus on the presenting problems. The data suggests that this will necessitate working inter-professionally and ensuring that a variety of services are coordinated.

Professionals need to hold parents and other family members accountable for the care, safety, and well-being of children. When families cannot provide for the many needs of their children, resources need to be negotiated with the family and supported by the child protection system. At

the same time, it is important to offer more accessible, effective treatment programs for abusers.

Given that developmental differences appear to influence the detection and disclosure of child sexual abuse, social workers and other professionals need to be adequately educated in child development and its impact on child sexual abuse and disclosing (Campis et al., 1993; Kogan, 2004). Recognizing the impact of culture and religion on families, professionals need to develop awareness of and respect for differences in culture, ethnicity, and religion (Alaggia, 2001; Elliott & Briere, 1994; Fontes & Plummer, 2010; Shalhoub-Kevorkian, 1999).

While there remains much to be done to enact the changes described in the preceding sections, the women who participated in the current research expressed hope for the future. In doing so, they discussed their commitment to making changes in their own lives and in the world around them.

7.4 Member checking: The impact of telling their stories.

In December 2013, a preliminary version of the two results chapters containing a composite of the data free from any identifying information was individually emailed to each participant. Eleven women emailed feedback, which was then integrated into the results and discussion chapters. The participants were particularly helpful in clarifying and correcting details of their narratives, and in providing more general feedback about those chapters.

Several also provided updates on their lives and the changes made since their interviews.

Having discussed the changes they desired in families and communities during their initial interviews, a number of women used the opportunity presented by the member check to report the impact of being interviewed and the changes they had made in their lives, perspectives, and sense of self. Many of the participants felt empowered by the research process, in particular by their interview and by reading the chapters. Three were motivated to engage in personal and social change.

Matilda's anger at reading the women's collective experiences fired her into action. "Reading all of our stories absolutely infuriates me. Do you have any recommendations of how to get involved with advocacy work? I'm so infuriated right now that I'd like to channel that energy into doing something to help."

Emily described how she had found her voice and come into her own power. "I read every word and experienced a lot of thoughts and feelings. You would not believe how vocal I have become. It feels so good to speak up and say what I think and feel and know!!!"

Sarah described how, in part, the interview led her to write a letter to her sister, in which she spoke her truth and outlined her boundaries.

I now feel a sense of control that has been absent for too many years.

My ability to draw boundaries now extends to other areas of my life. I daresay that I feel empowered. Part of this feeling is owed to the opportunity you gave me.

Marie reported that she felt a kinship with the other women after reading the chapters. “It was emotional for me to read the other women’s stories, yet it gave me that connection of knowing I’m not the only one.”

Sadly, one woman had faced many challenges over the subsequent 18 months. Tango was hospitalized five months after her initial interview.

Since the interview, my anxiety and depression got the best of me and I ended up in the psychiatric ward for the first time in my life. In 2012 on Thanksgiving Monday I chose to go in as I was very sick. [I] couldn’t eat or sleep and I had to withdraw off of [the] benzo[diazepam] that I had been on for 10 years. I am slowly rebuilding, once again.

7.5 **Lessons Learned**

Interviewing the women and analyzing their narratives has been a critically reflexive process. Writing memos and consulting with my committee members has helped me to make sense of and track the challenges I encountered and the lessons I learned. My first significant insight involved recognizing how I was impacted by listening to experiences of child sexual abuse perpetrated primarily by men; the second involved placing responsibility where it belonged. Both placed me at risk of perceiving child

sexual abuse too narrowly and losing track of the bigger picture.

Part way through the interviews, I became quite excited to realize that I had discovered the solution to keeping children safe from intra-familial child sexual abuse! Despite the fact that three of the women had been sexually abused by their mothers, I began thinking that keeping children away from men, or at least not allowing men access to children without appropriate supervision, would eliminate most intra-familial child sexual abuse. While a powerfully simplistic solution to ending child sexual abuse, I realized that it was neither realistic nor effective. In fact, my solution was inherently sex/gender biased, as I had regarded all men as actual or potential sexual abusers. By reminding myself of the supportive and loving men in my niece's life, and how empty her life would be without them, I was able to reassure myself that absenting men from children's lives also would eliminate all the positive aspects of their relationships with children. I then was able to realign my thinking and open myself to alternative solutions.

About the same time, I also began judging non-offending parents and other family members for not protecting children and for, at times, positioning children to be sexually abused. As a feminist, and based on my experience in working with survivors and abusers combined with my education and extensive reading, I knew better. Yet I slipped into the trap of removing responsibility from abusers and attributing it to non-offending parents and

other adults. Upon realizing what I was thinking, I shifted the focus and responsibility back onto abusers.

Realizing how effortlessly I fell prey to these blaming and limiting judgements increased my awareness and empathy for survivors, families, and community members who adhere to or are influenced by these and other narrow ways of understanding intra-familial child sexual abuse.

7.6 Unique Contributions of the Current Research

The current research makes a number of notable contributions to the fields of social work and child sexual abuse. Of particular significance are the further detailing of the process of disclosing, the provision of insight into what facilitates disclosures, and the expansion of earlier formulations of barriers to disclosure. As there is very little extant literature exploring how abuse ends, the findings and discussion around the ending of abuse, in addition to the recognition of the onus placed on children to both disclose and to end the abuse, is noteworthy. The examination of the variance in the participants' experiences of intra-familial child sexual abuse, disclosing, and reporting across the three eras of child abuse awareness, Collective Amnesia and Suppression, Rediscovery, and Suppression, is unique to the current research. *The Model of Factors Impacting Children's Experiences of Disclosing and Ending Intra-familial Sexual Abuse* and *The Model for Envisioning Optimal Conditions for Disclosing and Ending Intra-familial Child Sexual Abuse* are both original

contributions to the field of child sexual abuse.

7.7 Suggestions for Future Research

Hearing the perspectives of women who were sexually abused and who disclosed as children over the past 50 years has been a humbling, touching, and invaluable learning experience. Each of the 16 participants shared very private parts of themselves with courage, passion, insight, and integrity. Given the limitations of retrospective studies and the changes that have occurred socially over the past half century, our understanding could be broadened by interviewing children who have recently disclosed intra-familial child sexual abuse and comparing their experiences. It also may prove beneficial to interview family members, community members, professionals, and abusers to gain an understanding of their perspectives on, experiences of, and understandings of intra-familial child sexual abuse, disclosing, responses to disclosures, and how the abuse ends.

Given the number of participants who grew up in families experiencing intra-familial child sexual abuse concurrently with familial substance abuse, mental illness, and family violence, it is essential to build on the extant research and further investigate the interactions between these experiences. It also is essential to gain a more fulsome understanding of how professionals and supportive others can intervene effectively in families facing multiple challenges, while focusing on keeping children safe and healthy, encouraging

parents to engage in their own healing, and preventing and ending all types of abuse.

7.8 Conclusion

The two models (Figure 7.1 and 7.2) constructed from the data and exemplifying the current and optimal conditions for facilitating and responding to disclosures of and ending intra-familial child sexual abuse indicate the necessity of and directions for change. However, this call for change also challenges the reader to consider whether the incremental changes proposed by the participants and reinforced by the extant literature are adequate and sufficient to end the sexual abuse of children within their families and beyond. Those who comprehend the need for such change cannot abide the ongoing sexual abuse of children while working toward revolutionary changes in family, community, cultural, political, legal, economic, and social realms. Just as incremental change is neither adequate nor sufficient to end child sexual abuse, the children who are hurt on a daily basis in their families and communities cannot continue to endure the abuse while we individually and collectively work toward revolutionary change.

Accordingly, children need to be believed, supported, and protected when they disclose sexual abuse. Doing so requires adults acknowledging that horrible things can happen to any child and that any family member may be capable of committing atrocities. Facilitating disclosures by creating

opportunities, purpose, and connection can contribute to ending child sexual abuse. For this to happen families, communities, and professionals must work together to radically shift their attitudes about sexual abuse and their responses to children, sexual abuse, and disclosures. As adults, we are responsible for ensuring that children are valued, loved, respected, believe, supported, and protected. It is essential that families, community members, and professionals listen carefully to the voices of children, share information with them, and respect and honour their choices. Children's rights must be protected and their emotional, mental, physical, sexual, and spiritual safety and well-being placed above all else. Violence and abuse can no longer be tolerated nor condoned. It is not acceptable to hurt, abuse, or oppress anyone, especially children. To manifest these changes, each of us needs to assume responsibility for own growth, healing, and well-being. We need to work together to advocate for and implement changes in our families, communities, and broader society. As Margaret Mead reminds us, "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

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doi:10.1177/104973239500500109.

Appendices

Appendix A

Ethical Approval



**Interdisciplinary Committee on
Ethics in Human Research (ICEHR)**

Office of Research - IIC2010C
St. John's, NL, Canada A1C 5S7
Tel: 709 864-2561 Fax: 709 864-4612
www.mun.ca/research

ICEHR Number:	20130100-SW
Approval Period:	June 8, 2012 – June 30, 2013
Funding Source:	
Responsible Faculty:	Dr. Ken Barter School of Social Work
Title of Project:	<i>What happens after children tell? Conversations with women who as children disclosed intra-familial sexual abuse</i>

June 8, 2012

Ms. Sheri McConnell
School of Social Work
Memorial University of Newfoundland

Dear Ms. McConnell:

Thank you for your email correspondence of May 22 and June 5, 2012 addressing the issues raised by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) concerning the above-named research project.

The ICEHR has re-examined the proposal with the justifications and revisions submitted and is appreciative of the thoroughness and clarity with which you have responded to the concerns raised by the Committee. In accordance with the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS2)*, the project has been granted *full ethics clearance* to June 30, 2013.

If you intend to make changes during the course of the project which may give rise to ethical concerns, please forward a description of these changes to Theresa Heath at icehr@mun.ca for the Committee's consideration.

The TCPS2 requires that you submit an annual status report on your project to the ICEHR, should the research carry on beyond June 30, 2013. Also to comply with the TCPS2, please notify us upon completion of your project.

We wish you success with your research.

Yours sincerely,

Michael Shute, Th.D.
Chair, Interdisciplinary Committee on
Ethics in Human Research

MS/th

copy: Supervisor – Dr. Ken Barter, School of Social Work



**UNIVERSITY OF
SASKATCHEWAN**

Behavioural Research Ethics Board (Beh-REB)

Certificate of Approval

PRINCIPAL INVESTIGATOR
Ken Barter

DEPARTMENT
Off-campus

BEH#
12-178

INSTITUTION(S) WHERE RESEARCH WILL BE CONDUCTED
Saskatoon Health Region

STUDENT RESEARCHER(S)
Sheri McConnell

FUNDER(S)
INTERNALLY FUNDED

TITLE
What Happens After Children Tell? Conversations with Women Who as Children Disclosed Intra-familial Sexual Abuse

ORIGINAL REVIEW DATE 18-Jun-2012	APPROVAL ON 18-Jun-2012	APPROVAL OF: Application for Ethics Review: Memorial University Consent Form Letter of Invitation Recruitment Poster Confidentiality Agreement with Transcribers Semi Structured Interview Guide Acknowledgement of: Letter of Full Ethics Clearance: Memorial University	EXPIRY DATE 17-Jun-2013
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Full Board Meeting

Delegated Review

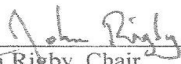
CERTIFICATION

The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS

In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions: http://www.usask.ca/research/ethics_review/


John Rigby, Chair
University of Saskatchewan
Behavioural Research Ethics Board

Please send all correspondence to:

Research Ethics Office
University of Saskatchewan
Box 5000 RPO University, 1602-110 Gymnasium Place
Saskatoon SK S7N 4J8
Telephone: (306) 966-2975 Fax: (306) 966-2069



**UNIVERSITY OF
SASKATCHEWAN**

**Associate Vice-President Research – Health
(University of Saskatchewan)
Vice-President Research and Innovation
(Saskatoon Health Region)**
Room 247-111 Research Drive
Atrium Building, Innovation Place
Saskatoon, SK S7N 3R2
Phone: (306) 966-8745

DATE: June 19, 2012

TO: Sheri McConnell
School of Social Work
Memorial University

FROM: Martha E. (Beth) Horsburgh
Associate Vice-President Research – Health (University of Saskatchewan)/
Vice-President Research & Innovation (Saskatoon Health Region)

RE: **RESEARCH ETHICS BOARD (REB) #: BEH-12-178**
**PROJECT NAME: What Happens After Children Tell? Conversations with Women
who as Children Disclosed Intra-Familial Sexual Abuse**
PROTOCOL #: N/A

Saskatoon Health Region is pleased to provide you with operational approval of the above-mentioned research project.

Kindly inform us when the data collection phase of the research project is completed. We would also appreciate receiving a copy of any publications related to this research. As well, any publications or presentations that result from this research should include a statement acknowledging the assistance of Saskatoon Health Region.

We wish you every success with your project. If you have any questions, please feel welcome to contact Shawna Weeks at 655-1442 or email shawna.weeks@saskatoonhealthregion.ca

Yours truly,

Martha E. (Beth) Horsburgh, RN, Ph.D
Associate Vice-President Research – Health (University of Saskatchewan)/
Vice-President Research & Innovation (Saskatoon Health Region)

cc: Tracy Muggli, Director, Mental Health & Addictions Services

Catalyzing Health Research and Innovation
Together

Appendix B

Advertisement for Participants



Wanted: Women Interested in Talking about their Experiences
What happens after children tell? Conversations with women who as children disclosed intra-familial sexual abuse.

As part of my PhD studies in Social Work at Memorial University of Newfoundland, I am interviewing women who were sexually abused by one or more immediate family members—and who, before age 18, disclosed the abuse. I would like to hear about how you disclosed, what happened after you disclosed, and how the abuse ended.

Participation is anonymous, confidential, and voluntary. There are no right or wrong answers. The first interviews (1-2 hours) will take place in person in Saskatoon in June and July 2012. Follow-up interviews (30-45 minutes) will happen in person in Saskatoon or by phone in August or September 2012.

Disclosing includes:

- telling someone about the abuse
- someone discovering or finding out about the abuse
- hinting or “acting out” so that someone figured out that you were abused
- telling someone when they asked you if you were abused
- somehow letting someone know that you were abused.

If you are a woman (19+ years old) who:

- was sexually abused (before age 18) by one or more immediate family members
- before age 18 disclosed the abuse to at least one person
- is willing and able to discuss your experiences
- has access to support for any issues that arise before, during, or after the interviews.

I would like to interview you about:

- general information about yourself, the abuse, the abuser, your family
- who, where, when, and how the abuse was disclosed
- what happened after you disclosed--what was helpful or not helpful
- any help or support you received
- how the abuse ended
- what could have been done differently.

For more information or to volunteer to participate in this research, please contact Sheri M McConnell, MSW, RSW at smcconne@mun.ca or call or text (709) 727-1194.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University’s ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or at 709-864-2861.

This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (866) 966-2975.

Appendix C

Letter to Agencies

Greetings--

As people working with women sexually abused as children, we are all too familiar with the extent and impact of child sexual abuse. However, little is known (from their perspective) about what happens after children disclose intra-familial sexual abuse.

As part of my PhD studies in Social Work at Memorial University of Newfoundland, I am conducting a *qualitative study exploring how women retrospectively describe their experience of disclosing (before age 18) sexual abuse by family members, what happened after they disclosed, and how the abuse ended*. To qualify, women must be 19+ years old and have been sexually abused before age 18 by one or more family members and before age 18 disclosed the abuse to at least one person and be willing and able to discuss their experiences and have access to support to deal with any surfacing issues. Disclosure can be accidental or purposeful, direct or indirect, spontaneous or when elicited or prompted.

Participation in this research is entirely voluntary, anonymous, and confidential--and can be stopped at any time, without any consequences. *The initial one to two hour in-person interviews will take place in Saskatoon*

between June 26th and July 12th. Thirty to 45 minute follow-up interviews will take place in-person or via telephone in August or September 2012.

I am undertaking this research in Saskatoon because I lived and worked in Saskatoon for many years and feel strongly connected to the community. In addition, Saskatoon's long history of offering support and counselling to adult female survivors of child sexual abuse means that participants likely will have received support around their abuse, gained an adult perspective on their abuse through their healing journey, feel less vulnerable in discussing their experiences, and have access to more effective internal and external resources to deal with any issues surfacing prior to, during, or after the interviews.

Grounded in feminist traditions of witnessing individual subjective experiences and transforming what is learned into individual and social change through social action, this research aspires to provide a voice for those without one and knowledge to promote equality in society, thereby improving the quality of the lives of children and families. I will use what I learn from the interviews to write my PhD dissertation, as well as in publications and presentations. Out of respect for the privacy of the women interviewed, pseudonyms will be used and no identifying information will be included in publications or presentations.

I am hoping that *you can assist with the research* in any or all of the following ways.

Please *share the attached poster with any women* who may be interested in participating in the research.

Please *share this information with your colleagues*. Encourage them to share the attached poster with any women who may be interested.

Please *post the attached poster*.

Please *be available to offer support*, if needed, to any women with whom you are connected who participate in the research. (You only will know if women referred by your agency participate in the research if the women tell you.)

Please *make your team or agency aware* that women participating in this research may be requesting support to deal with any surfacing issues.

Please *email me to confirm receipt of and agreement with this request* for your support in sharing this information with potential participants and colleagues, and in offering support to deal with surfacing issues.

Do not hesitate to contact me or my supervisor should you have any questions or concerns. I can be reached at (709) 727-1194 or smcconne@mun.ca. My supervisor, Dr Ken Barter, can be contacted at (709) 864-2030 or kbarter@mun.ca.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your

rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at 709-864-2861.

This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca or (306) 966-2975. Out of town participants may call toll free (866) 966-2975.

Many thanks for taking the time to read this letter and for supporting this research.

Sheri M McConnell, MSW, RSW, PhD Candidate
School of Social Work
Memorial University of Newfoundland
smcconne@mun.ca
(709) 727-1194 (cell phone)

Appendix D

Informed Consent Form



Title: *What happens after children tell? Conversations with women who as children disclosed intra-familial sexual abuse.*

Researcher: *Sheri M McConnell, MSW, RSW, PhD candidate, School of Social Work, Memorial University of Newfoundland, smcconne@mun.ca, (709) 727-1194*

You are invited to take part in a research project entitled *What happens after children tell? Conversations with women who as children disclosed intra-familial sexual abuse.*

This form is part of the informed consent process. It will provide a basic idea of what this research is about, what your participation will involve, and describe your right to withdraw from the study at any time. Informed consent means that, in order to decide whether or not you wish to participate in this research, you need to understand enough about its risks and benefits to be able to make an informed decision. *Please take time to read carefully and understand this information. If you have any questions, do not hesitate to ask.* **Purpose of the Research**

As part of my PhD studies in Social Work at Memorial University, under the supervision of Dr Ken Barter, I am conducting research exploring *how women (19+ years old) describe their experience of disclosing (before age 18) sexual abuse by one or more family members, what happened after they disclosed, and how the abuse ended.*

In order to create a safe and supportive environment for children to disclose sexual abuse, peers, families, neighbours, and communities need to know how to respond appropriately, supportively, and helpfully to children's disclosures of sexual abuse. This knowledge also can contribute to children receiving the support they need to heal and to equipping adults to intervene to stop the abuse. Further, it is important that formal support systems, including prevention and intervention programs, understand and integrate feedback concerning helpful and harmful responses to disclosures, from the perspectives of victims and survivors of intra-familial child sexual abuse. However, very little is known, from the perspective of victims, about what happens after children disclose intra-familial sexual abuse. This research is designed to begin to address that gap by hearing from women about their experiences of disclosing sexual abuse.

What I Am Asking of You

I would like to hear about your experience of disclosing (before age 18) the sexual abuse you experienced by one or more family members, what

happened after you disclosed, and how the abuse ended. I am interested in learning about who, when, where, how you disclosed; what happened after you disclosed; what was helpful or not helpful; whether you received any help or support; and, looking back, whether you can imagine anything that might have been done differently. I encourage you to answer only those questions with which you feel comfortable. There are no right or wrong answers, no correct or incorrect ways to respond.

Initial interviews will take place in person in Saskatoon in June or July 2012 and last for one to two hours. Follow-up interviews will take place by telephone or in-person in August or September 2012 and last for 30-60 minutes. Each interview will be at a time and place convenient and comfortable for both you and I.

Withdrawal from the Research

It is entirely up to you to decide whether to take part in this research. If you choose not to take part in this research or if you decide to stop your participation once this research has started, there will be no need for explanation and no negative consequences, now or in the future. Any tapes of or notes related to your interviews, up to the point of stopping your participation, with your permission, will be retained by the researcher and, if you give your permission, may be included in this research. If you withdraw from this research and do not provide permission to use your interviews, all

recordings, notes, and transcripts will be destroyed.

Possible Benefits

You may benefit by having a voice in changing how families, agencies, and communities respond to children who disclose sexual abuse. You may also benefit from developing greater insight into your experiences of child sexual abuse, disclosing the abuse, what happened after you disclosed, how the abuse ended, what was helpful and not helpful, and what could have been done differently.

Society may benefit by this research contributing to prevention and intervention strategies to respond to disclosures of sexual abuse, and by increasing awareness and understanding of how to support children, families, systems, and communities in ending intra-familial child sexual abuse. This research has the potential to influence policy and practice through the use of this research in child abuse programs, policies, and strategies. The community may benefit from the addition of new information and ideas in a subject area where little research has been published.

Possible Risks

Because you will be asked to disclose information of an intimate or sensitive nature (your experiences related to disclosing sexual abuse as a child), there is an emotional or psychological risk of feeling uncomfortable, embarrassed, or upset. Discussing your abuse may bring back uncomfortable

thoughts or feelings.

Although I will be available to debrief with you after the interview, my role is that of researcher not therapist or counsellor. This is why it is essential that you have support in place to deal with any issues that surface prior to, during, or after the interview. *No interviews will take place without your having access to support.* Local agencies and crisis lines have been informed about this research and know that research participants may contact them for support.

Depending on how private and protective you are about your history of child sexual abuse, there are also social risks if for some reason your history of abuse became known, including possible loss of status, reputation, or privacy. Although I will make every effort to protect your anonymity and maintain your confidentiality, people could assume that you have a history of child sexual abuse if it became known that you connected or met with me. For example, if you were seen going into or leaving an office in which I am interviewing women, people could assume that you have a history of sexual abuse. I will make every effort to hold interviews in a setting where people are not concerned about the comings and goings of others, and which is comfortable and convenient for you and I.

Recording Interviews

In order to gain as much information as possible, I would like to record

your interviews. You may choose whether or not to have your interviews recorded. If at any point you feel uncomfortable with recording the interviews, we can turn off the recorder. I may also write notes during and after the interview.

I may hire one or more transcribers, who will sign a confidentiality form, to transcribe the tapes. The tapes will be heard and transcripts seen only by the transcribers and me. My written notes will be seen only by me.

Anonymity, Confidentiality, and Reporting Results

I will make every reasonable effort to maintain your confidentiality, ensuring that information about your identity is known only to me. My email address and phone can be accessed only by me--so no one else will know who you are or what you have communicated with me. I will limit access to the tapes and transcripts to myself and the transcribers. I also will make every reasonable effort to protect your anonymity by not disclosing any identifying information about you to anyone.

Your confidentiality will be limited by my professional and legal obligation to report current child abuse or your intent to harm to self or others.

I will use the interviews to write my PhD dissertation as well as other publications and presentations. In order not to identify any individuals, all the information from all the interviews will be blended or summarized in any publications and presentations. Although I will report direct quotations from

the interviews, you can choose another name to use. Your real name will not appear in the transcripts or interview notes.

The consent forms will be stored in separate files from the tapes and transcripts, so that it will not be possible to associate your real name with your responses. All data, including the tapes, transcripts, notes, and consent forms, will be stored in a locked file cabinet and/or on a password protected computer, accessible only by me--and will be destroyed five years after the final interview occurs (as per "Memorial University Policy on Integrity in Scholarly Research").

Sharing Results

You will be provided with a preliminary summary of findings prior to the follow-up interview. If you wish, I can email you copies of any publications.

Questions

You are welcome to ask questions at any time during your participation in this research. If you have any questions, please do not hesitate to contact me or my supervisor . I can be contacted at (709) 727-1194 or smcconne@mun.ca. My supervisor, Dr Ken Barter, can be contacted at (709) 864-2030 or kbarter@mun.ca.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in

compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at 709-864-2861.

This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (866) 966-2975.

<i>The following serves as a contract between the participant and the researcher. All agreed upon points will be initialled by both the participant and researcher.</i>	participant	researcher
I consent to participate in this research.		
I have read the Informed Consent Form. I have had explained to me the Informed Consent Form. I understand the nature of this research and what I am asked to do. I understand the possible benefits and risks of this research.		
I have been able to ask questions about this research. I am satisfied with the answers to all my questions.		
My participation in this research is voluntary. I choose which questions I do and do not answer.		
The researcher will be available to debrief (not provide counselling or therapy) after the interview.		
I have access to sufficient support to deal with any personal issues surfacing prior to, during, or after my interviews.		

<p>My participation in this research is confidential and anonymous. My real name and identifying information will not be disclosed.</p> <p>I agree to the use of quotations in any publications or presentations.</p>		
<p>I understand the limits of confidentiality--current child abuse, intent to harm self or others.</p>		
<p>I consent to the first interview being recorded.</p>		
<p>I will participate in a follow-up interview and provide feedback on the preliminary summary of findings.</p>		
<p>I consent to the second interview being recorded.</p>		
<p>If interviews are recorded, we can turn on or off the recorder at any point in the interviews.</p>		
<p>The researcher has my permission to write notes during and after the interview.</p>		
<p>All data (tapes, transcripts, notes, forms) will be secured in a locked file cabinet and/or on a password protected computer with access limited to the researcher.</p> <p>All data (tapes, transcripts, notes, forms) will be destroyed five years after the final interview (as per "Memorial University Policy on Integrity in Scholarly Research").</p>		
<p>Data will be used only for academic and knowledge dissemination purposes (e.g., publications, presentations).</p>		
<p>I am free to withdraw from this research at any point, with no explanation and no consequences.</p>		
<p>If I withdraw, I give permission for any interviews or parts thereof completed up to the point of my withdrawal to be kept by the researcher and to be included in this research.</p>		
<p>If I withdraw, I want any interview recordings, transcripts, and notes destroyed.</p>		

I wish to be emailed a copy of any publications. email:		
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By signing this form, I do not give up my legal rights and do not release the researcher from her professional responsibilities.

signature of participant

signature of researcher

name of participant

name of researcher

date

date

Appendix E

Semi-structured, Evolving Interview Guide

1 *Introduce myself and the research.*

- 1.1 who I am personally, professionally, as a social worker, academic, researcher
- 1.2 my philosophy and beliefs about research, my experience working with women who have been sexually abused as children
- 1.3 my research question, the process, my role, boundaries

2 *Ethics and confidentiality*

Informed consent, review, discuss, sign form.

Neither your real name nor specific details about you will appear on the transcript or in any publications or presentations. Instead another identity will be substituted. *What name would you like to use for the interview and any publications or presentations that come out of this research?*

You can take as much time as you need to answer the questions - knowing that we have booked up to two hours to meet together today. There are no right or wrong answers, no correct or incorrect way to respond. Please answer only those questions with which you feel comfortable. If you feel uncomfortable we can stop the interview at any time.

I have been in touch with the staff at the Sexual Assault Centre and they

are willing to provide any support you need if this interview stirs up uncomfortable feelings or memories. Do you have other people in your life that you can talk to or get support from if you are not feeling ok after the interview?

Is there anything in particular you need--around culture or safety--to support your participation in this research?

3 *Tell me about growing up in your family and your community.*

4 *Briefly, tell me a bit about the sexual abuse you experienced before age 18.*

5 *Tell me about, before age 18, disclosing the sexual abuse you experienced.*

6 *What happened after you disclosed?*

7 *How did the abuse end?*

8 *What do you think could have been different?*

9 *Is there anything you think I could understand better? Is there anything you would like to ask me?*

10 *Next steps.*

10.1 how are you doing right now--physically, emotionally, spiritually--is there anything you need to do to look after yourself (Debriefing)

10.2 I have more interviews to complete, then I will look at all the

interviews in terms of themes and start to answer the research questions

10.3 then I will connect with you for the next set of interviews in October or November and bring back themes from the interviews and a preliminary summary of findings

10.4 any questions?

Thank you so much for taking the time today to talk to me about your experience. I appreciate your honesty, openness, and willingness to share with me.