PROCESSING THE TRAUMA OF INTRAFAMILIAL CHILD SEXUAL ABUSE

by

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B.S., University of Maryland, College Park, 2005
M.A., Syracuse University, 2008

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

School of Family Studies and Human Services
College of Human Ecology

KANSAS STATE UNIVERSITY
Manhattan, Kansas

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Abstract

While previous research has shown that some form of processing the trauma of IFCSA seems to occur for many IFCSA survivors, *how* the trauma of IFCSA is processed remains as a gap in the literature. In this exploratory study, I used qualitative methods to clarify what the nature of processing *is* and *how* it happens among IFCSA survivors. A phenomenological framework was utilized to understand the lived experience of processing IFCSA, which guided my main research question (What is the nature of how IFCSA is processed for some survivors?). Participants were recruited from the community via flyers, advertisements, and announcements. Seven eligible female participants completed two separate in-person semi-structured interviews. Participants also completed a timeline to organize their journeys in the first interview, and brought an object, or aesthetic representation, to represent their journeys of processing IFCSA in the second interview to triangulate data collection.

To analyze the data, I used a constructivist grounded theory analysis approach. The general categories that emerged from the data in relation to processing IFCSA included the *journey of processing IFCSA, the nature of processing IFCSA*, and *advice* about processing IFCSA. The journey of processing included the individual journeys that each participant had been through. Participants described the nature of processing in terms of how they defined and experienced processing IFCSA experiences. For example, one participant's definition of processing was the "uncomfortable process of really unpacking the implications of what actually happened. … acknowledging all the myriad ways that it's actually affected you in your life. … And sort of personalizing what it is about that…has an affect on you." Finally, advice from the participants for individuals, families, and helping professionals are described. Several

participants recommended that victims seek help, as one participant discussed, "To me it's not a stigma, a horrible thing, to go to counseling. That really it is for a healing, that it is another step of medically taking care of ourselves." Clinical implications derived from this advice as well as from participants' experiences processing IFCSA are discussed. Suggestions for future research to gain a better understanding about processing IFCSA are also discussed.

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Dedication

This study is dedicated to the seven women who were brave and open enough to share their experiences and knowledge with me. I also dedicate this study to the survivors of intrafamilial child sexual abuse who are struggling with their processing. My participants and I have a shared hope that this study impacts them in some positive way.

I played the powerless in too many dark scenes.
I was blessed with a birth and a death,
and I guess I just want some say in between.
\- Ani DiFranco

Chapter 1 - Introduction

Significance of the Problem

Unfortunately, child sexual abuse within families is common, both in reported and non-reported samples (Atwood, 2007). Family members are the perpetrators of intrafamilial child sexual abuse (IFCSA) in over half to about three-fourths of the time that child sexual abuse (CSA) is committed (Atwood, 2007), and parents are the abusers in 26% of reported cases (U.S. Department of Health and Human Services, 2008). IFCSA begins earlier in the child's life than extrafamilial CSA, with the average child ranging from six to eight years of age at onset of incest (Carlson, Maciol, & Schneider, 2006; Erickson, 2006). The young age of onset of the abuse makes it more difficult for children to disclose because they might experience incest before they learn that it is wrong (Palmer, Brown, Rae-Grant, & Loughlin, 1999). Thus, it is estimated that non-reported rates of IFCSA are higher than reported IFCSA rates (Atwood, 2007). For example, a national sample of adults who played protective roles in children's lives, such as teachers, thought that only about 6% of children had been exposed to CSA (Finkelhor, 2010). Therefore, children who experience IFCSA might be contending with it in isolation until they are in a safer environment and are developmentally able to begin processing the abuse.

A common societal belief is that the consequences of IFCSA are always detrimental to the child's long-term functioning (Walsh, Fortier, & DiLillo, 2009). It follows that the majority of research on CSA has explored negative long-term outcomes (Barnett, Miller-Perrin, & Perrin, 2005; Hunter, 2006), including risk factors and the effects of victimization. Some IFCSA survivors experience negative mental health and relational problems throughout their lives (Barnett et al., 2005). However, research within the past fifteen years has begun to show that

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some IFCSA survivors do not have negative outcomes and are considered resilient (Hunter, 2006). Several qualitative studies have found that resilient IFCSA survivors point to positive changes in their lives, such as turning points (Phanichrat & Townshend, 2010). Previous studies on IFCSA survivors and resilience or recovery have focused on coping, meaning making, and post-traumatic growth (PTG), usually with resilient survivors. Studies on coping with CSA have found that some coping strategies are tied to positive outcomes, but the actual process of coping remains as a gap in the literature (Walsh et al., 2009). Some IFCSA survivors have been found to make meaning of their abuse experiences, but it remains unknown how they do this. PTG has been found among CSA survivors who simultaneously experience trauma symptoms, which suggests that growing from a traumatic experience and having negative outcomes may not be mutually exclusive (Grubaugh & Resick, 2007). Thus, previous studies have alluded to some form of processing that IFCSA survivors undergo.

Purpose of the study.

While some form of processing the trauma of IFCSA seems to occur for many IFCSA survivors, *how* the trauma of IFCSA is processed remains as a gap in the literature. Previous studies also have not examined in which ways individual PTG, coping, meaning making, resilience, and empowerment contribute to or do not contribute to the internal processing of IFCSA. Past research is also lacking in investigating processing IFCSA by survivors regardless of their outcome. Furthermore, previous literature has focused on external factors that impact IFCSA survivors' outcomes, but have not focused on the specific ways in which external systemic factors, including social messages, social support systems, and cultural systems, assist in, hinder, or have no impact on a survivor's processing of IFCSA. Overall, the current study

aimed to understand, from the perspective of IFCSA survivors, how the processing of IFCSA is facilitated internally and externally.

Theory: Constructivist Self-Development Theory and Life-Story Model of Identity

While the concept of processing IFCSA was mentioned in the literature, it was not described or studied extensively. As a result, I have drawn from two theories to guide my research that are meant to integrate the ideas that some form of processing trauma occurs and affects survivors and that the sharing of stories would give access to *how* they might process. The first theory is Constructivist Self-Development Theory, an integrative personality theory with focus on the self and trauma (McCann & Pearlman, 1990). The other theory is a narrative theory, the Life-Story Model of Identity, which focuses on the development of self-identity through storytelling (McAdams & Adler, 2010). Below, I provide an overview of each theory, including explanations about how they fit with my study and how they fit together.

Constructivist self-development theory.

Overall, CSDT is a personality theory synthesized with developmental, self psychology, social learning theory, cognitive theory, and concepts form the trauma literature (McCann & Pearlman, 1990). Most general trauma theories view trauma, specifically post-traumatic-stress disorder (PTSD) as the psychopathology of experiencing negative events, or having cognitively processed the traumatic events incorrectly. Other trauma theories focus on how the traumatic event is processed at the time of the trauma, and usually view specific techniques in therapy based on the theory to then correctly process the traumatic information. Most trauma theories have also built upon earlier trauma theories. For example, Horowitz's information-processing theory is considered a seminal theory about trauma, focusing on the impact of trauma on beliefs

about the self, the world, and the future, in which cognitive change is needed for recovery from PTSD (Brewin & Holmes, 2003).

With their CSDT theory, McCann and Pearlman (1990) integrated some beliefs from Horowitz, such as the belief that the cognitive schemas determine the way the traumatic experience is encoded into memory, and the person then oscillates between approach and avoidance when traumatic thoughts intrude upon her. Overall, CSDT describes the impact of a traumatic event or context on the development of the self (Saakvitne, Tennen, & Affleck, 1998). CSDT explains both negative and positive changes after trauma as a result of adaptation and meaning making (Saakvitne et al., 1998). McCann and Pearlman (1990) further view an adaption to trauma as a reflection of the interaction between the survivor's life experiences and the self. "The self develops as a result of reflection, interactions with others, and reflection upon those interactions" (McCann & Pearlman, 1990). Using this theory, I have accepted the tenet that trauma survivors, including IFCSA survivors, do process the traumatic experiences in some way, and then may need to reorganize how the information is processed to thrive, or move forward. Furthermore, CSDT has a constructivist assumption that individuals create and construe their realities (Saakvitne et al., 1998). Therefore, I focused on the individual experiences of the participants and accepted their reality as their truth. This is also reflected in my phenomenological framework and constructivist grounded theory data analysis, which are further described in Chapter 3.

CSDT also incorporated development in terms of understanding how survivors change and grow over the life span (McCann & Pearlman, 1990). Therefore, I was interested in learning about participants' processing from the time of the abuse to the present to learn how they might have changed and grown across their journeys. McCann and Pearlman (1990) also emphasize

how the social and cultural context that shapes the survivor's experience can affect her development. The "post-trauma environment", or "the events that surround a trauma, the meanings of these events to the victim, and the responses of others all contribute to the victim's response." (McCann & Pearlman, 1990). Thus there can be a "second injury" resulting from unsupportive or blaming reactions from others. Therefore, the members of the support system who are involved in assisting the victim shape her memories, and then interactions with them become part of the memory of the trauma (McCann & Pearlman, 1990). Thus both the relationship between the self and the environment are considered important in thriving. Therefore, in my study I aimed to understand the internal and external factors that affect participants' processing. Furthermore, "as a result of the process of constructing meaning in response to a traumatic event, CSDT posits inevitable changes to identity, worldview," and beliefs about others (Saakvitne et al., 1998). Therefore I am interested to see how, if at all, processing is related to survivors' internal relationship to self, external relationships with others, and contextual placement in the world, such as society and culture.

Previous theories have identified two opposing types of cognitive processing that help victims rebuild their worlds (Janoff-Bulman, 1992, in Saakvitne et al., 1998). The first is automatic processing, in which threatening information is avoided by the individual. The second is deliberate processing, in which a survivor makes concerted efforts to make new world meaning and reconstruct assumptions. CSDT holds that both of these cognitive processes are possible to help victims rebuild their worlds. My interest is in understanding how this processing occurs for survivors of IFCSA.

Life-story model of identity.

McAdams' (2010) Life-Story Model of Identity (LSMI) describes adolescents' and adults' use of storytelling "to construe their lives as ongoing autobiographical stories, reconstructing the past, interpreting the present, and imagining the future in such a way as to provide life with some semblance of unity, purpose, and meaning" (p. 37). In this theory, the story is a metaphor for identity, with main autobiographical scenes including self-defining memories, emotionally charged episodes, high and low points, and turning points (McAdams & Adler, 2010). Therefore, I elicited participants' stories about the abuse and their journeys since the time of the abuse to learn more about their identities in relation to the abuse, and the important events along the way.

While CSDT identifies the effect of relationships and schema that existed prior to the trauma on how the survivor interprets the trauma, the concept of narrative identity in the LSMI holds that past experiences not only determine identity but are also changeable because "the past is open to constant reinterpretation—to the selective, creative, and adaptive powers of the storytelling self" (McAdams & Adler, 2010). Looking through lenses from both of these theories, a survivor might process the trauma automatically and have the same story of processing abuse from childhood. Deliberate processing however, might partially result in a different story of how the survivor has processed her trauma.

Both CSDT and LSMI account for the context in which the individual lives. Narrative theory may take this concept one step further by considering how the individual's identity, and thus story, is affected by the context in which she survives. For example, in his book about storytelling and illness, Frank (1995) states, "*Postmodern times are when the capacity for telling ones own story is reclaimed.* Modernist medicine hardly goes away: the postmodern claim to

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one's own voice is halting, self-doubting, and often inarticulate, but such claims have enough

currency for illness to take on a different feel" (p. 7). Within this theory, stories of abuse might

be constructed in a similar way. Survivors might have to configure a postmodern story around a

modern idea of IFCSA, and the messages about being a victim of IFCSA.

LSMI also focuses specifically on narrating suffering, growth, and self-transformation

after negative events have occurred in an individual's life. According to McAdams (2010) there

are two steps that an individual must go through to reason about the negative events experienced.

First, it is necessary for the narrator to process and explore the negative experience in depth,

thinking, feeling emotions, how it came to be, what it may lead to, and the role the negative

event might play in one's overall understanding of self. This is considered crucial because "when

it comes to narrative identity…the unexamined life lacks depth and meaning" (Pals, 2006, in

McAdams & Adler, 2010). Next, the narrator can articulate and commit the self to a positive

resolution of the event through learning lessons, insights about life, possibility for later positive

events, reconnecting to the "authentic self," and enhancing intimacy. LSMI holds the belief that

processing is not only important for making meaning, but for the possibility to completely move

forward. My goal was to explore with the participants how processing worked for them, and

what the nature of processing was for them (i.e., ongoing processing versus able to complete

processing) through their stories.

Significance of the Study

Processing traumatic experiences is often considered valuable in therapy based on the

belief that processing assists in an individual moving on from the trauma. Moving on does not

necessarily mean that the trauma no longer affects the individual, but that the trauma does not

define them. Processing trauma can most likely occur in several different ways, and is not an all

or nothing phenomenon. For example, therapists who attempt to assist clients in processing trauma may do so via multiple different therapeutic techniques, drawing from cognitive-behavioral, experiential, narrative, and many other theories. Furthermore, previous qualitative studies have found that IFCSA and CSA survivors report some kind of processing of their trauma (i.e., Banyard & Williams, 2007). It follows that a foundational assumption in my study is that the effort to actively and intentionally process IFCSA creates progressive change for the IFCSA survivor.

Understanding more about how some IFCSA survivors process trauma is significant for the impact that Marriage and Family Therapists (MFTs) can make in therapy on IFCSA survivors and their families. Learning from IFCSA survivors about the specific ways that they attempt to move forward is expected to help MFTs focus on those helpful aspects of processing. A systemic assumption of my study is that processing does not occur completely in isolation and the utilization of supportive external factors assists in progressive processing. Thus, learning from survivors which relationships and systemic factors assist or interfere with processing is expected to help MFTs in choosing who to include in therapy and when to include them. For example, survivors might offer insight into which family members would have been most helpful to include in therapy immediately following discovery or disclosure of the abuse. This does not mean that those family members should automatically be included in therapy by all MFTs, but that MFTs might gain a better understanding of which questions and relationships are most beneficial to explore in processing IFCSA. My study is also expected to provide a better understanding of how to best help individuals, families, and couples either immediately following IFCSA or in adulthood. Overall, a better understanding of how IFCSA is processed is

expected to advance the field by providing therapists with insight about how to help IFCSA survivors move forward.

Research Questions

1. What is the nature of how IFCSA is processed for some survivors?

    a. What does this group of participants' journey of processing the trauma of IFCSA look like?

    b. What is the contribution to internal processing, if any, of PTG, coping, meaning making, resilience, and empowerment for this sample?

    c. What is the role of external factors in processing IFCSA for these participants?

2. How do the aspects of processing IFCSA in the literature presented in Chapter 2 relate to these survivors' experiences of processing IFCSA?

    a. Which aspects of the literature are supported in this sample of survivors?

    b. Which aspects of the literature are not supported or need to be revised for this sample of survivors?

    c. Which aspects of processing IFCSA does the literature not represent for this sample of survivors?

Overview of Methodology

Qualitative interviews with adult female IFCSA survivors from the community were collected to create the opportunity for a diverse representation of processing. Participants were recruited through flyer postings, newspaper advertisements, announcements to groups, and email listservs who agreed to forward my flyer. A phenomenological framework was used to structure the study in terms of improving a basic understanding about the nature of how IFCSA is processed from the perspective of survivors. Constructivist grounded theory methodology was

used to collect and analyze the data. Two interviews were conducted for each participant. All of

the participants granted me permission to ask them follow-up questions up to eight months after

the first interview was collected.

Chapter 2 - Review of the Literature

Introduction

In the following review of the literature, I discuss family dynamics within IFCSA to provide background on the context in which an IFCSA survivor's trauma tends to develop. I will then review external and internal factors that may be associated with processing IFCSA. External factors that may affect processing include social messages, support systems, and cultural systems. Internal factors may be involved in internal processing include post-traumatic growth (PTG), coping, meaning making, empowerment, and resiliency. Finally, long-term outcomes associated with IFCSA, and the potential effects that processing the trauma of IFCSA can have on long-term outcome are discussed. Previous literature has focused on the different mechanisms of processing IFCSA, but no studies have examined how this processing happens for an IFCSA survivor. There are also no studies that evaluate how all of these factors relate to one another in their affect on processing IFCSA.

In my review of the literature, I focused mainly on IFCSA literature, but also included CSA literature when studies on IFCSA were lacking. When describing previous studies, I indicated when the sample is CSA as opposed to IFCSA. Studies on IFCSA included abuse perpetrated by family members, while CSA may include samples of abuse by extrafamilial perpetrators or both intrafamilial and extrafamilial perpetrators. I have also focused on studies that included female survivors of IFCSA because being a male survivor of IFCSA is often a different experience in the family and society from being a female survivor of IFCSA.

IFCSA

A generally accepted definition of *child sexual abuse (CSA)* in family violence research is "contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person" (National Center on Child Abuse & Neglect, 1978, p. 2, in Barnett et al., 2005). Following a phenomenological perspective, this broad definition is expected to be inclusive of most IFCSA survivor's definition of child sexual abuse. *IFCSA* is defined as child sexual abuse perpetrated by an adult in the immediate or extended family, excluding sibling abuse. Sibling abuse is excluded because the dynamics and studies on sibling abuse are considered unique from parental IFCSA. Furthermore, an adult holds greater responsibility as a caregiver in maintaining the safety and trust of the child in the family than a sibling usually does.

My focus is on processing IFCSA in adulthood because a child may be unable to process IFCSA in childhood because of developmental ability. Mossige and colleagues (2005) analyzed the narratives of 10 Norwegian children between 7 and 16 years old who were sexually abused by a person close to the family. They collected data from therapy sessions, exit interviews, and one-year follow-up interviews, and found that the children had great difficulty in providing narratives. Of the children who did recount their abuse experiences, very few provided resolutions or causal connections, and thus most were unable to make meaning of the abuse. An IFCSA survivor also might be better suited to process the trauma as an adult because childhood may have been focused on surviving the abuse. This was found in Anderson's (2006) qualitative study using grounded theory about resilience in response to male-perpetrated incest resistance for 26 female IFCSA adult survivors who were identified as able to express themselves well by their therapists. She found that although as children the participants attempted to resist IFCSA, such as

by trying to prevent or stop it, they were met with oppression, such as not being believed by non-offending family members, and experiencing the inability to put the abuse into words at the time. The participants also felt that they could not exert their autonomy until adulthood. Thus, even if a child or adolescent attempts to process the abuse, it is possible that she will need to revisit the trauma in adulthood.

 The Dynamics of IFCSA

To understand the lived experience of processing IFCSA, it is important to understand the dynamics of living in an incestuous family for survivors. Thus, the family dynamics that have been associated with IFCSA are reviewed below, including family structure, boundaries, intergenerational abuse, and the victim-perpetrator relationship and disclosure. This topic was most studied about 15 years ago, so most of the research is from the 1990's. Many studies about family dynamics in incestuous families did not have control groups, were drawn from convenience samples, used frequencies only, or were retrospective data. However, the dynamics in which the abuse occurred might affect how the IFCSA survivor processes the trauma.

 Family structure.

Incestuous families have been found to fall on extreme ends of family functioning continuums. Some studies have found that incestuous families are chaotic in structure and function, with no one member clearly in charge, and high conflict (Alaggia & Kirshenbaum, 2005; Bal, 2004; Simon-Roper, 1996; Trepper, Niedner, Mika, & Barrett, 1996). However, other studies have found that incestuous families are extremely high in organization, or more rigid (Dadds et al., 1991, in Alaggia & Kirshenbaum, 2005; Gannon, Gilchrist, & Wade, 2008). In terms of leadership, therapists in Trepper and colleagues' (1996) study rated 48 parent-perpetrated incestuous families with whom they worked , and described almost one-third of the

families as having a dominant father who also parented the mother. Another 30% of the families were identified as having mothers as executives. Another example of extreme pattern differences in this same study was the finding that incestuous families fell into either very strict or very lenient discipline styles. Thus, an IFCSA survivor is likely to experience the abuse in a context of an extreme family environment, and might need to process her family of origin experiences as a whole.

The parental structure of an incestuous family can determine how protected the child is or is not by the nonoffending parent. Marital problems are common (Trepper & Niedner, 1996), including emotional separateness and dissatisfaction with the relationship and with sex (Trepper et al., 1996). However, therapists of incestuous families reported a belief that 59% of the parents had a fair to excellent chance of staying together after abuse was disclosed (Trepper et al., 1996). The membership structure of the incestuous family varies across studies. Some studies found that most families are "intact" (Rudd & Herzberger, 1999), while others found that there is usually a step-parent in the family (Simon-Roper, 1996). The uncertainty of family membership leads to disagreement about whether the perpetrators are more likely to be biological fathers (Terry & Tallon, 2004) or step-fathers (Faust, Runyon, & Kenny, 1995; Simon-Roper, 1996). Thus, the IFCSA survivor's relationship to the perpetrator, nonoffending parent, and the other family member's relationships with each other might impact how the child is affected by the abuse at the time, which might then impact how she processes it as an adult.

Boundaries.

Researchers agree that there are often poor generational boundaries among incestuous families (Gannon et al., 2008; Simon-Roper, 1996; Trepper & Niedner, 1996). However, agreement about whether families have high cohesion (enmeshment) or low cohesion (distance)

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is not established. The majority (70%) of incestuous families in Trepper and colleagues' (1996) study were moderately to extremely demanding of closeness and loyalty to the family. Almost three-fourths of the families were enmeshed, and privacy was rarely or never offered in 73% of the families. Other researchers found evidence that incestuous families are lower in cohesion than other families (Alaggia & Kirshenbaum, 2005; Bal, 2004). Finally, one study found both extremes of cohesion within the same sample of incestuous families (Trepper & Niedner, 1996). Blurred boundaries are another characteristic among many incestuous families due to a lack of role clarity among family members (Trepper et al., 1996). Roles in the family are often undefined, shifting, or are reversed (Trepper et al., 1996). Furthermore intrafamilial offenders tend to view their victims as adult-like (Gannon et al., 2008). The type of cohesion and boundaries an IFCSA survivor experiences in her family of origin might affect how she processes the abuse in terms of if she felt safe to disclose the abuse and the meaning that she may have made out of the abuse experience.

Extreme boundary patterns in either direction can co-occur with social isolation. Social isolation is a factor that is strongly associated with families who are incestuous (Alaggia & Kirshenbaum, 2005; Bal, 2004; Gannon et al., 2008; Trepper et al., 1996; Trepper & Niedner, 1996). Offenders have been characterized as either extremely socially introverted or extroverted (Trepper et al., 1996). In a review of the literature, intrafamilial abusers were more likely than extrafamilial offenders to experience intimacy deficits, emotional loneliness, have few close friendships, resist group activities, and have introverted personalities (Gannon et al., 2008). Once a child is an adult and potentially able to live outside of the family of origin, social isolation might impact the ways that a survivor relates to others and forms connections with partners, friends, and family members as an adult, which in turn might affect how she processes IFCSA.

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Furthermore, poor communication skills are common in incestuous families (Trepper & Niedner, 1996). Almost all (92%) of the families in Trepper and colleagues' (1996) study had negative, insensitive, discordant, and inconsistent patterns of communication. Incestuous families are also lower in expressiveness, have closed and indirect communication, and keep secrets (Alaggia & Kirshenbaum, 2005). Experiences of negative communication and the pressure to keep secrets might impact an IFCSA survivor in the short term, such as increasing the likelihood of non-disclosure, as well as affecting the long-term processing of the abuse, such as leading to lower expressiveness which increases the likelihood of utilizing avoidant coping patterns.

Intergenerational abuse.

Intergenerational theories of IFCSA suggest that many intrafamilial abusers may also have been sexually abused as children, probably by someone in their family of origin. Faust and colleagues (1995) found that one-fourth of non-incarcerated and one third of incarcerated intrafamilial offenders had a history of CSA. However, some studies have found nonoffending parents more likely to have been abused than the offenders (Erickson, 2006; Trepper et al., 1996; Trepper & Niedner, 1996). Trepper and colleagues (1996) found that one-third of offending and nonoffending parents of children who had been abused by a family member experienced neglect or abuse. Furthermore, parents with a history of childhood neglect or abuse are more likely to sexualize their interactions with their infants, even while knowingly being videotaped (Erickson, 2006). However, the likelihood of becoming an abuser after being abused is low (Barnett et al., 2005). Still, a family pattern of sexual abuse may be present which might affect the IFCSA survivor's processing.

Victim-perpetrator relationship and disclosure.

Intrafamilial offenders have a dual relationship as perpetrators and as adult relatives, often parents, to the victim. Thus, the dynamics of this relationship are most likely complex. An injurious factor of a child's abuse by an adult relative, especially a parent, is that she has been violated in multiple ways. "Along with a violation of the victim's bodies, their trust and love are violated" (Atwood, 2007, p. 292). Past studies have shown that no daughters enjoyed father-daughter or sibling incest (Erickson, 2006). However, some girls present no symptoms or do not have different symptoms from those of extrafamilial abuse victims (Atwood, 2007; Bal, 2004). Also, it should not be assumed that all sexual abuse is completely devastating to all victims (Atwood, 2007), because many children are incredibly resilient and adaptive.

Like most relationships in which child sexual abuse occurs, the intrafamilial perpetrator has a grooming process to lead the child to more progressive sexual acts. Incest offenders are more likely to use emotionally manipulative and verbally coercive grooming that includes emotional blackmailing in which favors are exchanged for sex, and a false sense of negotiation is presented to the victim (Pryor, 1996). Alcohol and substance abuse is often prevalent in intrafamilial offenders (Faller, 2007; Trepper et al., 1996) and families (Kim & Kim, 2005). Over two-thirds of intrafamilial offenders in Trepper and colleagues' (1996) sample used alcohol or drugs often, and another two-thirds used substances just before an abusive episode.

One of the most common factors of IFCSA is that it begins very early in the child's life, from six to eight years of age at onset (Carlson et al., 2006; Erickson, 2006). Atwood (2007) found that approximately three quarters of girls who were incestuously abused were under age ten when it began. The grooming process combined with the early age of onset lead to a barrier of disclosure. For example, one study found victims of any form of CSA under age five were less

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likely to disclose abuse than children over the age of five who had previously disclosed abuse (Terry & Tallon, 2004).

The strongest predictor of non-disclosure or a long delay of disclosure is the relationship of the offender to the victim, which makes victims of intrafamilial sexual abuse less likely to disclose the abuse than other victims of child sexual abuse (Terry & Tallon, 2004). One study found that almost three-fourths of victims did not disclose abuse if the offender was a relative or step-parent (Arata, 1998, in Terry & Tallon, 2004). In Atwood's (2007) exploratory study, only two out of 833 girls in online chat rooms who experienced IFCSA of any kind, the majority of whom were under 10 years old, reported the offender to the police. Barriers to disclosing the abuse may include the victims' fear of being blamed, fear of not being believed or protected, belief that the abuse is not wrong, protecting the perpetrator or another family member, taking on responsibility for the abuse, and feeling power or privilege in the abusive relationship (Atwood, 2007; Palmer et al., 1999; Simon-Roper, 1996).

When children do disclose abuse, it does not mean that the abuse will end. For example, a retrospective study of all types of family abuse found that only 3% of perpetrators were convicted, and only 5% were removed from the home (Palmer et al., 1999). Sibling abuse is more likely to end when the victim or offender move out of the house than by disclosure (Terry & Tallon, 2004). Thus, IFCSA survivors may not disclose abuse until adulthood, if they choose to disclose at all. As a result, their adult relationships with the people they choose to disclose to might impact how they process the abuse. Furthermore, survivors' experiences with disclosure and their relationship to the perpetrator might impact their experiences of processing IFCSA.

External Factors Relating to Processing IFCSA

    Social messages.

Processing IFCSA might be influenced by different systems in which the survivor is involved, including the social messages about IFCSA survivors, the cultural system, and the support system. *Social messages* are defined as the greater social discourse and implications from social systems about IFCSA survivors. Social messages often imply that all sexual abuse is completely devastating to all victims (Hunter, 2006), and is a permanently damaging experience. Survivors of abuse have also recounted feeling blamed by members of social systems, such as police or judges, which was (Skinner, 2009)'s experience in her personal account of being sexually assaulted. Thus, the societal context in which IFCSA survivors exist may be a consideration in their processing.

Beyond broad social messages about IFCSA, survivors can receive social messages about themselves as women and IFCSA survivors from within their own families. Incestuous families often subscribe to gender beliefs that place women and children in a lesser role than men. Seventy-four percent of the incestuous families in Trepper and colleagues' (1996) study believed that women and children had an inferior status, and 44% of offenders viewed sex as the only way to give and receive affection. In her interviews with 11 adult incest perpetrators who abused their children, Gilgun (1995) found that all of the participants defined their abuse as love, care, and fair. However, she simultaneously found that the perpetrators used their power in the relationship, such as asserting that the abuse was in the child's best interest (i.e., "showing her I loved her" and "comforting," p. 272) and refusing to stop the abuse when the child asked to stop. Gannon and colleagues' (2008) review of previous studies on IFCSA among children 16 years old and under also found that intrafamilial perpetrators often have attitudes of sexual entitlement.

Feminist scholars have added the idea to the literature that incest is about the power dynamics between adults, usually men, and children, particularly in the context of the family (Atwood, 2007). Incest is considered by these scholars as a consequence of a society in which women's and children's needs are viewed as less important than men's or adult's needs. Some feminist theorists suggest that "all child sexual abuse (including intrafamilial abuse) is believed to stem from some form of power imbalance between men and women in society, explaining why sexual abuse is mainly male-perpetrated" (Gannon et al., 2008). While women do perpetrate IFCSA, most of the abusers are men, and even male survivors of incest are more often abused by men than by women (Ray, 1996). Thus, incest may be another way that society is submitting to patriarchy (Atwood, 2007). As a result, IFCSA survivors may also submit to patriarchal beliefs, such as considering their needs as less important than others' needs. From the literature, it seems that the messages which IFCSA survivors receive from their families, especially from the perpetrators, about their worth, bodies, gender, and status might affect how they think about the abuse experience, which in turn might affect how they process the trauma.

The regular occurrence of incest causes some feminist theorists to view IFCSA as a problem beyond the family. Instead, intrafamilial sexual abuse is considered a societal issue:

> Difficulties experienced by the person need to be seen as evidence of what is wrong, deficient, or missing in the social and cultural context, even as a sign of survival in the face of oppression and as a potentially healthy protest against patriarchal norms" (Brown, 1994, p. 94).

Thus, IFCSA survivors who are doing well in life may have resisted societal expectations to be chronically affected by the abuse. Thus, it might be important for survivors to actively evaluate

the social messages that they might have internalized. How these social messages impact the processing of IFCSA remains as a gap in the literature.

Relational and social support.

The relationships in which an IFCSA survivor has to draw from may affect how she processes the abuse. The *support system* is defined as the network of family of origin, current family, intimate partners, friends, therapeutic services, and organizations in which the individual seeks assistance. Family of origin includes the nonoffending parent, the perpetrator, and other people the with whom the survivor grew up living in the same household that she would consider family, such as siblings, step-parents, live-in partners, and grandparents. Some factors that might affect how helpful the family of origin is in helping a survivor move forward might include their ongoing reaction to disclosure of the abuse, how they communicate about the abuse, and the survivor's relationships with individual family members. The current family includes that IFCSA survivor's current identified family, which may include a partner, children, friends, members of the family of origin, and extended family members. These members of the support system may be who the survivor chooses to process the abuse with by disclosing it, in having conversations, or by comparing experiences. Therapeutic services include individual, couple, and family therapy experiences, survivor groups, and any other involvement in therapy. Finally, organizations that may offer support include community-run groups including survivor groups, substance abuse groups, and activist organizations.

Support systems have been found to moderate the recovery process of trauma survivors. Nonoffending maternal support post-disclosure has been established as a mediator in healthy functioning of CSA survivors (Kenny & McEachern, 2000). In her review of the literature on reactions to disclosure of CSA by the people in the survivors' social support system, Ullman

(2003) found that positive maternal reactions were associated with better child adjustment. However, positive reactions in adulthood were not consistently related to adult outcomes, but friends were most supportive across studies. Borja and colleagues (2009) used a structural equation model to test the Trauma Outcome Process Assessment, a theoretical model that hypothesizes that the outcomes of trauma exposure, including internalizing symptoms, externalizing symptoms, and recovery, are mediated by family dynamics and broader social support. Among the sample of 451 undergraduates who had witnessed or experienced a traumatic event, including CSA, family dynamics did moderate recovery, which included acquiring social support.

Social support in general has recently been found to affect trauma survivors' internal processing. In her dissertation study on 6 CSA survivors who were interviewed about healing from CSA with therapy, Summer (2009) found that participants relied on relational supports in their healing, including relationships, support groups, and therapy. Also, Borja and colleagues (2009) found that social support responses participants received following their most traumatic experience accounted for 35% of the total variance in the sample, and was positively associated with recovery. The concept of support included belonging, appraisal of the availability in someone's support system, and tangible assistance. Banyard and Williams (2007) interviewed 21 resilient adult female CSA survivors from a larger sample about their experiences with CSA, their coping strategies, and their views on recovery. About three-fourths of the participants' experiences of turning points seemed related to becoming more resilient, and included their relationships with their children, social support, and opportunities in the environment. A resultant suggestion for future research was to "examine how social connections work to

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promote recovery and what role, if any, such connections play in turning points" (Banyard & Williams, 2007, p. 288), which remains as a gap in the literature.

The support system has also been found to directly affect the IFCSA survivor's internal processing. Several qualitative studies have found that IFCSA and CSA survivors report relying on support systems to help them in attempting to recover from the abuse. Group interviews from 27 members of 11 different CSA survivor support groups, including 15 IFCSA survivors, revealed survivors' need for supportive relationships because of the belief that one cannot recover in isolation (Anderson & Hiersteiner, 2008). When asked to describe what has helped them to heal from CSA, the participants identified formal and informal support systems, including therapists and the support group, because they offered validation and confirmation of their self-worth. In Banyard and Williams' (2007) study described above, they also found that resilient CSA survivors used their relationships as motivation to change, such as one participant who listed almost losing custody of her children, and another who elicited the help of her family's support when she decided to stop using drugs. In a quantitative piece of Banyard and Williams' (2007) study, 10 out of 61 participants had stable resilience 7 years between measurement. Two of these participants were among the qualitative sample, and discussed the importance of connecting with others within a support system, both in the supporter and the supported role. These studies suggest that support systems are relied upon in the recovery process. Therefore, it seems that support systems are used in internal processing in some way, but more information is needed in the literature on how social support systems help and/or hinder the processing of IFCSA, especially in relation to how these relationships can be utilized towards progressing forward.

Cultural system.

The cultural system in which an IFCSA survivor is a part may also come with messages that affect how the trauma is processed. A *cultural system* is defined as the makeup of the familial, community, and ethnic messages based on cultural beliefs that carry implications about what the meaning, response, and impact of IFCSA should be on the survivor. Cultural messages may come from groups defined by racial, religious, ethnic, and socioeconomic similarities (Bryant-Davis, 2005). While survivors' cultural systems may be different, IFCSA is a common experience across cultures. Studies in several different countries have shown that IFCSA is prevalent all over the world (Atwood, 2007). The incest taboo also exists across many cultures, and so "if there is a universal rule against something, then that something must be occurring universally. The incest itself is universal, not the absence of it" (Atwood, 2007, p. 288). Furthermore, studies have found no differences in the prevalence of IFCSA across different racial, class, and ethnic groups (Barnett et al., 2005; Kenny & McEachern, 2000; Tyagi, 2001) or in the recognition or reporting of CSA (Lowe, Pavkov, Casanova, & Wetchler, 2005). However, it has often been assumed that because IFCSA occurs across cultures, no cultural differences exist between groups (Kenny & McEachern, 2000). As a result, few studies have focused on the cultural messages that affect the IFCSA survivor within different cultural groups (Kenny & McEachern, 2000).

Previous qualitative studies have revealed that cultural messages of secrecy, loyalty to prevent familial and community shame, victim blaming, and fear of scandal for the IFCSA survivor and her family prevented disclosure. Furthermore, culture has also been found to affect coping and whether symptoms are internalized or externalized (Kenny & McEachern, 2000;

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Tyagi, 2001). The differences among cultural groups suggest that the cultural system in which an IFCSA survivor is a part of might help and/or hold her back from moving forward.

Overall, the cultural system seems to affect decisions that the survivors and their families make in regards to IFCSA. Thus, it might also affect the survivor's processing of the abuse, both directly and indirectly. In my study, I aimed to include cultural factors beyond race and ethnicity that affect internal processing. Furthermore, my study was conducted in the rural Midwest, so I anticipated that participants may be mostly Caucasians, and also might resonate more with the messages from cultural systems such as religion than race or ethnicity.

Internal Factors Related to Processing IFCSA

For my study, I have defined *internal processing* as the processing that occurs within the individual. Previous studies seem to have identified that some kind of internal processing occurs for IFCSA and CSA survivors. For example, in Banyard and Williams' (2007) study, described earlier, some women, without being specifically asked, provided motivational factors for making changes in their lives towards resilience. Many of the women's motivation were also to stop using substances, such as one woman who stated "…I love myself and that's what made actually get myself into a program.…And there's still so much in life that's worth living, living for…these things that have happened to me, they were horrible things, but, that I was not the cause it, but I can do something about it, as far as how it's going to affect me" (Banyard & Williams, 2007, p. 287). Thus, there is evidence that there can be purposeful motivation behind making changes, although *how* these changes relate to processing remains unknown. A goal of my study was to better understand how processing might be related to attempts to move forward.

Several factors that seem related to internal processing were repeatedly presented in the CSA literature. These factors included the effort to grow from, cope with, make meaning of,

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develop resiliency through, and become empowered by experiencing the trauma of IFCSA. In the following section, the literature on each of these factors is reviewed. Overlap between these factors often exists in studies, which is plausible, as internal processing seems complex. Thus, I aimed to understand how each of the factors in the literature was or was not considered a method of internal processing, and thus a way of processing IFCSA in general.

Post-traumatic growth.

Post-traumatic growth (PTG) is a positive psychological outcome which is "both a process and an outcome in which people not only bounce back from trauma but manage to further develop and grow" (Lev-Wiesel, 2008). PTG makes up the perceived benefits to having been through and survived IFCSA (Wright, Crawford, & Sebastian, 2007). Developing benefits as a result of a traumatic experience are thought to come from engaging in two processes: 1) searching for an explanation or reason for the event, and 2) perceiving positive changes as a result of coping efforts (Lev-Wiesel, 2008).

Perceiving positive changes in PTG entails the extent to which survivors feel they have learned something positive or found a benefit to having been through and survived the CSA experience (Wright et al., 2007). For example, in O'Dougherty and colleagues' (2007) mixed-methods study of 60 female adult CSA survivors to determine if they experienced PTG, coping strategies, meaning making, and feeling resolved about the abuse, and if these factors related to psychosocial outcome, 27% of participants reported experiencing personal growth and development from their CSA experience, such as gaining personal strength, creativity, wisdom, or self-esteem. Lev-Wiesel (2008) analyzed 52 paternal incest survivors and found that some of the women who attributed the abuse to the offender's personality, rather than blaming themselves or the circumstances (i.e., father lost his job), said that their lives are both happy and

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challenging, and that this state enhances their self-esteem. When they followed trends of PTG for up to a year after adult women were raped, Frazier and Berman (2008) found that positive life changes increased over time and negative ones decreased, but there was significant individual variability in the sample. These studies have confirmed that some survivors seem to experience PTG. My study focused on how PTG is used as a part of processing the abuse for those who utilize it, and how it remains unimportant for others.

Furthermore, two studies on the relationship between PTG and trauma symptoms, such as PTSD and depression, have found PTG and trauma symptoms to be independent of one another, which means that growth and symptom severity cannot be causally related (Frazier & Berman, 2008; Grubaugh & Resick, 2007). In their qualitative study of PTG, which included incest survivors from a sample of 246 non-clinical CSA female survivors, Lev-Wiesel and colleagues (2005) found that both PTSD and PTG were higher among survivors who were abused by a family member than by those abused by non-family members. While PTG seems to assist in growing after the abuse, and may be a component of processing, it has not been found to have a direct relationship with long-term outcomes.

Coping.

"Coping refers to a range of diverse cognitions and behaviors used to manage the internal and external demands of a stressful or threatening situation" (Folkman & Lazarus, 1980, in Walsh et al., 2009, p. 2). The process of coping includes oscillating between approach, or directly attempting to integrate painful material, and avoidance, or preventing overwhelming emotions by attempting to protect oneself from threatening events (Folkman & Moskowitz, 2004; Walsh et al., 2009). In the CSA coping literature, some studies have found that one type of coping, called approach coping, which includes problem-focused coping and making meaning

from the abuse experience, is related to resilience (Phanichrat & Townshend, 2010; Walsh et al., 2009). Another type of coping, avoidant coping, has been found to lead to more trauma symptoms (Fortier et al., 2009). In their review of the 39 studies on adult coping and CSA, Walsh and colleagues (2009) found 18 studies of long-term adjustment and CSA coping revealed that coping may partially explain the variability in outcomes for CSA survivors. Specifically, avoidant and self-destructive coping was related to a negative long-term outcome. For example, one study examining coping patterns and outcomes of female CSA survivors found that an avoidant coping pattern was significantly correlated with higher depressive symptoms (Wright et al., 2007). Furthermore, the participants who were unresolved about the abuse were more likely to rely on avoidant coping. However, participants who reported being mostly resolved about the abuse did not report more use of problem-solving coping than did unresolved participants, but only one question on a 3-point scale was used to assess feeling resolved.

Studies that have focused specifically on IFCSA have shown that IFCSA survivors may need special consideration in their coping strategies. An early study of 66 college women found that IFCSA participants engaged in increased use of both problem-focused and emotion-focused coping strategies when compared to extrafamilial CSA survivors (Walsh et al., 2009). However, another early study found that among 15 high-functioning incest survivors, coping strategies that were employed were similar to the CSA population (DiPalma, 1994). Overall, it is clear that avoidant coping with IFCSA leads to negative outcomes, while approach coping tends to lead to adaptive outcomes.

One theorized form of coping is emotional approach, which is the active processing and expression of emotion, which involves emotional processing (validating and focusing on emotions) and emotional expression (the freedom to express emotions) (Folkman & Moskowitz,

2004). Nolen-Hoeksema and colleagues (2000) posit that emotional processing is considered

adaptive when new information is being considered, but becomes maladaptive when past trauma

is repeatedly processed, which is called rumination (Folkman & Moskowitz, 2004). Rumination

is the tendency to passively and repeatedly focus on negative emotions and the possible

consequences of those negative emotions (Folkman & Moskowitz, 2004). Stanton and colleagues

(2000, in Folkman & Moskowitz, 2004) found that emotional processing was adaptive in the

short-term, but became rumination in the long-term for women with breast cancer, which led to

depression. Thus, while re-processing old information repeatedly can lead to stagnation in

coping, processing new information might lead to progressive internal processing.

"From a process standpoint, *coping* is defined as ongoing cognitive and behavioral efforts

to manage specific external and/or internal demands that are appraised as taxing or exceeding the

resources of the person" (Lazarus, 1993, p. 237). Studies that have explored coping with IFCSA

and CSA have overwhelmingly found that the coping process is on-going, dynamic, and changes

over time (Skinner, 2009; Summer, 2009; Walsh et al., 2009). A recent qualitative study by

Phanichrat and Townshend (2010) explored 7 CSA survivors' coping strategies used when

striving towards recovery. They found that the participants shared a gradual shifting in an on-

going coping process, with some participants reporting several "turning points." Another study

discovered that CSA survivors shared turning points in response to telling their life story

(Banyard & Williams, 2007). The participants identified changes within themselves as an

important component to the turning points, which may demonstrate that shifts in internal

processing of IFCSA can occur across the lifespan. In my study, I planned to learn more about

how changes relate to moving forward by processing IFCSA experiences.

Some participants have come out of a laborious coping process and consider themselves on a steady road to recovery (Phanichrat & Townshend, 2010). Others say that recovery can never truly be reached, as the nature of coping requires a lifelong dedication to changing and growing (Banyard & Williams, 2007). Both types of experiences imply that processing IFCSA is an ongoing phenomenon that does not end, but can positively progress. Coping also changes over time, with coping strategies that may be adaptive at one time and not another (Oaksford & Frude, 2003). For example, avoidant coping to protect oneself from a threat might have been adaptive in childhood during the IFCSA, but in adulthood becomes maladaptive (Walsh et al., 2009). While coping has been studied extensively in relation to CSA and some aspects of IFCSA, further understanding is needed about how coping with IFCSA relates to the broader experience of processing the trauma.

Meaning making and IFCSA.

Meaning making is the lifelong process of maturation that includes alternating periods of stability and change triggered by life crises (Russell, White, & White, 2006). The process of meaning making involves an individual replacing old forms of knowing by constructing new, more powerful ways of making sense of the world (Lyddon & Aalford, 1993, in Russell et al., 2006). Meaning making describes an IFCSA survivor's changing perspective on the event, including the survivor's view of herself, her perpetrator, family, the event itself, and what having experienced IFCSA means to and about her. Forty-eight percent of female CSA survivors in a quantitative and qualitative study reported that the meaning they had made from their abuse experiences took the form of positive outcomes in their lives (Wright et al., 2007). Upon interviewing 26 female IFCSA survivors with a narrative approach, Anderson (2006) concluded that creating a narrative is important for IFCSA survivors in making sense of their abuse

experiences. Furthermore, members of a CSA survivor group reported that making meaning by reading other survivors' stories, journaling, and constructing stories with therapists helped them towards recovery (Anderson & Hiersteiner, 2008), which implies that it helps in internal processing. Thus, making meaning about IFCSA appears related to processing. In my study, I aimed to gain more information from my participants about how meaning making is created and developed for IFCSA survivors.

 Resiliency.

 While the definition of resilience varies across the literature and is considered difficult to define, "the study of resilience has generally involved a focus on those who manage reasonably well in the face of known risk factors for developmental impairment" (Hauser, Vieyra, Jacobson, & Wertlieb, 1985, in James, Liem, & O'Toole, 1997). However, I focused on *resiliency*, which views resilience as a dynamic process rather than as a static trait, comprised of fluid attributes that changes over the person's lifespan as factors in the person's life change (James et al., 1997). Liebenberg and Ungar offer a postmodern definition of resilience, which is the capacity of the individual who has lived in the context of significant adversity to survive, thrive, hope, and cope, which includes having access to and navigating health-sustaining resources (Liebenberg & Ungar, 2009; Ungar, 2005).

 Some recent studies have focused on resilient, or well-adjusted, CSA survivors. For example, Banyard and Williams' (2007) previously described study found that female CSA survivors who remained high on a resilience scale across 7 years had lower exposure to subsequent trauma than did the women who had low resilience scores across time. They also found stability and change among the resilient group of survivors, with participants reporting fluctuations, such as "ups and down" (p. 284), which may suggest that even for CSA survivors

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who have positive outcomes, resiliency may be an ongoing process. Studies on IFCSA and CSA often focus on resiliency in terms of recovery or healing, which is difficult to separate from the other constructs discussed previously in the literature. An example is Anderson and Hiersteiner's (2008) study on recovery, which found that participants believed that it was possible to recover to a "normal" life, but that this involves internal (i.e., disclosing the abuse and making meaning of it) and external (i.e., supportive relationships) factors. Thus, an important part of processing the trauma of IFCSA might be in developing resiliency. How this fluid resiliency affects internal processing was addressed in this study.

  Empowerment.

   For this study, I defined *empowerment* as a sense of autonomy, strength, and influence on one's life. Developing empowerment in adulthood by IFCSA survivors who were powerless to stop the abuse in childhood was important in the participants in Anderson's (2006) study. The IFCSA survivors said that they practiced their empowerment in adulthood by breaking the silence to disempower the family secret, controlling who and when they disclosed the abuse, becoming autonomous (i.e., cutting off from abusive family, stopping maltreatment of self or others). Similarly, Anderson and Hiersteiner (2008) found that members of a CSA survivors group reported that breaking the silence by disclosing their abuse experiences empowered them, and helped in their recovery. The most important aspect of recovery for a CSA focus group was becoming personally empowered via personal and public awareness, control, courage, and effectiveness (Alexander, Muenzenmaier, Dumont, & Auslander, 2005). This study aimed to determine if empowerment was important in processing IFCSA, and how empowerment promoted processing for survivors, if at all.

Long-Term Outcomes

A commonly held belief in society and within the field is that the long-term prognosis of someone who experiences IFCSA is devastating and the effects are detrimental, which has led to a focus in the literature on long-term negative outcomes (Hunter, 2006). *Long-term outcome* is defined as the state of mental health of an IFCSA survivor to the present point. Known negative outcomes of CSA include psychological distress, psychopathology, PTSD, alcohol abuse, relationship difficulties, antisocial behavior, suicide risk, anxiety about sex, and low self-esteem (Hunter, 2006). However, some IFCSA survivors present no symptoms or do not have different symptoms from those experienced by extrafamilial abuse victims (Atwood, 2007; Bal, 2004). Some IFCSA survivors have been found to have positive outcomes, and are high-functioning (DiPalma, 1994). Thus, it should not be assumed that all sexual abuse is completely devastating to all victims (Atwood, 2007; Hunter, 2006).

In studies previously described, IFCSA and CSA survivors reported that working towards recovery is possible, but reaching an end-point of being fixed or healed is not (Anderson & Hiersteiner, 2008; Banyard & Williams, 2007). Some survivors have suggested that a desired outcome is reaching the point in which CSA is a part of who you are, but does not completely define you (Anderson & Hiersteiner, 2008). Others describe reaching towards accepting the events that happened and making internal peace (Banyard & Williams, 2007). Another important aspect of on-going processing which creates different, changing outcomes are "turning points" that are often mentioned by survivors (Banyard & Williams, 2007). Turning points are important events, realizations, and relationships that are involved in furthering the processing of IFCSA. Thus, long-term outcomes may change over time. Further research is needed on what contributes to changes in these outcomes, and if processing trauma is related to changes in outcomes. While

an understanding of potential long-term outcomes is important for understanding the context that survivors of IFCSA may live in, my study focused on the factors involved in processing IFCSA rather than the outcomes of the participants. Focusing on the factors affecting processing rather than the outcome fits with my research questions to learn about the nature of processing. Furthermore, this focus fits with my methods, which are discussed in the next chapter.

Chapter 3 - Methods

Introduction

In this chapter, I explain the qualitative methods for my study. Qualitative methods were appropriate for my study because my goal was to understand participants' experiences of processing IFCSA in depth and from their individual perspective. As described in the review of the literature, previous qualitative studies suggest that some kind of processing occurs for IFCSA survivors, but little is known about *how* IFCSA is processed. Thus, qualitative methods were also appropriate because I conducted basic research on an exploratory topic with the goal of clarifying what the nature of processing *is* and specifying *how* it happens among IFCSA survivors. With qualitative data, I was also able to observe and have a record of the participants' stories, thoughts, and feelings, which may be important components of processing. In this chapter, my methodological framework, sampling methods, procedures for data collection, measures, method for data analysis, and credibility and trustworthiness are described.

Methodological Framework: Phenomenology

Qualitative inquiry was used to obtain an enhanced and deepened understanding of the participants' experiences, which is known as Verstehen in phenomenology (Patton, 2002). My qualitative methodological framework was guided by phenomenology because I wanted to understand the shared experience of processing IFCSA as well as each participant's unique perspective of what moving forward and processing meant to the participants. This follows transcendental phenomenology and hermeneutic phenomenology, respectively (van Manen, 1990; Moustakas, 1994). Thus, this perspective is most appropriate for my study in learning what

processing IFCSA is like for survivors. In this section, I will provide a brief description of phenomenology and my rationale for using it in this study.

Gaining an in-depth understanding of the meaning, structure, and essence of the lived experience of a shared phenomenon for a person or group of people is the core of phenomenology (Patton, 2002). In my study, the shared phenomenon is IFCSA, with a more specific focus on the concept of processing IFCSA. A goal of phenomenology is to describe what all of the participants have in common as they experience a phenomenon (Creswell, 2007), which I expect to be related to experiencing processing IFCSA.

Phenomenology is a description of the dynamics of a particular experience that provides an understanding for how perceptions, feelings, thoughts, and sensual awareness are brought to consciousness (Moustakas, 1994). The reality of an experience is based on the perceptions of the observer, and perceptions can change over time, creating "fresh perspectives, as knowledge is born that unites past, present, and future and that increasingly expands and deepens what something is and means" (Moustakas, 1994, p. 54). Thus, I aimed to understand participants' perceptions of how they had and continued to process the experience of IFCSA. However, while the ways of processing IFCSA may be different among participants, the group has a shared experience of surviving IFCSA. While a goal of the transcendental phenomenological perspective is to find commonalities among participants' lived experiences, hermeneutic phenomenology focuses on the meanings that individuals make of their experiences (van Manen, 1990). Thus, I also recognized that participants might process IFCSA differently from each another. I expected to capture these differences through looking for the meaning in participants' dialogue and descriptions (van Manen, 1990).

Meaning is often constructed through stories (Dahl & Boss, 2005). Hearing survivor's stories about their personal journeys of processing IFCSA from the time when the abuse occurred to the participant's present was expected to provide insight into the makeup of processing, such as specific factors that affect participants. Furthermore, I hoped to understand how the constructed meanings of IFCSA within cultural systems and social messages affected IFCSA survivors' internal processing. Thus, I wanted to understand their personal experiences and stories in depth, in addition to how the other systems that they derive meaning from affected their experiences.

Overall, a phenomenological perspective was appropriate for my study because I aimed to gain a description of the "essence of the experience" of what processing means to participants and how they experience it (Creswell, 2007). A goal was to better describe what processing is, from the participants' perspectives, than what is offered in the current knowledge base. Phenomenology was thus utilized to understand the lived experience of processing IFCSA, which guided my main research question (What is the nature of how IFCSA is processed for some survivors?). By focusing on the lived experience, "issues…become questions to be understood and lived, not "solved" and put away" (Dahl & Boss, 2005, p. 71).

Self-reflexivity.

In phenomenology, researchers are considered a part of the phenomena being studied, because our beliefs and biases influence our research from developing research questions to interpreting data (Dahl & Boss, 2005). As a result, self-reflexivity, or overtly sharing my point of view, is an important component of phenomenology (Dahl & Boss, 2005; Patton, 2002). The researcher is considered the main instrument in phenomenology, and brings in prior knowledge

about the participants' experiences, which must then be evaluated against new information collected (Dahl & Boss, 2005).

First, as a researcher, I came into this study with the knowledge about IFCSA presented in the literature review. As a Marriage and Family Therapist, I entered the study with the belief that trauma affects people, and my bias is that processing the trauma leads survivors to more beneficial outcomes. I have not personally experienced IFCSA, and thus am an outsider to the phenomenon. However, my therapeutic experiences with children and adults who have experienced IFCSA have confirmed that processing IFCSA is helpful to IFCSA survivors. I entered into the study with these beliefs, but at the same time adopted the phenomenological and post-positivist stance of accepting what the participants had to say about their experiences as their reality. Following phenomenology, wherever participants perceive themselves to be is where they are in their process.

An important perspective to acknowledge is my feminist stance. My feminist inquiry provided the lens through which I am entering the study as a researcher. As a postmodern feminist, I subscribe to continually questioning the meanings given to oppressive norms and institutions (Brown, 1994; Porter, 2005). My interest in examining the power differentials between adults and children that cause harm to children, especially with sexual exploitation, is an important factor in my understanding of this phenomenon. I also have an agenda for creating change in society by contributing to stopping incest and helping survivors to recover from it. I also have a goal to subvert the power that the label "incest" has in society with the common belief that it is a devastating, permanently damaging experience. Thus, I would like to disempower IFCSA, and instead empower those who have lived through it.

Participants

Unit of analysis.

My unit of analysis was individuals, because I wanted to understand the lived experience of individual IFCSA survivors in relation to processing the abuse. I included participants who were in adulthood (18 years old and above), because it was expected that they will had been through some experiences of processing IFCSA and would be better able to articulate their experiences than were children. Interviewing an individual was appropriate because my focus was on internal processing, and I could gain access to internal thoughts more readily with the person of interest alone. Finally, I included only female participants because there is little known about processing IFCSA, and women have been studied more extensively than men have in terms of being IFCSA survivors. While future studies should include male survivors, I aimed to first understand the experience of women who process IFCSA in my preliminary study.

Sampling method.

The purposeful sampling method that was appropriate for my research design was theory-based sampling, which involved sampling people on the basis of representing an important theoretical construct (Patton, 2002). My sample was selected based on people who represent the theoretical construct of processing IFCSA. Since it remained unknown if all IFCSA survivors process their trauma or not, a representation of adult participants who met the criteria of experiencing IFCSA, which was previously defined in the literature review, were included. I continued to sample participants until saturation was reached.

Procedures

    Methods of recruiting participants.

        Participants were recruited from the community in an attempt to have a representative sample. More specifically, I attempted to recruit participants who did not all have therapy experiences, because I thought that therapy might be associated with processing IFCSA. I placed notices in the forms of flyers and advertisements in several areas (see Appendix A). Settings included a college campus, a military base, rest stops, Laundromats, coffee shops, grocery stores, churches, and public bathrooms. When possible, I obtained permission to post my flyers first. I also included my phone number in a large font so that someone could copy it without identifying herself. I also had tear off strips at the bottom of the flyer so that a woman could quickly take my information with her.

        On Kansas State University's campus, I placed flyers in various buildings and around campus, with the permission of the respective departments. I also placed an advertisement in the University newspaper, which ran every day for two weeks. Other surrounding areas in Kansas that I recruited in when permission from organizations was granted included Wamego, Junction City, Fort Riley, Topeka, Wichita, and Kansas City. The purpose of recruiting in several areas was to increase the likelihood of reaching a variety of participants, with different cultural backgrounds, financial backgrounds, and support services available to them.

        When possible, I also recruited participants through making an announcement to groups, in person or through emails, such as church groups. Finally, I used modified snowball sampling by asking participants to give flyers to anyone they might know who they think would be appropriate for the study at their own discretion. I kept a record of how each participant was

recruited by asking them how they found out about the study, and which area of Kansas they were from.

When participants contacted me by phone or email, I screened them for eligibility to participate. I suggested screening over the phone, but if the participants were more comfortable with email, I sent them the screening questions via email. I asked dichotomous screening questions to increase the comfort and decrease the amount of information a potential participant had to provide over the telephone or email conversation before rapport had been established. The questions, shown in Appendix B, included determining if the participant was over 18-years-old and that the participant identified as having experienced IFCSA within my previously stated definition. In the initial phone conversation, I also described the purpose of the study, the purpose of the interviews, the compensation disbursement, and recording procedures, including confidentiality procedures. Finally, asked if the individual was interested in participating, and scheduled the first interview.

Methods of collecting data.

Phenomenology calls for participants to define phenomenon rather than for the research to define it for them (Dahl & Boss, 2005). This stance allowed me to create the meaning of processing collaboratively with the participants. As the researcher, I brought my previous knowledge of the literature, which created a starting point for choosing the primary research questions that remain to be asked about processing. The participants were asked to bring their experiences as source of better understanding the experience of processing IFCSA. To best ensure that their experiences were being collected, and to limit my bias, I used semi-structured interviews with open-ended questions.

Two interviews were collected for each participant. The first interview was conducted in-person, in a location selected by the participant to facilitate obtaining data in a comfortable, safe, and private setting. I offered participants suggestions of places to meet if they wanted them, including their home, the Kansas State University Family Center clinic, my therapy office clinic, and other settings in which the participant and researcher deemed it safe and private to discuss the subject matter. Interviews were audio recorded to ensure that I captured all of the participants' words accurately, which was important in my data analysis. I also used a video recorder to triangulate recording methods for accuracy, and to capture the participants' faces as they may have been "in process" during the interview.

My phenomenological perspective was used to clarify the lived experience in terms of individual stories and how meaning is made from the stories. As a result, I expected the interview itself to provide opportunities to see processing in action, such as by seeing survivors tell their stories, which according to phenomenology involves bringing the experience to consciousness. Therefore, I asked the participants to tell the story of their IFCSA experience in as little or as much detail as they felt comfortable. To supplement the interview and clarify important experiences, the participant and I created a timeline of significant events on their journey of processing. This was a creative visual and was also expected help to organize information and facilitate the formation of follow-up questions. I thought that a chronological account of which significant events, people, activities, realizations, moments, or personal factors have helped the participants might further clarify the nature of processing IFCSA.

At the end of the first interview, I invited participants to share something in the second interview that represented their journey of processing IFCSA. Examples included songs, poems, photographs, letters, diary or journal entries, dance, artwork, phrases or sayings. I then asked

participants to describe how their object represented their journey of processing IFCSA and what it meant to them in the second interview. Including an aesthetic method of data representation, or some form of literary or artistic representation of phenomena, in a qualitative study is meant to "call for a more a more evocative, interpretive response from the reader or audience, another level of reflection and meaning making" (Piercy & Benson, 2005, p. 109). The purpose of including an object representing the participants' journeys of processing IFCSA was to have an additional data source for triangulation and another level of data to analyze for meaning of the phenomena. The object was also meant to serve as a different method of communication for the participants, so that they could describe their journeys of processing with the object. This was thought to potentially aid in enriching or expanding their description of processing IFCSA.

The second interview was conducted in-person. I was prepared to provide the option to complete the second interview over the telephone if it was more convenient for the participant. The purpose of the second interview was to ask follow up questions that emerged since the first interview. Questions resulted from needed clarification of the first interview, ongoing data analysis, or the experiences of other participants that this participant did not yet discuss. When scheduling the second interview, I offered the participants the opportunity to see their transcripts from the first interview, either in a hard copy given to them in the second interview, or sent electronically. This was a method to triangulate participants and provide a chance for them to expand on or correct the meaning of what they shared. This was only provided if participants felt safe to receive a copy of their interview. If they did not feel safe or did not wish to see their transcript, I asked clarification questions during the second interview, using a transcript to quote what they said if necessary. At the end of the second interview, I again asked them for their

consent and ensured that they felt it was safe to call them with follow-up questions that may emerge.

After the phone screening and each interview, participants were offered a list of resources for support (Appendix E). Participants were compensated for each time they met to conduct an interview. After the first interview was conducted, participants received a $5 gift card to their choice of Target or Wal-Mart. After the second interview, participants were compensated with $10 gift cards to Target or Wal-Mart.

Measures

Participants answered some questions in the form of a survey (see Appendix C) before the interview to provide me with background information. Information included partner status, number of children, employment, and perception of their quality of life. Some details about IFCSA and other traumas were collected to avoid focusing on this during the interview. The relationship to perpetrator(s), ages the abuse began and ended, and severity of the abuse were asked. Participants were also asked to respond to a checklist of other traumatic experiences, such as intimate partner violence and sexual assault. The checklist was adapted from the Traumatic Life Events Questionnaire (TLEQ; Kubany et al., 2000).

I used a semi-structured interview by combining an interview guide and an unstructured interview with the participants in my study. Appendix D contains the interview questions and probes in the two interview guides. All participants addressed the same questions, so the differences between answers were expected to show variations among the women's experiences rather than differences in the interview questions. However, I also used an unstructured interview procedure to explore informative topics that emerged during interviews. I also followed up with participants based on other interviews or questions that I developed during data collection. The

construction of meaning was attended to by carefully choosing language to ask questions. For

example, I asked them to tell the story of their journey from the time of the abuse to the present

before asking any other questions to elicit their meanings of experiences before using any of the

terms from the literature.

Method of Data Analysis: Constructivist Grounded Theory

I used a constructivist grounded theory data analysis approach, which prioritizes the

phenomena of the study and views data and analysis as created from shared experiences and

relationships with participants (Charmaz, 2006). Constructivist grounded theory analysis focuses

on *how* participants construct meanings in specific situations (Charmaz, 2006). In my study, I

focused on *how* participants construct their experiences of processing IFCSA. Furthermore, this

stance required that I balance my participants' meanings with my own self-reflexivity. In a

recent overview of grounded theory procedures by Corbin and Strauss (2008), they acknowledge

the value of constructivism in grounded theory: "theories are *constructed* by researchers out of

stories that are constructed by research participants who are trying to explain and make sense out

of their experience and/or lives, both to the researcher and themselves" (p. 10, emphasis in

original). My grounded theory approach was also complimentary to my phenomenological

framework, because the phenomena is focused on, the researcher is aware of her biases, and is

sensitive to the words and actions of participants (Corbin & Strauss, 2008).

I followed with the grounded theory concept of emergence, in which "we interact with

our participants and subsequently interact with them again many times over through studying

their statements and observed actions and re-envisioning of the scenes in which we know them"

(Charmaz, 2006). The purpose of this is to continue to develop codes and ideas as data is

collected. Therefore, I began coding while data was still being collected and asked participants'

permission to ask them follow up questions so that I could go back for their input if important

codes emerged from interviewing other participants. I was also able to ask participants questions

that emerged after beginning to code their first interviews before meeting with them for the

second interview.

The constant comparative grounded theory data analysis method was employed, which

"is concerned with generating and plausibly suggesting hypotheses about general problems"

(Glaser & Strauss, 1999). I began the use of suggested methodologies in the data collection

stage, through the use of writing memos and notes during interviews to gather initial codes and

observations (Charmaz, 2006; Glaser & Strauss, 1999). I then followed grounded theory methods

for coding the data by following first initial and then focused coding(Charmaz, 2006). During

initial coding, fragments of data are closely studied to remain open to all possible directions the

interpretation of the data can have (Charmaz, 2006). First, my coding team, made up of two

doctoral students and my major professor as a reviewer, and I used line-by-line coding, in which

lines of transcripts were described and initial codes were created and defined. According to

Glaser and Strauss (1999), there are two types of codes that can emerge from the data when

grounded theory analysis is employed. The first is the kind of code that the researcher constructs

herself, which tend to be explanations (Glaser & Strauss, 1999). The second is called *in vivo*

coding, in which the actual language of participants is adopted by the researcher in labeling

codes (Charmaz, 2006). These kinds of codes tend to be labels for actual processes or behaviors

that are explained by the researcher (Glaser & Strauss, 1999). I found two kinds of *in vivo* coding

in my data analysis. The first was the general terms that everyone 'knows,' but can have

significant meanings (Charmaz, 2006). For example, I asked the participants to define

processing, which is a term that many people use and may 'know,' but I wanted to know the

significance of this term to them as IFCSA survivors. The second type of *in vivo* code I found in the data was participants' innovative terms that captured meanings or experiences (Charmaz, 2006). The initial coding eventually led to building types of categories and how the categories relate to one another (Glaser & Strauss, 1999), which leads to focused coding.

During focused coding, I selected the most significant and frequent initial codes to test them against the data, or comparing the data with the codes from the initial coding stage (Charmaz, 2006). I also compared the participants' experiences across interviews and observations to determine how the participants might be similar and different, and to check which codes were most significant for this group of participants. I also remained open to the emergent process of data analysis during coding (Charmaz, 2006). For example, during initial coding stages I found that participants were not only processing during telling the story of their abuse experiences as I expected, but seemed to be processing at times throughout the interview. Therefore, the coding team created a code called 'processing during interview,' and continued to look for these moments while interviewing and coding.

Finally, I used the grounded theory analysis method of axial coding, the purpose of which is to synthesize the data after coding into a coherent whole (Charmaz, 2006). I used Charmaz's (2006) method of axial coding, and thus developed subcategories of a category in a way that demonstrated how the subcategories were linked together to represent the category. The categories were meant to show how I made sense of the data as a whole. Axial coding was used to clarify and organize the data.

Reliability and Validity: Credibility and Trustworthiness

   Trustworthiness.

To establish trustworthiness in my study, which is similar to determining validity in quantitative studies, I used several forms of triangulation (Creswell, 2007; Patton, 2002). First, I triangulated two other coders, who came in with knowledge on the topic. We coded the data and discussed our codes until we came to agreement on defining or labeling them. Also, my major professor acted as a reviewer to check that my analysis fit with the data. I also conducted multiple interviews as a way to check with participants as concepts emerged, and gave them the opportunity to clarify or expand on the transcript of the first interview. I also triangulated data collection by including several different types of data, including the written survey, the two separate interviews with the participants, and the representation of processing that the participant brought with her to the second interview.

   Credibility.

Credibility is considered a way of determining reliability in qualitative research (Creswell, 2009). In my study, I attempted to determine credibility in addition to trustworthiness through the use of my coding team. While the coders had background knowledge about the topic of study, I gave them a limited amount of information about the factors that I found in the literature. This served as a check in determining what was emerging from the interviews in case I was biased by what I learned from the literature.

My method of data analysis was also a way of increasing credibility. Line-by-line coding is a way of reducing researcher bias because I had to look at small sections of what the participants were saying rather than coding based on entire passages (Charmaz, 2006). Axial

coding is also meant to extend the analytic power of my data because putting it together in a

categorical way makes it more identifiable as empirical (Charmaz, 2006).

Chapter 4 - Results

This chapter will review the results of the data collection and data analysis procedures. Next, the codes that emerged from the data about how the participants processed the trauma of IFCSA are discussed.

Results of Data Collection and Analysis Procedures

As discussed in the research methods chapter, I took notes during the interviews, wrote memos after the interviews based on Patton's recommended questions to answer after conducting an interview (Patton, 2002), and wrote memos after coding. The first interviews ranged from 1½ to 5 hours. The second interviews ranged from 45 minutes to 4 hours. The interviews were conducted at the Kansas State University Family Center, my office, participants' homes, and one participant's office.

During the data analysis stage, all three members of the coding team coded the first interview for the first participant to reach agreement. When agreement was reached, we divided the rest of the participants' interviews so that two coders coded each transcript and came to agreement. I coded every interview with another coder. When questions or disagreement arose, we first discussed the rationale for our codes to determine if agreement could be reached. If it could not, I would either ask the third coder or my major professor to reach agreement in the code. Towards the end of the coding process, the third coder checked the first participant's entire second interview to ensure reliability.

We found both types of grounded theory analysis codes mentioned in the previous chapter: those generated by the researcher and those that emerged from the data (Glaser & Strauss, 1999). Also, as described in the methods, we found two types of *in vivo* codes, the codes

that emerged from the participants' language. The codes that were extracted directly from the participants' innovative terms are in quotes in Table 1, which lists all of the codes and categories.

I then entered the codes into NVivo, and used focused coding to build types of categories that emerged as I entered them. I was also able to see the most significant and frequent codes in NVivo, which is important to note in grounded theory analysis. My major professor served as a reviewer of the categories of codes I created, and ensured that we agreed about how the codes were organized.

Using grounded theory methods of analysis discussed in the previous chapter, different levels of codes emerged from the data. Table 1 shows all of the different levels of codes and their groupings by category. After the two levels of grounded theory data analysis were completed, I had two levels of categories of codes, and three levels of actual codes. The first column in the table includes the general categories that were created during the axial coding stage. The general categories included the *journey of processing IFCSA, the nature of processing IFCSA, the impact of the interview* and *advice* about processing IFCSA. The next main categories were created during focused coding, as were the different levels of codes to better organize them. The actual codes were created during line-by-line coding and focused coding when codes and data were compared. The main categories and the level one, two, and three codes are described later in this chapter. While all of the codes that emerged during data analysis are shown in Table 1, the main codes that are expanded upon in this chapter are those that relate most to how IFCSA is processed, which was my main research question. The internal factors, discussed in the literature review, that relate to processing are included in this study only in relation to how they are directly involved in the categories about processing. External factors are included throughout the categories of processing as they emerged during interviews.

Description of Participants

Table 2 shows the method of recruitment for the seven women who volunteered for the study. One participant was recruited via word of mouth from hearing me discuss the study, one participant responded to an advertisement in a local newspaper, and the remaining five participants responded to fliers posted in various settings across Kansas. The participants varied in age from 21 to 51, and grew up in diverse areas of the United States. Six of the women were white and one was black. All of the women held stable employment and most of them perceived themselves to be economically stable. All of the participants had partners at varying levels of commitment, ranging from newly dating to married for over three decades. Two of the participants had children, and two women chose not to have children partly as a result of their abuse experiences. Of the three youngest participants, two planned to have children, and one was still deciding whether or not she would have children in the future.

All of the women said that one of the reasons they decided to participate in the study was to help others. Two of the women said that in addition to helping others, they thought they would benefit from talking about their abuse experiences. Three women said that one reason for participating was to resist keeping IFCSA a secret by not talking about it. Some of the women also stated that they choose to be open about their abuse experiences, as one participant stated, "I don't have anything to *hide*. It's not my sin or my guilt to *hold*."

The Journey of Processing IFCSA

The general journey of processing IFCSA was an important theme in capturing how the participants processed over time. The participants were asked to tell the stories of their abuse experience and the story of their journey from the time the abuse ended to the present. The participants and I also created a timeline during the first interview to assist them in organizing

their journeys. These *individual journeys* are described below through each participant's case study. All names have been changed to protect their confidentiality. Next the *aesthetic representations*, or objects that participants brought to represent processing IFCSA are described. The objects that participants brought seemed to describe their journeys of processing, so they were analyzed in terms of how they relate to and represent their journeys.

Case studies.

After discussing their journey of processing IFCSA, participants were asked to label their journey. The case studies below are titled with the label each participant gave to her journey of processing IFCSA. The diversity of labels demonstrates that while there were common themes, which will be discussed in later sections, each participant has a unique story to tell. The case studies also illustrate the variations in how far the participants felt they had come in their processing of the abuse experiences. For example, Laura was just beginning to process the abuse, and as result felt she was at the beginning of "Learning to Love Myself," while Claire felt she had mostly processed her abuse experiences and had "Better Things to Do" in her life.

Unfortunate Path: Patty.

Patty was a white college student in her early twenties who had a long-term boyfriend whom she identified as a major support in her journey of processing her abuse experiences. She was raised by her mother and had visits with her biological father from the time of the divorce when Patty was four-years-old. On several occasions when Patty visited her father when she was between six and ten-years old, and Patty's father was drunk or under the influence of alcohol, he fondled her. Her father was an alcoholic, and Patty attributed the sexual abuse, as well as the emotional abuse he would commit against both her and her brother, to the alcoholism. When Patty was about seven, her mother began dating Paul, who became a prominent positive male

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figure in Patty's life. Once Patty's mother was remarried to Paul, the family relocated to a wealthier community, and soon after moved abroad for about two years when Patty was 11. Patty considered this move a relief from the abuse which she had endured by her father during visits with him. However, during the same year as the move, her brother, who was three years older than her, began to sexually abuse her until she was about 15, so she "didn't get much of a break."

During the time period of the interviews, Patty said that she had worked on processing her abuse experiences through thinking, conversations with her boyfriend and best male friend, and her family's therapist. During the second interview, she seemed to be more "in process," and was working on making sense of the abuse by her brother. She also related her dad's death in the previous year to her current processing about his abuse. Her dad's death also seemed to disrupt her goals of having conversations with him about his accountability for committing the abuse.

While Patty experienced the abuse as a child, she thought she did not begin to process those experiences until she had a "breakdown" when she was 19 in which she acknowledged that she had been abused. Patty seemed to make sense of her abuse by family members by acknowledging that the abuse experiences were negative events that she had to endure as a part of her journey in moving forward, and thus labeled her journey "An Unfortunate Path."

"Well maybe the whole situation, the whole timeline, was just an unfortunate path, and maybe…maybe each realization, and each growth in a positive direction was…like a stepping stone, if you will. From getting to where I am today. Which is much better with everything that happened, than when my realization—my main realization—kicked in when I was 19."

Patty found it important to move forward in her journey by mending relationships with her abusers. Furthermore, building positive relationships with her dad and brother was important

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in her processing the abuse experiences because "I don't think that, at least in my situation, there hasn't been anybody that's been a hundred percent bad, it's just unfortunate that there's a small sliver of them that did—that was capable of being like that." This quote demonstrates her idea that the abuse is an unfortunate part of her story and her family's story, but she does not attribute the entirety of how she sees herself or her family members to the experience of abuse.

Emotional Maturing: Emily.

Emily was a young college student who had been sexually abused by her male cousin, who was ten years older than her and was close with her family both proximally and emotionally. Starting from the time when Emily was a young child, the abuse by her cousin became a "regular routine." In her journey, it was crucial for Emily to accept herself as an emotional person, and to acknowledge her emotions in relation to the abuse because "it was a very emotional issue." She mostly did this on her own, with the support of some adults, friends, and therapists. Accepting her emotions was difficult at times because from the time of the disclosure, Emily was faced with messages from her immediate family not to further disclose the abuse, to forget about it, and to "get over it."

> "I am an emotional person and it was always kind of something that was like, 'Don't cry, —like, about anything.' When you're a little kid, and…I'm okay with that now, I guess. And I know how to control my emotions and kind of just have some emotional intelligence with everything. And the fact that I can…say that I'm an emotional person makes it less of a big deal. And I don't think that's a bad thing, I think that's a good thing. …Just kind of growing up in that."

Emily felt not only unsupported but unprotected by her immediate family, because after she disclosed, they expressed distress but still allowed her to be around her cousin alone. As

Emily became an adolescent and discovered that her cousin had been abusing multiple other family members, it became an important part of her journey to speak out about the abuse in her family, and help others when possible.

By the time of the second interview, Emily seemed to be at a place in her journey where she decided that she would not depend on her immediate family for processing her abuse experiences because she realized that they would not take accountability for their lack of support or protection of her. While it seemed difficult for Emily to have an unsupportive mother as a part of the story of her journey, this acceptance of her parents for where they are in their own journey seemed to allow her to continue her relationship with them as independent of Emily's journey in processing the abuse.

One-Way Trip, Progressive: Tracy.

Tracy was in her mid-twenties at the time of the interview, and felt she had made progress in her journey of processing her abuse experience. An important part of Tracy's identity was as a lesbian. At times, Tracy's acceptance of herself as a lesbian intertwined with her processing of the abuse, such as when she had to explain to family members that her sexual orientation was not a result of the abuse. She had been raped by her half-cousin when she was five-years-old and did not disclose it until she was 15. When she disclosed the abuse to her mother, and later the rest of her immediate and extended family, she received supportive reactions and was believed. This seemed important in Tracy's journey because her half-cousin was still considered a close member of the family, and maintaining family connections seemed integral to her.

Tracy mainly processed the abuse through therapy, conversations with friends and partners, positive sexual and relational intimacy experiences, family support, and thinking. At the

end of the first interview, Tracy said that before the interview she had attributed most of her progress to therapy, but then realized that she also had many individual, family, and social support factors that have helped her in her journey as well. She was at the point in her journey of having empathy and understanding for the abuser, and thought that she might attempt to have a conversation with him about the abuse in the future.

Tracy's belief that she had made progress moving on from the abuse showed in the label she gave to her journey of processing the abuse experience when looking at her timeline:

"I don't ever wanna go back to the first paragraph that's on there [story of abuse]. I don't ever want to go back to that. And I don't…I think it's important to remember where you've been if you want to keep moving forward, and it's nothing that, I never wanna block out. ...I guess, progressive is another label I would use—I always want it to be something that I'm always working on. And then, I think that…(4 second pause) there's no other way for me to think of it, is that I *have* to just, I have to keep moving forward, and…I'm okay with pit stops, I'm less okay with back-tracking."

Unveiling: Valerie.

Valerie was a woman in her early fifties who lived with a partner whom she considered supportive in terms of her journey of processing the abuse, but whom she was not interested in being in a relationship with any longer. She had been sexually and physically abused by her father throughout childhood until she left home before she was 18. She also remembered her mother being permissive of the abuse as well as sexually abusing her once via exposure. Her parents remained married, and Valerie witnessed partner violence between them while she was growing up, mainly from her father directed towards her mother. Her parents repeatedly

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responded to the notion that Valerie had been abused by denying it, which eventually led Valerie to cut off from them.

For Valerie, the journey of processing IFCSA was gradual over time, and shifts in thinking were not clearly separated by phases in her life. Processing the abuse was further complicated by Valerie's problems with her long-term memory. However, the timeline she created depicted moving from negative coping, such as avoiding thinking about the abuse, substance abuse, sex to gain acceptance from men, and struggles with mental health symptoms such as disassociating, to accepting that she had been abused and that her negative behaviors were a result of the abuse. While Valerie still struggled with some negative coping behaviors, she took responsibility for her own behavior once she accepted the abuse and its effects on her. From there, the next phase for Valerie was "allowing connections to be made," which seemed to decrease her negative behaviors and increase her memory. Valerie found it most helpful to process her experiences individually, through thinking and by creating art, or doing "self-therapy."

When Valerie participated in the interviews, she was at a point in her journey of processing the abuse throughout her life in which she expressed "amazement at how long it took. It just doesn't seem like it should have taken that long. And there's so much, *so* much that was just wasted." However, Valerie seemed to experience some dissonance between feeling regretful for the time she had lost and feeling hopeful for her potential to move forward:

"And it's like, 'You know…so much of my life is a complete waste from what I could've had, what I could've been. And so, it's like, 'At least make *sense* of it. At least, put it all together.' And of course, for a while there, in my 30's and 40's, I still had hope that things would get better (laughing)."

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Valerie noticed a theme in her journey of going to extremes in her coping, such as by viewing things from a completely emotional or intellectual standpoint. While Valerie spoke of working on integrating these two aspects of herself, she also stated that intellectualizing her abuse experiences helped her to move forward in her journey:

"To me, at this point, it's at *least* as much a fascinating…intellectual thing to study. It's—it's a, something to *understand*. Something to be *examined*, and understood. It's not something to be pitied, or softened up, or prettied up, and put away and made to feel better about it. …I think *I* don't look at it very emotionally, myself. 'Cause even the fact that I *dealt* with it emotionally over the years, I still—it was part of looking at those emotions from an intellectual point of view that, that helped get me where I *am*."

Valerie's ability to investigate her abuse experiences like a scientist helped lead her to understand herself in relation to how she had been affected by the abuse. Thus, the label she gave to her journey as a whole was "an unveiling…going from *blindness* to being sighted." In the second interview, Valerie described her journey as uncovering the secrecy that is tied to CSA, "unveiling, I think helps convey the sense that it's not completely hidden, but yet it is. I mean, it's there – a veil is very different from a wall." Valerie thought that her acceptance and understanding of how the abuse affected her also seemed to weaken its power over her life:

"...there is sort of an odd sense of relief at this point. That, I made it to this stage. …(10 second pause). That…(7 second pause) it has a very different relevance to me now than it had, say 10 years ago, 20 years ago, 30 years ago. It's still something important, something that m—helped make me what I am, but, it's not the thing controlling me anymore. So, yeah, relief, release. Suppose even a certain kind of freedom. …(17 second pause) A lot of discovery."

***Clueless, Self-Destructive, Processing and Getting Healthy, Making Connections,
Over It, Other Things To Do: Claire.***

Claire, a 50-year-old woman in her third marriage who was financially stable and politically involved, depicted clear steps in moving forward in her journey of processing her abuse experiences. Thus, her label for her journey had a title for each section of her life, listed in order above. Claire started out not acknowledging that she had been abused by her step-father, who she called dad, and who had adopted her when she was two-years-old. In retrospect, Claire considered herself "clueless" from the time of the abuse to her early twenties, "I wasn't admitting anything that was going on and I didn't – clueless about the long-term effects that it was going to have on me."

As a result of being "clueless", Claire used negative coping behaviors during her "self-destructive phase" in relation to her abuse experience, "Self destructive was…knowing it was there, not having any clue how to deal with it so…sex, drugs, and rock and roll, baby." Once her dad died, she felt she was able to acknowledge that he had sexually abused her from before she could remember until her parents divorced when she was in high school. Gradually, starting before her first marriage ended, Claire started to move from having post-traumatic stress symptoms, to understanding these symptoms, and connecting them to her previous abuse. She was able to process her experiences throughout her journey in therapy, conversations with her current husband, friends, and thinking through her reactivity.

At the time of the interviews, Claire felt that she has mostly processed her abuse experiences, as evidenced by her label "Over It" for the next stage of her journey. Still, she continued to work on connecting current reactivity to her past abuse experiences. For example, Claire said she had forgiven her father, who apologized to her a year before he died, but still

struggled with her mother's lack of accountability and denial in relation to the abuse. Claire found that her life began to revolve less around the abuse and the trauma symptoms, and more around spending the rest of her life doing positive, enjoyable things with her time. She explained her label for the current stage of her journey, "Other Things To Do:"

> "I...don't expect to live too much into my 80's because I did smoke and drink a lot. And I've already have lost a couple of organs (laughing) so there's surgery, so, I want to just be able to…travel, read books…do things that are intellectually stimulating for me. …I want to visit my friends and…[5 second pause] help people…"

Learning to Love Myself: Laura.

Laura was a 30 year-old mother of daughters in a military family. Older male cousins and an uncle from different sides of her family had sexually abused her. She remembered three main perpetrators, but said that her abuse "was a little bit of everybody." Her caregivers repeatedly discovered the abuse by her cousins when she was a child, and she was punished along with them, so she would also try to hide the abuse, and as a result feel shame. When she disclosed the abuse by her uncle to her father, she did not receive support and thought that he did not believe her. The last time she was abused was when she was an early adolescent, and it seemed important in her story that she believes she did not lose her virginity as a result of the abuse.

At the beginning of the interview, Laura said she was had volunteered to discuss her journey of processing IFCSA because, "for the most part, I don't really—at least I don't think I struggle with it anymore." However, as the interview progressed, she was surprised to realize that her behavior had been affected by the abuse experiences, "...I think a lot of the decisions I've made since then are because of that. ...A lot of my—now, relationships with males, just—or,

men in general, is probably not the healthiest, because, I don't think I…I don't feel very worthy, still, to this day." Laura related the abuse to seeking out sex partners and male attention. She also discussed being protective of her daughters by trying to prevent them from being sexually abused because of her own abuse experiences.

Laura said that she had only minimally processed the abuse experiences through some short-term counseling at her church, her relationship with God, writing, and some thinking about the abuse. She also said that she had forgiven her abusers and had a positive relationship with two of her cousins, which seemed to help her in her journey. She said that she had started to process her experiences in the time in between the two interviews, but felt she was at the beginning of processing. She was still struggling with self-blame and thus said that she would like to learn how to love herself:

"I'm just trying to figure out how to…take all my past experiences and not…I'm just trying to figure out how that I'm—*I* deserve to be loved, and, part of that starts with me loving me. And, now that I'm an adult and I have some s—say of what happens to myself, just…(5 second pause) maybe giving myself more credit. I don't know, I'm still learning (laughing)."

Victim to Victor: Vicky.

Vicky was a married woman with three children in her 50's who found God and the Bible as well as advocating for others the main tools for processing in her journey. She was abused as a young child by her teenage uncle who was more than ten years older than her. When her family discovered the abuse, she felt they protected her by beating him up. Her grandfather was a main support to her and protected her by supervising her around his son. As an adult, Vicky was sexually abused by her father immediately after her mother died, and recently realized that she

had been raped multiple times by her husband. She also suffered from health problems, which made sex undesirable for her.

Vicky said that she had used negative coping and avoidance in the past in relation to the abuse. The murder of her mother-in-law was an important marker to her because family secrets about abuse and partner violence were uncovered after she died, and she decided that she was going to go from "victim to victor, and I no longer have to be that victim. I don't have to play the role. We can always be victimized; we don't have to play the victim role." The experience of this loss combined with starting to feel dissatisfaction about her own avoidant approach towards her abuse experiences seemed to be a turning point for Vicky: "mentally, something had to change. The same old same old wasn't working. (laughing)." It was in this time frame that Vicky became spiritual and attributed much of her strength to God. She also processed her abuse experiences with her children, some close female friends, but had not disclosed the abuse to her husband until immediately before the interview.

While Vicky said that she no longer feels like a victim and at times during the interview said that she had overcome IFCSA, she may have experienced some dissonance in relation to how much processing she had done. For example, she also spoke of completing processing as a future goal, "I was a victim, I don't always have to be and I can overcome this through him [God]." Additionally, it was important for Vicky to acknowledge that the abuse was not "my shame," but the shame of the perpetrators, thus she spoke openly about her abuse experiences. At the same time, she felt dependent on her father to disclose the abuse to further process because family members did not believe her disclosure. Meanwhile, Vicky continued to seek support when she needed it from a few select friends and from God.

Vicky said that after struggling with depression in her young adulthood, choosing to be

positive was important to her. The abuse "was for me to learn from, to help others. I feel like everything in life is a lesson. And, what we do with that lesson…is a choice." In her journey she also found it important to use the energy she gained from God's support to support other survivors in return. "My big thing is everything in life is a learning lesson, and it's usually to help someone else go through that, and hopefully with a lot less…victim mentality."

Aesthetic representation of processing.

After the participants described how they processed their IFCSA experiences in the first interview, they were asked to bring an object, or aesthetic representation, that represented their journey of processing IFCSA to the second interview. All of the participants were able to share something that represented their journey up to the point where they were at the time of the interview. While all of the participants described their journeys in terms of a whole and as several distinct phases, the objects that participants brought represented one way of describing the journey. Three of the participants brought one object to represent their journey of processing IFCSA. The other four participants represented their journey with several different objects representing different phases of their journey. How the objects represented each participant's journey is described below. One object from each type of representation is also described in more detail.

For the participants whose object "was more about the process in general," as Patty described the jewelry she brought, it seemed that processing for these women was about a continuous progression throughout the journey. Three of the women brought an object that was a positive symbol, which seemed to create new meaning about their abuse stories.

Positive symbols might have been metaphors for the participants themselves, such as when Patty described how ceramics and jewelry have helped her in her journey:

I think because of the harder things that have happened to me…it's allowed me to be creative and make things out of other things. And maybe that was a defense mechanism when I was younger, but *now* it's like…it's soothing and comforting to know that when I take this, this ugly little ball of mud, basically, I can turn in into something that will really *mean* something to someone.

You're creating something new out of something incredibly simple. Clay is very simple. It's not hard to get. It's not expensive to make. It's very basic. And, you get it as a big wad, it's not pretty. But, you take it and make into something…

Patty brought a piece of jewelry she made and described making the jewelry in a similar way to how she described her ceramic work, as "taking a sheet of copper" and "you make it what you need it to be. …So I'm taking this experience that I've been through, and I'm trying to make it what I can handle." Patty felt that this represented her growth throughout her journey. In relation to experiencing abuse, she reflected that her jewelry "represented just trying to get away from it for so long. But in the end...in order to get away from it, or be without it, or be free, I had to go through all the steps to get where I wanted to be." Patty had labeled her journey as an "Unfortunate Path," which might have been represented in her object, as she related not being able to tinker with the jewelry piece forever to working on the abuse, "I have to accept what happened, and take the next step. I can't keep going back and trying to...What happened is what happened. ...(sighs)."

Tracy shared a tattoo of an object with the wind blowing around it that represented the ways that she has processed the abuse experience from the time of disclosure to the time of the

interview. The tattoo was a metaphor for approach coping, by taking the time to stay present and think and/or discuss how she is affected by the abuse:

> I like the idea of being the one still object with everything else kinda rushing past, I think that's what I like about the wind. That's part of what my tattoo is that, I'm here for myself, and things will come and go, and they'll come back…I can let them in, and I can let them out…

In those moments, Tracy found that she has progressed on her "One-Way Trip" by developing new meanings about her story, feelings of empowerment, resiliency, and PTG.

It was important to Vicky in moving from "Victim to Victor" to receive support from God and then pass on support to others. This was represented in her object, which was a teapot and teacup:

> I see myself as a teacup now. …this is god. Pouring himself into me. And the rest is overflowing to others. And if I could make a fountain (laughing) out of this at some point, that's what I would be kind of…

She also saw "the analogy of a cup running over" and saw positives for having gone through her journey. Thus, PTG seemed to play a role in her moving forward.

Laura also shared one object to represent her processing, but her response to the request to bring something to represent her journey seemed different from the others. She said that the only thing that she could think of was a self-authored poem, which was not physically present because she had gotten rid of it in the past, which seemed to fit her pattern of avoidance. However, she recited some pieces of the poem, such as, "I've learned to hide the pain, I erase the tears so people don't see those." The poem also seemed to reflect her avoidance of expressing emotions around the abuse and feeling isolated as a result of hiding her pain. The poem also

expressed Laura's hurt about being abused, and how she made sense of her relationship to the abusers, such as when she recited, "love doesn't hurt or it's not supposed to hurt sometimes." Laura said that the poem represented processing for her because she recently (since the first interview) had begun to "self-analyze" and changed her perspective from the time of the poem, moving from "pointing the finger at what other people won't do for me" to asking herself questions such as, "What can *I* do to make the situation better? …Am I harboring un-forgiveness, am I harboring feelings of worthlessness…?"

The other three participants brought several objects to represent portions of their journey. All of the objects were related to one another in categories, which included paintings, film, and songs. For example, Emily shared four songs that represented four distinct stages of her journey of processing. The first song expressed her need to disclose the abuse experience following the period of not acknowledging or understanding that a family member had sexually abused her. She explained how she related to some of the lyrics in this first phase that she called "decision":

"This was the beginning before I really told anyone. And then right here where he says…"something is scratching its way out"…"something you want to forget about"… It was all inside of me. And then the "no one expects you to get up" and "you're all on your own"…it was kind of like, well, 'I could *not* say anything, no one expects you to…No one really expects to hear anything from you at all.'

The next song Emily brought represented how she processed the message to 'get over it' from her family by expressing her anger, which was also her name for this phase. The lyrics in this song very closely reflected her feelings at time, as shown in some of the lyrics she picked out, such as, "you said can't you just get over it" and "I'm still mad as hell." The third song was explicitly about CSA, and described the loss of innocence, or a "stolen halo." This song

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illustrated the phase of Emily's journey in which she felt like a "victim" defined by the abuse, and how she wanted an adult to take responsibility for disclosing the abuse when she was an adolescent. "In a way this one was…kind of at the point, 'Just *please*, somebody else take this from me.'" This was shown in a lyric she picked out: "She just needs a little help to wash away the pain she's felt." She had to experience and use internal and external processing factors, such as support from friends and making meaning of both of those states before she could move forward to discovering and feeling comfortable with her own identity, which is where she thought she was at the time of the second interview. Therefore, the final song represented her current phase, which she called "healing." The song was about finding yourself, which was important to Emily in her journey because, "that whole getting lost and not knowing *what's* going on and suddenly it all becomes clear. And it never would have become clear if I hadn't gotten lost…" To Emily, part of finding herself came from reflecting back on the journey as a whole by having to emotionally mature over time, resulting in finding her identity as separate from the abuse.

Valerie shared different paintings that she created during a phase in her journey in which she did a lot of "self-therapy." She described how her paintings represented different phases of her journey. She started by explaining that the first paintings of little girls afraid of "daddy" were:

> me admitting it [the abuse] and accepting the emotions and then the disinterred
> series and a few of the other ones…were sort of stages of me processing it and,
> there were some violent ones…that were I think me dealing with the anger and
> the fear…

Valerie then explained how her use of investigating within herself led to some of her
"Unveiling:"

> It was me sort of remaking myself out of all of that, sort of rebuilding myself and
> putting myself back together…

Her last piece of art with a torso and a womb demonstrated her feeling more integrated:

> that was sort of the process of taking this scarred hard kind of…building, sort of
> giving birth to a new me, which is what this [womb] would have been, and this
> [torso] was the old one that was – that created that. So that was when I was I think
> sort of on the upside of the journey, of the process.

Finally, Claire represented her journey of processing through different movie titles. She
learned a different lesson or took something away in relation to her journey in each one. The last
movie she chose seemed to represent the PTG that she experienced. Claire described the
meaning of this movie:

> *Life is Beautiful* is just such a *powerful*, powerful movie for me. That even in this
> horrible circumstance, he was able to stay positive and keep growing as a person.
> And I guess "keep growing as a person" is my theme….

The Nature of Processing IFCSA

When the participants' stories about the nature of processing were coded, five main
categories of codes about the nature of how IFCSA is processed emerged: *describing processing*,
defining processing, processing as purposeful, *modes of processing,* and the *progression of*
processing. Describing processing included the level one codes of *experience of processing* and
individual differences.

Level one codes within the main category of the progression of processing included *acknowledging the abuse*, *spillover*, *moving forward*, the *amount in which the abuse impacted a participant's life*, and *growing edge*.

Describing processing.

This category included the codes in which participants explained the nature of processing in most detail. The first level one code was the *experience of processing*, in which participants described the 'process of processing,' or some of the ways that they might know they are "in process." The second level one code was *defining processing*, which is made up of the literal definitions that participants gave to the term "processing." *Individual differences* was another level one code that emerged from the data, in which participants explained that each journey of processing is unique to the survivor in some ways. The next level one code was *purposefully processing*, in which participants identified the ways in which they intentionally and unintentionally went *away from processing* or *towards processing*, which were the level two codes. The final level one code that explained the nature of processing in detail was the *modes of processing*, in which participants identified the *internal* and *external* (level two codes) ways in which they processed IFCSA.

The experience of processing.

When participants told their stories of their journeys from the time of the abuse to present, as the interviewer I found it helpful in gaining more information about the nature of processing to ask *how* they shifted from one point to the next. From this line of questioning and from detailed descriptions of participants' journeys, this code emerged from the data. The experience of processing code captures what it was like for a participant to be "in process." This

code included six level two codes: *emotional expression*, *putting things together*, *focus on self*, *processing is painful*, *self-awareness*, and *processing is ongoing*.

Emotional expression.

Four of the participants described emotional expression as an aspect of processing. Vicky thought that it was important for survivors' feelings to be validated in processing their abuse experiences. Expressing emotions was a significant theme for Emily in her journey of processing the abuse: "I feel like I've made bett—more strides towards trying to heal and actually deal with it, and be able to confront my emotions, or at least have my emotions, rather than hide them." She included feeling one's emotions in her definition of processing, and labeled her journey "Emotional Maturing." Furthermore, for Emily, expressing emotions meant going against the advice of her parents, so she had to accept the emotional part of herself, which was described above in her case study. Valerie seemed to oscillate between expressing herself emotionally and having a lack of emotional expression, valuing intellect over emotions at times. However, she still seemed to think that emotional expression was an important part of processing:

I think that was one of my big problems for *so* long, was *refusing* to be vulnerable even though I really was, but putting on that shell, that exterior that I was *tough*, and hard. And of very, very rarely showing anger. Just, 'can't get mad, can't get mad.' And then of course I'd have the little rage blackouts. 'Cause…I tend to show it now when I'm angry. …It's much better (laughs).

Laura recognized that one of the only times she had processed was when she expressed herself emotionally in her poem: "I think that would be one of the only things that I've ever really expressed myself to that extent." Thus, she spent most of her journey not expressing her

emotions, but still seemed to know that emotional expression was a component of processing IFCSA.

Putting things together.

"Putting things together" was an *in vivo* code that emerged from the participants describing their journeys of processing IFCSA. Putting things together involved piecing together the parts of a participants' journey that they had to make sense of or investigate. This theme seemed most significant to Valerie. She found that putting things together throughout her journey was a way of investigating her experiences, as described in her case study. "I think, pretty much, that *whole* thing was sort of a long period of self-examination, in trying to put it all together, and figure it all out." What was actually "put together" ranged from details about the abuse to gaining understanding about how negative coping behaviors tied back to the abuse. The process of integrating these pieces of information seemed more important than the specific "facts" that were brought together.

Focus on self.

Some of the participants realized that in order to process their abuse experiences, they had to grant themselves permission to focus on themselves. Tracy shared how she learned that "I can't take care of other people if I can't take care of myself first. And I can't be—you can't really be good at anything if you're not capable of being good to yourself." Some of them had to get past considering this time of intensive introspection as selfish. For example, Vicky shared how she learned that it was acceptable to 'look inside herself':

> Well I always thought…it's selfish, I guess… And I'm a type of person that tries
> to make things right or fix them for others, and I wasn't fixing *me*. And how can I
> help somebody else if I'm not taking care of me?

Also, see Emily's definition of processing in Table 3. She uses the metaphor of having to put on your own oxygen mask in a plane before you can help anyone else. Therefore, not only did she need to focus on herself to be able to process her experiences, and as a result have positive outcomes, but she also had to surpass the previously existing belief that doing so was self-serving, and thus a negative.

Processing painful.

Patty seemed angry at the pain that processing IFCSA causes when she said, "The whole thing is just a *mess*. It just it sucks for everybody. …The whole thing is just, it's just really fucked up. And stressful, and stupid. (laughs)." Emily said that processing a traumatic experience specifically is "painful, it is. I can, I would definitely say. And to be able to feel that pain…and realize that it's not a bad thing to hurt, I guess. It's not fun, but it's kind of something you need to do to grow." In the definitions of processing table below, Tracy also discussed how painful yet necessary it is for survivors to acknowledge and take ownership of the abuse experiences. According to these participants' experiences, it seems that fully processing IFCSA might include experiencing pain from doing so, which might be an important precursor to moving forward. Also, the pain may be caused by some of the internal and external factors that affect processing, which are discussed below. For example, the process of meaning making involves attempting to answer difficult and complex questions that may not always have a definite answer, which could foreseeably be an uncomfortable experience.

Self-awareness.

During the interviews, all of the participants either demonstrated self-awareness in the moment or discussed times when they were self-aware in their journey of processing the abuse experiences. For example, Valerie's discussion about regaining memories from her childhood led

to her reflecting on her current state in relation to her memories: "I think…finally reaching a point where maybe I wasn't quite so scared to start opening up all those little locked doors in my brain. Although, obviously I'm still scared, otherwise there wouldn't be so many that are still *locked*."

Gaining self-awareness seemed to be related to processing, as some participants discussed having a sense of awareness about their past behavior. Patty was aware of her own dissonance during a time when she was not disclosing the abuse:

Just the situation—even though my mom didn't know what—what was going on with my brother and I, and my brother didn't know what was going on with my— I don't think he knew—what was going on with my dad and I, and my stepdad didn't know what was going on with any of that, still doesn't—I mean, my mom really I don't think knows a whole lot. I wanted them all to act accordingly to the sit (laughing)—the issues that I was having, even though they would have *no* way of knowing how to do that, because I had not given them that information, I was looking for compassion, and no one knew to give any compassion 'cause I didn't *ask* for anything. …And I knew that then. I wanted them to give me compassion, but I didn't want to tell them what was happening (laughs).

Ironically, when Tracy first disclosed the abuse, she had been unaware of how aware she was about the effect that the abuse experience was having on her:

I didn't *realize* that I had a hard time loving and trusting people until I actually said that out *loud.* And, I'm still surprised when I relay that story, or when I relive that experience, that those were the words that I chose. I've always had a good vocabulary, but I'm just a little surprised that when I was fifteen, that that's how I

felt about things, because…it took so long for me to really figure out all the implications of those feelings. …I was really surprised that before I talked to anybody about it at all, I was at least aware on some level, some part of me was, that's really what bothered me.

From these examples, it seems that self-awareness may be a component in having the ability to process the abuse experience.

It also seemed that processing led to gaining self-awareness for some participants. For example, in her second interview, Claire discussed her increased self-awareness as a result of processing in between the first and second interviews:

it was kind of like, it was just adding another layer of understanding and recognition of where my…where I was. …Because I think, when we were looking here [points to "self-destruction phase" on timeline], …I was being driven by…the unmet emotional needs, unmet, unresolved traumatic issues and I wasn't aware of it, so it really ticks me off when something happens and I hadn't been aware of it. So that wa—*that's* the layer, I guess…

Overall, self-awareness seemed to be intertwined with other codes related to processing, which are discussed below.

Processing ongoing.

While some participants were certain that processing is an ongoing journey that cannot be "finished", others discussed uncertainty about whether or not processing can be completed. Tracy was one of the participants who was certain that processing was ongoing. Part of this message came from her therapist, who normalized being triggered throughout life and needing to return to therapy: "She kind of explained to me at that time, that there are gonna be these pulses

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where you're gonna have to deal with it again." Tracy reflected on how her timeline represented the different times throughout her life when she had to process in relation to the abuse experience: "I think it's interesting because…there's sort of some dips and valleys there…And, I think that looking at this timeline, it's a pretty good visual representation that there are these pulses of when you have to deal with it again." From her own perspective, she compared continuing to process to engaging in continuous medical care:

> I think *so* much of that is just knowing that it's *okay* that it continues to bother you. The idea that you go in, and it's gone forever is not realistic, and I don't personally think it's really possible. You just have to know that—when you're a cancer survivor, you go and get checked out every six months to a year to make sure that you're not having any recurrences, and I think that checking in with yourself every year, and making sure that you're still doing what you need to do, and still able to be who you need to be, and what you really are, I think that that's really important.

Other participants were either unsure whether or not processing could be completed, or thought that they had not reached the end of their own processing yet, but that it might be an attainable goal. For example, in the first interview Claire thought that she was done processing, as evidenced by one of the labels she gave to her journey, "Over It." However, by the second interview she said that by telling her story, "I learned that maybe I haven't completely processed everything…" When asked how she would know when she was done, she responded, "I don't know. I don't know. I don't think I ever will be done." Later in the second interview, she added to this when discussing how she makes sense of thinking that she has better outcomes than other survivors:

I'm *grateful* for it. Grateful for it but also, wanting to make sure that I don't just, oh, well, I'm better off. That's it. …it was still not a good situation. I still have effects from it, I need to deal with it, work on it, that's not the end of story.

Therefore, it seemed that Claire not only accepted that she was not done processing, but also accepted that even though she was doing well in her journey, she was still creating new goals in relation to progressing her processing of the IFCSA she experienced.

Other participants thought that finishing processing was a goal. Some of the participants, such as Claire in the example above, thought that they were done and then realized that they still needed to further process their experiences. Laura seemed to hope that at some point she would be done with processing, as she stated in her goals for the future: "maybe by then I will have truly moved on. 'Cause I keep thinking that I have, but then (laughing) something like this [interview] happens, and I'm like, 'Maybe I haven't.' So maybe that I have truly moved on." As opposed to Claire, while Laura realized that she needed to continue to process her experiences, she still seemed to think that completion was an attainable goal.

Vicky seemed to have some ambivalence about whether or not processing was ongoing. In the first interview she said, "I am thinking I am near completion. I really feel that I…near completion for myself. Until my father tells someone honestly, I don't feel like it'll be done because no one will…won't know the truth." This quote seems to indicate that she had done the work that she could do for herself but was feeling stuck in her journey dependent on her father's taking accountability for the abuse. In the second interview, she still said that she thought she was near completion in her journey, but also stated, "I think it takes a *lifetime* to find out, and to grow and…little things trigger." Therefore, for some participants, part of the journey of

processing may include deciphering whether processing is an ongoing journey or something that can be completed.

Individual differences.

Throughout the interviews, most of the participants indicated at times that they were only talking about their own personal experiences, and that they did not want to generalize their experiences to speak for all survivors. The participants also clarified that their situations were unique. Some of these individual differences came up when they were asked to define processing. For example, Tracy said that processing IFCSA was "personalizing what it is about that…has an affect on you." Emily also said that processing is individualized, "it's gonna be different for cer—some people, but you know they need to repress it for a while, I guess. I did for some time. I think at some point, you need to relive it…and see what it means to you."

The participants also spoke of individual differences when asked questions based on their perspectives of reality. For example, part of Patty's answer to the question, 'Are there any requirements on the abuser's end for building a positive relationship?' was:

> Um (sighs)…for me, I've had very little luck trying to change people around me. I've only had luck with trying to change myself. So, for me—not for anybody else, I don't—I don't know how anyone el—I don't wanna say that somebody's doing it wrong. I don't want to step on anybody's toes, or disrespect a different situation. But for me, the thing I had to do, was I had to accept what happened, and I had to decide whether or not I could forgive that person.

The participants brought up individual differences most often in response to reality-based questions around 'what is healthy?' For example, Claire made it clear that she was not an expert on the healthy amount of talking about the abuse experiences, "I think that depends on the

individual. … I don't know the amount." Emily discussed her method of being in a relationship with family members connected to the abuser before addressing the 'healthy way' of doing this, "Um…I honestly—I guess I don't know if that's healthy or not. It's what works for me." Vicky responded to describing the 'healthy way' of grieving, which she also included in part of her definition of processing, "grief is different for each person, too. And maybe…maybe not even say that word. Maybe something they choose differently – a word."

Defining processing.

Table 3 shows the different definitions that participants provided when they were asked how they define processing. Therefore, participants elicited an "insider" idea of what processing means to them in relation to IFCSA, which is actually my main research question. The codes that emerged in the participants' definitions are in bold to demonstrate how their different ideas are related to processing IFCSA. Several of the participants spoke about how they personally process their abuse experiences while others provided an objective definition. Many of the participants included accepting or acknowledging that the abuse happened in part of their definition of processing IFCSA. The participants also described processing as expressing and organizing thoughts and feelings around understanding themselves to be a victim of IFCSA.

Processing as purposeful.

After participants were asked to define processing, I asked them to identify their experiences of purposefully processing their abuse experiences or not. There were two types of level one codes that emerged from their answers. The first type involved moving *away from processing*, in which participants did not attempt to process for different reasons. The second type involved making attempts *towards processing* the abuse experiences, in which the participants actively processed. Most participants had experiences of moving towards and away

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from purposefully processing across their lives. Furthermore, several participants described

moving from one type of purposefully processing to another. For example, Valerie used her

timeline to describe how she moved from one to the next: "I think that there is a certain moment

of *needing* to process. That actually, by the time I get up here [points to timeline], it becomes an

active, *wanting* to do it. *Wanting*…to deal with it."

Away from processing.

The reasons for moving away from processing included *not wanting to* process, being

developmentally unable to process, and *not feeling ready* to process the abuse experiences, which

were the level three codes. Most of the participants remembered a time in which they did not

want to process their abuse experiences, such as Claire who says that before she disclosed the

abuse she "didn't really know how to deal with it, and I didn't wanna deal with it."

A few of the participants said that they could not have processed the abuse as a child until

the time that they disclosed as an adolescent or early adult. Patty described her inability to

process as a child due to developmental limitations:

> I think definitely right after it happens in the next couple years—especially if
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> you're really young, I think there's more defense mechanism that take place
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> subconsciously, like not remembering it, or putting it away, if you will. …So
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> because mine happened when I was much younger, I don't think I could begin to
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> do the acknowledging it, accepting it, working past it, until I was able to
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> consciously make that decision.

Some other specific reasons for being unable to process the abuse as a child were because

they repressed the abuse experience or did not understand that it was not normal. Participants

also said that they did not process their experiences as children due to a lack of CSA education,

such as Emily recalling, "I never really was talked to about…sexual abuse," and that pre-pubescence is a time in which sexual issues are not at the forefront of their mind. Tracy summarizes how her experience of not being confronted with the notion of sex as a child related to being unable to process and avoiding it during that time:

> *not* too many people are asking you if that—like, sex doesn't necessarily come up a lot (laughs) …in that period of your life. So, it's easy to avoid, it's not like you have to go out of your way and make excuses. It's not like you're really frequently being put in the situations that are bringing all of that back up, and that kind of thing. So…if there's gonna be a nine to ten year period of your life where you wanna sit on that secret, it's probably a good age to do it.

One of the participants, Claire, thought that she could have processed the abuse as a child, but only if she had been out of the abusive environment: "I couldn't process it if I was contin—if I had continued to be abused. I mean, I'd have to have gotten out of the home." Similarly, Emily thought that she was not ready to process the abuse, the final type of moving away from processing, because she lived in a home that was unsupportive. "I don't know I wasn't ready or I didn't know how to do it, um…or if it was just because the support wasn't there. Getting out of my parents' house helped, not having their influence on me." Emily's quote shows that she also did not want to process at that time. As evidenced by Emily's quote, as well as others throughout this section, the three types of moving away from processing seemed to be related or possibly occurring at once for most participants.

Towards processing.

Participants moved towards processing their abuse experiences as a result of either feeling compelled to process or by deciding to process their abuse experiences. Four level three

codes emerged which described moving towards processing. First, some of the women described the *need to process* to get to a next step in their journey. Some participants thought they *had to process* or else there would be negative repercussions such as Claire who said, "I just figured…I was going to have to deal with it otherwise I was going to be—have a life of bad relationships, bad jobs…probably I was going to turn into an alcoholic…and I just had to…"

When the participants described times when they actively decided to process the abuse experiences, some of them framed it as *choosing to process*. For example, Patty discussed that because she was unable to process the abuse as a child, she had to choose to process it as she began to reach adulthood: "because mine happened when I was much younger, I don't think I could begin to do the acknowledging it, accepting it, working past it, until I was able to consciously make that decision."

Some participants not only chose to process, but also took accountability for moving forward in their journeys. For example, Tracy shared that, "ultimately *I'm* the one responsible for dealing with this. And I'm *not* the one who's responsible for it having happened, but…they're my pieces to pick up." Claire also realized that the abuse was "*Not* my fault. Not my fault. How I react to it is my fault. And here I am today to deal with how I'm reacting to it, and…find healthier ways." Therefore, it seemed that by taking accountability for their lives after the abuse, the participants were choosing to process their experiences, such as Claire's practice of checking in with her reactivity.

The last type of deliberate processing that participants discussed was *wanting to* process the abuse experiences. Wanting to process seems different than choosing to process because a choice can be made begrudgingly, but wanting to do process might imply more ownership in the experience of processing. This may be illustrated by Tracy's thoughts about wanting to process:

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"If you're really actually gonna process it fully, you need to want to process it. And I got to the point where in therapy…I wanted to kind of muscle through it for myself." There was also ambivalence between not wanting and wanting to process, as was the case for Laura who felt she was just beginning to process since the first interview:

I don't think I wanted to process the experience. Of—most of the things, until we started talking about some things, just recently—most of the things I try to just forget. (inaudible)…I think I may have tried to process it when I was going through everything that I was at like 24, 25, I think I tried to correlate the two. And even now, understanding that there has to be some sort of link. I—I want to process it, because I want to get past it, and be successful, but I think for a long time, I just stuck it, tucked it away. …there's parts that I have to do. I have to do my own homework, sometimes. That I don't want to.

When viewing the code moving towards processing as a whole, the types of purposefully processing the abuse experiences listed above range from feeling the need to process to wanting to process. Therefore, this group of level three codes can be interpreted as a progression of becoming increasingly motivated in deciding to process IFCSA.

Modes of processing.

The participants described processing through several different modalities, some of which were *internal*, or solitary ways of processing, while others were *external*, or processing with others. Thus, internal and external forms of processing were the level one codes within the modes of processing. The modes of processing overlapped with and were often similar to the different types of coping that participants described. However, the ways that participants processed seemed to be deeper and more impactful to them than were their methods of coping.

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The examples of internal and external modes of processing below include descriptions of how participants took this further step in their journeys.

Some of the most significant ways of internally processing included processing through *thoughts*, in which some participants used their skills of introspection. For example, Valerie stated, "I started basically playing psychologist on myself. Thinking about things, what I had done. Things that happened. …Things that I remembered, thinks that I didn't." Others processed through *creating*, such as in creating artwork, such as Patty who described performance singing as a catharsis, "It's almost literal. When you're singing, you letting something out." A couple other participants processed through their *dreams*, which may have been traumatic dreams. Some processed through *writing* about their experiences while some others chose to process through *reading*.

Modes of external processing included processing through *conversations* with people in the participant's support network, including therapists. Emily said that the conversations she had helped her to process because her support network "just let me vent." Tracy told a story of processing her experiences with a friend who added perspective to the abuser's potential point of view, which seemed to help Tracy move forward. Both Emily and Vicky said that they process by *helping others* as well as by *receiving social support* themselves. Emily described how she used to process just by having a safe place to think and cry with her friends nearby without speaking, and how "Now, I process it by trying to help anybody else that's going through it."

Progression of processing.

This category includes the codes in which participants described aspects of different parts of processing, or their progression of processing. There were five first level codes in this category. The first level one code was *progression of acknowledging the abuse*, which included

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the times when participants said that they recognized or realized that they had been sexually abused by family members, as well as times when they did not recognize the abuse. The next level one code was labeled *spillover,* in which participants described experiences of getting to a point where nondisclosure or not acknowledging the abuse led to an "eruption" of having to disclose it or talk about it. The next level one code included participants discussing ways of *moving forward* in their journey of processing IFCSA. Another first level code that had to do with the progression of processing was the *amount the abuse impacts their life*. This code includes the participants' reflections on how much or how little the participants' life or identity was dictated by the abuse experience. Finally, a first level code that emerged during the interviews was their discussion of a *growing edge*, or a part of processing the abuse that they were still working on at the time of the interviews.

Progression of acknowledging abuse.

The participants discussed their progression of acknowledging the abuse in two different ways, which made up the level two codes. The first level two code was the participants' *ambivalence about acknowledging abuse*. Participants discussed periods in their lives in which they did *not acknowledge* the abuse, and then eventually had a *period of acknowledging* the abuse. There was often overlap between the periods of acknowledgment and non-acknowledgment, which gave way to feeling ambivalent about acknowledging the abuse.

The second level two code was *accepting the abuse*, which was a deeper level of acknowledgment within participants' progression of acknowledging the abuse. One level three code emerged out of accepting the abuse, which was specifically *accepting the abuse happened*.

Ambivalence about acknowledging abuse.

Participants discussed the period in their lives of not acknowledging the abuse as a time when the abuse was not remembered, repressed, or denied. This period was often tied in closely with a period of then acknowledging the abuse, which was described in terms of remembering, recognizing, or realizing. Valerie discussed the beginning of her journey of processing the abuse in stages of first not acknowledging the abuse followed by acknowledging it: "Stage one was basically ignorance or denial that there was a problem. …And then, stage two is beginning to realize that there's a problem." Patty also discussed going from not acknowledging her abuse in terms of going from not remembering to remembering, "It wasn't until probably my freshman year of college that I…(4 second pause) I don't want to use the word 'remembered,' but that's kind of what it was like, but acknowledged everything that happened."

Period of not acknowledging abuse.

The period of not acknowledging the abuse seemed important in the participants' journeys of processing because this was a time when processing was generally not occurring. The period of not acknowledging the abuse usually stemmed from the time of the abuse to adolescence or early adulthood. Emily discussed the period of not acknowledging the abuse in from the time of the abuse to the time she disclosed it in relation to her development: "I repressed it for many years, like I didn't think about it. …I just didn't think about it and I don't think it really affected me, at least consciously, in between those two ages." Valerie also spoke of not acknowledging the abuse until she was an adult, but it was more about denial than repressing it for her: "probably up through some point in my 20's, there was pretty much denial. I mean I knew I didn't like my parents. I knew things were bad. I had issues, but I don't think I took it very seriously. It was like, 'Oh, I'm fine. Whatever.'"

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A couple of the participants were able to reflect on their internal experiences during the period of not acknowledging the abuse. For example, Patty recalled feeling one way inside and acting another way to the public, as if having a public and private identity:

I was pretty shut off. …like internally shut off. I still, I was very outgoing, I still did a lot of stuff, and we had family dinners every single night, so it's not like my parents didn't know anything about me or anything like that. But …I was more comfortable being a certain way outside and just ignoring any of the ick inside than reliving that. It was like I was lying to myself that it never happened, and I did it for so long that it became true for me…

At the time of the interview, Claire also reflected on what she was and was not aware of during the time that she was not acknowledging how the abuse had affected her:

I wasn't consciously trying or not trying to deal with anything. There was all this unconscious stuff driving me. And I knew I was unhappy, and I knew it wasn't right, and I didn't feel good about myself, but…I really didn't know why. I still didn't know why…—how can I say this? I knew why because someone had done that to me as a c—kid, but I didn't know what it meant. I didn't know how it was affecting me. I was uneducated about it…

Not acknowledging the abuse was also a time of utilizing avoidant coping for many of the participants in order to maintain denial of the abuse. For example, all of the participants used some form of an addictive behavior during the time that the abuse was not acknowledged. Valerie described how alcohol abuse assisted in not acknowledging her abuse experiences:

The alcohol could numb me. It could shut up the turmoil. …even when I was denying everything and anything, even when I thought everything was okay, there was still this—and I don't know how to describe it other than just turmoil.

Period of acknowledging abuse.

When the participants discussed acknowledging the abuse, they often spoke of the first time they acknowledged that it had happened. This seemed difficult considering that they had to acknowledge that a family member had abused them. Emily discussed the first time she realized that she had been abused by her cousin, and thus acknowledged the abuse:

Probably around the age of twelve I started thinking about like, 'That was kind of weird, why did that happen?' and started having some memories about it...(4 second pause) but I didn't really say anything cause I didn't really understand it I guess. …I just remember starting to kind of think about, 'That probably wasn't right, what had happened.'

It also seemed that acknowledging the abuse was a starting point for other factors involved in processing the abuse. Patty discussed how the difficult period of acknowledging the abuse by her father and her brother eventually made it easier to deal with than ignoring it had:

Being able to acknowledge what happened uh…I think it, it—once you accept what happened and you just allow yourself to feel all of it, as shitty as it is—it's not fun at all, um, it allows you to let go and heal. That's it. …It allows for a lot less footwork later on, as well. Footwork meaning trying to go through your memory and remember every little thing that happened and why you'd have animosity towards certain situations, or certain people. That way I can better handle it. And that's—I don't know, that's all it is really. Just trying to handle it.

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From Patty's description, it seemed that acknowledging the abuse then led to using approach coping, because she began to purposefully think about her abuse experiences.

Within some participants' sharing their experiences of acknowledging their abuse experiences, they also shared their beliefs about why acknowledging the abuse is important. Two participants compared acknowledging sexual abuse to acknowledging a physical injury, and the consequences that not acknowledging an injury can have on a person. Vicky shared a metaphor that had stayed with her:

> Another lesson I learned was the "Band-Aid lesson." And it was: you can have a sore, and you can cover it up, but if you don't have the right medication on there it could keep festering and festering until you either choose to take it off or let it fester, kind of thing. And I made that choice.

Tracy created her own metaphor during the interview that related the trauma of abuse to the trauma of a physical injury:

> I sort of think the art of surviving abuse is…learning how to walk the line of not completely detaching yourself from your experience, because I feel like that's when people start to repress things, and I don't think it's good to pretend like it never happened to you, I don't think that that's helpful, I don't think that that's good. It did happen to you. You could tell somebody that your leg just hadn't got chopped off, but if you just got your leg chopped off, you probably need to do something about that, and telling yourself that it didn't happen is not gonna work. Shock only protects the body for so long before it kills it. And I think that's a pretty solid metaphor for psychological issues, too.

Tracy also seemed to indicate the danger of not acknowledging an abuse experience, as well as the ambivalence, or "the line" of not acknowledging and acknowledging the abuse.

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Accepting abuse.

Accepting the abuse was an important aspect of processing it for many participants, because it was included in several of their definitions of processing. For example, acceptance was integral to Valerie's processing. She described her inner monologue in reaching this point as, "it was like, 'Yeah, just accept it, admit it, don't, don't pretend anymore.'" Participants who spoke of accepting the abuse described going beyond acknowledging, or admitting, that the abuse happened, and accepting, or coming to terms with having been through the abuse experience. This might have required integrating the abuse into their stories, and thus may have required a different form of processing than acknowledging it had.

Accepting abuse happened.

One component of acceptance around the abuse experience was accepting that it actually happened. Again, Valerie described how important accepting the abuse was to her:

> …I think a lot of it was accepting it and looking at it and…letting myself accept
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> that I was hurt. That I was angry. That I felt these things, I went through these
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> things, and instead of just shoving it away, —like, the, the abuse paintings that I
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> did I think was basically art therapy at its best (laughing). …And, acceptance, I
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> think was a lot of it. Was just accepting it, and still accepting myself.

It seems that she was describing the difficult task of accepting, or integrating the abuse experience into her story, while "still accepting myself." Thus, she was able to accept the abuse without losing her identity.

Vicky's experience of acceptance seemed tied to relieving herself of blame, "I have accepted that it was what happened, and very little I could do on my own." Meanwhile, accepting that the abuse happened meant giving herself permission to feel the negative emotions

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around the experience: "It was like remembering and accepting, and allowing myself to feel what happened. …allowing myself to feel…you know, the embarrassment, the shame, all that goes along with it."

Spillover.

A significant level one code in the main category of progression of processing that emerged from the data was six of the seven participants' shared experience in which some contained aspect of the abuse was released. Some of the aspects that had been contained included not acknowledging the abuse, nondisclosure, and isolation. I labeled this phenomena spillover because participants described needing to talk about or acknowledge the abuse "in response to some sort of *throbbing* need for me to get it off my chest," as Tracy described it in comparison to her coming out experience regarding her sexual orientation to her mother which was in response to answering her mother's repeated questions. In Patty's description, the visual image of a spillover is present, "everything was splashing over into each other, and I couldn't be who I had *decided* to be for so long, I had to…I had to get it out." The one participant who did not mention experiencing spillover was Laura, who is also the participant who said that she is in the beginning phases of processing her experiences of abuse.

For some of the participants, the first time that they experienced spillover marked the moment when they first began to confront their abuse experiences. Tracy first disclosed that a close half-cousin raped her as a child more than ten years after it happened during a fight with her mother:

> with telling them [parents] about what had happened to me when I was little, …the things that came out of my own mouth *completely* surprised me. The fact that I opened that sort of conversation, or changed the direction of the

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conversation, by saying, "I have a hard time loving you, and I have a hard time trusting you." I didn't *realize* that I had a hard time loving and trusting people until I actually said that out *loud*.

Emily expressed a similar experience in her first spillover experience with the first song she brought to represent her journey of processing, which is described in more detail above.

This was the beginning before I really told anyone. And then like right here where he says… "something is scratching its way out," …"something you want to forget about" and…that's kind of where I was. It was all inside of me. …That's exactly what it was: that you know that you have to deal with it because it's constantly there.

As Emily described it, it was almost as if the abuse experience is something tangibly inside of her that she needed to "get out."

Some participants went on to describe the mechanics of the spillover experience. For example, Claire found a metaphor that a previous therapist had given her helpful:

her analogy was always soup. And that when you're healthy you can dip into soup and try to get a carrot and only pull back a carrot, but when you have trauma and you've not dealt with it, you dip it in, going for the carrot and you get the potatoes and the beans and the cabbage with it and then it all comes with it. And I noticed that still. You know something will piss me off…and then it gets—more stuff comes up with it.

Tracy reflected on the actual contents of her first spillover experience, and how she was unaware about how she felt until the exact moment that it came out:

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I pretty much just broke down and told my mom, I was like, "I have a hard time loving anyone, and I have a hard time trusting anyone because," and then I burst into tears and fell down on the ground, and just…it kind of just all came diarrhea style out of my mouth, that, I had been raped when I was five by this person that everybody in my family knew. …It was just, it was really surreal. I never thought that I was ever gonna tell my parents. I never thought I would ever tell them that.

…I actually did start it off by saying, "It's *so* difficult for me to just love you and have you love me and have everyone act like we're all gonna love each other no matter what happens because we're *family*, and nothing bad happens between family, I happen to know that that's actually *not* true." (laughing). And when I kinda had that breakdown, it just, it just needed so badly to come out.

As Tracy described, for some, "spillover" was a combination of a need to express an aspect of the abuse experience, as well as being surprised that it did come out at all.

The need to express an aspect of the abuse indicated that holding something back often preceded spillover. Thus, *not acknowledging the abuse leads to spillover* was the first of three level two codes that emerged in which participants described "spillover." The other two were *bubbling up* and *throwing up*. Bubbling up was an *in vivo* code that emerged from the participants' language, which described the build-up of holding in or not acknowledging an aspect of the abuse. Throwing up was also an *in vivo* code from the participants' language, in which the actual moment of the "spillover," or getting out what was being held in, was compared to the experience of vomiting.

Overall, the level three codes seem like a description of the progression of the spillover experience. Not acknowledging an aspect of the abuse, or holding it in, often led to things

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bubbling up for the participants, which for some eventually became an indication that they might "throw up," or erupt in some way. As with throwing up, sometimes there is not a warning, or no bubbling up, and it comes out, which may have related to feeling surprised for some of the participants.

Not acknowledging abuse leads to spillover.

Laura gave an example of being physically violent to her partner in which she attributed the violence to letting things build up "because I suppressed anger, or I tried to just not deal with the situation." Several participants spoke of going from a period of not acknowledging some aspect of the abuse to a culmination of holding it in, which led to needing to get it out, or experiencing spillover. Emily discussed her awareness that spillover is a result of denying her personal need to deal with issues, which related to the abuse experience:

I'm not very good at not dealing with things. It eventually comes out *anyway*, whether I want to or not, and no matter what it is, if there's something on my mind, um…[7 second pause] And this [abuse] had just had me down for so long, I didn't know who I was, and that was kind of keeping me from knowing who I was, so if I didn't deal with it, was I ever going to become something else? (laughing).

Bubbling up.

Most participants described how some kind of internal bubbling related to the spillover. For example, Claire used a volcano metaphor, "it's like the little volcanoes and…it sprays out the steam and I think it's over and then here comes the lava that comes with it." For Claire, the "steam" seemed to be her version of an issue bubbling up, while the lava would be the moment of spillover, or as others described it, throwing up. Some participants spoke of their awareness

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the "bubbling up" leads to spillover. Claire was able reflect on the antecedents to a spillover experience she had with her friend, which was also related to anger that came up after the first interview:

> Well just…not rec—having this anticipatory feeling the night before, talking with you and thinking, 'Oh wow this is great, I feel good,' when really I wasn't good. I was getting mad and it kind of exploded on my friend and…
>
> I didn't realize it but I had this anger bubbling up…It had [friend's comments] never bothered me before. I've been able to, "Oh, ha ha ha," you know, laugh, and so as I was working through that I thought, well, 'I was feeling powerless at that point. I didn't want to be rude, I was in that pleaser mode and that ticked me off because I thought I was past that too.'

Therefore, in her reflection, Claire tied aspects of the abuse, including feeling powerless, feeling angry, and being a people pleaser to the cause of bubbling up, which she then saw turn into a spillover experience.

Similarly, Patty had an awareness that the longer aspects of the abuse remained unacknowledged, the bigger the spillover might be due to a longer period of bubbling up.

> if I never say anything at all, if I always keep it to myself, if it's always just with me, then I always have that chance of going back, and pretending like it didn't happen, and taking the easy route. But, unfortunately with the easy route, it always seems like it just kind of bubbles back up to the surface and it's so much more—it's so much *worse* when it comes back, when you haven't dealt with it.

Interestingly, while Laura did not discuss a spillover experience, she did relate her use of partner violence against her husband as bubbling up in relation to not getting his approval, which she saw as stemming from the abuse experiences:

I would think the only way for me, for *me* to be violent in that capacity that I was, is because I suppressed anger, or I tried to just not deal with the situation. If you make me angry I'm not going to snap at you, or go, deal with it right away, but I will allow it to build until then I—typ, typically I have a temper. You know with him it was just because I always wanted him in my life, I wanted that approval, I wanted, no matter what he did to me, again, allowing myself to give someone else the power, no matter what he did to me I wanted him in my life and often times, if he hurt me, or you know if I got really mad at him, I just – it resulted in me being violent.

Laura was a negative case in terms of not reporting the experience of spillover, but it seems that instead of expressing herself in relation to residual feelings of powerlessness or wanting approval from men, she became violent instead.

Throwing Up.

A few of the participants compared their need to express themselves to some sort of eruption. Most of these comparisons were to bodily functions. The most common metaphor was that spillover was like throwing up, such as Vicky who said that the reason she disclosed the abuse by her father to her sister and aunt was because, "I guess I just needed to get it out, purge it, you know." Patty used a similar metaphor when she disclosed the abuse by her brother for the first time to her family therapist, "I gave the whole story. It was like a big word vomit of

everything that happened, and I just threw it all on the table." Tracy also compared her first

experience of spillover to a bodily expulsion when she related it to purposefully processing:

> when I was fifteen, and had my, like diarrhea of the mouth incident in the yard, I
> really feel like…I didn't feel necessarily externally forced to have to process it,
> but I really felt, in the same way that when you have to throw up, you have to
> throw up, and your *body's* forcing you to throw up, that was kind of how I felt.

Claire's first disclosure experience was not a spillover experience, but she described having

periodic experiences of eruption in relation to reactivity to the abuse:

> I'm not in charge when that, when that happens. And I don't think of it as like a
> separate personality or anything, I think of it as just a little volcano right here and
> sometimes it erupts and I'm like, 'Oh, that was a surprise.' (laughing). Just like
> with volcanoes, you know? Sometimes you don't know when they're going to
> erupt…

Moving forward.

Moving forward was a term that I used when conducting my literature review for this

study. During the interviews, some participants brought this exact term up spontaneously as none

of my questions used this phrase. All of the participants discussed moving forward as a part of

progressing in their journey of processing. There were three level two codes within moving

forward. First, participants discussed their experiences of *growth* in relation to moving forward

in their journeys. The second included participants' descriptions about how their *processing*

leads to moving forward. The third level two code included specific events that the participants

identified as moments of change, or *turning points*.

Overall, moving forward seemed to entail taking steps towards not behaving in response to the abuse, and feeling healthier. For some, moving forward seemed like a need, such as it was for Tracy who said, "I have to keep moving forward." Claire also demonstrated a need to move forward, in part to make up for the time she was not moving forward:

"Life's too short…You know fifty's not that old, but when you think that…77 now is the average lifespan? You know I don't have a whole lot of time (laughing) left. …my point is I felt like a lot of time got wasted on as issue I didn't want to deal with so I don't have a lot of time left to do the things I wasn't to do. *Without* that baggage. Without carrying this thing around with me. I don't have to take it on vacation with me. I'm done…

Thus, moving forward seemed related to developing resiliency for most participants in that they were moving towards more positive outcomes, whether it felt like a choice or a need. Patty also seemed to feel a sense of urgency in moving forward, and not staying in the past, "I don't have *time* to feel sorry for myself, I only have time to try to get past what happened, and move on to better, better things."

A couple of participants pointed out the difficulty in moving forward. When Valarie was in the stage of her journey where she was "collecting information," "there were ups and downs, and it wasn't always a good period, but it was a, it was a moving forward." Her memory of this time of moving forward seems to demonstrate the complexity that while moving forward has benefits, is not necessarily a completely positive experience.

Growth.

As a result of moving forward in their journeys of processing IFCSA, all of the participants shared experiences in which they felt they grew from the time the abuse ended.

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Some of the participants shared a sense of gradual growth throughout their journey as a result of continuing to move forward. When asked if she has grown in relation to having experienced the abuse, Valerie said, "I think I have grown in the sense that…I have learned to be who I am. Or— I have learned *who* I am. Instead of living various little lies." She seemed to think she had grown by being more authentic throughout her journey.

Others felt that they had benefitted as a result of having survived the abuse experience, which seemed to exemplify post-traumatic growth (PTG) experiences. For example, Vicky reflected that in the progression of her journey, "everything was the way it was supposed to be, and I am grateful for who I am today because of it." Claire was also accepting of the path of her journey and saw benefits to having been through it: "I'm just going to be going forward and own it…there's things about it that I wouldn't want to be without. One is the strength to have survived it…" Some of the participants specifically said that they were better people for having gone through their journey, such as in having an increased sense of empathy for others. Emily explained how surviving the abuse related to an increased level of empathy:

> It's probably made me want to…be more of an empathetic person, to be able to see where other people are coming from. …I can recognize where I was in high school, and things that people said, and how other people responded, and…how I can look at someone and be like, 'Well I don't know their whole story.' And ah…everyone's got issues that they go through. And with most people, you'll never know what they are. So that I always take those kind of things into account, is, 'Why are they actually doing what they're doing?'

It seemed that Emily's recognition about her own behavior and how others' responded to her at the time when she struggled the most with the abuse experiences, contributed to her empathy for others by creating complexity in asking how their past might impact their present behaviors.

Emily was one participant among others who also felt a sense of strength from having survived the abuse: "I feel like I'm stronger now because of what's happened. I think I can handle a lot because of what's happened. …It's given me strength, if anything." Claire put this sentiment in another way: "if I could go through that I can go through anything man…" Vicky described this phenomenon in terms of having the strength to grow from the abuse experiences:

> Would I want someone else to go through that? I, I, I can't…and would it have been *worse*? …Even my worst enemy, I couldn't wish anything on them like that, …so *best* be me lord, what I have to learn and share…"

Gaining strength and PTG as a result of having survived the abuse was an important theme in Claire's journey. Similarly to others, Claire described how surviving the abuse made her stronger, such as her example of relating her survival to being in the military:

> I think one thing it did for me is that I, I'm pretty strong. I can handle a lot of things. …And I've always thought, 'Well, gosh if I had to –or if I were to be captured, I, I would be okay. I'd survive it.' Because I've survived *this* and that was pretty awful…

Laura was somewhat of a negative case in that she saw her growth as yet to come. When asked how she has grown in relation to the abuse, if at all, she responded, "I don't think I really have (laughing). I think that's what I'm trying to do, is grow *out* of using my past as a excuse to live my life like I live in the present." She also discussed how discussing her abuse experiences with other survivors "lets me know that I'm not the only person that goes through it, or has been

through it, and especially if I see a woman who has overcome it *successfully,* it continues to give me hope."

Thus, it seems that the PTG that participants experienced was not necessarily an automatic trait that was experienced as a result of having been abused. Rather, it seemed that most of the participants in this study had to integrate this growth into the story of their journeys. Some of the participants discussed how processing led to this growth. For example, Patty explained her current stage in her journey:

> I think at this point, I'm just trying to grow from the things that have happened. Because I think after accepting and after processing them, and going through it again in your mind, that you have to do something with it.

Thus, for some participants, experiencing growth may have been a result of moving forward in their journey of processing the abuse experiences.

Processing leads to moving forward.

When they described the ways in which they had moved forward, all of the participants mentioned times when processing aspects of the abuse led to moving forward. Some of the participants described this in terms of how they defined processing, such as Vicky who said, "I think you almost have to grieve it to let it go." Patty also related changing by her definition of processing as "accepting what happened and trying to move on from it. …I think the only way I could move on is by acknowledging it." Emily said something similar: "I moved from…focusing on myself to focusing on others, I guess. Because I've learned how to deal with it." An important part of Emily's definition of processing was to be "selfish," to take the time to focus inward. Here, it seems that she is saying that by processing her abuse experiences she has gained the ability to focus on others, such as by helping them, which she sees as moving forward.

Some of the participants thought that processing their abuse experiences would lead to better outcomes, which was also seen as moving forward, or progressing in their journeys. Claire seemed to trust that processing would lead her to move forward based on an image her therapist gave her in preparation for processing: "The other thing that she said to me that, that meant a lot and helped me through a lot is,…'Once you start down the tunnel, you have no choice but to go all the way through.'" Claire also saw her own experiences of processing as having moved her forward to a better place in her life:

> I just didn't want to have the life I'd had in my twenties. I did not want to be a forty year old, a forty-five year old woman who can't maintain a relationship—is on her fifteenth job and is just a mess…And I didn't want to be that person. There was no way…So,…the processing and the living with it have been…good experiences for my mental health, for the people around me…

At the time of the second interview, Laura stated that she was going to try to process her experiences, and explained what motivated her to believe that processing had the potential to move her forward:

> Because I just don't want to *be* like this. I don't wanna be where I think everybody is out to get me. I don't wanna be like *that*. And, I think in order for me to not have that mentality, I have to move beyond what *happened* back then, because I know that everybody's not out to get me, but…that's all that I *know*.

Laura seemed to be describing a similar point that Claire said that she was at in her twenties. Therefore, some kind of shift or turning point might have led to some kind of shift.

Turning point.

Most of the participants noted a turning point that contributed to moving forward in their journey of processing IFCSA. Turning points were events or moments that caused some kind of insight for a participant, which led to a change in identity and/or behavior. For example, Emily confronted her parents about not taking any action when she disclosed the abuse by her cousin. The lack of support from her parents was a major theme in her story, so when she confronted her parents, their response had a major impact on her. She described this conversation as a turning point:

> Eventually we had that talk, and they stood by with what they did, and they said, "Well, we could have done something, but you know what kind of issues would have caused in the family."
>
> I always kind of kept this over them. They don't know it, but that's…why I just kind of took my own way as, 'If they ever try and bring something up, I can throw this back in their face.' And I *did*, and it didn't matter to them…And that was a real actual turning point, because I've always had that from the age of sixteen to six months ago, was, 'I can always throw this over their, you know, give this back to them,' and I did, and it didn't make *any* difference at all…So we pretty much just have to agree to disagree on it.
>
> I couldn't use it as a crutch anymore, to defend myself for any kind of [sniffs] argument I want to have with my parents. I was going to have to just stand by what I really believed rather than, "Well, you did this." … so that was a major turning point in…any kind of way of dealing with this or talking about this will not involve them.

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For Emily, this turning point seemed to lead to a complex step in moving forward. She seemed to both accept that her parents were not going to change their opinion, and she had to figure out how to stay in a relationship with them while still holding her beliefs about what she needed at the time of disclosure. While she was maintaining her relationship with her parents, Emily's turning point also led her to move forward in that she was not going to wait for her parents to take accountability to continue with her journey, as she said, "any kind of way of dealing with this or talking about this will not involve them."

Claire described turning points in her journey as "key moments" and "aha moments." One key moment was when she learned about PTS for the first time by reading an article, which normalized her reaction to being abused, and thus moved her forward by lowering her self-blame. Another turning point for Claire was in discovering part of her identity was being a morning person:

> I always thought that I wasn't a morning person…because all through grade school and high school it was—I mean I was *so tired* in the mornings it was so hard to get up and well, when you've been – when you're being molested all night? Yeah, you're sleepy. You're tired. That was an aha moment. And so you know what? I am a morning person. I get up at 6, 6:30 most days and…go all day and so, I had this impression…perception of myself as this horrible morning person…

When Claire related being tired in the mornings to being abused, an external factor, rather than something about her, it seemed that she moved forward in terms of further developing who she was as separate from the abuse, and may have again lowered self-blame for a consequence of the abuse.

Two participants' had turning points that revolved around mental health breaks. Vicky's turning point began when she was affected by her mother-in-law's murder:

> she was killed…and [DATE] was when I asked the lord to be my lord and savior. …do I wish that upon her? No. …But because of that I've seen a lot of positives happen after the fact. …in that I learned there had to be a balance. It was soon after that is when I had my first nervous breakdown, and…that nervous breakdown, to me, changed me…in that…I'm only responsible for me, I can only…or my actions, anyway. I can only do the best that I can do with what abilities I have.

Valerie's turning point was a manic episode that led to a hospital stay.

> I had the crash, and I was actually in the hospital…And, I think something about that, that I think that started to put me, to make me realize that I had to deal with all the things going on in my head, —because this I could not keep doing this, this craziness. And I think that that kind of…helped sort of propel.

Later in the interview, Valerie said that the time she spent thinking in the hospital led her to realize that she had to deal with how the consequences of the abuse were affecting her. Both women seemed to come out of their breaks with more accountability than before, which they both said helped them to move forward.

Amount abuse impacts life.

Participants discussed different ways that the abuse impacted their lives throughout their journeys. This level one code was used to categorize the level two codes within it, which included *victim identity, emotional limp,* and *not everything is attributed to the abuse.* The two level three codes that emerged from not everything is attributed to the abuse were *abuse is one*

part of my life and *the abuse doesn't define me*. Overall, these codes described the different ways that having experienced IFCSA does or does not make up the participants' identities. When the participants discussed the ways in which they were choosing to build their identity in spite of or beyond their abuse experiences, it seemed that they were also experiencing empowerment.

   Victim identity.

Victim identity was the type of *in vivo* code that has a 'known' meaning, but that seemed significant to the participants. In general, having a victim identity seemed negative, as Patty stated, "I don't want to be defined as just a, a victim. …(4 second pause) I think that word has a negative connotation all on its own." Vicky defined the "victim mentality" that she thought survivors should overcome: "I think when you *stay*…When it is more than you. When the situation has overcome *you*, and who you are." Having a victim identity seemed to be considered a form of stagnation, which might have been significant for this group of participants because they were abused in childhood and were not adults.

Emily described her period of "feeling like a victim. When I felt a little bit like this, it consumed my life and…felt a little bit numb – a little bit, too. …it was probably the lowest point of just feeling kind of down, and closed off from the world. And that was *consuming* my life." This period of Emily's life in which she felt like a victim seems to fit with Vicky's definition that the abuse situation had overcome, or consumed her. However, Emily also clarified in her interview that her victim identity was necessary in her journey to be able to progress her processing about the abuse.

Losing her victim identity was significant in Vicky's journey, as evidence by her title for her journey of "Victim to Victor." While at the time of the interview, she was clear that she no longer felt like a victim, she was able to describe her experience of having a victim identity:

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I was victimized by everything. That was my thought process. And I was *angry*,

hateful. And I wanted everybody else to be as nasty and treated as nasty as I felt I

was. I tell people I felt like a pinball machine where everybody else was in control

of the—the game, and I just was there to bounce off everything.

In addition to feeling out of control of her life as a victim, Vicky described feeling powerless and

like a target for abuse when she was re-abused by her father as an adult:

he was one of them who wanted to harm my uncle, and then for him to go and do

the very same thing…that's when I thought, 'What do I have written on my

head?' You know, "molest her." Um…[11 second pause] Even as an adult I

couldn't say "no."

Thus, having a victim identity seemed to have a large impact on the participants' lives at the time

that they saw themselves this way. While one participant honored the state of victimhood, all of

the participants who mentioned this code seemed to think that it was important to progress

beyond it.

   Emotional limp.

   Some of the participants spoke about the long-term effect of the abuse on their life in

terms of being like an emotional limp or scar. Claire differentiated between being consumed by

the abuse and being affected by it: "I don't feel like now it defines me, but you know the dings

and scrapes you get on your body, you know, I have them on my psyche, or my emotional

system." She went on to describe the how having experienced IFCSA impacted her emotionally:

there's been some…research about emotional intelligence but also emotional

damage in terms of like if you break your leg and it's not set properly you'll

always have a limp. I think emotionally I have a limp in, in certain areas. …I get

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overly sensitive. Prickly maybe sometimes? And um… so… recognizing that, that

I still need to work on that. That there's no reason, I'm not in danger, you know,

no one's coming after me. I can stand up for myself now so, I don't need to be

defensive…

Patty also described how this emotional limp is something she foresaw having to deal with in the

future:

Unfortunately, I think really icky situations, like what happened to me when I was

little, causes some side effects, if you will, like when you get older. And I think

this is something that I'm gonna have to deal with as best I can.

Not everything attributed to abuse.

Most of the participants described how it was important to learn that not everything in

their lives was attributed to the abuse. The participants discovered throughout their journeys that

some of their issues were related to family dynamics or their personalities. Others ended up

rejecting the notions of others that all of their behavior was attributed to the abuse. For example,

Vicky believed that a rebellious period in her life was developmental and based on her

personality: "I remember at different times during my teenage years, mom would go, "Is this

because of this [abuse]?" You know, no, it's called *teenage* (laughing). And I'm just a whole lot

different than my sister. (laughing)."

Some of the participants assumed that all of their issues were related to abuse as well.

Claire discussed her previous thinking that because the abuse related to everything, that she

would have to carry it with her for her entire life:

when I was first in therapy I was so bummed because I was like, 'Ugh god…I'm

going to feel like this—I'm going to drag this bag along with me all my life. Ugh,

how awful. Okay well that's my cross to bear. Okay here we go. It's going to go

with me *everywhere* I go.' And I don't feel that way now. I can I can leave it aside

and certain things are just…just based on my own personality or my own

experience.

As Claire described, the belief that everything is attributed to the abuse might increase the

likelihood that a survivor thinks that it related to her entire life or that she has to be defined by it,

which is discussed below. Therefore, it seems that gaining understanding that not everything is

attributed to the abuse may have helped participants process the abuse.

Abuse one part of life.

While learning that not everything in the participant's life was attributed to the abuse,

most of the participants also discussed getting to a point where the abuse was only one part of

their life as opposed to their entire life. Vicky compared the abuse experiences to other negative

experiences: "everybody has something given to them to carry. That just happens to be a part of

mine. Not to my whole life, you know, it's *not* anymore." Emily described how the abuse is one

part of her story, "I feel like, I mean it's always going to be a part of me, the abuse is, it's always

going to affect me in some way, but I've learned to move past it." She went on to describe how

she sees the abuse as both having an effect on her but not taking over her life:

I don't really think about it anymore. It's, I feel like it's always gonna be—like I

said—it's always gonna be a part of my life a little bit and, I think I'm done

processing, but the…I'm not done with it. It's…not—I just, I never want to put it

in the box of 'never can open this again,' cause I don't believe in that. …I think

it's a healthy way for me to…be like, well, it's not really, it doesn't *define* me

anymore even though it can be a part of my life.

Tracy's perspective showed her resiliency in only allowing the abuse to be one part of her life:

> For so long I felt like this is something that *he*, ah, like purposefully decided that he was gonna do. And, in the sense—not just like, 'I'm gonna grab this kid's hand and put it in my pants.' Which obviously was something that he purposefully decided to do. But purposefully decided to create the need for me to create this whole timeline. That he was going to, —not really ruin, but fuck up some central substantial portions of the rest of my life. And that really pissed me *off*. …And I really am very insistent, and pretty much always have been pretty insistent on being the person that I am. And I really wanted to— refuse to allow this to dictate how I lived the entire rest of my life. …I refuse to let other people dictate to me how I'm gonna live my life, and who I'm gonna be.

Thus, Tracy was active in limiting the abuse to only being one part of her life, as she was still intent on being herself regardless of the abuse she experienced.

Abuse doesn't define me.

Not only was it important to participants to limit the abuse to being one part of their lives, but it was also important for all of them to not be defined by it, as Emily stated, "it doesn't *define* me anymore, even though it can be a part of my life." Claire related the importance of not being defined by the abuse to not attributing everything in her life to the abuse: "I don't want that to be the only defining thing – that everything that's wrong with me is *that*."

Some of the participants discussed this code in terms of advice for other survivors, such as Vicky who spoke as a member of the group, "it really doesn't define us. It *really* doesn't." Claire spoke of the importance for survivors not to be defined by the abuse, but to add other aspects of their lives into their identity:

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don't let it become your *whole* life…"All I am is this therapy subject." …you still have to live and find things you enjoy and take care of your friendships, and, you still have to be – you have to be a well-rounded person, you know? You have to have diversity, you can't just be the survivor or the victim or the therapist, the patient. You know you can't just be that one role. ..and when I discovered that for myself, I also discovered many facets of the abuse effects, and it kind of became a little bit fascinating. I was left horrified by it, I was…finding it incorporated into many things, …and some that were just fine and good to keep.

It seems that Claire discussed the balance between acknowledging and incorporating parts of the abuse story into her identity without it taking over her entire identity.

Within Tracy's advice, she described the complexity of not being defined as a victim of abuse:

But what's so terrifying is the idea that…sort of that pervasive sensation that at any given moment, you can be—you can lose *all* control again, and you can be right back there in that place that you were that you know was awful. And, one way to kind of stave off those feelings I think is to really own your story, and to really understand that…you're *more* than an abuse victim. And I think that that transition from victim to survivor is different for everyone, and definitely the most important thing that you can really do for yourself, and for people that you want to be close to.

Her description seemed to exemplify how the different codes under the category of the amount the abuse impacted the participants lives are related. Furthermore, it seemed important to her that although the story of abuse was an important story, she also thought it was also important that

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the survivor was in control of authoring her story. She also mentioned the importance in survivors' remembering that the abuse story it is only one part of her greater life story.

Growing edge.

All of the participants identified something related to the abuse that they were still working on. According to Candyce Russell (Russell, June 8, 2011, personal communication), a growing edge is:

> a commitment to exploring and strengthening the capacity of self. That capacity may be newly discovered. It is powered by curiosity and intrigue, and does not feel like an assignment. It's a 'want to,' not a 'have to.' The person is energized by awareness; it's just an edge if you see it but don't work on it.

It was when participants described their growing edges that they seemed to be most clearly making meaning of their experiences. In the examples of growing edges below, the participants seem to be "in process" about the aspect of the journey in which they are working. This is partly evidenced in the tentative nature of the quotes below in comparison to most of the other quotes throughout this chapter. It seemed that participants were putting their thoughts together, and in the process of making meaning.

For example, as described in her case study, Laura was just beginning to process her abuse experiences, something she said she had not wanted to do before, but by the time of the second interview said that she had begun to process the experience and wanted to continue to process the experience. She described the goal that she was reaching for in her growing edge:

> I know that I don't wanna be all over the place with all kinda different men. I don't wanna be back there. …(sighs) I just—I wanna be *respected*. …I just want respect—I know you can't just go out there and give up your body, and expect

people to respect you, um…I don't know where I wanna be—I just know I don't

wanna be *here.*

Furthermore, Laura showed some dedication to working on processing, as she said, "I know I'm

not too far gone that I can't be changed."

Claire talked about experiencing survivor's guilt, as well as having a difficult time

forgiving her nonoffending mother, which seemed to be her growing edges. Claire described her

decision-making process in terms of whether or not to reconnect with her mother: "I'm working

on that. I'm trying to figure out how I'm going to *feel* – do I feel the need to reach out to her

before that happens? I don't know yet. I don't know."

Vicky's growing edge was her struggle with her relationship with father as a result of him

abusing her when she was an adult.

> right now…I'm really angry at my dad [crying] and I've never been angry
>
> before…Sorry. …I seem to protect him more than I protected myself, I guess, and
>
> should have just stood up and said, "Enough is enough."…I was…[sighs] trying
>
> to be the martyr. And that's what I *felt* like, you know? I'm doing this for dad,
>
> doing this for – and I'm *not* anymore. I'm *done*. I've always felt like I've had to
>
> prove myself to him and the only person I had to prove myself to was God, and
>
> myself. And I *like* who I am. I *like* where I'm coming from and who I'm growing
>
> into. I may be [age], but I think it takes a *lifetime* to find out, and to grow and…I
>
> thought I was *over* it, you know? …But I don't think I was ever able to be angry
>
> at him.

It seemed that Vicky was attempting to explore her anger as it related to how she could continue to grow. It seemed important to give herself permission to be angry, and to recognize the necessity of that emotion in order to expand her self identity.

Tracy was hoping to have a conversation with her half-cousin who abused her, as a result of a talking with a friend who suggested that she might want to give him the chance to apologize. Tracy described the conversation and her reaction to it:

She was like, "He might not deserve it, but maybe you wanna give him the chance to do that. Maybe you would be surprised as to what comes out of his mouth." And I think that it…it takes so long to, it takes *so* long to get there. Um, but I think that's a really interesting idea. And I don't—it's not like I wanna, I don't wanna have a throw down with him or anything.

It seemed that Tracy's goal to have a conversation with the abuser in the future and recognizing that being able to do that meant that she would have a stronger capacity of self suggested that this was her growing edge.

Impact of the interview.

Throughout the interview process, the general category labeled the impact of the interview emerged. Some participants said that they found the interviews helpful. While participants were expected to be *processing during the interview* while telling the story of the abuse experience, a main category emerged in which participants seemed to process their IFCSA experiences during the interviews at various times. Another main category that emerged was unexpected, in which participants described *processing in between the interviews*. Therefore, the second interview was important in capturing how the participants had processed their experiences.

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Processing during the interview.

All of the participants experienced processing during the interview. Some of the
participants seemed to have realizations in relation to their journeys while they were processing
during the interview. Some participants became aware of triggers that they were previously
unaware of, such as Patty who realized that a trigger about her sleeping habits are actually
related to the abuse by her father. Also, Laura's experience, described in her case study, occurred
in which she realized that she had not moved past the abuse as she thought before the interview.
Her realization came about after I asked her how it felt to tell the story of abuse, which was an
interview question aimed at eliciting processing in the interview. Below is our conversation that
followed:

> **L:** Hm. …Mostly sadness because I think a lot of the decisions I've made since
> then are because of that.
>
> **I:** So sad that it's still affecting you?
>
> **L:** I didn't think that it did! (laughing).
>
> **I:** Mmhm.
>
> **L:** (laughs) I didn't think that it did.
>
> **I:** Mmhm. So maybe surprised, too?
>
> **L:** Maybe. …(4 second pause) Maybe. I don't feel *angry* anymore. I'm not *mad*
> at anybody because of it. I just wish that…I didn't…make the decisions I
> make *now*, and always feel like somebody's just trying to *use* me or
> whatever.

It seemed that as a result of processing during the interview, Laura realized that she had been
engaging in risky sexual behavior as a result of her abuse experiences. Before processing, she

seemed to think that because she was not angry with the family members who abused her, it might have meant that she was no longer affected by the abuse experiences. She also seemed to realize that the abuse experiences had resulted in her lack of trust in intimate relationships.

Some of the participants discussed the aspect of the interview in which they had to verbalize their thoughts and experiences, which seemed to lead to processing. For example, Valerie discussed how her gradual disinterest in sex developed:

V: …(5 second pause) I don't really know if I even really thought about it that much. …I just less and less was interested in sex. And I didn't think about it a whole lot. I assumed it was just the relationship, and then gradually it's kinda like, 'You know, it might be more.' And I began to realize that it wasn't just, 'Well, no I don't want sex with you.' That I just had no interest. I just…(5 second pause) didn't want to really hear about it, didn't want to see it didn't— just like, 'Yeah, whatever…'

I: So how did you go from, just not being interested to deciding, 'I don't need it. I'm not interested?'

V: I don't think I did decide. …'Cause I would say that probably until I'm sitting here right now, I never verbalized it.

Thus, it seems that Valerie might have been processing during the interview, as she said she did not think about, or put this issue together until she discussed it in the interview. Patty also identified how talking about her experiences during the interview related to processing when she said that she processed during the interview by "Just having to talk about it." She went on to explain:

you can process it on your own, and try to get there on your own, but you're still, you're still within a certain amount of safety. You don't have to acknowledge every part of it, you don't have to *say* anything out *loud*. And that makes—it might—it might sound silly, but there's some form of safety to being able to keep it inside of you. 'Cause if no one else knows about it, then you do have the option of going back and reverting, and repressing, and even pretending like it didn't happen. But once someone else knows about it, it's out there, and then you've relinquished control of the information.

I don't think I realized how much processing a situation like this [interviews] would actually cause until—I mean, even with the video taping and that type of thing, other people besides *you* are gonna *know* this information now, and so it's getting to a certain point where you can handle other people knowing that incredibly dark thing about your life. So you're l—you're letting go of that power.

Patty's description, in addition to other participants who discussed the need to talk to others, seems to relate to the idea that people cannot process completely in isolation.

The time within the interviews, from the beginning to the end of an interview, seemed to create a period of processing abuse experiences for some participants. When reflecting on the timeline of her journey of processing that we created during the first interview, Laura discussed how seeing her entire journey at one time affected her:

I didn't realize that it was that [makes gesture] (laughs). 'Cause I think about it in *moments* in time, like I don't analyze it all, like that. So seeing it on paper is kinda like, 'Hm. Okay. Maybe I'm still suffering from some of these things.' …That

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I'm allowing myself to be stuck back there for a long time. …I mean, that was like 17 years ago. (laughs).

At the end of the first interview, when asked how, if at all, she thought she had processed her experiences during the interview, she reflected on how she might have been impacted by the interview to change:

It's making me really reevaluate where I stand with some of the decisions that I've made. …I have the ability to…turn some of those decisions around. And, it's almost like confirmation for me that I just, I have the chance to do things differently. And, I have the opportunity to, so…

Tracy also seemed to have processed from beginning to the end of the first interview:

It's interesting because I felt like for so long, that it has such little effect on me. —Well I guess that's not really accurate. I feel like…I tend to think of it in this way: that all of the sort of dealing with it that I did, I did in high school. When I was like, formally dealing with it in therapy sessions and stuff. And I think it's kind of interesting, after having talked to you all day, that a lot of really important stuff happened outside of therapy. And cont—continues to happen outside of therapy. And that's good. That makes me feel like…that makes me proud of myself.

It seems that Tracy realized that she had more responsibility for moving forward in her journey than she had previously attributed to her own efforts. Instead, therapy was seen as the main source of progressively processing until she reflected on how processing individually and with members of her social support system had impacted her processing over time.

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Processing between interviews.

The time in between the two interviews seemed important to the participants' processing. Based on the participants' processing during the first interview, they may have continued to process what developed for them in the time until the second interview. For example, Laura discussed how she had processed her experiences "since about when we sat down and talked the first time." Claire shared with me as we were scheduling our second interview that she became angry after the first interview. She elaborated on her experience during the second interview, and how it was an unexpected emotion:

> I'm still really angry. I was surprised by that. I was very surprised by that. …And looking back on it I think I was *anticipating* you coming – I was excited about it and wanted to do it, but I was just very surprised at the depth of (scoffs), that quick cranky anger that I got—it's weird. …it wasn't the interview it was, just recalling the situation, you know? And I don't think about it on a daily basis anymore so, —there's an unresolved issue with my mom and I was mad about that, just mad that this happened….it surprised me. It really surprised me.

Claire continued to process about where her anger may have been coming from in relation to her abuse experience:

> I'm angry that it still happens. I'm angry that…as a society we really don't talk about it…you know? As you know I'm politically involved and politicians lie about these things or they obscure…they say things that are blatantly untrue and no one calls them on it so it all fits the pattern; things were happening in my household and happening to me and no one called them on it…

In the time in between the first and second interviews, Vicky said that she was expressing anger towards her father for the first time since he sexually abused her about thirty years prior, which was described in her growing edge, above. She also realized that the pattern of abuse from her husband was similar to the abuse she experienced by her father:

> there are some things that [HUSBAND NAME] has done that really make me feel like he's so much like dad in those ways, you know? I mean, he has raped me, more than once through our marriage. Right now the verbal abuse is just horrendous. …(sighs) His excuse for molesting me was he and mom hadn't had sex in who knows how long. (sighs)…And um…um…and that's kind of where [HUSBAND NAME] is right now. I can't *physically* – I've got health issues. And I can't physically be the kind of woman that he'd like me to be. And so I'm paying hell for it, and I see my mom doing the same thing with my dad, and it just peeves me.

It was interesting that Vicky was realizing this at the current point in her journey, because other participants had discussed their previous realizations that they were repeating patterns of the IFCSA relationship with partners. For example, Valerie said that she had been in denial about her abusive ex-husband until "probably within a couple years after I got the divorce, I finally accepted that that was exactly what it was. That he was just my dad all over again. And that was also…the point where nobody was allowed to hit me anymore." Therefore, it seemed that for these participants, processing was involved in moving forward in their journeys, whether it was by creating a boundary around partner violence, or making a step towards relating past experiences to the present. This also seemed significant in that the participants were reshaping their roles in their relationships.

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Advice.

The participants were asked to give *advice for survivors,* their *families,* and the *helping professionals* who were involved in processing IFCSA experiences. Some participants provided advice before they were directly asked for it, some only gave advice when asked at the end of the interview, and a couple of participants said that they did not feel comfortable providing advice.

Advice for survivors.

It was difficult for a couple of the participants to give advice to individuals. For example, Laura said, "at this point…I don't even know. I don't even know. I'm still processing myself (laughing). So I don't know." Thus, it seemed that she felt that she had not progressed enough in her processing to be able to offer advice to others. Also, as described above in the code individual differences, some of the participants said that survivors should not feel pressured to move quickly in their journeys. Valerie said, "Take it at your own pace. *Don't* try to stop it, let it happen, but don't try to force yourself either." Emily described her perspective with her advice to survivors of IFCSA:

> they can go at their own pace. They shouldn't feel like they need to go very quick,
> or very slow, or at some points…feel like they need to deal with it at all. I mean,
> it's going to be a long process, and that they should feel like they should only do
> so much, or only do what they can handle at the time, and not feel bad about it, or
> feel guilty, or feel like they have to deal with all of it at once. Especially *kids*,
> because they're going through it at a time when they're changing anyway.

Emily also identified that children who are experiencing IFCSA are going through simultaneous developmental changes, which might affect their processing experiences.

Some of the participants felt strongly that survivors should seek help, such as through therapy. Claire advised, "Find someone you can trust that you can talk to and keep talking." Tracy thought that all survivors should seek professional help, but at the same time seemed to touch on the point that the pacing is different for everyone:

I think that everybody that is sexually abused, either as a child or as an adult, should seek professional help at some point. And I think the amount of professional help that people need, and the length of time that they need that professional help is going to vary greatly, and there's nothing wrong with that, but

I think everybody needs some amount of professional help.

Furthermore, several participants felt that survivors should not feel ashamed when seeking help. For example, Vicky said, "To me it's not a stigma, a horrible thing, to go to counseling. That really it is for a healing, that it is another step of medically taking care of ourselves."

It seemed that participants were also discussing the social messages that impacted them as survivors of IFCSA. Vicky advised survivors how to handle the social stigma of having been sexually abused:

Keep it open. It's not your shame, and…it's not their burden to carry and that there was nothing you could do… You were a victim at the moment, and…tell (laughing). …And there's others out there. …it's like it's supposed to be kept *silent* and that you're the only one, and you would be thought differently of, or…*many* different things can go through your head to keep you from telling. You know, 'What will people think?'

Others added that survivors should think about how much the abuse impacts their life, which was also a code that emerged from the data, described above. Valarie advised utilizing self-awareness in processing to decipher the purpose of behaviors:

> Pay attention to those little vague feelings that you get, or you think, you have a weird dream, I mean, just pay attention to them, take them seriously, think about them. It may mean nothing, and then again it might be a key to something really big…And, the hard part is try to look at what you're doing—at your behavior—and try to think about if what you're doing is because it's what *you* want to do, what you need to do, or what you're doing is because that's your reaction from what happened.

Claire used her personal experience to relate to other survivors that the abuse does not define individuals who have experienced IFCSA:

> don't forget to live. …it's hard work to get through this, and you need to work on it. But…don't let it become your *whole* life… You still have to live and find things you enjoy and take care of your friendships, and, you still have to be…a well-rounded person. You have to have diversity, you can't just be the survivor or the victim or the therapist, the patient. You can't just be that one role. ...and when I discovered that for myself, I, I also discovered many facets of the abuse effects, and it kind of became a little bit fascinating. I was left horrified by it, I was finding…it incorporated into many things, …and some that were just fine and good to keep.

In this example, Claire also described how her experience of processing led her to find parts of being an IFCSA survivor that she could integrate into her identity. Valerie put her advice simply:

"trust your gut," which also implies that survivors have the potential to integrate strengthened instincts into their identities.

Advice for families.

It was also difficult for some participants to give advice to families who have experienced IFCSA. Similarly to the individual differences among survivors, some of the participants recognized that each family has their individual differences. For example, Emily said, "It's…just really complex, depending on the family." However, some of the participants suggested that family members should believe the child, such as Vicky who said that she currently tells parents with a child who has disclosed CSA, "'You believe what they're saying. They're too young to make up that, a lot of the things that are happening.'" Valarie described how her mother's denial of the abuse by her father might relate to other families:

> Definitely, like I said with my mom, *don't* just flat out deny that something
>
> happened. Be accepting that even if you don't want to believe it, even if you don't
>
> think that it's true, that there is something, something that deserves the respect
>
> and the concern. It can't be blown off and it can't be hidden.

Therefore, while it might be difficult to accept that IFCSA could exist within a family, Valerie points out that a child's disclosure warrants concern, especially by the nonoffending caregiver.

The participants also suggested that families be empathic with one another, such as Laura's advice to "just be patient with one another." Participants also discussed that the victim would need support within the family. Based on the difficulty she had within her family, Emily advised to give the survivor more power around discussing the abuse:

> the one that's been abused is going to have to lead it. They're going to have to just
>
> set the boundaries on how much they talk about it, how much they don't talk

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about it…Because I don't think I could have ever talked to my parents about it.

…it was weird. They wanted—mom wanted to be a part of it, but yet she didn't

want to be, so that was hard to deal with.

At the same time, as Emily discussed in her journey of processing, it seemed difficult to define a clear balance of who should be in charge of acknowledging the abuse within a family.

Thus, some participants suggested seeking help as a family. Vicky advised, "I think counseling young is probably a *good* decision for parents, or for guardians of kids… Not only for the child but for *themselves* to be able to know…*how* to approach these things." Valerie added perspective to the attention that not only the victim, but the abuser needs within the family, "I would imagine in a lot of cases, the person who did the abusing needs help even more than the victim."

Advice for helping professionals.

Throughout the interviews, the participants discussed ways in which their personal experiences with helping professionals were helpful and unhelpful. These experiences also intertwined with their advice for how helping professionals could be supportive to individuals and families who are processing IFCSA. Some of the participants said that it was important for helping professionals to hold family members accountable, such as Vicky's suggestion to tell parents who do not want to participate in therapy, "Step up to the plate, I almost would say, you know? (laughing)." Emily did not find her therapy experiences as an adolescent when she disclosed the abuse very helpful. She reflected on how her therapists could have more helpful to her at the time:

I honestly don't know what they could have done. They – other than just telling

them [family] they needed to do something, or reporting it themselves.

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…Probably the kid just needs somebody else to take control. I mean with younger

kids that's *obvious*, but even teenagers are going to need somebody else to take

control of it, even if they don't like it at the time. Um…because I don't know how

much I would have liked it…it would have been scary for somebody to actually

turn in, but it would have been incredibly—it would have been a lot less stressful

to me.

Thus, as Emily described throughout her journey, she would have felt less burdened if the

therapist had asked the parents to be accountable or had taken accountability herself for reporting

the abuse, so that the responsibility would not have been solely on Emily as an adolescent.

In a different way, Claire discussed how a therapist should ensure that every member of

the family is taking the appropriate type of accountability, almost in terms of what she would do

if she were the therapist to a family processing IFCSA:

…Well you need to be able to express yourself without retribution. …everybody

in the situation needs to be able to express themselves. …I, I would think would

be real easy to gang up on the abuser…not that…or, to, two of three in the

situation…collude to harm the other. That would be very bad. And that would be

something that I think you'd have to look out for. I think it would be natural to do

that.

I'd want to make sure that the one who could protect, did – was doing the

job that they're supposed to do, and…you know making sure that there was a safe

place for everybody to discuss and talk about things…that's one – that's another

thing I'm learning with [HUSBAND NAME] is that there are healthy ways to

express yourself and to say everything you need to say even if it's mean, even if

it's hurtful you have to be able to say it…you have to be able to say it and you

have to be heard.

Claire pointed out that even the abuser, if included in therapy, needs to be able to express

himself, and that if the family were to remain intact that everyone in the family would need to be

able to communicate honestly.

Some of the participants also thought that it was important for therapists to give the

survivor power to make choices within therapy, which may coincide with the issue of pacing

mentioned above in their advice for individuals. Patty described how her therapist was not

helpful when she first disclosed the abuse by her brother:

I think the thing that turned me off the first time that I ever told our family

professional was that she said, "Well, you're gonna *have* to do this, and this, and

this if you want to get past it." And it's so uncomfortable, and it's so—to have

anyone say that you *have* to do something else is just—it's just—it's a hundred

percent the wrong thing to say. To have someone be like—I mean if she would

have said (sighs), "You might find that coming back in on a weekly basis and

talking about it will help you. It will be incredibly uncomfortable (laughing), but

it might help in the future. If you would like to do this." Not you *have* to. …No

"you" statements. "I" statements (laughs). It's just, …there's so much pressure,

and it's so stressful, and you don't want anyone else telling you you *have* to do

something again. (sighs)

Instead of telling clients what they need to do, Patty suggested using therapeutic knowledge to

guide survivors in their processing:

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Well, because you guys [helping professionals] don't know our memories, or anything like that, but you know how to get from point A to point B, and you know what questions to ask, …you guys know the *science* to get to where we need to go. We don't know that. We don't. We don't know how to get—all we know is what happened to us. And especially if you're a kid, you don't know what you're supposed to think of it, you don't know exactly why it's wrong, you don't know any of these things. So to have a professional ask you the right questions to get you (sighs) to make the realizations that you need to make....you guys are helping us make a map in our own minds to get to where we need to go.

Overall, the participants seemed to want therapists to take responsibility for guiding survivors and their families towards progressive processing at the survivor's pace if she chose to enter therapy.

Conclusion

Many of the codes overlapped, which was evident in this chapter as an example that one code could also be used to demonstrate another. Overall, three general categories emerged from the data about how IFCSA is processed. The first was the journey of processing IFCSA, in which participants described their individual journeys of processing their IFCSA experiences, and shared how their aesthetic representations signified their journeys.

The second general category was the nature of processing IFCSA, which included three main categories of codes: describing processing, the progression of processing, and the impact of the interview. In the first main category, participants explained what processing is through the level one codes of describing their experiences of processing IFCSA, providing definitions of processing, the individual differences that are involved in processing, describing intentions

around purposefully processing, and naming the ways in which they have processed their experiences. The second main category, the progression of processing, included participants' descriptions of the different ways they have worked on processing their abuse experiences further. The level one codes included progressively acknowledging the abuse, having spillover experiences, recounting moving forward in their journeys, reflecting on how much they allow the abuse to impact their lives, and their growing edges. The third main category about the impact of the interviews included examples of how participants processed during and between interviews. Finally, the third general category included the participants' advice to individuals, family members, and helping professionals in relation to processing IFCSA. The next chapter will discuss the possible implications of these findings.

Table 1. **Categories of Codes in the Data**

General Category	Main Categories of Codes	Level One Codes	Level Two Codes	Level Three Codes
Journey of processing IFCSA				
	Individual journeys			
	Aesthetic representation			
The Nature of Processing IFCSA				
	Describing processing			
		Experience of processing		
			Emotional expression	
			"Putting things together"	
			Focus on self	
			Processing painful	
			Self-Awareness	
			Processing ongoing	
		Individual differences		
	Defining processing			
	Processing as Purposeful			
		Away from processing		
			Not wanting to	
			Developmentally unable	

Modes of Processing	Towards processing	Not ready to	
		Needing to	
		Had to	
		Choosing to	
		Wanting to	
	Internal forms of processing		
		Thinking	
		Creating	
		Dreaming	
		Writing	
		Reading	
	External forms of processing		
		Conversations	
		Helping others	
		Receiving social support	
Progression of Processing			
	Progression of acknowledging the abuse		
		Ambivalence about acknowledging abuse	
			Period of not acknowledging abuse
			Period of acknowledging abuse
		Accepting abuse	
			Accepting abuse happened
	Spillover		
		Not acknowledging	

			abuse leads to spillover
			"Bubbling Up"
			"Throwing Up"
	Moving Forward		Growth
			Processing leads to moving forward
	Amount abuse impacts life		Turning point
			Victim identity
			"Emotional limp"
			Not everything attributed to abuse
		Abuse one part of life	
		"Abuse doesn't define me"	
	Growing Edge		
Impact of interview			
	Processing during interview		
	Processing between interviews		
Advice			
	For survivors		
	For families		
	For helping professionals		

Table 2. **Participant Recruitment**

Recruitment Method	Number of Participants
Newspaper advertisement	1
Word of mouth	1
Laundromat Flier	1
Military Base Flier	1
Café Flier	2
Community Health Center Flier	1

Table 3. **Participant Definitions of Processing**

Participant Name	Definition
Patty	you just have to **accept** what happened, …**understand** that it's **not your fault**, and **gradually move past it**. It was **remembering** and **accepting**, and **allowing myself to feel** what happened. my processing was **bringing it to the surface**, so that it could be **dealt with**.
Emily	It means **letting yourself feel what you feel**. I think that's really what it means. It's **not feeling ashamed** about it. And being a little bit **selfish** (laughs). Kind of like how in an airplane they tell you have to put your own mask on before you put somebody else's on even though if it's your child, it's like, you're no good to them if you're not taking care of yourself. …*be* a little bit selfish because it's actually not selfish. So that's kind of what I think I needed to be told, is that, 'You need to be selfish so that you can **get through this and be a normal, functioning person in society**.' (laughs).
Tracy	I guess that processing is the **uncomfortable** process of really **unpacking the implications of what actually happened**. I think it's about **remembering…the actual events that occurred**, and then really in detail…going through and **acknowledging** all the myriad ways that it's actually **affected you in your life**. Because…clearly when you're raped, there's a physical act that occurs. And the physical act is not, --the physical implications of the physical act are not usually the main concern, right? …that's not what continued to suck for like years, and years, and years. **Acknowledging** that…it's about a lot more than the actual physical act. And sort of **personalizing** what it is about that…has an **affect on you**. Cause you can **read** a bunch of textbooks and decide, what are the normal implications for what has happened to people, or you can do the much more **painful** thing and **acknowledge** and **talk** about **individual instances** in your own life where you—you know that it's impacted you in that way. …I think it's about **finding yourself in the mess**, I guess.
Valerie	I think…(4 second pause) for me is, in a lot of cases, is just **accepting** it as something that **really happened**... I think it's *accepting* **it as happening**, and *accepting* **how I feel about it**. Because I think that was one of my big problems for *so* long, was *refusing* to be **vulnerable** even though I really was, but putting on that shell, that exterior that I was *tough*, and hard. …And, I **still consider myself tough**, but I don't feel the need to…*never* say that I need help, or that something's wrong.

Claire	I would process it by…looking at an action that occurred or something that was making me upset or angry and…trying to **figure out why I'm upset or angry** and then a lot of times I can say, you know, this bugs me. The reason I'm **overreacting** to this is because…you know, my dad would ground me for the slightest infraction. Of course. So he could keep me at home, right? You know if I'm home with him he's not – he's got easy access. And so where…I would process it… is to now realize to not feel…slighted or, or trapped when…I have to stay home and do some work… You know it's bugging me…**why is that bugging me**? …So then I can, I can know hopefully the next time something's niggling in the back of my brain about, what's, why is this bugging me so much? And that used to take me sometimes weeks and **now I can process it a day, two days sometimes**.
Laura	I would define it as maybe taking those experiences, or processing—taking whatever it is and **dealing with it**. Second interview: I: …what is the difference? L: Between coping and actually dealing with it? In my opinion, coping, whatever the skills I need to adapt to just make it through the day where I'm dealing with it… just **taking back the powe**r and allowing myself to not just make it through the day but to **be successful and victorious** at the end of the day, you know, **getting over it** and not just everyday rehashing the scenario over and over and over again.
Vicky	I really think you have to **grieve** it…sometimes it's kind of like a death. The stages that you go through that you almost have to have that with this as well. And timeframe? I just heard something that made very much sense to me…I made the comment that I grieved my mother's death for fourteen years unhealthily. Someone said, "That was your grieving process. How can it be unhealthy? However long it took to get you to the point you are today." So I mean, it makes sense. Take the **time it needs**.

*Codes represented in the participant's definitions are in bold.

Chapter 5 - Discussion

In the last chapter, the themes that emerged from the participants' journeys were discussed. This included descriptions of each participant's individual journey as well as their shared experiences in processing the abuse. Participants offered their own definitions of "processing" and *how* IFCSA was processed was explained from their personal experiences. In this chapter, I discuss the implications of the findings of this dissertation. First, I summarize the results and discuss some possible implications of the results and how the results relate to the current literature and theory. The clinical implications that were derived from my results are then discussed. Next, the limitations of my study, followed by the implications for future research are reviewed. Finally, I share my reflections as a researcher as I learned more about the experience of processing IFCSA.

Discussion of Results

In this section, I discuss the implications of the results that are most significant in answering my main research question: *what is the nature of how IFCSA is processed for some survivors?* Next, I discuss the clinical implications that were derived from the data analysis.

The nature of processing.

Participants from previous studies suggested that not only does some form of processing occur, but that desired outcomes included accepting that the abuse happened (Banyard & Williams, 2007) and reaching a point in which CSA was one part of their identities but did not completely define them (Anderson & Hiersteiner, 2008). The participants in this study supported the literature in that accepting that the abuse occurred and not being defined by the abuse, while still identifying it as one part of their story was important to their processing. Furthermore, the participants in this study added to the knowledge about how they reached these points by

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answering questions such as how certain aspects of their journeys were helpful and how they shifted from one place to another in their journeys. Based on the results of this study, the overall goal of processing seems to be accepting that the abuse is one part of the survivor's life, does not define them, and gradually becomes a smaller piece of their identity as they continued to process and move forward.

They seemed to process by first acknowledging and then accepting not only that the abuse happened, but that their lives were affected by the abuse. For example, some participants found it important at a point to accept that their avoidant forms of coping were a result of the abuse, which in turn helped them to move towards approach coping. While the goals of processing were to grow and make the abuse a lesser part of an individual's identity, ironically the participants said that they had to face what happened to get to that point. The times when they chose not to process their abuse experiences mostly involved negative coping and "stagnation." This supported the literature that avoidant coping is more likely to lead to trauma symptoms (Fortier et al., 2009), while approach coping is more likely to lead to resilience (Phanichrat & Townshend, 2010; Walsh et al., 2009).

Previous literature also suggested that processing might be gradually on-going with some turning points, or main shifting in the participants' journeys (Phanichrat & Townshend, 2010). The participants in this study identified key turning points in their journeys, and also indicated that processing was gradual. This ties in with their descriptions about how processing leads to moving forward, and if the amount that abuse impacts their lives grows smaller over time, it seems to fit that processing might happen in waves, where at times individuals process more than at other times, but the option always remains to examine the impact that the abuse has on one's

life. Thus, as participants discussed, they can chose to purposefully move towards processing their experiences, or purposefully move away from processing.

The uncertainty in the literature about whether processing is ongoing or can be completed (Banyard & Williams, 2007; Phanichrat & Townshend, 2010) was reflected in the participants' ambivalence about this question. Most of the participants thought that processing was ongoing, while a couple thought at the same time that they can be done processing. Furthermore, all of the participants experienced growing edges in relation to their journeys of processing, which meant that they were still processing an aspect of the abuse at the time of the interviews. Since the participants were still working on growing, had processed in their past, and most had made the abuse a smaller piece of their identities as time went on, it is possible that certain "issues" to be processed may be completed, but other issues are introduced or remain uncompleted as they approach various life cycle transitions and processing experiences continue. For example, a participant may have accepted that the abuse happened by the time she reached adolescence and processed that for the most part. However, as a young adult she might still be working on how their nonoffending family members responded to her disclosure, which might need to be processed.

Overall, it remains unclear about whether processing IFCSA as a whole can be completed or is ongoing. As one participant put it, she felt that she was done processing her abuse experience but she did not want to "put it in the box of 'never can open again.' This supports the definition of a growing edge as a "want to, not a have to" (Russell, June 8, 2011, personal communication) in that throughout their journeys, the participants chose to processes. Overall, survivors might grow as a result of gaining the self-awareness to recognize and be ready to choose to work on their growing edges. This is turn might lead to moving forward. These

steps of processing could potentially be an on-going process for as long as a participant chooses to or is triggered to work on processing different aspects of her abuse experiences.

The identification of "spillover" seemed to describe the potential times when participants have to or choose to process their abuse experiences. The pressure of nondisclosure may become too great, or a developmental milestone might trigger a survivor, such as puberty or having children. It seemed that for some participants, not acknowledging the abuse and attempting to "stuff it down" or "hold it in" was the norm until a spillover experience occurred. The description of this experience indicates that it might eventually be hurtful or damaging to keep thoughts and feelings, particularly blaming and self-shaming thoughts, in about the abuse. Also, avoiding or not acknowledging abuse issues at some point seems to become ineffective or even adversely effective. Furthermore, the participants spoke about moving forward and being able to process their experiences once the abuse was disclosed and/or spillover was experienced, so they might feel better after getting the "ick" of the experience out, which compares to feeling better after the uncomfortable feeling of vomiting. This is a possible finding that, at least for these participants, processing was necessary to move forward from their IFCSA experiences.

Participants' descriptions of processing also supported Constructivist Self-Development Theory (CSDT) and the Life-story Model of Identity (LSMI), which were the theories I used to guide this study. CSDT suggests that adaptation to trauma is a result of the interaction between life experiences and the self. This study supported this interaction in that although participants spoke of their traumatic experiences (i.e., life experience) they also reported that they believed they were responsible for what happened after the trauma and how they were affected by it (i.e., the self). Furthermore, the participants' descriptions of oscillating between acknowledging and not acknowledging the abuse, as well as the effects that deliberate processing had on creating

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new world meaning and reconstructing assumptions fits with CSDT. The participants also seemed to have reorganized how they processed traumatic information over time when they described their journeys, which was another component of CSDT. In CSDT, the purpose of reorganizing information is to move forward, which was also supported by the participants. For example, Laura, who had only just decided to processes her experiences after the first interview, said that she did not know why processing her experiences would work, but she thought that it would help her to move forward.

The individual journeys described in the participants' stories supported LSMI in that participants spoke about the changes that they made to their stories in the past in terms of the shifts they had made, as well as reconstructing their stories during the interviews. The changes that participants experienced as a result of shifts in their journeys also fit with the concept of narrative identity (a construct used in LSMI) in which the past can be reinterpreted. For example, in the code labeled "amount abuse impacts life," the participants described how they had to reconstruct their stories from revolving around the abuse to the abuse being one part of their overall story.

In LSMI, the purpose of individuals' storytelling is to help them view their lives as autobiographical stories, in which the narrator can reconstruct the past, interpret the present, and imagine the future to help them provide unity, purpose, and meaning to their lives. The participants in this study discussed the ways in which they had to reconstruct their stories over time, with their shifts in processing contributing to constructing new stories. At the time of the interviews, the participants also demonstrated constructing new stories and meaning between the first and second interviews. Furthermore, participants shared their interpretations, or lived experiences, of the present during the interviews. They also envisioned their futures in relation to

processing, and shared their goals in terms of their growing edges. Self-defining memories, emotionally charged episodes, high and low points, and turning points characterize autobiographical stories. The participants in this study reported many of these facets of constructing their stories, such as the codes labeled "turning points". However, the participants also said that their shifts were often gradual, which made it difficult at times for them to tell the story of their journeys of processing as clear, separate events. Finally, LSMI includes the idea that narrating traumatic events can lead to an understanding of the self and a commitment of the self to a positive resolution through some particular strategies. This was supported in that participants discussed gaining insight, which is one of the strategies, about their lives as a result of experiencing growth throughout their journeys. The participants also demonstrated an experience of seeing the possibility of later positive events. This included concrete events they were looking forward to, such as the last label that Claire used, "other things to do," as well as more abstract ideas, such wanting to help others in the future. Another strategy suggested by LSMI is reconnecting to the "authentic self," which participants seemed to do in a variety of ways such as by emotionally expressing themselves through processing. Finally, the participants consistently supported the belief in LSMI that processing is important for moving forward.

The two theories together were supported in that the participants agreed that during the time in their lives that they processed automatically, or mostly avoided their IFCSA experiences, their stories stayed the same because they did not have to add any new information to their existing schemas, which were scripts such as, "it did not happen" or, "don't think about it." Once the participants began to deliberately process their experiences, they were able to reconstruct their stories in terms of past, current, and future processing experiences. Furthermore, it seemed that as participants processed, they were better able to integrate abuse experiences into their

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stories, as well as continuing to develop more purpose, meaning, and a stronger sense of self-identity into their stories.

Clinical implications.

Implications from the interviews.

As discussed in the results chapter, the participants said that they were impacted by the interviews. Some specific feedback about what was helpful included creating the timeline, having to answer open-ended questions, and processing during the interviews. For the participants in this study, including those who found the abuse to be only a small part of their identity at the time, discussing their journeys during the interviews seemed impactful. Thus, by initiating processing in the interviews, the participants were affected by reflecting on their desires to continue to move forward, developing their growing edges, and realizing that they had progressed more than they thought they had prior to the interviews. Therefore, while I did not intend for the interviews to be an intervention, for several of the participants they were. While this may be a limit to my study, it also created implications for working with survivors in a therapeutic setting. First, some of the questions from the interview guides might be helpful therapeutic questions to pose to survivors. Creating timelines throughout treatment might be helpful for clients to organize their thoughts, see their progress, and decide where they would like to go in the future in relation to the trauma.

Therapist roles and responsibilities.

As the participants in this study increased our understanding of the complexity surrounding the impact of IFCSA and how it is processed, a result was that the role of the therapist in working with IFCSA issues became more complex. As discussed, the participants felt that being an IFCSA victim or survivor was not their sole identity, and they advised

individuals to remember this as well. It follows that therapists might take the responsibility to help clients to move to a place in which they have accepted their abuse experiences but also understand the balance between avoiding, ruminating, and acknowledging these experiences, in which clients have control over defining their self-identity. In addition to guiding clients, the participants seemed uncertain about how much control they wanted the adults in their lives to take in terms of reporting at the time of the abuse, holding abusers responsible, and disclosing to other family members over time. Thus, therapists of children are likely to be in a delicate position of both empowering the abused client to make choices for the next steps of action, and potentially acting as a protector in making difficult decisions, especially when the client's support network is failing to do so. However, adult clients might also rely on their therapists to help them to set boundaries in relationships, make decisions in relation to disclosing the abuse, and understanding that the perpetrator and not the victim was responsible for the abuse.

Another issue raised was the complexity expressed by participants who were abused by a family member (Atwood, 2007) as a child, yet still felt that it was important for some of them to mend, maintain, or have to process cutting off from different family members throughout their development. Loyalties to family members created difficulties for some participants in processing their experiences, such as the times when they felt they had to focus on themselves in order to process. This conflict may be tied in with gender roles, family dynamics, and abuse dynamics in which the survivors often had difficulty in putting their needs to process their experiences first before trying to mend familial relationships. At the same time, it seemed that participants wanted the possibility of being in relationship with their families honored by helping professionals. This means that therapists should consider being open to survivors having

relationships with the family members who abused them if safety is maintained and accountability for the abuse is placed on the abuser.

Strengths and Limitations

The main limitation of this study is that participants were self-selected, and thus were aware that they were going to talk about their abuse experiences. Thus, other women who were eligible and saw the flyers may have chosen not to participants as a result of not wanting to discuss their experiences. Furthermore, all of the participants showed resiliency, so the individuals who had done some processing or at least were open to processing may have self-selected for the study, while the women who are not as resilient or have not processed their experiences were probably less likely to participate. The topic of this study ended up being important not only to me, but to the participants who volunteered, which shows that the participants most likely found the idea of processing IFCSA experiences relevant.

Another limitation of the study was my focus on IFCSA rather than CSA generally. This provided an understanding into factors affecting IFCSA specifically, and addressed the unique relational factors associated with a form of family violence. A limitation is that the information gained in this study might only be applicable to these 7 IFCSA survivors. The sample was drawn from the Midwest, which is a mostly white region, so the while there was diversity in regional and religious identification, most of the participants were white and had been raised Christian. Furthermore, my study focused in depth on the experiences of seven IFCSA survivors, which limits the breadth of how many survivors were included in the sample (Patton, 2002).

The sample was limited because men were excluded from the study to focus on female experiences and to acknowledge that there is likely a gender difference in processing IFCSA. Thus, while male IFCSA survivors should be studied in the future, this study focused on female

survivors of IFCSA. The focus on processing created another potential limit, because I asked IFCSA survivors to verbalize their internal experiences mostly retrospectively, which was difficult to do at times and may not have been inclusive of their entire lived experience. Finally, the use of retrospective data is beneficial because children are less able to articulate what they need than are adults, but adults also will answer what they think they needed as children, rather than what they might have thought they needed when they were children.

Implications for Future Research

My second set of main research questions was about how the literature on internal and external factors contributed to processing IFCSA experiences. While participants spoke about these different factors, rich information emerged about how they actually processed the abuse experience. Therefore, I did not focus on how internal and external factors contributed to processing in this study beyond how they specifically related to the nature of processing IFCSA. However, I plan to include the data on these internal and external factors in future studies. I also plan to further expand on how the internal and external factors relate to the nature of processing, as the description about how survivors' process is clearer as a result of this study.

Several future studies are needed to continue to understand the nature of processing IFCSA. First, it would be informative to add to what is known about interviewing individuals to interviewing a dyad which includes a survivor and a person of the participant's choice who is in a close relationship with her (i.e., partner, friend, or family member) with whom she feels she has processed her abuse experiences. A dyadic study would explore the assumption further about whether or not a person can process traumatic experiences in isolation. Furthermore, as discussed in this study, the participants had some supportive and some unsupportive experiences with others, so including another person in the interview might continue to impart what is actually

supportive when someone is attempting to help a survivor process. Finally, interviewing a person close to the dyad would likely demonstrate processing in action, and would create another level to the participant's story from an outside perspective.

Other important studies that would increase knowledge about processing IFCSA are longitudinal studies from the time of childhood to adulthood. A longitudinal study provides the opportunity to track processing as it happens, and might demonstrate progressive stages of progressing more clearly. Neuropsychological research on brain functioning and trauma might be informative in the future in by measuring how traumatic information is processed in the brain as a person is actively processing it. Furthermore, it would be interesting to learn if the process is different for IFCSA versus CSA survivors because of the complexity of the relationships. Finally, a structural equation model study might be informative in the future to clarify how all of the different codes and factors relate to one another in a model of processing IFCSA.

Researcher Reflections

While it is sometimes difficult for me to distinguish between my personal reactions, my reactions as a researcher, and my reactions as a therapist, this section is divided into my reflections in terms of these three different roles that I was aware of throughout this study. My reflections as a person include the reactions that were brought up as I became immersed in the data. My reflections as a researcher include some of the significant thoughts that my research team and I had throughout collecting, transcribing, and analyzing the data. This also includes some main instances in which I used my self-reflexivity. Finally, my reflections as a therapist include the thoughts that my research team and I had in relation to what we were learning about our therapeutic practices. Within my therapeutic reflections, I discuss issues of social justice that arose during this study.

Reflections as a person.

Overall, I was inspired by the participants because they all demonstrated resiliency. Even when they were still struggling with something, such as taking sexual risks, each participant demonstrated self-awareness about what they were working on, and had a desire to continue to move forward. I was also amazed by the openness with which the women invited me into their lives, by sharing their personal stories, thoughts, feelings, strengths, and struggles. I was also grateful for their openness in sharing their objects that represented processing, because most of participants were essentially sharing a piece of themselves.

At times, especially during transcribing and coding, I felt drained after so much exposure to thinking about IFCSA. However, even when I felt sad about a participant's story of abuse or difficulties, I still always felt inspired by her strength. I saw post-traumatic growth in the women, because as a result of their experiences they had to ask themselves difficult questions and attempt to answer them in ways that people who have not experienced IFCSA would not have to. Thus, the participants seemed to have a more complex worldview than that of people who have not experienced trauma.

Reflections as a researcher.

As a result of conducting this qualitative study, I have a better understanding about what it means to be the main tool of analysis. I felt the impact of being the keeper of all of the ideas revolving around the data. Thus, it was imperative to continuously take notes and keep a journal so that the information would not get "lost." There were times when I used my self-reflexivity during the interviews and coding. For example, Laura had said that she had moved past her experiences of IFCSA, and was participating in the interview to help others. However, when we began the first interview, she realized that she had hardly processed her abuse experiences. As a

result, I realized how impactful the interview was to the participants. During the interview, I had to adjust my stance as an interviewer because I was not prepared to discuss processing with someone who had not processed her experiences. Now, I realize how powerful these interviews were to the participants, because by the second interview, Laura expressed a commitment to processing her experiences. I also used my self-reflexivity when participants showed a level self-awareness that surprised me. The participants were aware of their previous progress, admitted to negative coping and processing experiences that they had, and seemed very aware in the present during the interviews. At the time of the interviews and during coding, I was inspired by their abilities. Noticing this also increased my awareness of my bias that I may not have expected them to demonstrate as high a level of self-awareness.

Another aspect of conducting a qualitative study was being dependent on the participants to not only volunteer to participate, but to agree to document and provide details about their experiences. The number of women who volunteered based off of flyer postings also surprised me. The women who were not eligible seemed disappointed that they could not participate. I was also surprised by participants' openness to audio and video recording the interviews, as well as the initiative that they showed in completing the second interviews. Most of the participants were also open about identifying as survivors, while still showing their awareness that they had to deal with shame around it. Claire said, "Of course it's shameful. But…it's like having your house robbed. Is that shameful?" I found the participants' openness in speaking out about being survivors interesting because of the precautions I took as a researcher based on the Institutional Review Board's requirements to be sensitive to issues around CSA, as well as my bias that participants would be concerned about protecting their identities.

My research team and I also realized that as we coded, two of us were more strengths-based than the other coder. When I discussed this with the third coder, who was not as strengths-based in her analysis, we came up with the possibility that I might have had the bias that the participants were doing well in their lives given what they had been through, while she might have thought about how the participants were functioning regardless of their experiences. At the same time, both of the other coders shared that they were also inspired by the participants' stories and were impressed by their openness and awareness.

Parallel processing.

Throughout the research process, I noticed that I went through what I called "parallel processing" to the participants' processing. While I did not experience IFCSA, the more immersed I became in the data, I noticed myself going through some processing in relation to IFCSA. Thus, it seemed that I might have been experiencing an isomorphic process in which I had to process my beliefs about IFCSA. Specifically, the more that I learned and thought about the participants' experiences, the less focused I became on the details of the abuse and more I was able to see the "whole picture" of their stories. This seemed similar to the participants' beliefs that as their processing progressed, they saw the abuse as only one part of their lives.

Reflections as a therapist.

I was also affected as a therapist by the participants' belief that they are not defined by the abuse and that it is only one part of their story. As a therapist, I reflected on times when I might have focused too much on a client's history of abuse. Furthermore, the shared resiliency of the participants reminded me as a therapist that even when I see clients about their abuse experiences, it is only one part of their lives, and to give them space to express themselves wholly in therapy. I also benefitted as a therapist in my discussions with the participants in terms

of their suggestions about allowing the survivor to determine the pacing of their processing.

These discussions also increased the difficulty in knowing how much to push an avoidant child

client to process her experience of abuse.

Several participants shared that certain aspects of the interview was helpful. One of the

coders and I noticed that this feedback impacted our clinical work in terms of the kinds of

questions we asked clients, and found the types of open-ended questions in the semi-structure

interview to be helpful with clients we were working with who have experienced different types

of trauma. These and other suggestions for therapeutic work are discussed further in the clinical

implications section below.

Social justice.

As I discussed in the introduction chapter, being a postmodern feminist is an important

stance in my role as a researcher and as a therapist. Possibly because of this lens, I saw that while

the participants had the resiliency to state that the abuse is only one part of their stories, the idea

that the abuse defines them is one that they have to disprove in society. Still, while conducting

interviews about one of the most serious topics in the field of MFT, I noticed that the participants

were able to laugh at their situations and make subversive comments about what it means to be a

"victim" of IFCSA. Also, all of the women participated in this study to help other survivors of

IFCSA. The participants' and my shared interest to prevent, intervene in, and lower the stigma of

experiencing IFCSA deepened my sense of responsibility to advocate for survivors' social

justice.

The participant's stories also emphasized the diversity of families that experience IFCSA

in that it was important for many participants to maintain and mend relationships with their

abusers and other family members while other participants cut off from their abusers. Also, the

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participants showed empathy not only for the people who abused them but for perpetrators in general, such as in suggesting that the abusers need therapeutic services. It seemed that the participants realized that IFCSA is not a simple issue, and that choosing to commit IFCSA also hurts the perpetrators. This is similar to the idea within the social justice framework that perpetrators of racism and sexism are also negatively affected by these constructs.

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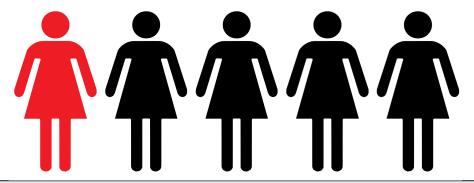
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Figure A-1. Recruitment Flyer

Did you know…

About 1 in 5 women has experienced Child Sexual Abuse?

And about half of abusers are family members?

Participate in confidential research interviews for women 18 and above about experiences of processing abuse

For more information, contact:
Marjorie Miller
Kansas State Universty

$15 in Target/Walmart Gift Cards for Participating

785-323-7986

msmiller@ksu.edu

Marjorie (785) 323-7986 msmiller@ksu.edu

Marjorie (785) 323-7986 msmiller@ksu.edu

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Figure A-2. Newspaper Advertisement

Did you know, about 1 in 5 women has experienced Child Sexual Abuse? And about 1/2 of abusers are family members?

Participate in confidential research interviews for women 18 and above about experiences of processing abuse.

For more information, contact:
Marjorie Miller MA, LMFT
785-323-7986 msmiller@ksu.edu

Appendix B - Screening Questions

Phone Screening Guide

Thank you for contacting me about participating in interviews. I am asking women to talk with me about their experiences dealing with certain difficult events. First, I am going to give you some information about the study and give you a chance to ask questions.

I.   Purpose of the Study

- The purpose of the study is to talk with women about how they have dealt with experiences of abuse and to help people working with children and adults who experience abuse learn what they need and want from those around them. I will not ask for any more details about the events than you feel comfortable providing, and will mostly focus on experiences after the abuse. Of course, you are welcome to discuss events if you choose to do so.

II.   Eligibility Questions

- Is it okay if I ask you a couple of questions to find out a little more about your background information?
- How did you hear about participating in the interviews?
  - Where did you see/hear about the flyer?
  - What area of Kansas did you see the flyer?
  - What area of Kansas are you from?
- How old are you?

- o (Answer). To participate in this study, you need to be at least 18 years old. (If
   under 18, thank them for their interest).
- The purpose of this study is to learn about the journey of women who experienced
  child sexual abuse that began when they were *12 years old or younger* and was
  committed by an adult family member who was *5 years or more older* than them but
  was not a sibling. Do you think you fit in this category?
  - o (Yes/no) If no: Thank you for your interest. Right now you don't fit with the
     participants I'm looking for, but I might be able to use you in a study at a later
     time. If you would like to talk more about your experiences, I can offer you some
     resources (see resource list).
- Are you currently participating in therapy?
  - o (Yes/no) If yes: Is the abuse the main issue which you are focusing on?
    - ▪ (Yes/no) If yes: Right now you don't fit with the participants I'm looking
       for, but I might be able to use you in a study at a later time. If you would
       like to talk more about your experiences, I can offer you some resources
       (see resource list).

III.   Information about the Study
- We will meet for two separate interviews.
  - o The first interview will take about 2-3 hours. The purpose is to learn more about
     your experiences from the time the abuse ended to what is going on for you now.
     The focus of the interview will be on your journey rather than on specific abuse
     experiences.

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- The second Interview will take about an hour. In this interview, I will ask you other follow-up questions that have come up since the first interview. I will also provide you with the opportunity to clarify or expand on anything that you said in the first interview.

- Compensation
  - You will receive a $5 gift card to your choice of either Target or Walmart for participating in the first interview.
  - You will receive a $10 gift card to Target or Wal-Mart for participating in the second interview.

- Interviews will be recorded with audio and/or video recorder
  - Your name and everything you say in the interviews will be kept confidential. Interviews will be audio recorded, and you will have the option to video record the interviews. Recordings will be stored in a locked filing cabinet away from any identifying information, and/or in a double password protected folder that only the researchers have access to.
  - Can stop interview at any time if you're uncomfortable.

IV. Participation

- Any questions?
- Are you interested in participating?

V. Set Up Interview

- Where would you like me to meet you for our first meeting?

- o Options if needed

  - o Remind them that it should be somewhere where they feel safe to talk about their experiences

- Get directions/address

- Get phone number, give mine again

- I will call you the day before our meeting to confirm our appointment.

VI.   Debrief

- Talking about or bringing up these experiences can be difficult. Would you like some phone numbers for places with services to contact in case you would like to receive support? Also, please feel free to call me between now and when we meet if you need support or resources.

  - o Options:

    - K-State Family Center 785-532-6984

    - K-State Counseling Center 785-532-6927

    - Crisis Center 785-539-2785 or 1-800-727-2785

    - Pawnee Mental Health (Riley, Clay, etc.) 1-800-609-2002

    - RAINN (Rape, Abuse, and Incest National Network Hotline) 1.800.656.HOPE (4673)

    - Look up location appropriate for participant

Email Screening Guide

  First email response.

  When potential participant initially contacted me through email, I wrote them the following response:

Hello [NAME],

I'm so glad to hear from you, thank you for emailing me.

The purpose of the study is to talk with women about how they have dealt with experiences of abuse and to help people working with children and adults who experience abuse learn what they need and want from those around them. I will not ask for any more details about the events than you feel comfortable providing, and will mostly focus on experiences after the abuse. Of course, you are welcome to discuss events if you choose to do so.

We would meet for 2 separate interviews. The first interview will take about 3 hours. The purpose is to learn more about your experiences from the time the abuse ended to what is going on for you now. The focus of the interview will be on your journey rather than on specific abuse experiences. The second interview will take about an hour. In this interview, I will ask you other follow-up questions that have come up since the first interview. I will also provide you with the opportunity to clarify or expand on anything that you said in the first interview.

If you are interested in participating, I have a couple of background questions to make sure you fit with the participants for this particular study, and I can give you some more information and answer any questions you might have. I can do this in whichever way you feel most comfortable: I can call you (if you provide me with a safe phone number you feel comfortable with giving, and I will not identify myself until you confirm that I am speaking with you to protect your confidentiality), you can call me at 785-323-7986, or I can email you the questions and you can write yes/no after them.

Please let me know if you have any more questions. Again, thank you for contacting me. I look forward to hearing back from you.

Second email.

When participants preferred to answer the background questions via email, I sent them the following email, which included the screening questions from the phone screening guide:

Below are the background information questions. Please write "yes" or "no" after the yes/no questions, and provide a short answer after the other questions.

- How did you hear about participating in the interviews?

  o Where did you see/hear about the flyer?

  o What area of Kansas did you see the flyer?

  o What area of Kansas are you from?

- How old are you?

- The purpose of this study is to learn about the journey of women who experienced *child sexual abuse* that began when they were *12 years old or younger* and was *committed by an adult family member* who was *5 years or more older* than them but *was not a sibling*. Do you think you fit in this category?

- Are you currently participating in therapy?

  o If yes, is the abuse the main issue which you are focusing on in therapy?

As compensation for participating in the interviews, you will receive a $5 gift card to your choice of either Target or Walmart for participating in the first interview. You will receive a $10 gift card to Target or Walmart for participating in the second interview.

Your name and everything you say in the interviews will be kept confidential. Interviews must be audio recorded, and you will have the option to choose whether or not you are comfortable to video record the interviews. You can decide at the time of the interview whether you want to video record or not. You can also choose to stop the interview at any time or take a break if you're uncomfortable. Recordings will be stored in a double password protected folder that only the researchers (me) have access to. Transcripts of the interviews and any other documentation will be stored in a locked filing cabinet which only I have access to, away from any of your identifying information.

After going through all of that information, are you interested in participating?

Once I go through your background information, and if you are interested in participating, we can set up a safe place to meet for our first meeting.

Finally, I know that remembering and bringing up these experiences can be difficult, so I have included a list of some phone numbers for places with services to contact in case you would like to receive support.

- K-State Family Center 785-532-6984
- K-State Counseling Center 785-532-6927

- Crisis Center 785-539-2785 or 1-800-727-2785

- Pawnee Mental Health (Riley, Clay, etc.) 1-800-609-2002

- RAINN (Rape, Abuse, and Incest National Network Hotline)
  1.800.656.HOPE (4673)

Please let me know if you have any other questions or concerns. I'm looking forward to hearing back from you.

Third email.

Finally, this third email was sent to schedule the first interview with interested and eligible participants:

Where would you like me to meet you for our first meeting? It should be somewhere where you feel safe to talk about your experiences. I can come to your home, we can meet at my office, the Family Center on K-State Campus, or a different location you have in mind.

Appendix C - Survey

First Interview Survey

Write in your answers to the following background demographic questions.

1. How old are you?

    _____

2. What is your partner status? (i.e., married, single, living with someone, dating, etc.)

    _____

3. What do you do for employment? (i.e., unemployed, teacher, etc.)

    _____

4. How many children do you have?

    _____

5. What is your racial/ethnic background?

    _____

Please answer the following questions about experiences of sexual abuse.

6. Relationship to perpetrator(s) (i.e., father, mother, grandfather, uncle, etc.)

    _____

    _____

7. Your age when abuse first began:

    _____

8. Your age when abuse ended:

    _____

9. Abuse included (check all that apply):

☐ Exposure of genitals

☐ Showing pornography

☐ Threats of harm to you

☐ Threats of harm to family members

☐ Fondling/touching

☐ Intercourse

☐ Other: _____

10. Check the box next to all of the stressful incidents listed below that you have personally experienced in your life.

☐ Sexual assault as adult

☐ Sexual abuse as child with person close in age (less than 5 years older)

☐ Witnessed family violence as a child

☐ Violent relationship with intimate partner

☐ Stalked

☐ Miscarriage

☐ Abortion

☐ Combat or warfare

☐ Robbery involving weapon

☐ In-patient treatment for substance abuse

☐ In-patient treatment for mental health

☐ Assault by acquaintance or close friend

☐ Life-threatening illness

☐ Natural disaster

☐ Other: _____

Appendix D - Interview Guides

First Interview Guide

Interview questions with probes listed below them are included below.

I.   Description of Study

   1. Describe study

     • The purpose of the study is to talk with and learn from women about how
        they process their experiences of abuse. Another purpose of this study is
        to help people working with children and adults who experience abuse
        learn what they need and want from those around them. I will not ask for
        any more details about the actual events than you feel comfortable
        providing, and will mostly focus on experiences after the abuse.

     • First, we will go over the consent forms. Then, I will ask you take a
        survey to provide me with some background information about you. Then
        we will conduct the interview, which will last about 3 hours.

     • Do you have any questions?

   2. Consent form

     • Review form, answer questions, sign

       • You may stop the interview at any time if you feel uncomfortable
           or unsafe

       • Confidentiality reminder: If we happen to see each other in town, I
           will not approach you unless you approach me first make sure that
           your confidentiality is protected.

   3. Recording procedures and consent

- Review consent form, answer questions, sign

    - You may ask to stop recording at any time

- Test recorder(s) with participant

II. Administer Survey

    1. Purpose of the survey

- Please fill out this survey to provide me with background information about you. The questions on this form are to give me some demographic information about you and to let me know about some of your abuse experiences without asking you to get too detailed during our interview. Do you have any questions?

III. Timeline

    1. Describe timeline

- Throughout the interview, we will be creating a timeline of your journey and experiences from the time of the abuse to now. I will write down things that you say as we talk. Please let me know if you think that I should be writing something on the timeline, and also please correct me if I get anything wrong or incomplete as I write.

IV. Introduction Questions

    1. First, please tell me about yourself. (Go over survey answers and refer to survey to confirm with participant.)

- Race/ethnicity/cultural group(s)?

- Religion/spiritual identification?

- What is your job?

- How many children do you have?

- Where are you from? Where did you grow up?

- Have you ever gone to therapy?

  - When? For how long?

- How you would describe your current quality of life?

2. What made you decide to participate in this study?

V. Processing

1. This next question is the only question that I will ask about the abuse experience specifically. Please tell me, in as much or as little detail as you would like to, the story of your abuse experience. I will mark what you tell me on the timeline, and I will also use this survey that you filled out.

   - Put on timeline (age(s) abuse began, ended, etc.)

   - How did it feel to tell your story just now?

2. Now I would like to learn about how your experiences over time. Tell me the story of your journey from the time of the abuse to now.

   - Possible factors: Experiences, events, people, thoughts, feelings, activities, culture, conversations, resources, etc.

   - Changes over time: how did you go from ____ to _____?

   - What have you told yourself about the experience?

   - What messages have you received about having this experience? (from others, media, culture, family, etc.)

   - How have you changed since the time of the experience?

3. It is common for people to say that they have had to process certain experiences.

- How would you define "processing"?

- What do you think it means to process a traumatic experience?

- How have you processed your experience(s) of abuse, if at all?

- Some people might range from deciding to process an experience, to feeling like they had to process the experience whether they wanted to or not, to choosing not to process the experience, to never even thinking about processing an experience. What do you think your experience has been with processing the abuse in terms of purposefully doing it or not?

4. In thinking about all that you've been through, what label would you put to going through your journey from the time of the abuse to now?

- How would you define the label you've chosen?

- Please describe the label.

- Check if other words not mentioned fit with participant's experience: People describe going through this experience in many different ways. Sometimes people think that one way of describing the journey really fits for them while other ways may not fit at all. I'd like to check in with you about whether or not you relate to some different descriptions that have been used to describe dealing with difficult events. After each one, you can tell me if you think the description fits for you or if it doesn't describe your experience well. (If yes, ask how and how they have changed over time. If no, ask them to expand on how that doesn't fit, and if they think it might happen in the future or not at all.)

- Post-Traumatic Growth: How have you experienced growth as a result of going through this, if at all?

- Coping: How, if at all, have had to deal with the abuse by *doing* certain things, which may range from trying not to think about it to going to therapy to using alcohol or drugs to taking on a hobby?

- Meaning Making: How, if at all, have you had to make sense of this happening to you?

  - Some people ask "why me" when this kind of experience happens to them. If you have ever asked yourself "why me," how have you answered this question?

- Resiliency: How, if at all, do you think you've somehow "beaten the odds" by making it through such a difficult situation?

  - If you have, how were you able to do this?

- Empowerment: How have you felt empowered as a result of what you've been through?

VI. End/Closing Questions

1. When you look at the timeline that we've created today, what thoughts do you have about your journey in processing the abuse experience?

   - What is missing from the timeline?

   - What else would you like to add?

   - Where do you think you'll be in 5 years? (put on timeline)

     o Do you foresee any changes from where you are now? (thoughts, feelings, behaviors, sense of self, relationships, etc.)

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- What are your goals in terms of processing the abuse that you hope to have reached in the future?

VII. Preparation for Next Interviews

1. For next time, please bring something that you think represents your journey of processing the abuse experience(s). The purpose of this is to represent your experience in another way besides words to help us understand processing the abuse experience.

   - Examples: songs, poems, photographs, letters, diary/journal entries, dance, artwork, phrases/sayings

2. Second interview

   - The next one-on-one interview that we will have will take about an hour. That time will be used for you to show me what you've brought that represents your journey, and to clarify any information from this interview. If you would like to and feel safe to, I can email the transcript from this interview, mail it, and/or bring it to our next interview. If not, I will just ask you questions that come up between now and then. Would you like me to send you the transcript? How and where would you like me to send it?

3. Thank you

   - Thank you for your time, participation, and for being so open to share your experiences.

4. Compensation

   - Give participant $5 gift card of her choice

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- Remind about compensation next time ($10 gift card)

5. Ask if okay to give participant flyers to pass on to anyone she may know who would be appropriate for the study. Clarify that this is optional and separate from her participation in the study.

6. Talking about or bringing up these experiences can be difficult. Here is a list of resources to get support if you need or want it. Please also feel free to call the family center to ask for additional resources.

- Give list of resources

Second Interview Guide

I.   Clarification from First Interview

    1. What would you like to clarify or add to what you said from the last time we met based on reading over your transcript and/or thinking about the interview?

        • How have you processed your experiences since the last time we met, if at all?

    2. Interviewer asks questions for clarification from her reading of the transcript and thoughts since the last interview.

II. Processing Representation

    1. What did you bring to represent your experience of processing the abuse? Please describe what you brought.

        • How does it represent processing?

        • What does it mean to you?

III. Closing Questions

    1. What advice would you give to helping professionals working with children and their families who experience IFCSA?

    2. What advice would you give to individuals who are processing IFCSA experiences?

    3. What advice would you give to families who are processing IFCSA experiences?

    4. Do you have anything to add that has not been covered?

IV. Debriefing

    1. Thank you for participating in the study and for sharing your experiences.

2. Give $10 gift card.

3. If participant consented to answering follow-up questions: As a reminder, I might contact you in the future if any other questions come up in the future. What is the best way to contact you?

4. Offer list of resources for support.

Appendix E - Resource List

Resource List for Participants

- K-State Family Center 785-532-6984

- K-State Counseling Center 785-532-6927

- Crisis Center 785-539-2785 or 1-800-727-2785

- Pawnee Mental Health (Riley, Clay, etc.) 1-800-609-2002

- RAINN (Rape, Abuse, and Incest National Network Hotline)

  1.800.656.HOPE (4673)