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A Narrative Inquiry Study of Adult Female Survivors of Childhood Sexual Abuse and Their Journey into Individual Counseling

Alex Houseknecht
Western Michigan University

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A NARRATIVE INQUIRY STUDY OF ADULT FEMALE SURVIVORS OF CHILDHOOD
SEXUAL ABUSE AND THEIR JOURNEY INTO INDIVIDUAL COUNSELING

Alex Houseknecht, Ph.D.

Western Michigan University, 2023

The purpose of the narrative inquiry is to investigate the journey of adult female survivors of childhood sexual abuse (CSA) in seeking out and obtaining individual counseling. The goal is to understand why survivors seek individual counseling and how the process of obtaining and utilizing counseling unfolds over time.

This qualitative study is conducted with convenience and criterion sampling selection. The participants used for the study are two adults who identify as female, aged 18 or older, who are survivors of more than one incident of CSA and are current clients of therapists in the investigator's existing professional network. Additionally, the participants have current, ongoing experience utilizing individual counseling on at least a bi-weekly basis and have addressed CSA in either past or current counseling.

Narrative inquiry is used as a framework to understand the participants' familial, social, and environmental context growing up, their experiences of CSA, and their experiences seeking, obtaining, and utilizing individual counseling. Participants' narrative construction is presented as a chronology of unfolding events, including turning points and epiphanies, and is presented using the three-dimensional space of place, sociality, and temporality. In-vivo quoting is used to provide rich and accurate portrayals of participants' experiences.

Findings indicate that adult female survivors of CSA experience a unique combination of barriers and motivators over the course of their lives that result in seeking out and utilizing individual counseling. Findings also indicate that survivors seek out and utilize individual counseling due to circumstances not directly related to their CSA experiences and may not initially conceptualize CSA as a necessary focus of treatment. Finally, survivors have unique experiences entering therapy, addressing CSA as a focus of treatment, and with the short- and long-term impact of therapy.

This study has implications for the work of clinical professionals, as well as for future research. For clinical professionals, results suggest that it is important to directly inquire about a history of CSA, regardless of the client's presenting problems. Findings also suggest that it is important for clinicians to gain insight into their clients' journey into individual counseling. Clinical professionals should remain sensitive to their client's feedback about addressing CSA in therapy and balance their professional opinions with the feedback of their clients about the need and impact of addressing CSA in counseling. Finally, it may be important for clinicians, and clinical training programs, to assess and address the minimum level of competency needed in the treatment of CSA. Future research might focus on common factors that constitute both barriers and motivators for adult female survivors of CSA in seeking out and utilizing individual counseling, identifying specific reasons why survivors seek out psychological treatment, and understanding survivors' unique experiences of addressing CSA in therapy.

A NARRATIVE INQUIRY STUDY OF ADULT FEMALE SURVIVORS OF CHILDHOOD
SEXUAL ABUSE AND THEIR JOURNEY INTO INDIVIDUAL COUNSELING

by

Alex Houseknecht

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Doctoral Committee:

       Kelly McDonnell, Ph.D., Chair
       Jennifer Foster, Ph.D.
       Karen VanDeusen, Psy.D.

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CHAPTER I

INTRODUCTION

The purpose of the current study was to investigate the journey of adult female survivors of childhood sexual abuse (CSA) in seeking out, obtaining, and utilizing individual counseling. I was specifically interested in adult survivors who used individual counseling to address mental health issues related to their past experiences of CSA. The goal was to understand why survivors seek individual counseling and how the process of seeking out and utilizing individual counseling unfolded over time.

This chapter will begin with the methodological overview of the narrative inquiry approach. After providing a basic description of narrative inquiry, I will then describe my experience with the phenomenon. Next, I will provide details regarding the background of the study. Finally, I will outline the focus of the study, including the problem, the purpose, the research puzzle, and the definition of terms.

Methodological Overview

This qualitative study used a narrative inquiry approach in order to capture the lived experiences of adult female survivors of CSA in their journey to obtaining individual counseling and addressing mental health issues related to past abuse. Clandinin (2013) described narrative inquiry as "a view of experience as composed and lived over time, as studied and understood as a narrative phenomenon and as represented through narrative forms of representation" (p. 15). The narrative inquiry approach is fundamentally relational, continuous, and social. Narrative inquiry is relational in that, as researchers, "We intentionally put our lives alongside another's life" (p. 23). As Clandinin and Connelly (1995) argued, our lived and told stories and landscapes are always in relation to, or with, those of the participants. Narrative inquiry is continuous because,

as Clandinin (2013) argued, "experiences are continuous" (p. 16). Experiences are always situated in a point in time, and in that sense are both preceded by experiences and will ultimately lead into more experiences. The researcher, being in relation to the participants, will enter into experiences with the participants, which will ultimately become the base for further experiences. Narrative inquiry is social in that it attends to the social influences on participants' internal experiences, personal history, and surrounding environment (Clandinin & Rosiek, 2007).

> Clandinin (2013) argued that:
>
> We need to be attentive to thinking with stories in multiple ways, toward our
>
> stories, toward the other's stories, toward all the narratives in which we are
>
> embedded as well as toward what begins to emerge in our shared lived and told
>
> stories (p. 30).

This way of thinking with stories points toward the relational ethics that underpins the entire research project. In other words, the researcher commits to living in collaborative ways with the participants and in society. With this in mind, the remainder of the chapter will focus on the multiple, overlapping narratives that led me to focus on adult female survivors of CSA. Further methodological details of the narrative inquiry approach will be examined in chapter three.

My Experience with the Phenomenon of CSA

My attention was first turned towards adult survivors of CSA when I was beginning a master's degree in counseling psychology at The Seattle School of Theology & Psychology (TSS) in Seattle, Washington. I lived in an area that had a high rate of homelessness, and I became friends with a variety of individuals on my street who lived in cars and under trees. Over a number of years, I learned much about the lives of these neighbors and began to notice a theme of CSA in many stories I heard. After further reflection, it became apparent that the impact of

these experiences had carried across time with almost no diminished force, in terms of what I observed as persisting feelings of disgust, self-hatred, and a fractured sense of individual and communal identity and connection.

One of the founders of TSS, Dr. Dan Allender, was an expert in treating CSA, and I began to read some of his books about the treatment of CSA. As I continued to learn more about CSA, I began making connections between what I was learning and the stories I was hearing from neighbors. I then began to shift my focus to CSA while in my master's program as I became convinced of its significance in the lives of adult survivors. From this point on, I became passionate about addressing CSA, particularly with adults who were convinced that healing would never be possible.

I have continued to pursue CSA as a focus in my clinical training and career. I have attended specific trainings on the treatment of CSA, as well as read many books, manuals, and research articles on experiences, outcomes, and treatment of CSA. In my private practice, I focus on the treatment of adult survivors of CSA as a specialty. Lately, I have begun to work more with individuals in the LGBTQ+ community who are survivors of CSA.

As I have gained more understanding of CSA, there have also been times when friends or colleagues have disclosed experiences of abuse. Sometimes these disclosures are overt, and other times they occur when individuals relay aspects of their childhood experiences that fit the description of CSA. This has caused me to gain an intimate understanding of how commonly CSA occurs and increased my awareness to disclosures when interacting with others. I try to remain sensitive to the fact that different people define CSA and respond to the impact in different ways.

My previous and ongoing experiences with adult survivors of CSA have influenced the way I interpreted and portrayed the findings in this study. As I collected data with participants and made interpretations, I incorporated knowledge and understanding I have gained from my work in the field, as well as the reading on trauma and abuse I have done on my own. I noticed connections between my own knowledge and experiences and the experiences of the participants with whom I collaborated. In chapter three, I will detail the process I undertook in order to transparently present my subjective views in the context of the results of the study.

Background of the Study

The idea for this study emerged from my own experiences as a psychotherapist working with adult survivors of CSA in the context of individual counseling. After working with survivors over a number of years, I began to grow curious about how and why they chose to seek out individual counseling. This curiosity emerged specifically out of the differing ways that survivors would, or wouldn't, disclose their past experiences of abuse, as well as their determination regarding how salient CSA was to their treatment goals. Some clients would attend therapy with the express purpose of addressing the impact of CSA on their current functioning. Some would initially disclose a history of CSA but would report that it was not an issue they felt they needed to address in therapy. This might remain the case throughout the rest of treatment, or the client might eventually reverse this decision and begin to explore CSA. Other clients would not initially disclose a history of CSA but would bring it up partway through the treatment. After a number of these varying experiences, I began to grow curious regarding survivors' lived experiences of seeking out and engaging in individual counseling.

In my own review of the literature, I was unable to find research that explored the narratives of survivors who decided to utilize individual counseling. I wanted to know what this

journey toward individual counseling looked like over time, how it might have grown and evolved, and what led a survivor to decide to utilize individual counseling amongst other treatment options. This dearth of research resulted in my own interest in examining survivors' journey into individual counseling as the topic for my doctoral dissertation.

Focus of the Study

The current section examines the problem, purpose of the study, research puzzle, and definition of terms.

The Problem

Minimal research attention has been directed toward the lived experiences of adult female survivors of CSA in terms of the process of seeking and utilizing mental health services, particularly individual counseling. Although there has been exploration of other aspects of CSA, including such topics as prevalence, health outcomes, disclosure, and treatment, there is little research specifically addressing the dynamics of seeking, attaining, and utilizing individual counseling.

The Purpose

Clandinin (2013) argued that, as researchers, "We all need to be able to answer the questions of 'So what?' and 'Who cares?' about our studies" (p. 35). In the context of a narrative inquiry study, there are three main ways to address these questions, including personal justifications, practical justifications, and social justifications (Clandinin, 2013). Personal justifications include "justifying the inquiry in the context of their own life experiences" (p. 36). This includes attending to who we, as researchers, are in the context of the study, including the stories we bring to the inquiry. Practical justifications include the ways that the inquiry might

shift or change practice. Social justifications can include theoretical and policy related reasons for the inquiry.

Personal Justifications. As a therapist, I entered into the inquiry as a provider of mental health services, particularly individual counseling. I am currently working with clients who are survivors of CSA, sometimes directly interacting with past abuse, while other times addressing psychological health outcomes that stem from past abuse. The story that I am currently living out revolves primarily around my identity as a therapist, and so I think about my experiences with survivors in terms of my work as a therapist.

One of the tensions I experience in therapy involves the meeting of accumulated knowledge I possess about CSA, such as psychological health outcomes and treatment, and the lived experiences of my clients. The aspects of CSA that I consider important to address may not always be the aspects that my clients consider important. For example, the concept of 'survivor', something I will later address in the literature review, is central to how I view individuals who experienced CSA. Not everyone who has experienced CSA identifies with the concept of 'survivor', as it connotes an ongoing aspect of the individual's identity. Someone who has experienced CSA may see it as a past event that is no longer relevant to their identity, even in the midst of addressing the outcomes of CSA in the context of individual counseling. Engaging with participants' narratives regarding their journey into individual counseling is an avenue to gain important insights into the process of recovery.

Practical Justifications. This narrative inquiry provides insight into the experiences of adult female survivors of CSA and their journey into individual counseling. It will be helpful for practitioners engaging in individual counseling to have an idea of how survivors view themselves in relation to psychological treatment. Counselors will develop conceptualizations of

their clients, but how do survivors conceptualize counselors? How do survivors conceptualize psychological treatment? Merriam and Tisdell (2016) argued that it is essential to understand how participants interpret their experiences, and in this case, how these women understand the meaning of their journey to receive services. Psychotherapists and other helping professionals will be able to gain important insight into the dynamics that lead an adult survivor into individual counseling.

      Social Justifications. In the United States, women experience a consistently high rate of CSA, but its significance as a public concern waxes and wanes over time (Sorsoli, 2010). Irrespective of public concern, adult survivors of CSA live with the consequences of childhood trauma long after it occurs. Some of the long-term effects include experiences of guilt, shame and self-blame, difficulties with intimacy in relationships, and low self-esteem (Rape, Abuse & Incest National Network, 2016). Psychological treatment can be an essential aspect of the recovery process for survivors of CSA (McGregor, et al., 2010), however, there is a dearth of research regarding adult female survivors' journey of seeking and obtaining individual counseling. By exploring the experiences of adult survivors of CSA, this study contributes to a sustained interest of CSA as a significant public concern. Increased depth in understanding of the process of seeking individual counseling could contribute to more targeted psychoeducation on CSA, including addressing relevant barriers or supports to the process of seeking help.

Research Puzzle

      Narrative inquiry uses the concept of a research puzzle instead of posing specific research questions. Clandinin (2013) stated, "Each narrative inquiry is posed around a particular wonder" (p. 42). Instead of a specific definition and expectation of an answer, the narrative inquiry is a continual reformulation, an experience of being in relation with participants (Clandinin &

Connelly, 2000). In this narrative inquiry, my particular wonder is: What is the nature of adult

female survivors of CSA journey into individual counseling?

Definition of Terms

A description of this study includes the use of several terms related to CSA and help-

seeking. In this section, I provide definitions of these terms, in alphabetical order, which are

referenced in the remainder of the document.

1. *Adult sexual assault* is unwanted sexual contact or exposure including rape or

attempted rape, sexual touching, or forced performance of sexual acts (Rape, Abuse &

Incest National Network, n.d.).

2. *Adult survivors* are individuals aged 18 and older who were sexually abused during

childhood, at any age from infancy until the age of 18 (Rape, Abuse & Incest National

Network, 2016).

3. *Betrayal trauma* refers to an individual's experience of violated trust or well-being by

an individual or institution on which that person's survival depends (Freyd, 2021).

4. *Child sexual assault* is unwanted sexual contact or exposure experienced as a minor,

which is perpetrated by another minor (National Child Traumatic Stress Network, n.d.).

5. *Childhood sexual abuse (CSA)* is the involvement of a child in sexual activity that they

do not fully comprehend, are unable to give informed consent to, or for which the child is

not developmentally prepared and cannot give consent, or that violates the laws or social

taboos of society (World Health Organization, 2003).

6. *Complex trauma* refers to the long-term effects of having been exposed to multiple and

pervasive traumatic events throughout childhood. These effects can include disruptions in

an individual's sense of self, as well as their physical and psychological health (National

Child Traumatic Stress Network, n.d.).

7. *Disclosure* is an event or process in which an individual reveals their experience of

unwanted sexual contact, either intentionally or unintentionally, to another person.

8. *Help-seeking* is the process of reaching out to a mental health professional in order to

receive professional therapy or counseling services.

9. *Poly-victimization* refers to having experienced multiple, but differing kinds, of

victimizations, such as sexual abuse, bullying, and witnessing domestic violence

(Finkelhor, et al., 2009).

10. *Sexual victimization* is an unwanted sexual experience that can range in seriousness

and nature of the behavior, such as exhibition or rape, and the nature of the relationship to

the perpetrator, such as a peer or family member (Kogan, 2004).

CHAPTER II

LITERATURE REVIEW

The purpose of this chapter is to provide information about child sexual abuse (CSA) as well as the help-seeking behaviors of adult survivors of CSA. This information will provide important insight into the experiences that may have led adult female survivors to seek individual psychotherapy. Although each survivor has a unique history, an overview of CSA and help-seeking behaviors will create a framework out of which participants' individual narratives can be better understood.

Childhood Sexual Abuse (CSA)

The following section of the literature review contains information about CSA and will provide an underlying framework from which to understand the experiences of adult female survivors of CSA. Key areas in this section include (a) a definition of CSA, (b) prevalence rates (c) the nature of CSA, (d) the impact of abuse on health, (e) institutional abuse, (f) concerns related to adult survivors, and (g) protective factors and resilience. Each of these areas contains information relevant to the later help-seeking behaviors of adult female survivors of CSA.

Definition of CSA

The following section contains information about the definition of CSA. In order to be able to properly conceptualize the population in this study, it is imperative to define the acts that constitute CSA. By defining CSA, it not only narrows the focus for choosing research participants who fit specific criteria but provides a context for understanding the health consequences of CSA for individuals. For this study, I utilized the definition provided by the World Health Organization (WHO; 2003). However, it is important to understand that there are varying definitions of CSA. I will begin by including a brief note on the variation of these

definitions of CSA, differentiate CSA from other forms of sexual victimization, and then examine culturally specific characterizations of CSA. Finally, I will provide WHO's definition of CSA, which will clarify the population of adult female survivors of CSA for this study by outlining specific activity between an adult and child that qualifies as sexual abuse.

Variation of Definitions. There are varying definitions of CSA (Sanjeevi et al., 2018). It is important to immediately note that there are differences so the reader understands that the definition I chose for this study is not necessarily the sole definition used in the existing body of literature on CSA. There are multiple factors that result in varying definitions of CSA, such as differing parameters in research studies (Murray et al., 2014), specifications of abusive acts in different legal systems, and cultural differences of attitudes regarding children and parents (Agathonos-Georgopoulou, 1992). For example, when looking at parameters in different research studies on CSA, differences might include the age range used to define childhood, the acts that are considered abusive, as well as whether peer abuse is included (Murray et al., 2014).

The definition of CSA is also distinct from other forms of victimization as a child. For example, Kogan (2004) described general sexual victimization as an unwanted experience that can include rape or molestation by a perpetrator that is a peer or an adult. Another example, child sexual assault, is an unwanted sexual contact that is perpetrated by a minor (National Child Traumatic Stress Network, n.d.).

Returning to CSA, the dominant culture can also dictate the official view of sexual practices that are harmful to children. In the United States, White, Western values constitute the majority population, which impacts what are deemed as acceptable child-rearing practices within families. Therefore, it is essential to acknowledge beliefs among differing racial and ethnic groups, so as not to pathologize practices that may be considered normative in diverse cultures.

The following portion on cultural differences in the characterization of CSA is meant to both provide some relevant research examples, as well as provide a context for the use of the WHO's definition of CSA which explicitly addresses the significance of social context. There are mixed results regarding different cultural groups' definitions of CSA, a reminder that racial and ethnic groups are not monolithic.

Culturally Specific Characterizations of CSA. Differing cultural groups define CSA in different ways. What may be considered abusive in one community may be considered a normative practice in another. While it is not the goal of the present review to provide a comprehensive understanding of CSA within differing cultural groups, it is important to gain insight into how these differences might influence individual and communal views on CSA. Examining differences was an important aspect of selecting a guiding definition of CSA. A review of the literature on CSA and culture revealed a range of views on what constitutes CSA, exemplified by some of the following literature. My examination primarily included the fields of psychology and social work and produced approximately 40 articles and books examining CSA within the context of culture. Following are two specific studies that highlight both similarities and differences in differing cultural communities' definitions of CSA.

Ahn and Gilbert (1992) used a phone-based survey to examine the perceptions of 364 mothers (95 African Americans, 30 Cambodians, 56 Caucasians, 96 Hispanics, 57 Koreans, and 30 Vietnamese) on acceptable behaviors with children, including familial bathing patterns, sleeping arrangements, and physical contact. The purpose of this study was to compare lessons about privacy and touching taught to children in sexual abuse prevention programs with acceptable intimate behaviors within families from different ethnic groups. Asian groups favored parent-child co-bathing for longer periods of time, particularly between same-sex parent-child

dyads. Over 20% of Korean respondents believed it was acceptable for co-bathing to occur indefinitely, which may be reflective of the tradition of public baths. However, this was different for Vietnamese respondents, as folk beliefs dictate that women are impure and can be polluting. Caucasian (term used by the authors), African American, and Hispanic respondents were more concerned about the sexual implications of co-bathing, and Hispanic mothers discussed concerns of independence, privacy, and modesty.

Asian groups were more approving of co-sleeping to a later age than the other groups, and Cambodian respondents considered it a sign of parental care for children and family togetherness. Caucasians were least tolerant of co-sleeping, particularly due to the intrusion of privacy and a belief that this would stunt the development of independence. Some Hispanic mothers who were less acculturated to the United States found it acceptable for children to sleep in the same room, but not the same bed, for longer. Almost all mothers believed it was inappropriate to touch their one-year-old son's genitals to calm him down. Up to 98% of Caucasian, African American, and Hispanic respondents thought it was unacceptable for a grandfather to touch his grandson's genitals with pride, though about 50% of Vietnamese and 28% of Cambodian mothers found it acceptable. Approximately 50% of Koreans who found the practice of touching a grandson's genitals with pride unacceptable stated that it would not be objectionable in Korea. In contrast, other Asian groups, particularly Southeast Asian respondents, found parental kissing in front of children to be unacceptable, reflecting conservative cultural norms around the public display of sexual behavior. Most Caucasian, African American, and Hispanic respondents were comfortable with these displays of affection and cited it as a healthy demonstration of love. Results highlight not only differences between cultural groups but within groups as well. This means that clinicians should be sensitive when

working with culturally different clients and balance broader knowledge of cultural groups with individual differences.

Fontes et al. (2001) completed a qualitative, exploratory study in which they investigated the knowledge and views of CSA in African American and Latino communities. Interviews of participants were completed in focus groups which consisted of 24 African Americans and 34 Latinos, 17 of which were English speaking and 17 Spanish speaking. There were a total of eight focus groups, which were split up based on race, age, and language. Participants' ages ranged from 20 to 60 years old. One of the central questions in this study was, "How do Latino and African American participants define and describe child sexual abuse?" (p. 105). The results indicated a universal theme regarding the power differential between victims and abusers. However, participants differed on specifics regarding acts that might be considered abusive. For example, in three of the four Latino focus groups, participants regarded a child's exposure to adults' sexual activities as abusive, while this was not mentioned in any of the African American groups. Also, in some Latino groups, boys' experiences with adult women were considered seduction rather than molestation. While both of these cultural groups recognized child sexual abuse as problematic, cultural differences resulted in varied perceptions of acts that constitute abuse.

These examples from a review of the literature on CSA and culture illustrate both the overlap in definitions of CSA as well as culturally distinct differences. Ahn and Gilbert (1992) noted that the acknowledgement of these differences does not necessarily justify accepting all behaviors, and it does not necessitate subscribing to a kind of cultural relativism that accepts child marriage or abandonment of age of consent laws, but Fontes et al. (2001) posited that experiences of child sexual abuse "are colored by the perceptions and values of the victim, the

offender, and the cultural communities in which they are nestled" (p. 114). Now I will provide

the definition of CSA I used to guide this study.

WHO Definition. For this study, I used the definition of CSA provided by the WHO

(1999):

> Child sexual abuse is the involvement of a child in sexual activity that he
>
> or she does not fully comprehend, is unable to give informed consent to, or for
>
> which the child is not developmentally prepared and cannot give consent, or that
>
> violates the laws or social taboos of society. Child sexual abuse is evidenced by
>
> this activity between a child and an adult or another child who by age or
>
> development is in a relationship of responsibility, trust or power, the activity
>
> being intended to gratify or satisfy the needs of the other person. This may
>
> include but is not limited to:
>
> —the inducement or coercion of a child to engage in any unlawful sexual activity;
>
> —the exploitative use of a child in prostitution or other unlawful sexual practices;
>
> —the exploitative use of children in pornographic performance and materials (pp.
>
> 15-16).

This definition explicitly refers to the laws or social taboos of society, importantly placing the

activity within a social context. After providing a guiding definition for CSA, it is now important

to use this definition as criteria to examine the prevalence rates of CSA and provide insight into

the occurrence of CSA both in the United States and around the world.

Incidence and Prevalence Rates

In order to better grasp the population of this study and understand the phenomenon of

CSA, it is important to know how often CSA occurs and how likely it is that someone may fall

victim to CSA. Although the current focus is on the prevalence of CSA, there will also be information regarding estimated incidence rates in the United States. An incident is a single occurrence of an event to an individual, and the incidence rate refers to the number of occurrences of the event within a specific period of time and with a specific population (Townsend & Rheingold, 2013). For example, the incidence rate of a particular event might be portrayed as 100 incidents per 1,000 individuals. Prevalence rate is the percentage of individuals in an identified group who have experienced an incident one or more times over a period of time and is used to illustrate the risk of CSA that a child will face as they grow up (Townsend & Rheingold, 2013). This section contains information about the rates of CSA, including across the globe and in the United States, though the focus will remain primarily on the United States. Demographic information related to prevalence is also included in this section.

Global Prevalence. Before examining prevalence rates in the United States, it will be helpful to place it within the context of prevalence around the globe. Stoltenborgh et al. (2011) completed a meta-analysis of combined prevalence figures of CSA reported in 217 publications published between 1980 and 2008. This meta-analysis included 331 independent samples with a total of 9,911,748 participants. Stoltenborgh et al. (2011) found that the global prevalence of CSA was 11.8%, or 118 incidents per 1,000 children. However, there is uncertainty about the accuracy of this estimation due to a lack of consensus about the definition of abuse, as well as the discrepancy between self-reported and officially reported instances of abuse (Stoltenborgh et al., 2011). Differences in the definition of abuse was discussed in the previous section, and includes differing parameters in research studies, specifications of abuse characteristics within different legal systems, and culturally specific understandings of acts that constitute sexual abuse. Official reports of abuse include instances that were verified by outside sources, while

self-reported abuse includes instances disclosed by the survivor but not officially verified to have occurred. Stoltenborgh et al. (2011) speculated that self-reporting of CSA may overestimate the prevalence while official reporting may underestimate the prevalence of CSA. Prevalence can also change depending on the region, due to industrial development, the economy, ethnic diversity, and other variables (Sanjeevi et al., 2018).

Incidence and Prevalence in the United States. There are differing reports on the frequency of CSA in the United States due to the variety of definitions of CSA in use (Murray et al., 2014). In terms of incidence, The National Child Abuse and Neglect Data System reported a total of 618,000 child victims of abuse in 2020. Of these children, 9.6% were victims of sexual abuse or sex trafficking (n = 58,916) and approximately 16.4% (n = 101,649) experienced polyvictimization (U.S. Department of Health & Human Services, 2022). There were 249,879 childhood sexual abuse allegations investigated by Child Advocacy Centers in the U.S. in 2021 (National Children's Alliance, 2021).

In terms of prevalence, Townsend and Rheingold (2013) sought to address a range of prevalence rates reported in multiple U.S. studies and provide a more accurate estimate. The authors identified and reviewed 16 studies providing prevalence estimates since 1992 and provided a comprehensive estimate of CSA prevalence. Townsend and Rheingold (2013) estimated that about one in every 10 children in the U.S. is sexually abused before they turn 18, about one in seven girls and one in 25 boys. It also appears as though rates of CSA have been declining since 1993, but there is no known cause for this decline.

Approximately 90% of children who are sexually abused know their abuser, and 30% are abused by family members (Finkelhor & Shattuck, 2012; Whealin & Barnett, 2022). The likelihood that the abuser is a family member increases the younger the age of the victim

(Finkelhor & Shattuck, 2012; Whealin & Barnett, 2022). The most common form of incest appears to be father-daughter CSA, which occurs in about one in 20 families with a female child (Russell, 1999). About one in seven blended families with a female child have experienced stepfather-stepdaughter CSA (Russell, 1999). Additionally, approximately 60% of victims are abused by people the family trusts (Finkelhor & Shattuck, 2012; Whealin & Barnett, 2022).

Victimization occurs in both large and small communities, and across a range of cultures and socioeconomic backgrounds (Drake & Pandy, 1996; Murray et al., 2014). In a national study completed by Perez-Fuentes et al., (2013), in a sample of more than 34,000 adults 18 years and older, individuals reporting CSA were more likely to be Black or Native American than White. Shaw et al. (2001) compared Hispanic and African American girls who experienced CSA and found that 41% of African Americans were abused in a single episode, while 40% of Hispanic children were abused more than 10 times. The number of incidents of other kinds of abuse, including physical, emotional, and verbal abuse, was similar across racial groups, as well as the rate of genital contact, penetration, and fondling (Shaw et al., 2001). Two out of three victims of CSA were between the ages of 12 and 17 (Snyder, 2000). Up to 93% of victims know the perpetrator, and they are usually a person responsible for the care of the child, including family members, teachers, clergy, and coaches (Snyder, 2000). The next section will provide information about the nature of CSA perpetration and victimization.

The Nature of CSA

The information in this section provides insight into the dynamics of the perpetration and victimization of sexual abuse in order to lay a conceptual foundation for understanding the varying health consequences. Information relevant to this conceptual foundation includes a discussion of the five stages in the perpetration of sexual abuse (Courtois, 2010), the traumagenic

dynamics model (Finkelhor & Browne, 1985), and risk factors to the perpetration of CSA. This information provides insight into the lived experience of CSA survivors, helping us to understand not only the specific process through which an individual might be abused, but how this might eventually impact later mental and physical health, disclosure, or help-seeking behaviors. Additionally, it is important to understand how CSA is a distinct type of sexual violence, and how survivors may have unique outcomes based on the experience of sexual violence during childhood as opposed to later adulthood.

Five Stages in the Perpetration of Sexual Abuse. In understanding the experience of CSA, it is important to gain insight into the process that occurs when a child is being sexually abused. Christine Courtois is one of the leading authorities on CSA and uses both her knowledge of the literature and clinical experience to delineate the specific stages in the perpetration of CSA by an adult.

Courtois (2010) provides an overview of the five stages that occur in the unfolding of the sexual abuse of a child, including (a) the engagement phase, (b) the sexual interaction phase, (c) the secrecy phase, (d) the disclosure phase, and (e) a suppression phase. During the engagement phase, the perpetrator develops a relationship with the child and the child is increasingly isolated from the social environment. This may be opportunistic in nature, such as a sports coach who works with youth athletes, a relative who regularly babysits family members' children, or a clergy member who directs young altar servers. The child is also offered subtle or overt inducements, such as special attention, in order to begin gratifying the sexual needs of the perpetrator. A significant aspect of this phase is the implicit communication that the abusive nature of the relationship is normal and acceptable. The sexual interaction phase involves the escalation of sexual activities, moving from less intimate to more invasive forms of violation. In

the secrecy phase the child is coerced, either physically or emotionally, to keep the abuse private so that the perpetrator is able to set up a long-term pattern of abuse. Common forms of coercion include the threat of abandonment, blaming, punishment, or withdrawal of affection. The disclosure phase, if this occurs, involves the child's accidental or purposeful disclosure of the abuse. For example, the child might spontaneously reveal the abuse if someone notices their distress and asks them about it. Disclosure might also occur when another individual notices and inquires about any obvious indicators of maltreatment. The act of disclosure does not necessarily result in positive or supportive reactions from family members, who may blame or shame the victim. Finally, it is possible that there will be a phase in which there is suppression of any previous or current disclosure of abuse. It is typical that family members or other caregiving individuals will either not believe the child's disclosure of abuse or will attempt to conceal the information due to discomfort or the fear of the involvement of authorities. Family members may pressure the child to recant their disclosure and the child may even develop selective mutism regarding the abuse (Courtois, 2010).

These stages illuminate the unique dynamics of CSA, specifically with an adult perpetrator, in that it typically is a coercive process that occurs over time. The perpetrator creates a relational context in which the child is increasingly manipulated and isolated from others. These stages may not be the same for sexual abuse perpetrated by other children. It is estimated that up to 40% of children who are sexually abused are victimized by children who are older or more powerful, and the dynamics may not follow a typical grooming pattern (Broman-Fulks, et al., 2007). The following model proposed by Finkelhor and Browne (1985) illustrates the impact of the process of adult perpetrated CSA.

Traumagenic Dynamics Model. Finkelhor and Browne (1985) proposed a model of four "traumagenic dynamics" in CSA, including (a) traumatic sexualization, (b) betrayal, (c) powerlessness, and (d) stigmatization. This model has been cited over 1,100 times in the literature and remains a popular conceptualization of the impact of CSA. The authors did not differentiate between the impact of abuse by an adult versus another child or adolescent. The model of traumagenic dynamics allows the clinician to assess abusive experiences based on four dimensions. Traumatic sexualization refers to the inappropriate development of a child's sexuality. There are a variety of ways this can happen, including the exchange of affection for sexual behavior, the experience of having anatomy fetishized, or when frightening memories become associated with sexual activity. Developmental level can influence this process, as a child may have more or less awareness about what is happening. The dynamic of betrayal results as the child realizes that a trusted individual, someone on whom they are dependent, has caused them harm. This can occur not just in the context of those who abused the child but for others who stood by and did nothing. The magnitude of this experience can also depend on the family's response to the child's disclosure of CSA. When children are not believed, or when they are blamed or in some way the target of the family's negative response, the experience of betrayal can be greater than if they were supported. It is worth noting that, at a later point in time, Freyd (2021) developed Betrayal Trauma Theory to refer to betrayal as a trauma that occurs independent to the response to the trauma. Freyd (2021) argued that, distinct from an experience of fear, betrayal not only violates an individual's trust of another person or institution on whom they depend for survival, but influences the way the traumatic event will be understood and remembered. Returning to the Traumagenic Dynamics Model, the powerlessness dynamic refers to the ongoing process during which a child's sense of efficacy is disrupted, which is in essence

disempowerment. This occurs when a child's body and personal space are repeatedly invaded and is compounded when the child attempts to stop this violation but is stopped through the perpetrator's manipulation or denial. When the child feels trapped and dependent, this will result in their disempowerment. Finally, stigmatization involves the shame or guilt that is communicated to the child regarding the experience of sexual abuse. This communication can come right from the abuser, who may blame or demean the victim, as well as pressure the victim to keep the abuse a secret. Communication may also come from individuals in the victim's social circle who blame the child for the abuse, indicating that the child has negative characteristics which resulted in the abuse. Additionally, this communication can be conveyed through broader social attitudes regarding victims of CSA, in that a child may already have knowledge of sexual abuse as deviant, further internalizing the child's sense of stigmatization.

Before the conception of the Traumagenic Dynamics Model, determining the potential of harm was based on unsystematic classification schemes that attempted to rate levels of severity based on such factors as intrafamilial versus extrafamilial abuse, as well as characteristics of abuse such as penetration or the use of force. Finkelhor and Browne (1985) argued that these classification schemes were largely untested and resulted in simplistic formulations of what kinds of sexual abuse might be more or less harmful. The model of traumagenic dynamics allows the clinician to assess abusive experiences based on the four, previously described, dimensions. The configuration of these dynamics allows for a more complete assessment that allows the clinician not only to determine the possible effects of abuse but relevant interventions as well.

It is also important to examine traumagenesis before and after the abuse, which refers to the child's experiences pre and post abuse. Children will respond differently to the abuse based on their prior adjustment as well as the response of others after the abuse occurs. When

examining traumagenesis before the abuse, it must be understood in the context of family life and personality characteristics of the child. For example, the level of family support might alter the effects of abuse, as well as individual characteristics such as a survivor's resilience or ability to cope. After the abuse, it is important to examine the family and social response to disclosure. Belief of the individual's disclosure would indicate support as well as the potential beginning of a process of recovery.

Finkelhor and Browne (1985) categorized outcomes of CSA based on the four proposed traumagenic dynamics. Potential outcomes of traumatic sexualization include sexual preoccupations, inappropriate levels of sexual knowledge, sexually aggressive behavior towards younger children, and a higher risk of entering into prostitution. Also, there is a high possibility of experiencing later sexual assault (see also Arriola, et al., 2005), parents inappropriately sexualizing their children, and confusion about sexual identity. In adulthood, there may be an aversion to sex, flashbacks, difficulty with arousal, or generally negative attitudes regarding their sexuality. Adults' later sense of affection might be tied to the transactional nature of sex for affection. Regarding the dynamic of betrayal, there may be depression regarding the loss of a trusted figure, lack of judgement about the trustworthiness of others, and the possibility of women entering into relationships that are abusive. Anger that one experiences from the abuse may also lead to aggressive behaviors or postures. The effects of powerlessness may include nightmares, high anxiety or hypervigilance, a loss of a sense of efficacy and ability to cope, learning and employment difficulties, or the need to control and dominate. Finally, for the dynamic area of stigmatization, the impact may include involvement in criminal activity, self-destructive behavior, guilt and shame, low-self-esteem, and a feeling of being different than others.

Risk Factors. There are risk factors that put a child at higher risk for being victimized. This information sheds light on the environment surrounding the survivor, and the way that it may have played a part in their victimization. As a full examination of risk factors is beyond the scope of this literature review, following are some relevant examples of risk factors. The family environment of the survivor of CSA, both family of origin and created family, is likely high stress with low support, and includes poverty, low education level of parents, and substance abuse issues (Butler, 2013; Pérez-Fuentes et al., 2013). CSA also often occurs concurrently with other kinds of abuse, such as physical or emotional abuse (Murray et al., 2014; Sanjeevi et al., 2018).

Sociocultural and socioeconomic changes, such as immigration and urbanization, can increase the risk of maltreatment of children (Agathonos-Georgopoulou, 1992; Fontes et al., 2001; Sanjeevi et al., 2018). Sociocultural and socioeconomic issues can result in social isolation, unemployment, a loss of traditional values, and deterioration of kinship ties. Children living in conflict environments, where there is a breakdown of normal protective factors, are at greater risk of CSA (Ward & Marsh, 2006). Homeless youth may also be more at risk due to their vulnerable status and potential to fall into commercial exploitation (Tyler et al., 2001). In a study on knowledge and ideas about sexual abuse in Latino and African American communities, some African American participants cited institutional factors as increasing the risk of abuse, including settings where strangers might have access to children, such as daycares (Fontes et al., 2001). Additionally, unfamiliarity with the judicial system and challenges with navigating it may result in individuals and families not pursuing any legal action that could further protect the victim of CSA. Families may also avoid clinical professionals, not realizing that they are bound to confidentiality regarding the abuse and will not divulge this information to others in their

family or community. By avoiding clinical professionals, they may miss an important opportunity for intervention that could protect the victim of CSA. The next section will explore the varying health consequences that can occur in the aftermath of CSA.

The Impact of Abuse on Health

Central to the examination of help-seeking behaviors of adult female survivors of CSA is the motivation underlying the need for individual psychotherapy. In this case, the health consequences of CSA present perhaps the most significant area of exploration. The consequences of CSA are varied and can be long-lasting for the survivor. There is a significant amount of data regarding the consequences of CSA, and my own review of the literature resulted in over 60 articles that addressed various aspects of survivors' health. I will review specific consequences of CSA, beginning with information about the Adverse Childhood Experiences study (ACEs; CDC, 2005) and basics about neurobiological development in the context of trauma. Next, I will examine the impact of CSA in multiple domains of functioning, including physical health, sexual health and functioning, social functioning, partnership, parenting, and families, and mental health. Finally, I will briefly explore the distinct experience and outcomes of institutional abuse, as well as examine concerns related to adult survivors. All of this information is essential in understanding the long-term consequences of CSA and what this might mean in terms of why survivors of CSA may seek help.

ACEs. The Adverse Childhood Experiences study (ACEs) assessed over 17,000 individuals and is one of the broadest investigations of the impact of childhood trauma, including CSA (CDC, 2005). In the sample, 54% of participants identified as female and 74.8% identified as White, 84.9% were aged 40 and older, and over 90% had a high school diploma or beyond. The ACEs presents a pyramidal illustration of how adverse childhood experiences (ACE) lead to

disrupted neurodevelopment, resulting in social, cognitive, and emotional impairment. An individual then adopts health-risk behaviors and develops disease, disability, and social problems, potentially leading to an early death (CDC, 2005). Polyvictimization is common and occurs when an individual experiences multiple kinds of ACE, such as physical abuse, neglect, and sexual abuse (Finkelhor, et al., 2009). ACE tend to be interrelated and cumulative, and increase the likelihood of negative outcomes as the number of ACE increases (Thompson, Kingree, & Lamis, 2019).

The following portion illustrates the impact of trauma on neurobiological development as identified in the ACEs. I will then discuss the specific social, cognitive, and emotional impairments that can result from disrupted development.

Neurobiological Development. In order to understand the relevant theoretical issues and health significance of childhood trauma, Cross et al. (2017) presented a review on neurobiological development in the context of trauma. Research indicated that ongoing exposure to trauma, particularly early in psychological development, has negative consequences for an individual's physical and mental health. When examining interpersonal trauma, that is, trauma that occurs within the context of important relationships, there is a clear relationship between its occurrence and later risk for the development of psychological issues, including PTSD and depression (Cross, et al., 2017). Interpersonal trauma is more likely to occur within a familial or caregiver relationship, with up to 80% of perpetrators of abuse being parents (National Center for Injury Prevention and Control, 2014). This means that childhood maltreatment is likely to occur consistently and throughout different phases of development. This may be equivalent to chronic stress exposure, which has an impact on executive function, emotion regulation, and dissociation and interoceptive awareness (Cross, et al., 2017).

When examining the neurobiological impact of childhood trauma, some of the salient areas impacted by chronic stress include the structure and function of the amygdala, hippocampus, and prefrontal cortex (Cross, et al., 2017). The impact of chronic stress alters not only the individual functioning of each area of the brain, but the connections between these areas. Different periods of neurobiological development can determine which brain structures are impacted by traumatic events. Although one area may not experience direct structural alterations, the changes in other brain structures result in connectivity issues to unaffected areas. Chronic stress facilitates connections that result in altered perceptions about traumatic events and leads to a decrease in the ability to manage and moderate a fear response to particular memories.

Timing is an especially salient factor in terms of the impact of trauma on neurobiological development (Cross, et al., 2017). It is possible that there are windows during which trauma has a greater impact than others. These periods of sensitivity might stretch out even further if a child's caretaker responds inconsistently to their needs, thereby stretching the amount of time needed for growth. When exploring the impact of chronic stress on executive function, significant areas include cognitive flexibility and inhibitory control (Cross, et al., 2017). This includes an awareness of both internal and external stimuli, as well as the ability to adapt to these stimuli and respond in ways appropriate to the situation. Childhood trauma creates deficits in these areas, and these deficits become increasingly impactful the earlier the onset of trauma. There is also a strong relationship between the amount of exposure to traumatic events and the inhibition of executive brain function, which continues on into adulthood. All of these deficits indicate that the prefrontal cortex plays an important role in the neurobiological response to chronic stress early in life and is also related to difficulties with decision making and conflict monitoring.

Physical Health. CSA is connected to a variety of negative physical health outcomes. One domain of physical health outcomes is the musculoskeletal system, including general pain (Irish et al., 2010), fibromyalgia (Sigurdardottir & Halldorsdottir, 2013; Wilson, 2010), muscle pain (Sigurdardottir & Halldorsdottir, 2013), chronic back pain, and fatigue (Wilson, 2010). Another domain is the gastrointestinal system (Irish et al., 2010), including liver disease (Murray et al., 2014), irritable bowel disorder (Wilson, 2010), and obesity (Irish et al., 2010; Wilson, 2010). The cardiopulmonary system is another impacted area (Irish et al. 2010; Wilson, 2010), including heart and lung issues (Murray et al., 2014). Neurological problems include non-epileptic seizures (Maniglio, 2009), sleeping problems (Sigurdardottir & Halldorsdottir, 2013), and headaches (Wilson, 2010). Another major area of impact includes gynecological symptoms (Irish et al., 2010), such as chronic pelvic pain (Maniglio, 2009; Wilson, 2010), pelvis problems (Sigurdardottir & Halldorsdottir, 2013), and vaginal problems (Sigurdardottir & Halldorsdottir, 2013). Other reported physical health outcomes related to CSA include cancer (Murray et al., 2014), somatization (Maniglio, 2009), eating disorders (Maniglio, 2009; Sigurdardottir & Halldorsdottir, 2013), and autoimmune diseases (Wilson, 2010).

Sexual Health and Functioning. CSA can have an impact on adult survivors' sexual health and functioning. At a base level, survivors report sexual dysfunction, including general problems with sex, and trouble with touching and sexual functioning (Maniglio, 2009; Sanjeevi et al., 2018; Sigurdardottir & Halldorsdottir, 2013; Wilson, 2010). In a longitudinal study on the impact of CSA on the development of women's sexuality, Noll et al. (2003) compared the sexual attitudes and activities of 77 women who were sexually abused as children, 10 years after initial disclosure, with 89 comparison women. Noll et al. (2003) found that participants with a history of sexual abuse reported less efficacy with birth control, were significantly younger at the age of

voluntary intercourse, were younger during the birth of their first child, and had a higher likelihood of being teen mothers than the comparison group. Sanjeevi et al. (2018) and Maniglio (2009) also reported a relationship between CSA and an earlier start to consensual sexual activity.

CSA is also related to risky sexual behavior for both men and women. In a systematic review of published reviews of the impact of CSA on health, Maniglio (2009) found that CSA was related to unprotected sex, multiple partners, sex trading, sexual revictimization, prostitution, and perpetration of sexual abuse. Survivors may engage in high-risk sexual behavior and contract HIV more (Sanjeevi et al., 2018; Wilson, 2010). Elizabeth et al. (2001) noted a 14% increase in sexual promiscuity and an 8% increase in the victim-perpetrator cycle over baseline. Later sexual victimization is also a higher probability (Murray et al., 2014).

Social Functioning, Partnership, Parenting, and Families. Adult survivors of CSA can have difficulties with general social functioning, parenting, and family relationships. Individuals are more likely to have unstable intimate relationships as adults (Sanjeevi et al., 2018; Maniglio, 2009; Murray et al., 2014; Wilson, 2010), including decreased relationship satisfaction (Sanjeevi et al., 2018), hostility and aggression (Maniglio, 2009; Wilson, 2010), interpersonal sensitivity (Maniglio, 2009), and maladaptive communication (Wilson, 2010). Sigurdardottir and Halldorsdottir (2013) also found that women reported trouble connecting with men and difficulty trusting other people. In another 30-year longitudinal study on exposure to CSA and partnership outcomes at age 30, Friesen et al. (2010) found that more severe forms of CSA were associated with higher rates of inter-partner violence, earlier and more frequent cohabitation, early parenthood, and lower relationship satisfaction and investment.

Survivors of CSA can also experience difficulties as parents and in maintaining their families. Mothers reported difficulty connecting with, and touching, their children (Sigurdardottir & Halldorsdottir, 2013), and decreased relationship satisfaction, leading to emotional dependence on their children (Sanjeevi et al., 2018). In a study on the childrearing practices of mothers who were sexually abused in childhood, Ruscio (2001) found that CSA predicted more permissive parenting practices in a sample of 45 patients from an outpatient clinic than in a community sample of 717 mothers without a history of CSA. Specifically, survivors had difficulty providing consistent discipline, appropriate structure, and clear behavioral expectations. CSA is also connected with lower levels of parental warmth, higher use of physical punishment, and higher rates of parental aggression toward their children (Sanjeevi et al., 2018).

Mental Health. When examining the mental health impact of CSA on adult survivors, there are a wide range of negative psychological outcomes. I will begin by framing these outcomes with additional information about the neurological impact of childhood trauma. This will be followed by a list of reported outcomes, as well as specific studies that examined these outcomes in depth.

Childhood trauma has an impact on individuals' capacity to regulate their emotions (Cross, et al., 2017). Emotional regulation can be defined as the ways that an individual utilizes cognitive, behavioral, or physiological strategies to manage responses to emotion. There are a few different elements related to this regulation, including a basic awareness of the emotions being experienced, an understanding of these emotions, and the capacity to accept and integrate these experiences. Emotional regulation does not simply occur, but rather develops through interactions with caretakers. A decreased capacity in emotional regulation crosses over a variety

of diagnoses, as it involves an increase in attention to negative stimuli and difficulty recognizing emotions, as well as trouble with analyzing and modulating distress. Overall, a reduced capacity to regulate emotions may result in overwhelming symptoms that cause the survivor considerable distress. Survivors may lack the skills to be able to manage feelings on their own, resulting in the need to seek professional help.

Dissociation is another result of chronic traumatic stress and can be conceptualized as an altered conscious awareness that includes a feeling of unreality, a disconnection or separation from self, or a fragmentation of the self (Cross, et al., 2017). It is different from a fight or flight response and becomes a kind of freeze response. It typically originates as a response to perceived threats assumed to be too overwhelming to be able to process. It can involve avoidance in terms of thoughts, feelings, or sensations. It may also be experienced as a disconnection from the body, in which a person feels as though they are removed from a situation and looking at themselves from a third-person perspective. Simply to be aware of what one is feeling in their body can bring traumatic memories into consciousness, and thus dissociation is linked to an inhibited awareness of somatic states. Individuals who report dissociative behaviors also tend to have high rates of somatic disorders. Physiologically, a dissociative response would present itself as a lack of increased stress and sympathetic arousal (Cross, et al., 2017).

There are a wide range of psychological health outcomes for adult survivors of CSA. Outcomes include anxiety, anxiety disorders, and panic (Maniglio, 2009; Maniglio, 2013; Sanjeevi et al., 2018; Sigurdardottir & Halldorsdottir, 2013; Wilson, 2010), depression and postpartum depression (Elizabeth et al., 2001; Maniglio, 2009; Maniglio, 2010; Murray et al., 2014; Sanjeevi et al., 2018; Sigurdardottir & Halldorsdottir, 2013; Wilson, 2010), PTSD, dissociation, and hypervigilance (Elizabeth et al., 2001; Maniglio, 2009; Wilson, 2010),

Borderline Personality Disorder (Maniglio, 2009), suicidal and self-destructive thoughts and behaviors (Dube et al., 2005; Elizabeth et al., 2001; Maniglio, 2009; Murray et al., 2014; Sanjeevi et al., 2018; Sigurdardottir & Halldorsdottir, 2013; Vir Tyagi, 2001), anger (Maniglio, 2009; Murray et al., 2014; Sanjeevi et al., 2018; Vir Tyagi, 2001; Wilson, 2010), fear (Sigurdardottir & Halldorsdottir, 2013; Wilson, 2010), phobias (Maniglio, 2009; Sigurdardottir & Halldorsdottir, 2013), paranoid ideation (Maniglio, 2009), obsessions/compulsions (Maniglio, 2009), insomnia (Wilson, 2010), memory loss (Wilson, 2010), feelings of shame, lack of confidence, feelings of rejection, and other issues related to self-esteem (Murray et al., 2014; Maniglio, 2009; Sanjeevi et al., 2018; Sigurdardottir & Halldorsdottir, 2013; Vir Tyagi, 2001). CSA is also associated with alcohol and illicit drug dependence (Maniglio, 2009; Murray et al., 2014; Sanjeevi et al., 2018; Sigurdardottir & Halldorsdottir, 2013).

Institutional Abuse

One more aspect of CSA that is important to acknowledge is institutional abuse, which has some distinct differences from perpetration of CSA by an individual. Blakemore et al. (2017) defined CSA as happening within an institutional context if it is on the premises or where the activities of an institution take place, it is engaged by an official acting within the context of institutional activities, or in any circumstance where the institution's adults are responsible for children. Institutional locations may include schools, foster care, sporting organizations, hospitals, and religious institutions. The dependency of children in these settings, as well as the power differential between the children and adults, may be exploited. Institutional abuse has been described as more severe, longer in duration, and more likely to include multiple offenders than extra-familial abuse in other settings, particularly due to unrestricted access to children

(Blakemore et al., 2017). There are also higher reported rates of abuse for females in sports, education, and foster care.

A few relevant examples highlight some of the most public and egregious cases of recent or ongoing institutional abuse. The Catholic church faces ongoing scrutiny across the globe regarding decades of child sexual abuse allegations. The church itself released a report in 2004 stating that, in the last 50 years, over 4,000 Roman Catholic priests faced allegations involving more than 10,000 children (British Broadcasting Corporation, 2021). Another example, Larry Nassar, was a former doctor at Michigan State University and USA Gymnastics who was sentenced for up to 175 years in prison after grooming and sexually abusing hundreds, if not thousands, of victims through his practice (Freeman, 2018). Over 150 women provided impact statements at his trial, highlighting the trauma he caused in their lives. Finally, Jerry Sandusky was an assistant football coach at Penn State University who was found guilty of sexually abusing 10 boys over a period of 15 years. Officials at Penn State learned about some of these incidents and failed to report them to law enforcement (Cable News Network, 2022).

Blakemore et al. (2017) completed a rapid review of the impact of institutional CSA on victims/survivors. A rapid review is a type of systematic literature review completed between three weeks to six months (Ganann et al., 2010). The authors created a search string that was applied to 12 databases and then completed additional searches by examining the references of previously identified literature. The review identified a total of 75 relevant articles, reporting (a) psychological, (b) social, (c) physical, (d) educative and economic, (e) spiritual, and (f) secondary impacts. These outcomes are similar to those described above for the general review of the impact of CSA on health, though an exception is that there appeared to be little evidence of direct physical effects on children due to experiences with institutional sexual abuse.

Psychological issues for adult survivors who experienced institutional abuse included PTSD, depression, anxiety, personality disorders, suicidality and self-harm, obsessive compulsive disorder, and mood disorders (Blakemore et al., 2017). In a study on the life outcomes of children living in institutional care in Australia, specifically child welfare institutions and other substitute care homes, Fernandez et al. (2016) reported that over half of those leaving institutional care who reported suicidal ideation and suicide attempts also reported being sexually abused. Returning to the Blakemore et al. (2017) study, social impacts for adult survivors included social and relational difficulties, anger, fear, shame, and self-blame, relationship problems, parenting difficulties, sexual problems, alcohol and substance use, gambling, criminal behavior, and re-victimization. Physical impacts for adult survivors included long term health problems like hearing loss and muscular and skeletal issues (Commission to Inquire into Child Abuse, 2009). Educative and economic impacts for adult survivors included a reduced ability to trust educators, difficulty concentrating, and limited numeracy and literacy skills, resulting in a lessened ability to find later employment. Institutional abuse in the context of religious institutions can alter adult survivors' belief in God, spiritual practices, or later involvement with church. Finally, secondary impacts include the vicarious traumatization that occurs for friends and family of survivors.

Evidence from the Blakemore et al. (2017) rapid review paints the picture of an adult survivor who may be struggling with a wide range of issues. Survivors are grappling not only with the mental and physical health consequences of abuse, but with difficulties in relationships, education and career success, and spirituality. Beyond this, it is likely that survivors are contending with a combination of these factors, resulting in a complex array of difficulties.

Lived Experiences of Adult Survivors

After examining the differing areas of impact on survivors' health, it is important to gain an understanding of the lived experiences of survivors. This will allow us to move beyond concrete data that illustrates specific outcomes to examine the constellation of symptoms and experiences that results in a particular sense of self and the world. Transitioning to the complexity of identity can reveal valuable information about how survivors' experiences may lead them to seek help in the future. This section contains information specific to adult survivors of CSA, including a definition of Complex PTSD, the impact of family adversity, survivors' perspectives of themselves as adults, and the development of survivors' identities in the context of trauma.

Complex PTSD. In her seminal work *Trauma and Recovery*, Herman (1997) provided a theoretical construct to understand the experiences of adult survivors of CSA, with a proposed diagnosis called Complex Post-Traumatic Stress Disorder. This has evolved into the general term 'complex trauma', which indicates prolonged, chronic trauma that occurs over a considerable period of time during childhood (Substance Abuse and Mental Health Services Administration, 2016). This diagnosis includes six distinct elements, including (a) alterations in affect regulation (e.g., dysphoria, self-injury, explosive anger); (b) alterations in consciousness (e.g., amnesia around traumatic events, dissociation, reliving traumatic experiences); (c) alterations in self-perception (e.g., helplessness, shame and guilt, sense of complete difference from others); (d) alterations in perceptions of the perpetrator (e.g., unrealistic attributions of complete power, total acceptance of their belief systems); (e) alterations in relationships with others (e.g., isolation, continual search for a rescuer, failures in self-protection); and (f) alterations in systems of meaning (e.g., hopelessness, loss of sustaining faith; Herman, 1997). Herman (1997) posited that

survivors of sexual abuse who later become psychotherapy clients have a "bewildering array of symptoms" (p. 122), as well as generally higher levels of distress than those who did not experience abuse. Survivors of abuse later have a large number of symptoms, are vulnerable to revictimization, and may ultimately end up with a variety of different diagnoses from different care providers (Herman, 1997). Survivors may display disturbances in identity formation, as well as conflictual interpersonal relationships.

CSA and Family Adversity. Martsolf and Draucker (2008) examined the impact of CSA and family adversity on survivors of CSA. In this qualitative grounded theory design, male and female participants, ranging in age from 19 to 62, engaged in open-ended interviews about experiences of CSA and family adversity. The authors developed an overarching theory they labeled as "living the family legacy." This theory encompasses the feeling of inheriting a life of adversity and abuse, including memories of traumatic events, being vulnerable to more abuse, and current lifestyles that reflect the ways of living in the family of origin. Themes within this overarching theory include (a) inheriting the legacy, (b) reinforcements to the legacy, (c) challenges to the legacy, (d) life patterns, (e) passing on a legacy, and (f) trajectories of living the family legacy. Regarding the theme of inheriting the legacy, many participants spoke of retaining memories of abuse that would not go away. Participants' focus sometimes shifted from the responsibility of the family in the abuse to blaming the self. Participants would report that, as children, they believed the abusive treatment was deserved because of something inherently bad about themselves. As children, the participants also defended their family's way of life, partly because it was normalized, but also because they were afraid that if they were to report the abuse to outsiders their family would be torn apart. There could also be reinforcers and challenges to the legacy, such as when the participants reported how, when they were children, the abusive

adults had told them to ignore what was happening, or when other adults had attempted to intervene and help the child [participant] during the time of the abuse. The authors described the theme of life patterns as the person being stuck in the family legacy (continuing to live with abuse and chaos similar to their family of origin), being plagued by the family legacy (doing well on the "outside" but not doing well on the "inside"), and rejecting the family legacy and creating a new legacy (these participants were more likely to have been in contact with others who challenged their experiences in a way that benefitted them). The theme of passing on a legacy involved the adult individual passing on the family legacy by reproducing abusive family environments or not having children due to being convinced that they would abuse them, taking a stab at passing on a new legacy (sincere, but ineffective attempts at doing parenting differently), and successfully passing on a new legacy (protecting their children, providing love and protection in a stable environment). The trajectories of living the family legacy might involve moving from one theme to another, and not necessarily staying in one theme throughout the entirety of ones parenting life. This study provided a salient example of the lasting impact of CSA on adult survivors, and in particular on their family system and parenting experiences.

Survivors' Perspectives of Adult Self. Krayer et al. (2015) examined the influence of CSA on perspectives of the adult self. The authors of this qualitative study interviewed adults who were sexually abused in childhood, and these participants explored their life journeys in the context of this abuse. There were 30 participants, males and females all over the age of 18, who were interviewed with the biographical narrative interview method, which uses a generative question meant to elicit an overall narrative of the participant. The generative question focused on the adult years of the adult survivor of CSA, with no specific research questions beyond this. The three salient themes that emerged included (a) the worthless self, (b) the self as unknown,

and (c) the potential/developing self. The worthless self included themes from earlier years in the participants' narratives, including "Low self-worth, negative emotions and dysfunctional behaviors" (Krayer et al., 2015; p. 9). These themes were reflected in narratives regarding promiscuity and abusive relationships. Low self-worth was especially salient in the early years of participants' life journeys, when there was a lack of support or belief regarding the experience of sexual abuse. The second theme, self as unknown, relates to the idea that an individual may have been different if not for the abuse. There was confusion about what that self would have been or an assumption of being in a better place had the abuse not occurred. The abuse itself appeared to get in the way of developing close relationships with others, which extended this feeling of the self as unknown. The authors also noted that experiences of the worthless self and unknown self were stronger when an individual lacked meaningful interpersonal connections with others. The third theme, the potential/developing self, relates to the idea of progression and being on a journey, particularly toward more positive perceptions of the self. One participant spoke about addressing her substance abuse issues, while others talked about overcoming difficulties and working toward change. Within the theme of the potential/developing self, supportive interpersonal connections with others was connected to the development of optimism around future growth. These connections with others were not always with mental health professionals, and some participants talked about avoiding professionals. Additionally, most participants did not use the term "survivor" in the context of their developing self, and some even saw it as a negative description, in that it centered abuse as the central most definition of the self. These participants felt that the term "survivor" narrowed down their identity, and they had a sense of being multi-faceted, rather than simply someone who had been abused in childhood.

Survivors of CSA and Identity. The purpose of this section is to illustrate the ongoing, chronological movement of how a victim may experience sexual abuse, develop specific outcomes, and then experience changes in identity that impact how they think, feel, and behave as an adult. Survivors of CSA are multifaceted and experience their lives through more than one lens. The interaction of these differing aspects of their lives results in unique circumstances for each individual, regarding not only the consequences of CSA and ability to cope, but specific help-seeking behaviors. The model presented in this section combines insights regarding the multiple aspects of an individual's identity and their response to trauma. This information builds on data presented in previous sections that examined the various health outcomes resulting from CSA. The experience of abuse does not occur in a vacuum, and it is important to understand how a survivor may come to understand themselves and their place in the world based not only on these previously described outcomes, but within a specific cultural context.

Brown (2008) presented a developmental model that is an extension of Maria P. P. Root's (2002) ecological model of identity for people of mixed social locations. In Brown's model, "social location" is broadly defined as "a variety of different types of experience that can affect identity" (2008; p. 26), such as age, race, and social class. It also largely depends on whether individuals experience themselves as individualistic or as part of a collective. The original model included experiences of interpersonal, intergenerational, and historical trauma, though Brown (2008) further enhanced the focus on trauma and took advantage of the original model's intersectional approach. Although Brown's (2008) model focuses on trauma in general, she included sexual abuse as a traumatic experience. The perpetrator's betrayal of the child's trust, usually someone known to the child, generates significant psychological distress and results in long-term psychological consequences for the survivor. Brown (2008) began by defining identity

as, "An enduring phenomenon that eventually comes to transcend social locations, to represent how the person knows her-or himself to be, and to reflect core values held by the individual" (p. 49). This identity includes the interaction of public life and private life, has multiple components composing the experience of self and relationships with others, and contains multiple social locations. Brown (2008) continued, "Trauma is also a component of identity when it is an aspect of a person's familial and/or cultural heritage of oppression, intergenerational or historical trauma" (p. 50). Trauma can alter an individual's sense of self, as well as their perception of the larger social context, due to its tendency to disrupt coherence and block the internal capacity for growth. All of these consequences could cause significant distress and might push an individual to seek professional assistance. Within Brown's (2008) ecological framework, an individual has five possible strategies to develop an identity coming out of multiple social locations.

The first strategy involves the acceptance of an identity as assigned by society, in which expected social roles are passively internalized. This is not inherently a lesser strategy but may become problematic if it is related to social constructions of trauma victims, as this identity can center around deficits and expressions of distress. The second strategy involves identification with a singular, visible aspect of identity, while relegating other aspects of identity to the background. This identification is done in an active manner, and in the case of a survivor of CSA this might mean pushing aside experiences of abuse, as they may be experienced as unacceptable or stigmatizing, and focusing on other aspects of the self. The third alternative strategy is, "An active, creative strategy in which identity is core yet fluid and the social roles emerging from this identity may or may not be consistent with how the external social context defines the person" (Brown, 2008, p. 55). Multiple elements of identity are recognized, each one significant in terms of how it interacts with each of the others. An individual can integrate their position as a survivor

of previous CSA as a component and not a central feature of identity. Overall, the individual can integrate multiple social roles while refusing to take a part in oppressive social norms. The fourth strategy involves challenging socially assigned identities that have traditionally been based out of social locations and critically engaging the categories out of which these assignments have come. Identity is of an individual's own making and there is a deep level of critical resistance, which means that an individual refuses to collude with oppressive social norms. In the fifth strategy, "the person has never internalized social rules governing identity and decides that how they perceive themselves to be trumps how others perceive them and also trumps from where they came" (Brown, 2008, p. 57). It is a symbolic identity and may be used by those with cultural histories of trauma. Brown (2008) noted that these strategies illustrate the possibility of developing an identity encompassing seemingly conflicting social roles, or in which culturally recognized social roles are rejected for the sake of a personally chosen identity. Each of these strategies potentiates differing courses of adult survivors' lives. These differing courses could have an impact on help-seeking, as some of these strategies might result in survivors pushing aside these negative experiences, while others may result in active help-seeking. Individuals will see the role of CSA in their lives in different ways and thus may seek help in a way that aligns with a particular strategy.

Protective Factors and Resilience

After reviewing information regarding the impact of CSA on survivors' overall health, it is important to examine the factors that may moderate the effects of CSA on the survivor. This section includes information about broader protective factors as well as individual resilience. Protective factors and resilience include individual characteristics or skills that allow a survivor to better cope with the effects of CSA, as well as external circumstances that may lessen the

impact of the abuse. In my search of the literature, I found and examined approximately 15 articles that specifically addressed protective factors and resilience and CSA among adults, though these factors were typically addressed in the larger body of literature about CSA, regardless of the focus of the study.

Protective Factors. As noted in previous sections, there are many negative outcomes of CSA. However, there are also factors that are associated with positive outcomes for survivors later in life, despite their experiences of abuse. These protective factors can mitigate some of the harm from CSA, allowing a survivor to move forward in life without the need for extensive support.

Regarding the mitigation of harm, survivors' positive self-esteem can act as an important protective factor (Jonzon & Linsblad, 2006). Survivors' ability to use cognitive strategies can serve as a protective factor, including self-enhancing cognitive reappraisals, disclosure and discussion of the abuse, positive reframing, and refusal to dwell on the abuse (Himelein & McElrath, 1996). The presence of resources, particularly social support, can act as protective factors (Jonzon & Lindblad, 2006). Family cohesion is a relevant example of social support, and support and positive affirmation can contribute to a survivor's sense of being able to face life's challenges and maintain a sense of competence (McClure et al., 2008).

Resilience. Protective factors may ultimately lead to resilience in survivors of CSA. Resilience is another important aspect in understanding the experience of survivors, not only to gain further insight into the impact of CSA, but to understand why they may or may not decide to seek help.

For example, Simpson (2010) examined the protective factors that best predicted adult survivors' resilience to the long-term effects of CSA. Using the Protective Factors scale as a

measurement, Simpson (2010) found that some of the variables that best predicted resilience in adult female survivors of CSA were a sense of control against deviant behavior, the ability to work with others, and a sense of acceptance and belonging to a family. These variables were not fully described in the study but appeared to address both individual and social factors resulting in positive coping for long-term effects of CSA. Similarly, other sources purported that social and family support characteristics may be the most influential in terms of determining resilience for individuals who have experienced CSA (Jonzon & Lindblad, 2006; McClure et al., 2008). Ultimately, Simpson (2010) argued that survivors may be better served by treatment that focuses on a more hopeful, strengths-based outlook, rather than a pathology-based outlook. For the purposes of the current study, this might provide insight as to why a survivor may or may not disclose a history of CSA while in therapy, particularly related to the approach of the clinician.

Following is a specific investigation into the resiliency of adult female survivors of CSA. Newsom and Myers-Bowman (2017) examined the resiliency of six White, heterosexual, female survivors of CSA in relation to functioning in relationships and sexuality. This study focused on the lived experience of survivors and how they experienced resilience, which was meant to expand the literature on the positive aspects of coping and resilience. The authors used a qualitative, phenomenological design, and completed individual open-ended interviews with each participant. Examples of questions included, "How do you define resilience?" and "How do you feel others who know your history of CSA would describe your resilience?" (Newsom & Meyers-Bowman, 2017; p. 933). The authors found that resilience was conceptualized as, "Biological and environmental, especially manifesting itself in the context of relationships and the development of interpersonal skills" (Newsom & Meyers-Bowman, 2017; p. 930). Additionally, "The word resilient was used to describe someone who survived an intense trauma

and maintained well-being including physical health, mental health, interpersonal relationships, and adherence to community standards" (Newsom & Meyers-Bowman, 2017; p. 932). The pattern of answers to the research questions included both processes and outcomes describing participants' experiences with coping and resilience. First, in addressing the research question on how female survivors understand and experience resilience, the first theme was "working through the pain," (Newsom & Meyers-Bowman, 2017; p. 934) the process of which involved an awareness of internal dialogue. The outcome was, "Recognizing that CSA is not an identity and it does not define me" (Newsom & Meyers-Bowman, 2017; p. 934). The participants realized they could shift their self-perception away from trauma as the central focus. The next theme was inner strength. The process of this theme involved "reclaiming personal power," (Newsom & Meyers-Bowman, 2017; p. 935) and a recognition that through the gain of power, participants could rebuild their strength. The outcome was "letting go of negative emotions and thoughts" (Newsom & Meyers-Bowman, 2017; p. 935). The results from this study indicate that, for these participants, resilience came through time and experience and was not necessarily related to a specific destination.

Help-Seeking and Survivors of CSA

This section provides information about help-seeking behaviors. The four major areas of discussion include information about disclosure, psychological help-seeking, the help-seeking experiences of survivors of sexual assault, and the service-seeking experiences of survivors of CSA. The area on disclosure primarily examines barriers related to gender, family, culture, and broader social systems, though there is some information about supports to disclosure as well. The area on psychological help-seeking will examine national prevalence on mental health services usage, as well as factors that may facilitate or impede psychological help-seeking. The

areas on service-seeking and help-seeking experiences examine specifics related to mental health services usage of adult survivors of sexual assault and CSA. This information will outline existing data about the help-seeking behaviors of adult survivors of CSA and highlight the need for further research.

Disclosure

Most children do not reveal CSA during childhood (London et al., 2005; Schönbucher et al., 2012), an issue that also impacts data on the prevalence of CSA. In a sample of 122 women between the ages of 20 and 60, Jonzon and Lindblad (2004) found that 32% disclosed during childhood, while 68% waited until adulthood. Disclosure can be an intentional and voluntary act by the individual, such as seeking someone out to report the abuse, or it can be non-voluntary if another individual finds out about the abuse in another way. In American culture, disclosure is seen as an important step in the process of recovery from CSA (Ullman et al., 2010).

Gaining insight into the dynamics of disclosure, including barriers, may provide useful information about help-seeking behaviors of survivors of CSA. For this review of disclosure, I examined approximately 25 articles exploring disclosure of CSA. Much of the research on disclosure outlined the various barriers that survivors face when considering telling others about CSA. This section begins with barriers faced in childhood and is followed by barriers that continue into adulthood. These barriers are related to gender, family, culture, and broader social structures.

Barriers to Disclosure During Childhood. There are a variety of issues that make it difficult or even impossible for survivors to disclose CSA as children. For example, perpetrators of CSA engage in a grooming process that escalates over time, seemingly normalizing the abuse (London et al., 2005). Children agonize over whether they should tell others, whom they should

speak with, and what they should say (Fontes & Plummer, 2010). Individuals may have little education regarding appropriate sexuality (Fontes & Plummer, 2010), and perpetrators can use these factors to enforce silence by having children break rules, like using substances (Fontes, 2007; Hanson et al., 2003) or posing in pornography (Fontes, 2007). Taboos regarding speaking about sexual issues also inhibit children from reporting abuse (Fontes & Plummer, 2010). Jonzon and Lindblad (2004) also found that one reason for unsuccessful disclosure was the disbelief of the person whom the victim told about the sexual abuse.

Cultural and Familial Barriers to Disclosure. Cultural and familial values are important factors that influence disclosure of CSA. While this area will examine barriers to disclosure, these values may also provide support for disclosure, something that will be examined briefly in at the end of this section on disclosure. For individuals living in communities that are oriented around collectivist values, disclosing incest can bring shame on the family and community and disrupt the social order (Boakye, 2009; Vir Tyagi, 2001; Sanjeevi et al., 2018). Aspects of shame include the involvement of authorities, perceptions of friends and neighbors, and religious taboos (Fontes & Plummer, 2010). When this happens, the family is blamed and is considered "untouchable" (Dwairy & Abu Baker, 2003). In order to reduce family shame, the family will do anything possible to reduce this threat. There is an unspoken idea that the victim is secondary to the family (Vir Tyagi, 2001). The family's reputation is paramount, and an individual is expected to remain loyal to the family, maintain a "good face," and avoid anything bringing shame to the family (Dwairy & Abu Baker, 2003; Vir Tyagi, 2001). Conversely, harsh penalties such as castration or imprisonment for a perpetrator may result in a victim's hesitancy to disclose, particularly if the perpetrator is a family member who is the sole provider for the family (Boakye, 2009).

Vir Tyagi (2001) examined the effect of incest on women of color, including issues related to disclosure. In this qualitative study, the author interviewed 12 adult women of color between the ages of 22 and 42, and explored experiences of incest, the impact of incest and coping, and disclosure. Cultural and social milieu factors that impacted the disclosure of CSA included (a) communal silence and denial, (b) perpetrator self-righteousness and double standards, (c) and a fear of scandal in the community. Communal silence or denial creates an atmosphere in which it is difficult, if not impossible, to come forward with accusations of CSA. In describing a perpetrator's self-righteousness and double standards, one participant used the example of a relative who was sexually abusing her while simultaneously warning her of the danger of living with a male of a similar age. Fear of scandal in the community refers to the possibility that disclosing CSA will result in giving the family a bad name. Any of these factors may delay initial disclosure of CSA, including to a mental health worker if a survivor later seeks professional help. Additionally, Vir Tyagi (2001) found that participants reported fear of disclosing incest due to shame, self-blame, and the idea that they would not be believed. However, for most participants, the need for psychological relief was motivating enough to disclose.

Gender and Barriers to Disclosure. Gender is a major factor that can prevent the reporting of CSA (Murray et al., 2014). A central, organizing theme of the research on gender and disclosure involved the impact of patriarchal values. Important variants that flow out of this organizing theme include sexual scripts, the status of females, and virginity.

In communities with patriarchal values, older male relatives must be respected and honored (Fontes & Plummer, 2010). For example, Dwairy and Abu Baker (2003), when treating incest, examined the cultural norms of Palestinians living in Israel. According to religious law

and tradition, women are considered under the control of males in the family. For a young female victim, convicting an older male relative may increase feelings of guilt, as the older male is incorporated as part of her identity (Dwairy & Abu Baker, 2003). Patriarchal beliefs may lead to the excuse of negative behaviors and cause a female survivor who was socialized into a patriarchal system to blame herself because of the undoubted authority of the male adult (Boakye, 2009). The following examples continue to highlight ways that gender, in the context of patriarchal values, can impact disclosure.

Sexual scripts involving proscribed gender roles can act as an established narrative influencing both survivors' and others' perception of incidents of CSA, and thus inhibit disclosure. For example, common sexual scripts suggest that males are always seeking to engage in sexual activity (Fontes & Plummer, 2010) and may be seen as being unable to control sexual urges (Boakye, 2009). Females, on the other hand, must avoid such activity until marriage (Fontes & Plummer, 2010). Girls may also be blamed for tempting young men with provocative dress, and therefore blame themselves for sexual assault if they believe they provoked it in some way (Fontes & Plummer, 2010). Status of females is another factor that could contribute to nondisclosure, such as the expectation that Black girls bear pain and burdens without complaining (Wilson, 1994). Fontes and Plummer (2010) argue that Black women and girls may be expected to bear difficult burdens without question, and thus may feel that abuse is not a legitimate reason to complain.

Virginity is also a factor in different cultures because girls may be viewed as less valuable brides if it was disclosed that they had been abused or assaulted (Fontes & Plummer, 2010; Vir Tyagi, 2001). In some cultures, if a female's "honor" is marred through sexual assault, they may even be murdered to restore the family's reputation. A victim may also fear the

outcome of disclosure and thus deny abuse due to the requirement of obligatory violence, which refers to men's obligation to avenge the female victim by physically attacking the perpetrator (Fontes et al., 2001). In other words, men in the family or community may have a social duty to enact justice for the victim through physical violence, and the victim may be afraid of the outcome of this violence, thus causing her to avoid disclosure.

Structural Barriers to Disclosure. There are structural barriers and additional costs that different racial and ethnic communities may face when reporting CSA. Some examples of these barriers include language competence, racism and discrimination, economic barriers, lack of quality health insurance, and overcrowded schools where teachers are less likely to identify indicators of abuse (Fontes & Plummer, 2010). Following are examples highlighting potential systemic concerns for communities of color, regarding reporting to authorities and disclosure outside of the community.

In reporting abuse to authorities, some ethnic groups may be reluctant due to victim blaming, a slow legal process, and enforced separation of family members that might result (Fontes & Plummer, 2010). Native American and African American children, for example, are disproportionately represented in the child protection system, resulting in a hesitancy to disclose abuse to authorities (Hill, 2006; Mederos & Woldeguiorguis, 2003). There may be fear that disclosure of CSA will inevitably result in a child being removed from a home, regardless of the circumstances.

For minority cultures, disclosure to outside communities might also lead to unwanted attention and threaten the community. Fontes and Plummer (2010) argued that communities may handle disclosure through more informal routes, including moving to other locations to live with extended family, forcing a man to leave his home, or marrying the victim to restore family

honor. Descriptions of some of these informal routes of disclosure rest on an assumption that the perpetrator is male, and the community is oriented around a patriarchal value system.

Religion and Barriers to Disclosure. Religious values can also suppress the potential for CSA to be disclosed (Fontes & Plummer, 2010). In religious families and communities, Catholic girls may be expected to endure sexual abuse as a "cross to bear" and Christian girls may be told that "God never sends us more than we can handle" (Fontes & Plummer, 2010). Buddhists may see sexual abuse as Karmic retribution for a misdeed in a previous life (Luo, 2000). These values may result in pressure for the survivor to keep the abuse a secret, thus forestalling the process of recovery and seeking help.

Psychological Help-Seeking

It is important to begin with some basic information about psychological help-seeking for mental health issues. The Substance Abuse and Mental Health Services Administration (SAMHSA; 2018) provides extensive data on the prevalence of mental illnesses as well as the utilization of services. SAMHSA estimates that only about half of people with mental illnesses receive treatment. The Center for Behavioral Health Statistics and Quality (2020) completed the 2019 National Survey on Drug Use and Health (NSDUH) which, among other things, examined the prevalence of mental illness and mental health services usage. Mental health services were defined as inpatient or outpatient treatment or counseling, or prescription medication management. Relevant to the current study, out of the individuals aged 18 or older with any mental illness, 44.8% received mental health services in the year preceding the cited study. Out of the adult women in the study age 18 or older, 49.7% received mental health services. When examining mental health services usage based on race, Hispanic or Latino usage was 33.9%, White usage was 50.3%, Black or African American usage was 32.9%, Asian usage was 23.3%,

and biracial or multiracial usage was 43%. It is difficult to pinpoint mental health services usage specifically for adult survivors of CSA, as psychological outcomes can vary in diagnosis and severity. Individuals being treated for different diagnoses, such as anxiety or depression, may not have disclosed whether they were survivors of CSA, and therefore the symptoms they were being treated for may not have been overtly connected with CSA during the course of treatment.

In their review of the literature on psychological help-seeking attitudes and behaviors, Shea et al. (2017) argued that much of the research in the past two decades had focused on both individual and sociocultural factors that either facilitated or impeded seeking help. Some facilitating factors may include psychological distress, social support, emotional openness, positive past experience with counseling, and positive help-seeking attitudes. Factors that may impede help-seeking include social stigma, limited financial resources, lack of culturally appropriate treatment, perceived low usefulness and high emotional cost, and high self-esteem.

Adult Survivors of Sexual Assault and Help-Seeking Behaviors

This section includes information about the help-seeking behaviors of individuals who were sexually victimized during adulthood. As I am investigating the help-seeking behaviors of adult survivors of CSA, examining help-seeking behaviors for adult survivors of sexual assault can provide insight into a related experience. Adult survivors of CSA, as noted earlier, are also at higher risk for sexual victimization during adulthood (Murray et al., 2014). The Rape, Abuse & Incest National Network (n.d.) describes adult sexual assault as unwanted sexual behavior or contact that occurs without the consent of the victim. Some examples of sexual assault include fondling, rape or attempted rape, or forcing a victim to perform sexual acts on the perpetrator's body. Information about specific help-seeking behaviors of survivors of sexual assault can shed

light on factors that may be relevant to focus on when examining help-seeking behaviors of CSA survivors. Included is a study regarding the use of a sexual assault hotline.

Young et al. (2018) compared the help-seeking behaviors of adult male and female survivors of sexual assault who accessed a sexual assault hotline. This mixed-methods study was a retrospective analysis of archival data from the documentation of calls to a sexual assault center in the Southeastern United States. The authors analyzed data from 58 females and 58 males with an average age of 32. The purpose of this study was to compare the narratives of male and female assault victims to better understand the help-seeking behavior of male sexual assault victims. Quantitative variables, such as the call duration, age and sex of victim, and date of assault, were directly taken from information normally collected by the agency. There was also a summary of what happened during the call, including severity and urgency, as well as details provided to the caller regarding referrals, empathy, an advocate, or other information. Young et al. (2018) used a summative content analysis to analyze the qualitative data, an unobtrusive method that portrays the values and beliefs of participants. Each researcher individually coded the narrative portions into five defined categories, including (a) beliefs about self, (b) beliefs about others, (c) emotions expressed/experienced, (d) services requested/needs, and (e) contradictions. Codes were then grouped and summarized, and the researchers independently identified themes and then came to an overall consensus.

The authors found that male callers accessed the hotline because of limited or no support, often disclosing their experience of assault for the first time and wishing to remain anonymous. They used the hotline as a referral source for formal counseling services and often declined additional resources for support, such as testing for sexually transmitted infections, self-defense training, or housing options. Females were more likely than males to receive referrals for these

additional services and knew that a variety of these services existed in the community. The study authors posited that men displayed a distrust of others, evidenced through behaviors such as hesitation, pausing for long periods of time, avoiding questions, and hanging up abruptly. Additionally, both male and female callers evinced confusion regarding what constituted sexual assault.

Female callers seemed to use the hotline for additional support as they had typically used formal services, such as individual and group counseling, before calling the hotline. The authors indicated that these callers knew that the hotline was available for extra support and used it to connect with individuals who were readily available, skilled, and knowledgeable about sexual assault. Female callers worried that loved ones and professionals would not believe that they had been sexually assaulted. They were also more likely to suspect that the offender used "date rape" drugs in the perpetration of the assault, a theme not found with male callers. The women also worried about being blamed for the assault due to the intentional use of drugs or alcohol before the assault occurred. Overall, female callers were more open about their thoughts and feelings than male callers, particularly thoughts about suicide and self-harm.

Information from this study provides some insight into help seeking behaviors for women who are survivors of sexual violence, and points toward potential themes relevant to experiences of CSA. Some themes that may be relevant for survivors of CSA include the knowledge and use of existing formal services in their community and a willingness to openly discuss vulnerable issues, but also a fear they will not be believed by professionals or will be blamed for the assault.

Survivors of CSA and Service-Seeking

This section includes a description of the one study found regarding the service-seeking behaviors of adult survivors of CSA, and it is about male survivors. This study emerged from

data collected in a previous study regarding the disclosure of CSA. The data collected in the original study was not specifically examining service-seeking behaviors. A search of the literature revealed no existing study examining the help-seeking behaviors of adult female survivors of CSA.

Adult Male Survivors of CSA and Service-Seeking. Gagnier et al. (2017) explored adult male survivors' experiences of obtaining support services, such as individual counseling, support groups, and social services. This qualitative study utilized existing data from a larger study on disclosure of CSA. In the original study, 68 male and female participants were recruited from two types of organizations, including those specializing in sexual abuse treatment such as individual counseling and support groups, and mental health organizations providing sliding scale services. In order to be considered for inclusion, participants needed to be over the age of 19, be a self-reported victim of CSA, and have received or in the process of receiving services from the agency or organization. The researchers conducted semi-structured interviews, asking questions such as, "What prompted you to seek help about the abuse at this time and with this organization?" (p. 132) and "Was it the first time you disclosed the abuse?" (p. 132). Data analysis was informed by both the phenomenological and interpretive approaches.

Gagnier et al. (2017) used the 17 male participants from the original study ranging in age from 19 to 67 years old, who participated in semi-structured interviews over the phone. Data from these original interviews were used to explore help-seeking experiences of male survivors of CSA. Two main themes that emerged included participants' experience of obtaining services and the challenges they faced obtaining these services. Regarding men's experiences obtaining services, they utilized individual counseling, counselor-led support groups, and therapy. Six men described seeking services due to problems in personal relationships or financial difficulties.

Three of the men were referred to the organizations offering support to male survivors of CSA by other professionals, including police officers, doctors, and mental health practitioners with no experience treating CSA. Five men were encouraged to seek help by family and friends, and some were influenced by popular media addressing men's access to services for CSA, particularly public service announcements in the newspaper and on television. Regarding challenges of obtaining services, there was a lack of trust, particularly due to the men's negative past experiences with organizations. Five men believed that there were limited services available to men and a stronger focus on female survivors. Finally, waiting lists for professionals could be long, and some study participants believed this was related to a limited amount of funding for CSA services for men. Overall, men were motivated to obtain services because of a crisis or through information gleaned from the media. It appeared as though most of the men were satisfied with the services they received.

Comparison of Service Seeking for Adult Survivors of CSA and Adult Sexual Assault. Grossman et al. (2009) completed a study examining the differences in characteristics and service patterns of adult survivors of CSA versus survivors of adult sexual assault (ASA). The authors used information from crisis centers in a Midwestern state over a period of six years. Data were collected through an existing database that captures information about survivors and offenders. The participants of this study included 13,381 survivors of ASA and 8,112 adult survivors of CSA.

When examining referral sources, survivors of ASA were more likely to receive treatment referrals if they reported to a hospital or the police. Grossman et al. (2009) suggested that this was due to the tendency for police departments to have working relationships with sexual assault crisis centers. Adult survivors of CSA most often received referrals from social

service programs, suggesting they were in contact with support before engaging with a crisis center. The authors suggested that survivors of CSA were less likely to receive referrals from hospitals or police departments because the sexual abuse was not a current threat. Adult survivors of ASA tended to utilize advocacy related services related to medical and criminal justice service systems, while adult survivors of CSA utilized individual therapy and counseling services. Adult survivors of CSA were also more likely than survivors of ASA to present at centers for counseling services. Among those who utilized services, adult survivors of CSA had a greater average amount of hours in services than adult survivors of ASA. The top three types of counseling services utilized by the adult survivors of CSA in this sample were, from highest to lowest percentage of use, group counseling, phone counseling, and individual in-person counseling.

This review of the literature on help-seeking resulted primarily in studies centered around disclosure, particularly the barriers that result in reduced opportunity and motivation for disclosure. There was also a study that examined adult males' experience of help-seeking, though it centered around direct experiences of seeking services at a particular moment in time. Finally, the comparison of adult survivors of ASA and CSA in seeking services centered around the types of services that were preferred.

In my review of the literature, I was unable to find any research on help-seeking behaviors of adult female survivors of CSA. I was also unable to find any narrative accounts of survivors' experiences leading up to the point of attaining, and ultimately engaging in, mental health services related to CSA. This gap in the literature presents an opportunity to be able to explore survivors' journeys into individual counseling.

CHAPTER III

METHOD

The current study is qualitative in design and utilizes a narrative inquiry approach. In this chapter, I will begin by providing the backdrop of qualitative research, which includes the research paradigm and philosophical anchors. Following this foundational information, I will describe the research design of the current study, including my reasoning for using a narrative inquiry approach. The rest of the chapter will address the researcher as instrument; the participants and setting; the sources of data; data analysis; and finally the trustworthiness and rigor of the study.

Research Paradigm and Philosophical Anchors

Before providing specifics about the narrative inquiry approach, including my reasoning for choosing this approach, I will begin with foundational information regarding qualitative research. In the following sections, I describe the research paradigm, ontology, epistemology, axiology, and rhetorical structure of the present study. This information provides the relevant backdrop to understand the narrative inquiry I completed regarding the help-seeking journey of adult female survivors of CSA.

Research Paradigm

Ponterotto (2005) defined a paradigm as the set of assumptions the researcher uses to shape the framework of the research study. The paradigm that grounds this study is constructivism-interpretivism. Merriam and Tisdell (2016) described constructivism-interpretivism as an interpretive framework arguing that there is no single, observable reality. In other words, unlike the positivist or post-positivist view that there is an objective reality that can be either directly measured, or at least approximated, constructivism-interpretivism assumes the

social construction of reality. As I am interested in participants' individual journeys of help-seeking, and not the measurement of specific aspects of help-seeking, I am utilizing an approach that focuses on participants' own subjective understanding. I will further describe the implications of the constructivism-interpretivism paradigm in the following sections on ontology, epistemology, axiology, and rhetorical structure.

Ontology

Ontology is the foundation of the philosophical anchors and it sets the stage for understanding the remaining anchors. Ponterotto (2005) defined ontology as the form and nature of reality, specifically what can be known about reality. Constructivism-interpretivism suggests that there are multiple, constructed realities, as opposed to one true reality. Creswell and Poth (2018) argued that individuals develop subjective meanings of their experiences in the world in which they live. Reality is influenced by context, including the individual's perceptions, social environment, and the interaction between researcher and participant. I assumed that participants of the current study would have their own constructions of reality and that our interactions would actively contribute to this reality. Given this basic assumption regarding the nature of reality, I will now examine epistemology.

Epistemology

Ponterotto (2005) described epistemology as the relationship between the researcher and research participant. In a qualitative study, researchers attempt to get as close as possible to the participants in the study (Creswell & Poth, 2018). The more the researcher is able to spend time getting to know the participants, the more firsthand knowledge they obtain. In the constructivism-interpretivism approach, the relationship between the researcher and participant is transactional. Ponterotto (2005) described the transactional relationship as a position that

maintains that reality is socially constructed, and the interaction between researcher and participant best captures the lived experience of the participant. For the purpose of the current study, I interviewed the participants two times. The researcher may identify with the participant, and both the researcher and participant may experience deeper insights or some kind of change through the dialogue. The act of dialoguing through the interview process itself produces knowledge.

Axiology

After examining the relationship between researcher and research participant, it is essential to perform a closer examination of the researcher in particular. Creswell and Poth (2018) described axiology as the assumption that researchers bring their own values to a study. Guest, Namey, and Mitchell (2013) argued that a subjective view of reality applies equally to researchers, in that knowledge is constructed through the act of the research process. In qualitative studies, researchers actively make their values and biases known by reporting them in the study. The researcher who adheres to constructivism-interpretivism enters the research with the assumption that their own values and experiences cannot be separated from the process of research (Ponterotto, 2005). Below I will acknowledge and describe my values, but assume that I cannot eliminate any biases in this interdependent process. I will more fully describe my own assumptions in the section on researcher reflexivity.

Rhetorical structure

Finally, I will address the way that the results are presented in this study. Ponterotto (2005) described the rhetorical structure as the language used when presenting the procedure and results of the research. When using the constructivism-interpretivism approach, my own biases and values are detailed throughout the study, and the report is personalized and presented in first-

person. As recommended by Creswell and Poth (2018), this process began in chapter one with a description about my past experiences with adult survivors of CSA and help-seeking. In the results and discussion chapters, I considered how these experiences with adult survivors of CSA may have shaped my interpretations. Creswell and Poth (2018) suggested writing reflexive comments as the study is progressing and saving them as memos. I did this and also discussed the emotional impact of the research process, as well as reflected on my experiences throughout the process. In the following sections I will more fully describe how I completed the study and portrayed my experiences conducting research.

Research Design

Heppner et al. (2016) described qualitative research as examining and understanding individual perspectives in context in order to understand a phenomenon of interest. In the case of this study, the phenomenon of interest is the journey of adult female survivors of CSA in seeking help, specifically receiving individual counseling. Heppner et al. (2016) further explained the purpose of the qualitative researcher as gaining insight into the particularities of specific cases and embedding their findings in a perpetually changing world. There are many kinds of specific qualitative designs, and for this study I used a narrative inquiry approach.

Narrative inquiry is "an approach to the study of human lives conceived as a way of honoring lived experience as a source of important knowledge and understanding" (Clandinin, 2013; p. 17). Beyond individuals' experiences, in narrative inquiry "one must understand the social, cultural, familial, linguistic, and institutional narratives that shape, and are shaped, by the individual" (Clandinin, 2013; p. 33). Clandinin (2013) outlined four key terms in narrative inquiry, including living, telling, retelling, and reliving. Individuals live stories and then tell stories of their living. When researchers engage in a narrative inquiry, they come alongside

participants and, through the inquiry, engage in retelling the stories. Finally, both participant and researcher can be changed in this process of inquiry, leading to the reliving of our stories. When engaging in a narrative inquiry, there can be two starting points, including living stories or telling stories. In the current application of narrative inquiry, the entry point was through telling stories, as I engaged in interviews with participants about past and present experiences.

Clandinin (2013) presented three commonplaces that must be explored during a narrative inquiry, including the temporality commonplace, the sociality commonplace, and the place commonplace. The temporality commonplace is the "past, present, and future of people, places, things, and events under study" (Clandinin, 2013; p. 39). The sociality commonplace includes the cultural, institutional, linguistic, and familial narratives that shape participants' lives. This commonplace also includes the relationship between the researcher and the participant. Finally, the place commonplace includes the physical locations where both events and the inquiry take place. It was important to explore each of these commonplaces because they formed the context and foundation for an individual's experiences. When I presented each participant's narrative it was embedded in these commonplaces so that there was a background to their experiences, and they were not simply disconnected points of data.

Clandinin (2013) outlined seven considerations when designing a narrative inquiry study, including (a) research puzzles rather than research questions, (b) entering in the midst: moving into living alongside, (c) from field to field texts, (d) from field texts to interim research texts, (e) from interim research texts to research texts, (f) the importance of relational throughout the inquiry, and (g) positioning of narrative inquiry. The research puzzle, as defined and presented in chapter one of this study, centers on the question: What is the nature of adult female survivors of CSA journey into individual counseling? Entering in the midst refers to the perspective that both

the researcher and participant enter into the narrative inquiry in the middle of ongoing personal and social narratives. As we are in the midst, there is not a finality to the inquiry, but rather an understanding that we both enter and leave in the midst of narratives that are continuing to shape us. The three considerations, from field to field texts, from field texts to interim research texts, and from interim research texts to research texts, will be further explored in the sections on sources of data and data analysis. The importance of the relational refers to acknowledgement that "neither the researchers nor participants walk away from the inquiry unchanged" (Clandinin, 2013; p. 51). Researchers must attend to the ways they can be helpful to the participant during the inquiry and when the inquiry is finished. As researchers, we are people in relation to participants, and it is our responsibility to provide practical knowledge or help if necessary. Finally, in regard to the positioning of the narrative inquiry, researchers are not focused on the universality of an experience, as much as the complexity and unique nature of individuals' lived experiences. Narrative inquiry differs from a methodology such as phenomenology, for example, as Creswell and Poth (2018) noted, "the basic purpose of phenomenology is to reduce individual experiences with a phenomenon to a description of the universal essence, a grasp of the very nature of the thing" (p. 75). The narrative inquiry approach differs from phenomenology in that it is not a search for a particular phenomenological theme that is present throughout each of the stories, but rather is focused on the continuity of individual, lived experiences.

There are three primary reasons why I chose the narrative inquiry approach for this study. The first reason is that the narrative approach fit my experiences as a mental health clinician. Over the past eight years I have worked individually with hundreds of clients and have become comfortable eliciting information through interviews and interpreting the information in order to target interventions. As a part of my work as a clinician, I have to continually assess the

influence of my own values and utilize supervision and consultation in order to assess my case conceptualizations. This work aligns with the process of narrative research, which involves interviewing participants, conceptualizing narrative data, and continually assessing the impact of my values on how I understand and interpret the results.

The second reason I used the narrative approach was due to the fact that I was exploring an area where there is a dearth of research. Given this lack of research, it fit to use an approach that is more exploratory in nature. By utilizing a qualitative design, with interviews to collect data, I made an initial foray into the journey of adult female survivors of CSA into individual counseling in order to gain initial insight into this topic area.

Finally, I used a narrative approach because it fit the main research puzzle of this study. I was interested in exploring the lived experiences of adult survivors of CSA in their journey into individual counseling. It made sense to utilize an approach that examines a process unfolding over time, as I can better describe the data in the form of a narrative.

Researcher-as-Instrument

This section includes information on researcher reflexivity and my qualitative methods training.

Researcher Reflexivity

Researcher reflexivity refers to the way that researchers position themselves in the study (Creswell & Poth, 2018). As recommended by these researchers, reflexivity includes revealing information about my background, how it informs my interpretation of data, and what I may gain from the study. Researcher reflexivity is essential to address, as it is connected to the philosophical paradigm of constructivism-interpretivism that undergirds this study. As a researcher, I was not searching for objective truth that lied in wait of my discovery, but rather

was active in the process of co-creating reality with the research participants. Because of this, it is important to understand and reveal my own perspectives and experiences that will have an influence on the interpretation of results.

I have worked with survivors of CSA in therapeutic settings for approximately seven years. It is evident that experiences of CSA have a significant impact on survivors, enough to shape their consciousness, identity, and ability to form relationships. For example, I am struck by a recurrent theme that I encounter in which survivors find ways to blame themselves for the sexual abuse they have experienced. Even in the midst of significant evidence that they were taken advantage of during a vulnerable time in their lives, many individuals I have worked with were convinced of their complicity in the abuse. As another example, I recognized a connection between male entitlement and the perpetration of CSA during a training I attended about prostitution and sexual violence. This feminist perspective interrogates the high rate of male perpetrated CSA against women and girls and argues that men are socialized to believe they have the right to a female's body and sexuality.

Throughout the research process, I checked-in with my advisor and auditor for assistance while interpreting data, providing them with information about my personal perspectives that had the potential for influencing the findings of this study. This is a strategy that was recommended by Creswell and Poth (2018), as a way to validate the information. Two specific examples of validity include external audits and peer review or debriefing of the data, which will be described more fully in the sections below.

One other aspect of researcher reflexivity that I attended to was the possibility of vicarious traumatization. Vicarious traumatization is a response I might experience based on being exposed to traumatic material that is emotionally disturbing (McCann & Pearlman, 1990),

such as details about childhood sexual abuse. Some of the hallmarks of vicarious traumatization include a loss of hope, cynicism, and changes in worldview (Canfield, 2005). Listening to stories of women who experienced sexual harm and spending time analyzing these stories had the potential to become emotionally taxing over time. Branson (2019) recommended creating a schedule of self-care and spending time reflecting on how difficult experiences might impact my mental health. With this in mind, I made sure to engage in regular self-care through reading books, talking regularly with friends and colleagues, and practicing mindfulness.

My Qualitative Methods Training

My formal training in qualitative methods was from the Qualitative Research Methods course I took during my doctoral program. This course had two main purposes, the first of which was to provide an introduction to qualitative research traditions, designs, and approaches to data collection. The second purpose was for students to have an experience in conceptualizing, designing, and planning a qualitative research study. Objectives of the course included gaining understanding of epistemological foundations, differentiating between different traditions and inquiry paradigms, critiquing existing qualitative research, reflecting on my positionality as a researcher, and implementing fieldwork methods, analyzing the data, and making interpretations.

Participants and Setting

In terms of the recruitment of participants, the sampling strategies that I used for this study were criterion and convenience sampling. Creswell and Poth (2018) described criterion sampling as seeking cases that meet specific criteria, which in the case of this study included adult female survivors of CSA. The sample that I used for this study was adults who identify as female, aged 18 or older, and who are survivors of more than one incident of CSA. I determined the inclusion of more than one incident of CSA in order to target participants who likely

experienced the long-term impact of chronic victimization. These participants had current, ongoing experience utilizing individual counseling on at least a bi-weekly basis. The participants addressed CSA in either past or current counseling in some capacity. Creswell and Poth (2018) described convenience sampling as selecting participants who are available based on proximity to the researcher. I utilized my existing professional network of therapists and asked them to identify current clients who might fit the criteria to be a participant. In order to have a robust set of data to analyze, as recommended by Creswell and Poth (2018), I interviewed two individuals. Minimal research participants were needed as I examined individuals' narratives in depth.

The recruitment for this study took place across the United States, and my recruitment strategy included reaching out to therapists through my alumni network, which was dispersed through the United States. I recruited nationally because there had been increased proliferation of remote meetings due to the COVID-19 pandemic, and because there was a large, diverse population that suited the sampling needs of this study. The final sample of the study was from the Midwestern area of the United States. The setting of this study was Webex, a HIPAA compliant video-conferencing platform through which the interviews were conducted.

Sources of Data

This section will include information about the sources of data. They included a demographic questionnaire, individual face-to-face virtual interviews with participants, an artifact reflection, and researcher memos.

Demographic Questionnaire

As a part of this study, I provided participants with a demographic questionnaire (Appendix A), which was created using the Qualtrics survey tool provided by Western Michigan University. The demographic questionnaire asked participants questions about their age,

race/ethnicity, gender, sex, level of education, and information regarding their experiences with CSA and individual counseling. In order to be included in the study, participants needed to be age 18 years or older, identify as female, have a history of multiple incidents of CSA (occurring over a period of time, or at multiple points up to the age of 18), attending individual counseling at least two times per month at the time of the study, and have addressed CSA in past or current counseling.

Interviews

I collected the data for this study primarily through individual, face-to-face virtual interviews, as the focus was on individual narratives. Due to the ongoing COVID-19 pandemic, my ability to remain in close physical proximity with other individuals was hindered. Therefore, as I was unable to meet with participants in person, I conducted interviews through the HIPAA compliant, 2-way video conferencing platform WebEx. I recorded the audio of these video interviews through WebEx and also made an audio recording backup through Quicktime on my computer. Interviews were transcribed by me and the documents were stored on Microsoft OneDrive.

Interviews were conducted one-on-one, using semi-structured interview questions. The purpose of using semi-structured interviews was to remain open and conversational, which Clandinin (2013) argued is an important aspect of using a research puzzle, yet have intentionality about the type of information that is being sought. I was able to build rapport with each participant and remain flexible in the conversation in order to provide the context to be able to explore a complex narrative. I interviewed each participant two times. The first interviews were approximately 90-120 minutes, and were comprised of questions relating to participants' childhood and family environment, experiences of childhood sexual abuse, and the journey of

seeking and obtaining individual counseling. I used the First Interview Protocol (Appendix B) and elicited the majority of the information needed to understand the narrative and address the research puzzle.

Clandinin (2013) described the 'field' as an "ongoing relational inquiry space" (p. 45) that the researcher negotiates with the participants, while 'field texts' is a term for data. The design consideration "from field to field texts" refers to the initial foray into the data gathering process. As previously mentioned, the starting point for this narrative inquiry was the telling of stories, as opposed to the living of stories. The telling of stories included the interviews with participants and the collection of artifact reflections.

In the context of the field text gathering process, "co-composing interim research texts allows narrative inquirers to continue to engage in relational ways with participants" (Clandinin, 2013; p. 47). This is the process of telling and re-telling stories, and it is also referred to as "member checks" in qualitative research. Member checks are an important aspect of the validation of the collected data, as this critical role allows participants to assess how well the analysis fits their lived experience (Creswell & Poth, 2018). Member checks ensured that my own biases as a researcher were kept in check, thus limiting the negative impact they might have on the results of the study. After gathering the initial field texts, I took the information and developed a tentative narrative that I believed best captured the lived experience of the participant. After creating the interim research text, I presented the participant with the narrative I composed. The participant then had the opportunity to review the interim research text and dialogue with me about any questions, considerations, or changes during the next interview. The second interview was a 30-60-minute semi-structured member check interview, conducted using the Second Interview Protocol (Appendix C). This second interview consisted of questions that

related to the participant's thoughts and reactions to the transcript of their initial interview and the results of data analysis (the narrative) at that point in time. I transcribed the interview and used the transcript to identify any changes that needed to be made to each participant's narrative.

Artifact Reflection

The Artifact Reflection (Appendix D) is a written description of any personal or cultural artifact that best represents the participant's journey into individual counseling. Artifacts could include documents, inanimate objects, or works of art, and could be journal entries, letters, social media posts, memes, songs, artwork, or physical objects. The reflection was a way for participants to represent their journey into individual counseling through the representation of an artifact. The artifact reflection was used to spur additional conversation, and as an additional field text relevant to survivors' help-seeking journey. I asked participants to send a written reflection that described the artifact and how it represented their journey into individual counseling. There was no predetermined length to the written description, and it was incorporated into the results as a rich text description. The use of the artifact reflection was also an important aspect of triangulation (Creswell & Poth, 2018), which is the use of multiple sources of information in order to increase accuracy. The concept of triangulation will be further discussed in the section on trustworthiness and rigor.

Memos

Throughout the data collection and data analysis processes, I completed memos documenting my thinking. There were two different kinds of memos, including interview memos and transcript memos. Creswell and Poth (2018) described memos as "short phrases, ideas, or key concepts that occur to the reader" (p. 188). After each interview, I completed an interview memo that highlighted three main areas, including the main ideas of the interview, my overall

impression of the participant's narrative, and my thoughts on the technical process of the interview. During the data analysis process, I wrote transcript memos in the margins of the transcripts detailing any thoughts or ideas I had while reading the field texts. These memos constitute part of the audit trail I left for other researchers, something I explain in the section on trustworthiness and rigor.

Informed Consent Document

I provided participants with an informed consent document explaining the purpose and general procedures of the study (Appendix E). The informed consent document includes information about the potential benefits, risks, and costs to the women who volunteered to participate in the study. It also informed potential participants that their participation in the study was voluntary and that they could withdraw from the study at any time without penalty.

Data Collection Process

In the current section I provide a detailed description of the data collection process I undertook during this study. The steps are presented in order, from the beginning to the end of the process. These steps were repeated for each participant. I began recruitment once HSIRB approval was granted on June 15, 2022.

I first set up a webpage using Qualtrics, a web-based survey and data management software, that contained information about my study, participant inclusion criteria, and my contact information (see Appendix F). The webpage included a professional photograph of myself to indicate that the research was being conducted by a male. I also included information on my gender in the informed consent document and recommended that participants not participate in the research if they were uncomfortable working with a male.

I then contacted via email counselors in my professional network, beginning in Michigan and extending to the rest of the United States, to request that they disseminate recruitment materials to current clients who may fit the inclusion criteria of the study, and who were deemed to be at low risk for significant mental health issues such as suicidal ideations. This recruitment email included an introduction from myself; and a link to the study webpage (Appendix F) that contained information about the study's requirements, inclusion criteria, and the link to an informed consent document (Appendix E); and language addressing ways to minimize coercion. As an incentive for participating in the study, I offered participants a $25 Visa gift card that they received after the completion of each interview. My WMU institutional email address and personal cell phone number were also listed on the recruitment webpage in case the participants had any questions regarding the study or were have trouble accessing the informed consent document.

After clicking the link to the recruitment webpage forwarded by their individual counselor, participants were directed to the informed consent document (Appendix E). They agreed to participate by clicking on a button that took them to the Demographic Information Questionnaire (Appendix A), which they then completed. The link to the informed consent document (Appendix E) and Demographic Information Questionnaire (Appendix A) was created using Qualtrics online survey software and hosted by Western Michigan University (WMU) on a secure server managed by the university. The Demographic Information Questionnaire (Appendix A) included questions related to inclusion criteria to determine if participants met these criteria and would be invited to continue participating. It also included questions regarding additional information that was used to describe the sample in the results of my research.

Based on the responses to the Demographic Information Questionnaire (Appendix A), I determined if a participant met inclusion criteria for the study. I then took one of two actions: 1) If the participant met inclusion criteria, I followed up with the participant by email to invite them to take part in an initial interview and scheduled a day and time for that interview. I used the email address they provided on the Demographic Information Questionnaire (Appendix A). If I had not heard back from a participant within one week of sending this email, I called the participant at the phone number she provided to request a member check interview. If I had not heard back from the participant within one week of calling the participant, I sent a follow-up scheduling email indicating that I would assume they were no longer interested in participation if I had not heard from them within two weeks of sending the follow up email. 2) If there was a large interest in the study and I had more participants who met inclusion criteria than I was able to interview in a timely manner, I sent a different email. I let the participants know that they met inclusion criteria, but I was not able to interview them at the moment and would be in touch in the coming weeks to schedule an interview. This email included my intention to reduce the wait time between a participant's initial and follow-up interviews by delaying the timing of the initial interview. I also sent these participants periodic update emails about the progress of data collection with a reminder that I was still interested in interviewing them.

When inviting participants to complete an interview, only one participant was invited at a time in order to more easily identify when there was a robust set of data and data collection was complete. In order to have a robust set of data to analyze, as recommended by Creswell and Poth (2018), I interviewed two individuals. Therefore, the transcription and data analysis of one participant interview occurred before another participant was invited for the initial interview and

so on until there was a robust set of data. This resulted in two participants completing both an initial and second interview (member check interview).

For a participant who was invited to continue in the study and agreed to participate in an interview, I conducted a semi-structured interview using the First Interview Protocol (Appendix B). Interviews were conducted via Webex, a secure video conferencing software approved by Western Michigan University. I met the participant via Webex at the day and time we agreed upon during our scheduling email communication. The link to this meeting was sent to participants using the "schedule a meeting" function in Webex. For this contact, I ensured that the participant chose a quiet, private and confidential location from which to video call. During the interviews, I wore headphones and participants were strongly encouraged to use headphones, to ensure additional privacy for the participant. All interviews occurred in a locked virtual meeting room and were audio recorded using tools within the Webex software. I also recorded interviews using QuickTime, an additional audio recording software on my computer, as a backup in case there were any problems with the Webex recording software. Recordings were uploaded to a private OneDrive folder associated with the student investigator's WMU email address. I asked the participant to choose a pseudonym to be used during interview transcription.

After the interview was complete, I thanked the participant for her time and provided information about the written artifact reflection and requested that she submit this reflection within two weeks. I then sent an email to the participant with the written artifact reflection template attached (Appendix D) as well as a link to the secure OneDrive folder where she could submit her written artifact reflection (Appendix D). The email contained information about how to submit the document. The email message also included another attachment, a list of supportive resources (Appendix G), in case the interview brought up any distressing thoughts or emotions. I

also emailed the participant a $25 Visa gift card anonymously using the Vanilla gift card website (www.vanillagift.com). I gave the participant a reminder call if they had not submitted the artifact reflection within two weeks of the interview.

After completing the interview with the participant and saying goodbye, I recorded my thoughts and reactions to the interview using the First Interview Memo (Appendix H). Next, I transcribed the interview verbatim. When transcribing interview recordings, I used the pseudonym selected by the participant and removed any identifying information by replacing it with a generic label (e.g., Grand Rapids, MI would become a large city in West Michigan). I kept a master list with the name of each participant, her contact information, and her pseudonym. This list was kept on my personal computer, in a password protected folder, separate from the other documents and data. I accessed recorded interviews and verbatim transcripts using the password-protected and encrypted cloud storage system within the OneDrive account associated with my WMU institutional email address. All audio recordings were confidentially deleted after transcribing the interviews. After the initial interview of the participant was transcribed, I began data analysis using the General Spiral Analysis (Creswell & Poth, 2018) method, detailed in the "Analysis" section below.

After data analysis was completed for the participant, I engaged in member checking (the second interview) in the following manner. I contacted the participant using the email address used to communicate during prior contacts to schedule a short member check interview lasting approximately 30-60 minutes. I also sent a separate email message with an attached copy of the verbatim transcript of the participant's initial interview and the Interim Research Text document with the rough draft of the narrative that arose from the data analysis of the first transcript and artifact reflection document.

I then conducted the second interview via video call using the Webex system, with the Second Interview Protocol (Appendix C). The participant was asked to reflect on the transcript of their initial interview and the Interim Research Text document sent to them via email prior to the second interview. Second interviews occurred in a locked virtual meeting room and were audio recorded using tools within the Webex software. I also used another audio recording software, QuickTime, to record interviews as a backup, should technical issues with the Webex software have arose. Recordings were uploaded to a private OneDrive folder associated with my WMU email address. After the interview was complete, I thanked the participant for her time and sent an email with a list of supportive resources (Appendix G) in case the interview brought up any distressing thoughts or emotions. I also emailed the participant a $25 Visa gift card anonymously using the Vanilla gift card website (www.vanillagift.com). After completing the second interview, I recorded my thoughts and reactions to the interview using the Second Interview Memo (Appendix I).

The second interview was transcribed verbatim by me. All audio recordings were confidentially deleted after transcribing the interviews. The second interview verbatim transcript was analyzed using a General Spiral Analysis (Creswell & Poth, 2018) framework, which is described in the "Analysis" section below. I specifically attended to any additional information or changes the participant identified during the member check interview and updated the findings of the interim research text accordingly. I repeated the process of initial interview, transcription, data analysis, member checking (second interview), transcription, analysis, and revising data analysis with each participant until there was a robust set of data.

Data Analysis

The following section includes information about data management and the analysis approach.

Data Management and Analysis Approach

Creswell and Poth (2018) described qualitative data analysis as having two layers, including a general spiral analysis, as well as procedures specific to the narrative inquiry approach used in this study. I will begin by describing the general spiral analysis, and then examine the procedures used specifically for the narrative inquiry approach. The general spiral analysis includes (a) managing and organizing the data, (b) reading and memoing emergent ideas, (c) describing and classifying codes into themes, (d) developing and assessing interpretations, and (e) representing and visualizing the data. This analysis process happened after each interview with each participant, until the research texts were finalized and there was no further inquiry needed. I fully completed the process with the first participant before moving on to the second participant.

The spiral analysis began with managing and organizing the field texts, or data. Data management protocols were put in place in order to ensure protection of the data, as they are highly confidential. Data were recorded and stored securely and confidentially under password protection on my computer and WMU OneDrive system, and original Webex recordings were delete once transcribed.

In terms of the organization of the data, I created an electronic file structure in OneDrive for all of the collected data and labeled individual files in a clear and consistent manner. Each research participant had an individual file that contained separate folders for audio recording data (until deleted), text transcripts, and the artifact reflection.

I also used pseudonyms for all names and places in order to protect participant confidentiality. Participants were allowed to choose their own pseudonyms during the first interview, and the interview transcripts were completed with the use of the chosen pseudonyms. I personally transcribed all of the recordings from the interviews, and the audio recordings were deleted after the transcription was complete. This allowed the data to remain confidential, as well as provided me with an opportunity to become intimately familiar with the data before beginning analysis.

The next part of the analysis included reading and memoing emergent ideas. Creswell and Poth (2018) described emergent analysis as "taking notes while reading, sketching reflective thinking, and summarizing field notes" (p. 187). In the context of this study, field notes are referred to as memos. I began by reading the transcript of each individual's interview multiple times, a process that began during data collection. As I was reading, I wrote transcript memos in the margins of the transcript document. These memos were written in the context of the three-dimensional space described earlier, including place, sociality, and temporality. Memoing occurred throughout the process of analysis, from the initial reading of the transcripts to the final representation of the data. Transcript memos were dated and organized, leaving an audit trail which showed the evolution in my thinking over time.

After reading the transcript and memoing emergent ideas, I described and classified codes. A code is a concise idea or concept that I gave a name. Creswell and Poth (2018) defined coding as "aggregating the text or visual data into small categories of information, seeking evidence for the code from different databases being used in a study, and then assigning a label to the code" (p. 190). Through the process of memoing, I took the raw information, identified meaningful information, and organized it into identifiable codes. Based on Creswell and Poth's

(2018) suggestions, I used the process of lean coding, which involved beginning with only five or six codes, and then expanding the number of codes if necessary, during the process of reviewing and re-reviewing the data. At most, I limited myself to a maximum of 30 codes as recommended by Creswell and Poth (2018). I also created a codebook in a Word document (Appendix J), which is a visual layout of the codes, including the name, description, and examples to illustrate the code.

After describing and classifying codes, I reviewed all of the codes and determined whether multiple codes could be grouped together and fit into fewer, broader themes. The development of themes, or threads, was important in order to organize raw data and turn it into a more recognizable narrative (Guest, Namey, & Mitchell, 2013). Clandinin (2013) used the language of "threads" which she described as "plotlines that threaded or wove over time and place through an individual's account" (p. 132). This was ultimately about presenting individual narratives in a way that honored the original telling. These themes exist at the individual level and were not connected across the different participants. The point is to best describe an individual's experience, rather than connect themes across participants to develop an overarching phenomenological theory. I also created an annal for each participant, which is a chronological timeline of important dates (Clandinin, 2013). This way, when I returned to participants with tentative, interim research texts, I could transparently present my thinking on important events in their lives.

Next, I developed and assessed interpretations, which involved making sense of the data and examining the larger meaning. This step in the analysis was the outcome of developing codes, forming themes, and organizing them into larger units of abstraction (Creswell & Poth, 2018). These interpretations came out of insights co-created between myself as the researcher

and the participants. I eventually presented these interpretations to the participants during the second interview, in order to validate their accuracy, as well as invite further exploration.

The final part of the analysis was the representation and visualization of the data. I packaged the codes and themes into a final textual representation. In the narrative inquiry approach, this involves creating a narrative account (Clandinin, 2013), a narrative representation of the unfolding experiences in participants' lives, combined with the researcher's personal insights during the process. Creswell and Poth (2018) described the data analysis process for the narrative approach as needing to be "analyzed for the story they have to tell, a chronology of unfolding events, and turning points or epiphanies" (p. 198). As described earlier, I presented the data using the three-dimensional space of place, sociality, and temporality. I used in-vivo quoting in my data analysis, which Creswell and Poth (2018) described as using "the exact words used by participants" (p. 193). In other words, when picking out data from transcripts, instead of attempting to create a new description based off the words of the participants, I used participants' exact words in order to provide rich and accurate portrayals of their experiences. The use of in-vivo quoting is an important element of rich, thick description, a concept that will be discussed in the section on trustworthiness. The information I presented to each participant after the first interview was the interim research text, a tentative narrative account created from their personal interview, not a collective of multiple participants' interviews. The participants then had a chance to examine the tentative narrative account at least one week before their second interview and make any comments on the document. The finalized narrative account included data collected throughout both of the interviews, the artifact reflection, and researcher memos.

Trustworthiness and Rigor

Trustworthiness is an essential aspect of data collection and data analysis. Mertens (2015) described trustworthiness as a way to control the quality of the study. It was important to carefully document the entire process of data collection and analysis, as well as provide others with insight into my thinking as a researcher throughout this process.

One way that I addressed trustworthiness in data collection was through the concept of credibility, which Mertens (2015) described as including "prolonged and persistent engagement, peer debriefing, member checks, negative case analysis, progress subjectivity, and triangulation" (p. 268). Creswell and Poth (2018) described triangulation as the use of multiple sources of data, methods, and investigators in order to ensure accuracy. There was one other researcher reviewing the data that were collected, which was a doctoral level student auditor who ensured that transcripts were accurate, reviewed my memoing, and reviewed codes and themes to determine whether they made sense. The participants were consulted after the first interview in order to review interim research texts, a narrative representation of the data collected during the interview, to ensure that data were collected and summarized accurately. Additionally, I was on the lookout for data occurring through multiple interviews that might contradict themes, in order to shed light on the complexity of survivors' lived experiences.

Another way I addressed trustworthiness was through transferability, which Merriam and Tisdell (2016) described as "the extent to which the findings of one study can be applied to other situations" (p. 253). In qualitative research, the smaller sample size and increased depth of investigation result in data that are not necessarily meant to be applied to a general population. However, it is still possible to conduct the research in a way that makes it possible for future researchers to make transferability possible. Lincoln and Guba (1985) argued that it is not the

responsibility of the original researcher to make the results applicable to other populations, but rather the future researcher who is looking to apply the data to a different population. A specific strategy that Merriam and Tisdell (2016) described, which can be used to enhance transferability, is the use of rich, thick description. Rich, thick description refers to a detailed description of the setting, participants, and findings of the study. I ensured a rich and thick description by including quotes from participant interviews, artifact reflections, and notes that I took while collecting data.

I also ensured trustworthiness in my data analysis by creating an audit trail, which Merriam and Tisdell (2016) described as keeping a record of how the data were collected, as well as the decisions made along the way regarding categorization. This audit trail involved writing down electronic notes detailing the procedures that were used, as well as the processing that occurred in order to categorize the data. These notes were clear and related to the specific interviews and artifact reflections reviewed, so that they could be referenced later by other researchers who may either want to review the research process or attempt to replicate the study. The notes were kept in an audit trail tracking document that detailed all major decisions and their rationale, which was stored in my secure OneDrive folder. A copy of the format of this document can be found in Appendix K.

In addition to interviews, I collected artifact reflections related to survivors' experiences seeking help in order to have different sources of data. It is common for qualitative studies using the narrative approach to use documents, archival material, and participant journaling as sources of data (Creswell & Poth, 2018). By using different sources of data, researchers "provide corroborating evidence for validating the accuracy of their study" (Creswell & Poth, 2018, p. 328).

CHAPTER IV

RESULTS

Betsey-Anne

I met with Betsey-Anne on Saturday, July 13th, at 9am. It was the first interview for my dissertation, and I was nervous about starting the data collection process. My biggest worries revolved around the functioning of the recording equipment and whether the participant would show up. In an era marked by the ongoing Covid-19 pandemic, we had agreed to meet over Webex, an online videoconferencing platform. It was easy to schedule and there were no in-person coordination complications to worry about.

As 9am hit, any fears about a no-show were assuaged when she promptly appeared on the screen. We both introduced ourselves and I noted that she appeared comfortable and anticipatory on a cozy looking recliner. I knew from the demographic questionnaire that she was a 51-year-old, White, cisgender, heterosexual woman. I asked her to provide a pseudonym for the interview, as a way to maintain her confidentiality when writing up the results, and she didn't hesitate to say, "what jumped to mind was Betsey-Anne." She would later give me the story of this name, and why it was relevant to the journey we were discussing during the interview.

As Betsey-Anne began to answer the first question of the interview, "How would you describe your family environment growing up?" she began by saying, "I mean, looking back…." This answer set up a kind of dialectic across her lifespan, as Betsey-Anne reflected on her childhood experiences from both an historical and current-day perspective. She regularly paused the retelling of stories to insert her current thoughts about what she might have been going

through as a child, what other people in her life may have been thinking or doing, and realizations she had come to later in life.

Childhood Commonplaces

Betsey-Anne grew up in a small town in the Midwest, "and it was kind of in the middle of nowhere." She broke off laughing and noted that "now it's a suburb." It was the early 70's, and "we were, so very, very, very small town, White America…everybody I knew looked like me." She reflected on how many generations of her family had lived in the area, saying: "My family's been there forever, we're like…one of the families...the running joke is that the family land was deeded to somebody by a king. It was a…very old, tiny neighborhood... everybody knows everybody."

I inquired further about her childhood living situation. "I mean we had a house," she said, a comment that would split into two paths of reflection, one about her home and family environment, and another that referenced the shadow of poverty throughout her childhood. The "land was a wedding present for my grandparents to my parents and then they built the house on it...but it was a nice house." She considered her daily life as a child, saying:

> ...for the most part, it was…go outside, play all day. When dad was there, we had
> a giant garden, so the kids were responsible for weeding. So, you had to do that
> before you could do anything fun. But we had a huge yard surrounded by woods.
> There were a couple of orchards off and we just pretty much ran free.

Betsey-Anne noted how encapsulated the town felt from the outside world, saying, "I mean, the fact that there was a war…I don't even know if I knew there was one. So, like, all of a sudden, we had all these people from Vietnam and so, okay, that's weird." She further reflected that "the world affected us, but it wasn't, by choice." Even relatively minor local issues and

events seemed to remain on residents' minds and lips for an extended period of time. She noted that "people were still talking about the new housing development...20 years after it went in."

Although the town felt encapsulated, there were also social dynamics at work that were very similar to many other areas of the country, particularly related to race. It was "the Norman Rockwell town with the Stephen King underside." Betsey-Anne recalled "the year the first Black boy came to school," as well as an offhanded moment with one of her schoolteachers.

> …we came into school one day and she was clearly over the moon excited about
>
> something…'my best friend's getting married' and I'm like 'yay', but she was,
>
> 'but I can't talk about it'. And we're like, 'what?' Well, her best friend was
>
> marrying a Black man.

The students' parents would not have been pleased to find out that their teacher was talking about an interracial relationship. Betsey-Anne implicated her own family in these racial dynamics, as her "mom's mom and her husband were very racist" and "they didn't like anybody who wasn't them…everyone with brown skin was Mexican."

One other factor that played a central role in Betsey-Anne's childhood was her socioeconomic status. There was a high rate of poverty in her small town, and her family was among those numbers. As she reflected on this reality, she engaged in the previously mentioned dialectic between her child and adult self. She explained:

> I mean, looking back, we didn't have any money. It didn't seem like it, but…that
>
> was my world…and then with the garden there was canning and freezing
>
> and…dad hunted…and fished and all of that. It turns out all of that was because
>
> we didn't have any money...I just figured that was…how it was.

The strategies her family used to survive didn't alert Betsey-Anne that anything was wrong as a child, they were simply integrated into her everyday life. At the same time, there were elements of poverty that contributed to a growing sense of Betsey-Anne's isolation and alienation within her community, something that would become more apparent later on in our conversation.

Family Environment

Betsey-Anne described her early childhood as "normal," with "mom and dad" and "three older sisters." Her parents inhabited gender roles typical for a small town, White, nuclear family. "When I was real little," she said, "it was...dad worked, mom stayed home and managed the house and the kids." She laughed and caught me by surprise when she stated, "I was, uh, I was not remotely planned." I asked if she had been told as much by her parents, wondering what it must have been like to find out that your existence was an accident. "Well, yeah, actually. My dad had had a vasectomy, but he didn't go back for the checkup. And it was the early seventies and so…here I am."

When I asked about her family's value system, Betsey-Anne reflected first on religion. She said, somewhat dryly but earnestly, that "mom tried, mom… wanted us to have religion," but "dad didn't care." Her mother had "never been like, religious, except she really wanted to be." It struck me as a strange sentiment, to have a desire to be religious, while not pursuing it at the same time. Wouldn't it be an easy fix to head to your local church and make it happen? Instead, it was just Betsey-Anne and her sisters who went to church. The "deal was all four of us walked down to the little church every Sunday and went, but mom and dad didn't go." Ultimately, religion didn't stick for Betsey-Anne, although her "mom eventually became Lutheran."

Instead, what reigned in the household was what seemed to me like a commonsense kind of moral code. The focus was more "right and wrong," and "it wasn't you shouldn't steal because God says you shouldn't steal it, you shouldn't steal because it's not yours...you should be a decent human." Betsey-Anne's father, in particular, focused on the importance of helping other people through work unions:

> I mean, if anything, unionism came from dad...that was kind of the religion I grew
>
> up in, is, if you're going to do a job, you should join the union, and if you're going
>
> to join the union you should be an officer, and you should do stuff. And you
>
> should take care of other people, and…you should work towards making
>
> everything better for everybody.

This ethic of care showed up later in our conversation as Betsey-Anne delineated her sense of responsibility around mental health advocacy during the period that she began to seek out professional help.

Betsey-Anne also talked about her parent's discipline practices when she was a young girl:

> Dad was real big on spanking. Mom, bless her heart, mom tried to be, but she was
>
> so bad at it. She didn't want to hit us, except she didn't know…I mean, I was born
>
> in the early 70's. When your kids misbehave, you spanked them.

She laughed as a memory seemed to be taking shape in her mind, saying, "...I learned really early on to pretend like it hurt cause if you didn't then…she'd get madder." Then her face contorted as she mimed saying "ow" a few times in a row, illustrating the not-quite-academy-award-winning acting needed to convince her mother to stop. "But mostly she would just yell," Betsey-Anne

continued. "And she'd get…when she's mad about something, her jaw, like, clinches and her bottom jaw sticks out and she glares and...it's quite something."

We didn't discuss any potential connections between corporal punishment and sexual abuse throughout our conversation, but when I later read through the interview transcript, a question lodged itself in the back of my mind as to whether this kind of discipline played any role in later victimization. But Betsey-Anne acknowledged that her parents, particularly her mother, may not have had the tools available to understand how to discipline children without using physical force. It didn't sound like an excuse for her mother, as much as a sense of empathy or understanding.

Most of Betsey-Anne's extended family played a minimal role in her life growing up, save for two sets of grandparents that shaped her life in profound but fundamentally different ways, something she would explain momentarily. There was only one cousin that she remained connected to, primarily because of their similarity in age. "When we were kids," she said, "our grandma used to make us matching outfits. I mean, yeah…we played together and saw each other and stuff, but it was like, 'this is dumb'…I appreciate the clothes, but…we're not twins." The rest of the family she saw maybe a "dozen times a year."

When it came to her mother's side, "my mom was really close with her dad, but…his second wife was not into him having a family very much." Because of this, "we spent a lot of time with [mom's] mother and her husband," particularly during the summer. Betsey-Anne recalled:

> They lived a little bit away, but they had this trailer on…a slab, all summer by, up
> by [a town in the Midwest]. We'd go there, I mean…weeks in the summer, we'd

go up and…visit and hang out with them and we used to spend a lot of time in

their house.

Later in our conversation, Betsey-Anne would reveal the significance of these summers at the

trailer, as well as her careful choice of wording in describing her relationship with her mom's

family.

But it was ultimately her paternal grandparents that played the most crucial role in her

upbringing. They lived right next door to Betsey-Anne's house, and she explained the nature of

the relationship:

So…they were always there and they were great…obviously they were my

grandparents, but they were…kind of like another set of parents. So, I always had,

I mean, I had grandparents...we'd just wander back and forth and come and go...it

didn't occur to me until I was older that, like, their house wasn't also mine.

There was a fluidity to the way she was able to travel between households, so much so that it was

almost as if it were one home but split into two different houses. It wouldn't take long for her to

reveal the true importance of this dynamic as Betsey-Anne alluded to a looming event that would

remain at the forefront of her childhood experience. This became more explicit when she at one

point stated, "from everything I hear my parents were having trouble before I was born."

But in my current re-storying of Betsey-Anne's narrative, it will be necessary to take a

step back and turn toward the insidious development of the childhood sexual abuse that had been

occurring from early in her life.

Sexual Abuse Begins

When we began to talk about the sexual abuse that Betsey-Anne experienced, she mentioned her age in passing, and I had to stop and clarify that I had heard her correctly. "You know, it, cause, it didn't occur to me that…I'm three," she said.

"So, you were three years old," I stated flatly.

"I, that's the earliest I remember. I don't know if it was earlier than that."

The way Betsey-Anne had stated her age at first left me wondering how she could do so in such a calm and collected manner. I would later speculate that her response was the result of decades of attention to her mental health and persistence in rooting out the long-lasting impact of the sexual abuse. As she would later say about the history of abuse, "...it's a lot easier than it used to be."

After reading through the interview transcript, I was also able to later acknowledge the impact her narrative had on me in the midst of our conversation. I have a daughter who is four years old, and her face swam through my mind as Betsey-Anne continued to reflect on her childhood experiences of sexual abuse. It was simultaneously too real and too distant to take in the fact that something so evil could be perpetrated against a girl barely out of infancy.

I asked Betsey-Anne if she had any concept of what sexual abuse was when she was a child, whether it had been a subject of conversation or something she had heard about in the media. She didn't hesitate. "Had no idea what it was," she said. "Even while it was happening, I didn't know what it was."

"Not even as...something that happens in some other distant place?" I questioned.

"Nope," she replied, again without hesitation. "The closest anything got to it was my mom telling me to tell her if a stranger ever touched me in a bad place." Betsey-Anne laughed

and feigned a confused look. "And I wasn't even sure what that meant," she continued. "I knew that strangers weren't supposed to touch me. Which, ya know, was a good rule anyway. It doesn't matter if it's your arm, or where it is." But ultimately, regarding her knowledge of sexual abuse, "it didn't exist...I had no words."

We talked more about the perpetrator, and she drew attention to something I hadn't noticed earlier in our interview when we were talking about her extended family. She stated, "One of the reasons I always say my mom's mother and her husband, is because it was her husband. Who was not my grandfather. No relation to me." Betsey-Anne was three years old when her grandmother's husband began to sexually abuse her. He was 60.

As part of the interview process, I made sure Betsey-Anne knew that she didn't need to provide any details that would make her uncomfortable. Since the research was focused on the journey into individual counseling, there was no need or pressure to talk about explicit aspects of the abuse. It was in this spirit that I began to ask her about how the abuse unfolded. In other words, how the abuse began, and how it evolved over time.

It started when Betsey-Anne and her family went up to the trailer to visit her mom's mother and her husband. She explained:

> ...we spend a lot of time up at their trailer and there were cabins and of course, the trailer is only so big. So, it...was cute and funny for the family when [her grandmother's husband] would want one of us to spend the night in the cabin with him.

He posed the sleepover as a fun and innocent way to spend time with Betsey-Anne, and the rest of the family approved of this arrangement. "And he would sneak us sips a beer," she continued, "and we could, like, take a hit off his cigarette. It was, you know, it was all very, very naughty."

He began to set up what appeared to be a special and secretive relationship with Betsey-Anne. Since she was participating in forbidden, adult activities with him, it appeared as though he was deliberately entwining Betsey-Anne in a tacit culpability.

Betsey-Anne also noted a culture of touching in her family, and how he took advantage of existing familial norms:

> But then…we've always been a family of sitting on laps and cuddling...and so, it'd
>
> be sitting on laps and cuddling, and then it'd be, sitting on his lap and cuddling
>
> and his hands in my underwear, and that doesn't seem right, but okay.

He appeared to use cuddling as a baseline, and then slowly ramped up the abuse through further physical boundary violations. She continued, "...and especially up at the…trailer and the cabins, we all slept in multiple people in a bed. There were only so many beds... it didn't occur to me...and snuggling. Okay, cool...I like snuggling. Right? I'm a little kid." Betsey-Anne continued to highlight how her childhood innocence and interest in physical intimacy was taken advantage of by her grandmother's husband.

As the abuse was ramping up, it was clear there was no existing context to name or understand sexual abuse. Betsey-Anne indicated that she had no way to describe, for herself or anyone else, what was happening to her. She further explained, "And you don't know that it's, I mean, you know it's wrong because otherwise you could talk about it, but…you don't know what's wrong because…I always thought I was participating in being bad, so I would be in trouble." There was a logical conclusion to the fear of being caught: "So, you don't say anything."

Early Childhood

"Mostly…I just didn't socialize," Betsey-Anne said as she reflected on her early childhood. The intrapsychic reasons for this isolation would continue to become apparent in our conversation, but she initially noted that "now [that] I'm looking at it with my adult brain, having dealt with everything, I didn't trust people." In retrospect, it seemed clear that the perpetration of sexual abuse and commingled silence poisoned the soil where trust might have grown. But there were also environmental factors that played into Betsey-Anne's early isolation from others. One factor was that "there weren't really very many kids in my neighborhood." Betsey-Anne continued, "…I had friends in school, but…I spent most of my time at the library." She considered offhandedly that she had taught herself to read when she was four years old. But she ultimately made one friend when she was a young girl. It was "…when I went to kindergarten, I met, there was a girl two years older than me that was at the same bus stop. So, she and I became best friends. I mean, we're still friends." The makeup of Betsey-Anne's sisters also played a role, as they were "considerably older." In fact, "…they're 14, 10, and 7 years older than me…they were all in school by the time I was old enough to, to play." It wasn't until later that she began developing closer relationships with her sisters.

Another factor connected to Betsey-Anne's childhood isolation was her socioeconomic status. She told a story that highlighted an experience of alienation:

> I tried, when my two oldest sisters were little, mom was a Brownie leader. So, she
> wanted me to be in Brownies and I tried it for a couple of years, but…we were in
> the old neighborhood and then there was a 1950's housing development that was
> like, the nice neighborhood. And that's where…all the Brownies were, and…I
> was the poor kid. I was the one with the different lunch ticket.

Betsey-Anne never specifically cited experiences of negative treatment based on her socioeconomic status during our interview, but the social effects were still palpable.

The impact of the sexual abuse was also becoming visible to Betsey-Anne. Early on, the impact of abuse played out in the presentation of Betsey-Anne's gender identity. When she was "real little," she "loved the skirts and the patent leather shoes, and I had all of that stuff." The delight of girlhood was evident in her descriptions of the manner of dress and interests during that early time. But this delight quickly changed, though much of it she realized in retrospect. "And then," Betsey-Anne said, "by the time I was six I was a tomboy. Cause I don't want to be pretty; I don't want to be cute…instead of playing with dolls, I'm gonna pound on wood with nails." We shared a mutual recognition during the interview that Betsey-Anne was attempting to end the sexual abuse. With a child's understanding of beauty and attraction, it made perfect sense to try to gain control through self-presentation, because "why would you want to attract more of that?" Unfortunately, as Betsey-Anne said, "it didn't help."

"Dad Left"

It wasn't long before the troubles rumbling in the background of Betsey-Anne's parents' relationship came to a head. Betsey-Anne's father left the house when she was seven. Her parents had been married for 23 years. She remembered that when she was little:

> …I was very much a daddy's girl. I always wanted to be in his lap and…there are very few pictures of when he lived at home when I'm not in his lap. Ya know…I was too little to get it. I mean, I knew he was gone, but I didn't really get…I just would hear mom talk and know that…he did something horrible and went away.

Betsey-Anne couldn't comprehend why he had left, but life moved on anyway, and "…it was how it was and, I mean, it sucked, but, okay."

Not understanding why her father had left, and hearing only bits and pieces of the story, Betsey-Anne had only one feasible explanation:

>…for the longest time, I thought…my dad didn't want to see me. I mean, he didn't live that far, but I didn't see a lot of him…for the longest time, I just figured…I'm the youngest he didn't live with me that long. Maybe he just didn't want to see me and…that was life, like everything else. You're a kid, what you have is what is. I'm like, god, maybe I am a horrible. Maybe I have done horrible, bad things and, why would anybody like me.

Betsey-Anne appeared to have been groomed to believe her own complicity in the sexual abuse, and it seemed to me that this created a standard for self-blame.

When Betsey-Anne's father left the house, it seems there was a fundamental shift in her relationships with the rest of her family. In terms of her mother, "… when I was little, we were really close. And then after dad left… mom kind of checked out for a little bit." Betsey-Anne recalled that "dad leaving threw her whole world into…a thing, and she just didn't…she would do what she had to, but…she wasn't parenting." At this point, "my oldest sister had moved out...so, my second oldest sister basically raised me for a couple of years." It wasn't until Betsey-Anne was an adult that she found out what had caused her mother to finally return to a parenting role:

>…I find out from my sister that, the only thing that that finally got her back is, she and my sister were sitting in the living room and I wanted to go spend the night at my friend's house. So I asked my sister. Because, she was in charge. And, mom got really mad because she's the mom and my sister was like, 'well, but you haven't done that'.

It was a wakeup call for her mother, but not necessarily with a happy ending. Instead, her mother appeared to become very critical and demanding of the children. Betsey-Anne "could never do anything right…there was always something I did wrong. I mean, it wasn't just me it was all of us…nothing was ever good enough." Her mother became "very insistent that we…were self-sufficient." Betsey-Anne explained the reasoning behind this demand:

> So she was completely dependent on him for 23 years and then he's gone and she's got a house and kids and no income and it's been 23 years since she's had a job…so, she insisted we'd be able to do everything. She taught me how to do laundry. She taught me how to cook. I mean, and those are all good things, but…it wasn't teaching a life skill. It was teaching a 'you need to do these things so you don't have to rely on anybody else'. And…there's a difference…knowing how to do things is good, but knowing how to do things so you never ask anybody to help you is a whole other thing.

Her mother set up an environment of total self-reliance, which likely played a role in cementing the silence around the ongoing sexual abuse.

Betsey-Anne's sisters were her main source of support throughout much of her childhood. "When we were kids," she said, "it's the four of us and then the rest of the world…the four of us together are a force." Although they were always a team, it waxed and waned over time:

> …because I was so much younger, like, I'd go in waves of like, closer to this one for a while and then that one… it came and went and, you know, the older two were closer…but we were all, we were all four definitely a thing. And as I got older and could be more part of them.

But for as close as they all were, Betsey-Anne also hinted at secrets that would only be revealed later in life.

Life After Divorce

When Betsey-Anne turned eight, her parents officially got divorced. Although an anticipated outcome, there was added surprise when "he got married…a week later." Not only that, but "my stepmom is not that much older than my…oldest sister." But the marriage seemed to work, as they "stayed married up until he died…they ended up being married longer than my parents were." It was too much for Betsey-Anne's mother to tolerate:

> She could not be in the same zip code with my dad, or my stepmom. It was this
> always, our whole lives…if we were going to have a family party of any kind, a
> baby shower, bridal shower, or anything, we had to rent a hall, so they could be
> on opposite sides of the room.

The situation also created considerable difficulties in Betsey-Anne's relationship with her mother, who appeared to need continual reassurance about the state of her relationship with Betsey-Anne.

Visitation with her father was sparse, and Betsey-Anne only saw him about "one weekend a month," but it was still too much for her mother to bear. Betsey-Anne explained:

> …when I was a kid, she of course knew if I was going to go see dad, because I
> couldn't just go. But as I got older, I had to make up stories, and it's like, 'I'm
> gonna go see some friends'…she just get mad that we were spending time with
> him because she, she always thought that we were choosing him.

Betsey-Anne threw up her hands, laughed, and repeated what she had said to her mother all those years ago:

'I live with you'. I mean…she got custody, it wasn't like…I had a choice, but I'm like…'I don't like him better than you. I like him equally with you, see, cause he's also my parent. And I'm not overly thrilled with what he did either'.

Betsey-Anne's mother tried to get her to make an impossible choice: mom or dad. But her mother wasn't the only one causing emotional turmoil.

An anger seemed to be sparked in Betsey-Anne after her father left, and it took up residence until she reached the age of 40. Although she never directly connected this anger to the ongoing sexual abuse, I later wondered how much the sexual abuse had also played a part in its development. But when it came to her father, "I mean, that started it, but…it certainly didn't help, especially when…nobody was allowed to be friends with me anymore." She explained:

…because it was such a small town…and, probably about 30 years behind the rest

of the world…between 2nd and 3rd grade, I kinda lost all of my school friends

because their moms didn't want them to hang out with the divorced woman's kids.

The divorce had turned her into a pariah in the community, and "I was an incredibly angry person…I was mad about everything. I mean, my dad left and…in hindsight, it's kind of amazing I had friends at all because, because I was so horrible." There was only one friend that stuck with her, but they still managed to have some fun, even without a larger group of friends.

Betsey-Anne laughed often as she recounted some of her childhood antics with her best friend:

…small town kid stuff, like Ding Dong Ditch, and…those, gazing balls on posts

were really big cause it was the late seventies. Everybody had them in their

garden. Well, they're all different colors so we'd sneak out of our rooms at night

and just walk around and, like, swap them. Like, and mostly because it made us

laugh. We'd picture somebody waking up in the morning and going, 'thought I

had a green ball. Now it's…'. And we'd swap them so often none of us could even

remember where they went in the first place.

But she also made sure to clarify that "we never ruined anything." At the end of the day, "it was

just…moving stuff."

The friendship stayed strong, but there were still inescapable differences in their lives. I

wondered how apparent this might have been to her friend, but Betsey-Anne communicated a

strong sense of separation:

> So…as I got to be an older kid, I spent a lot of time at their house. I mean, they
>
> were…rich, they had like, both of her parents worked, and…they bought cookies
>
> at the store instead of making them. It's like…we'd eat jelly from the store
>
> instead of jelly made from backyard.

Socioeconomic status wasn't the only thing that induced a sense of alienation. After the divorce,

her friend "had two parents, so…that was a thing."

At the same time that her immediate family was falling apart, the role of her paternal

grandparents was coming into full swing:

> I mean, after dad left, mom was going to school, then she ended up getting a job.
>
> So then…my grandparents would watch me after school, but…it never felt like
>
> that was a thing because I was always over there anyway.

Betsey-Anne laughed as she talked about the realization she had later in life:

> Like, I didn't realize that it was a plan. They had us over for dinner all the
>
> time…they thought we should have a newspaper and they got it. So every day
>
> after they finish the newspaper, they'd bring it over. I mean…they did everything

they could to take care of us and mom, because…they were not having it. They're

like, 'we raised a man who cheated on his wife and left her and that ain't right'.

And every time dad was going to come visit, they'd call mom and tell her. So she

didn't come walking over…because, of course, he would bring his wife.

Sexual Abuse Continues

In the midst of the dissolution of Betsey-Anne's nuclear family, and even with the

increased support from her paternal grandparents, the sexual abuse continued, and it seemed to

be relentless:

Mostly we saw [my mom's mother and her husband] in the summers…but, like, if

they were over at the house…he'd sneak me into the bathroom to hold it for him

while he peed…and 'be quiet, there's somebody outside'. Ya know…I run into

the garage and get me something, and then he'd follow me in…you try to stay

with your family. You try to stay out in the backyard with everybody else.

But…at some point…you gotta go to the bathroom and so you go to the bathroom

and he follows you…and it's all this random…crap, that just, always was there.

As Betsey-Anne got older, he also escalated the threats meant to frighten her into silence:

…it was all being naughty and sneaking around and 'don't tell anybody

because…I'll go to jail and you'll end up in juvenile hall'…and then he would tell

us if we said anything, our grandma would leave him and we would both go to

jail.

I asked Betsey-Anne whether she thought there were any opportunities to disclose the

sexual abuse throughout her childhood. The answer was complex and multifaceted, but she was

unhesitant in how she initially framed it: "There definitely were, if I dared." It began with the

culture of silence around sexual abuse, and as we had discussed earlier, sexual abuse "just doesn't exist." But her relationships with her parents seemed to solidify the silence in their own unique ways. With her mother's visibly fragile status, "it was never even a consideration that I would say anything to mom…it would break her." Betsey-Anne also reflected on her mother's discomfort with physiological development in general, saying, "I mean, my mother wasn't even comfortable talking to me about getting my periods…and on her fourth daughter." If she couldn't talk about puberty, how could Betsey-Anne possibly consider that her mother would be able to hear about childhood sexual abuse?

"And dad," she noted, "wasn't really a factor…I mean he was my dad, but it wasn't like he was somebody that…you told things." A heartbreaking memory illustrated this point: "I mean…I was at his house in 4th grade doing homework and he was surprised to discover I was left-handed." He was already so disconnected from Betsey-Anne that she wouldn't have even considered talking to him.

There was one potential avenue of outside disclosure, right after the divorce, when Betsey-Anne's mother sent her to see a counselor. It was short-lived:

> It didn't go well…she was a Christian children's therapist. And I was like, I don't know this woman, and I don't like this woman and I ain't telling her anything about anything much less that. Lord, I can't even tell people I know about that. I'm not going to tell this woman.

This negative experience provided a model of counseling that Betsey-Anne would eventually have to wrestle with as she began to seek out help as an adult.

Beyond the general silence and lack of safe prospects for disclosure, Betsey-Anne seemed to begin to internalize the perpetrator's threats. These external threats progressed into an

inner turmoil that would eat away at Betsey-Anne for years and eventually became one of the

central aspects of her recovery. She explained:

> I could have…said something to anybody, except I didn't dare because I was
>
> being bad and I didn't want to go to jail. If you say something, god, people are
>
> going to know how bad you are…as a kid…I somehow caused this. I, I've done
>
> something that made this happen and, 'god what kind of an awful human am I?' I
>
> mean…'I am…a horrible person, and if I keep it to myself, maybe no one will
>
> know.

On top of the internalized blame and self-hatred, she was already displaced from her community

because of her parent's divorce. "Cause," she explained, "people already aren't so fond of

you…you're going to have nothing." By not disclosing, she was also protecting herself from

further separation from her community.

Toward the end of our conversation about disclosure, Betsey-Anne made an offhanded

comment about the signs of sexual abuse that her family should have picked up on, that

provoked a profound sadness in me. I had difficulty determining whether she was simply

repeating a thought from childhood or if it remained an unanswered echo through this ongoing

dialectic across her lifespan. "I mean," she said, "they got to be able to tell, but maybe…maybe

it'll be alright…"

Revelations and Changes

At the age of 12, there was a seismic shift that would alter the course of her life. Betsey-

Anne told the story that began it all:

> …for reasons I still don't understand…my mom's dad and his wife were watching
>
> me. I was sick and…I ended up at their house. Well, his wife…was into all those

afternoon talk shows. So, we're sitting in the living room watching Phil Donahue, and it's a show on incest. Which was when I learned…that not only, is it a thing. It's not how everybody lives. And I remember getting up and walking into the bathroom and staring at myself in the mirror and going: 'you…are an incest victim'.

I couldn't help breaking in at this point: "Oh, my goodness. At 12." I was trying to grasp what this moment must have been like for a pre-teen.

"Mind, just…" Betsey-Anne began, and then mimicked her head exploding with this insight. She continued:

"I mean, it took me a bit to like…'this is a thing…that isn't normal. This is a thing that isn't supposed to happen. This is a thing…that I….didn't do. I mean, I participated, but I didn't choose to'. And…it was huge.

This realization led to a moment that she described as "one of my proudest ones."

The next time her family went to her maternal grandmother's property, "we're up at…the trailer…and I said: 'no, I'm not going to the cabin. You can go sleep in the cabin by yourself. I aint goin'." It was like a fire had kindled in Betsey-Anne's eyes as she recounted this moment, her pride clear and perhaps, I speculated, mingled with a retrospective wonder that she had made such a courageous decision at such a young age. He didn't take it lightly:

God, he was mad. Oh, he was mad because I was only 12. But he…wouldn't talk to me. For a couple of years, and it's like, 'that works for me. You don't want to talk to me? Well, I'm not real fond of you'.

As a kind of addendum to this story, she noted, "…but I think that is the good part, of mom insisting we not rely on anyone." Betsey-Anne credited a culture of self-sufficiency as a factor that gave her the strength or ability to put her foot down.

But the insight about her own victimization wasn't the whole story. The next part came after Betsey-Anne stood up to her grandmother's husband. Using what to me felt like one of his cruelest tactics yet, she recounted:

> And he says to me: 'well your sisters kept at it until they were 14,' which is when
> I learned that it was my sisters too. And I'm like, 'well, I'm not my sisters and I
> found out what this is and it's wrong. And you're real lucky I'm not saying
> anything'.

As she recounted, it didn't stop him from trying, but as far as Betsey-Anne was concerned, "it's done now…it's over."

At the same time that Betsey-Anne began rebuffing her grandmother's husband, her social life began to change. Although she did not make this direct connection in our interview, I later wondered whether her insight about victimization empowered her to take more ownership over her life. She stated that "a couple of new people moved in and then we ended up…8th grade mostly…we all sat together in English." One story she recounted harkened back to some of her early childhood antics:

> …our English teacher was great. But we had this whole group where…I think
> he'd gone to Florida and came back with this, like ceramic orange that he kept on
> his desk and we kidnapped it for ransom. And then…they went back and forth
> with the ransom, I mean, cutting newspaper out to make random notes for the
> ceramic orange. So one day we come to class and…he's gone to all of our lockers

and gotten all of our coats. And it was February, like: '…the orange comes back,

or nobody gets their coats'. 'Fine'.

Betsey-Anne noted that this friend group "are the people I still…every class reunion, those are

the people I hang out with, and we…keep up with each other's lives."

"I Can't, I Won't"

When Betsey-Anne turned 17, she decided enough was enough with her grandmother and

her husband and "wrote 'em both off." She recalled thinking to herself, "I can't stomach being in

the same house with these people. I don't care that one of them is blood because, no. I can't, I

won't. I would visit if I had to." She was liberated by her age and ability to have more control

over her environment.

As we talked more about Betsey-Anne's decision to cut off contact, she reflected on an

image that seemed central to the ongoing dialectic between the young, innocent girl, and the

knowledgeable, protective adult:

So, I mean, god there's this one picture, and I remember them taking it when I was

at three or four. They had one of those trailers that you could fold down

the…table and make a bed out of it. So, I'm sitting on the bed, on the table,

wearing one of his flannel shirts, and…the sleeves are rolled up 70 times, but

that's gonna be my nightgown. And I'm sitting there and the look on my face is so

terrified…and it, as an adult, it infuriates me that nobody saw it. That's not cute.

It was chilling to hear Betsey-Anne describe the picture and the large, flannel shirt that felt

representative of the way he worked to envelop her in the abuse. Importantly, it highlighted the

reality of profound neglect and eventually led her to a realization:

> I mean…as I worked through it all…I can only assume my grandmother chose not
> to know. Because there's no way, there is no, way, that she could live with
> him…for that long and had no idea something was wrong. So, I have to assume
> she chose not to know.

Although a different kind of betrayal, it seemed nearly as impactful as the abuse itself. For Betsey-Anne's grandmother to know what was happening but to say nothing for so many years was at best ignoring egregious harm, and at worst a tacit approval of the abuse.

Right around this age, Betsey-Anne started to be "fine." Being "fine" would become a significant theme over the next 15 years, providing both an essential coping mechanism, as well as an eventual crash-landing in therapy. When she cut off contact, she considered the legacy of childhood sexual abuse to be done and over. Betsey-Anne laughed knowingly and was somewhat sarcastic as she reflected on this period of her life:

> I was perfectly fine. 'There's nothing wrong with me. All these people blaming
> childhood trauma for the things they do, what is wrong with these people I'm
> fine.' Okay, sure we are. Cause it's over as soon as it stops, right?

She then revealed the significance of the pseudonym she used for our interview:

> ...[a] really good friend of mine used to call me Betsey-Anne when I was being
> 'fine'. The only way he could remain my friend for as long as he's been, is that
> there were two people. 'There was her [being 'fine']…and she's that one. But then
> there's this woman I like'.

It was apt nomenclature, as Betsey-Anne would sort out later in her recovery.

A Turning Point

At age 26, an incident occurred that became a major turning point in Betsey-Anne's recovery from sexual abuse, "and this is what got me to the point where I started working on dealing with it and also talking about it." She was spending time with her mother, her sisters, and her mother's mom and husband. Her "oldest niece…must have been six" at the time, and her grandmother's husband "started trying it with her." But her niece was part of a new generation and had grown up under a woman who had suffered silently through years of abuse. Betsey-Anne's sister was not willing to accept the abuse or allow her children to experience the same thing. Betsey-Anne said:

> She [her niece] was raised differently. She was raised by a woman who dealt with that. So, the first time he cornered her in the garage...which was the first time my sister had slipped and not paid enough attention...first time he cornered her in the garage she ran out screaming.

Betsey-Anne took a breath before she finished the last part of the story: "And then she [her sister] told my mom."

At the time, Betsey-Anne was living with her mother. She laughed in what seemed like disbelief as she began to wind her way through an interaction with her mom:

> I get up in the morning, I haven't been awake long enough to push go on the coffee yet. And my mom says: 'Did he ever touch you when you were younger?'
> And I'm like, 'dude, I, what? I, I have not had coffee. I can't. I can't, yes.'

This was the first time that Betsey-Anne disclosed to anyone that she had been sexually abused by her grandmother's husband.

At first, it looked like one of Betsey-Anne's long-standing suspicions about her mother's likely reaction came to fruition, because "it did break her." Her mother was "furious with herself...furious with herself for not knowing; furious with herself for not being the kind of mother that we could tell; furious with herself for putting us in that situation." The circumstances were also complicated for Betsey-Anne and her mother, "cause at that point…he was older and sicker, and he was on oxygen and my grandma was developing dementia and…her [Betsey-Anne's mother's] brother was gone." Betsy-Anne's mother was the only person in the family available to take care of the aging couple, and Betsey-Anne seemed to acknowledge some ambivalence about what her mother had been going through, saying, "…had I not been dealing with my own crap, I would have been better for my mom, but all of us were like, he can die. Whatever, and as far as I'm concerned, so can she."

Betsey-Anne's mother was ultimately able to endure the disclosure, and Betsey-Anne recounted a story that was "kind of my favorite," illustrating a moment of recognition and solidarity between the two:

> But I remember once we were up at their house for Thanksgiving, and he had the oxygen, he had the giant tube. He'd just walk around the whole house with it. Mom and I are washing dishes in the kitchen and his oxygen tube is under our feet and she looks at me and steps on it. And we both do start laughing. It was hilarious. And then when he did finally die...she [Betsey-Anne's mother] made a hefty donation to the children's...advocacy center of [the local county] in his name.

Rock Bottom

During the years that followed, there was still major work to do. Betsey-Anne had begun to focus on her overall mental health, but there were parts of her story that remained unaddressed. Some of it showed up in her general behavior, as she was "so angry for so long" and "was that person who yelled, for the stupidest crap, at people who didn't do anything." There also seemed to be issues related to self-esteem, which she indicated when she said, "I also don't…need to bring somebody home from the bar twice a week." Eventually she hit rock bottom:

> And I…was drinking a lot and then I drove home and I crashed my car. And
> so…I didn't get as low as I could have, but it was like, 'okay, you've got to fix
> this.' You know, it's like, 'everyone around you isn't the problem. If everyone
> around you is a problem, it's actually you'.

Betsey-Anne was 40 when she hit the bottom, but it seemed to provide a foundation for her next major epiphany:

> It was after…mom developed the dementia, and then…they diagnosed
> Alzheimer's, and I was the live-in caregiver. And…she's such a miserable person.
> Like…she is the woman who finds the rain cloud behind every
> rainbow…everything is awful. Everybody's out to get her. Things are hard, her
> life is bad…one day, I went, 'Oh, my god, I'm doing that'…and I was watching us
> together and it was like [my mom] and her mom. Like, 'okay, I…refuse to be that
> person. This has to stop'.

One of Betsey-Anne's immediate changes was to insert a practice in her life that continues to this day. Betsey-Anne recounted:

I decided, I would start finding three positive things about my day every day

before I went to bed. I call them "today's positives" and I still do it. And I posted

them on Facebook, not because I thought anybody cared, but because they would

come to expect it and then I would have to do it. You know, and when I started, it

was stuff like: 'I have a home'…'there was dinner'…'I may have woken up

stupid early for no reason, but it was a really cool sunrise'. You know…when

you're looking for good things, you find them.

The primary reason for this practice was to "let go of the anger," but I also noted that it was the

first time, based on our conversation, she made a deliberate effort to be held accountable in her

healing journey.

The daily practice of gratitude was only the beginning. Betsey-Anne turned toward other

self-help resources as well:

So, I started working on a bunch of stuff, and I was…getting better…I know my

old industry union, amazing resources. Especially…they're giant on mental health

and education and reimbursement for everything…there's a whole fund if

you…have to pay for something, you show them, you completed it, you get

reimbursed.

She also thought about helping other people, saying, "…I was thinking: 'hey, I could volunteer

to help abused children…I could help kids…I could be the person who wasn't there'." But she

quickly acknowledged that it might be a little premature to get involved in other people's lives:

But by that...point...I had taken enough seminars and Webinars and stuff

on…mental health that it was like…'no, you can't help somebody else'.

And…that's one of the things I loved about the mental health first aid, the first

thing they told us and they kept repeating is 'you are not obligated to help anyone.

And if you are not in a good place, please don't. If someone is having a crisis and

so are you, please don't try to help them'…then I'm like…'maybe you wouldn't be

as helpful as you'd like to be'.

After years of addressing her mental health on her own, Betsey-Anne eventually realized that

"there's stuff you can't do by yourself."

Help-Seeking

I asked Betsey-Anne about when she first considered seeking out a therapist, and she

said, "I mean…I kind of thought about it off and on…for, ever." She reminded me that "my only

frame of reference was that Christian counselor from [when] I was a kid." The look on her face

at this moment read: 'And that was no kind of experience to make me want to go running off to

find a therapist again'. She laughed and acknowledged, "I mean, obviously…there are, seven

million types of therapists. But I was like, well, I don't know." I affirmed that such a formative

experience would create a lasting image of counseling.

Finding a therapist can be a long and complicated process, and I wanted to know what

that part of the journey had been like for Betsey-Anne. The query was central to the research

puzzle, but having worked as a therapist for several years, it would be dishonest to say I didn't

also have a personal curiosity. She responded without hesitation:

Oh, I got so lucky. So I knew I needed somebody. So I started asking…anybody, I

mean…'I don't want to go to your counselor, but where do you go?' Like, 'do you

like the office' I mean, obviously …whether or not, you get along I mean, you got

to find somebody you like.

Betsey-Anne started calling around to her friends to see if she could dig up any leads, and "my one friend was like, 'well, I think the woman I was seeing left, but they got a bunch of them'." She laughed after saying this and I imagined it tickled her to think about a group of therapists milling around an office like sheep in a pasture. Betsey-Anne continued:

> So…I called and they took my insurance. And because of the insurance I had, I didn't have to wait. I got an appointment with like, in a week and a half. And I went, and somehow the very first therapist I saw, clicked. I don't even know how that works.

It was astonishing to hear about such a quick and successful entrance into therapy. I made a comment about how lucky that seemed, and she nodded her head in agreement.

But there was a twist. Betsey-Anne wasn't going to therapy because of her experiences with childhood sexual abuse. She explained: "You know…when I started going to therapy, my reasoning…that I needed to learn how to cope with being an Alzheimer's caregiver. Which is a valid reason. Except that's not even remotely why I needed to go."

Relationship With Therapist

Finding the right therapist can be a difficult journey. There are many kinds of clinicians with differing types of graduate degrees, styles, modalities, and values that imbue their work, not to mention decent interpersonal skills, which is not necessarily a given. Betsey-Anne confirmed this reality when she noted that she was "expecting to, like, spend a couple of weeks with one person and then go to somebody else." At the time that I interviewed Betsey-Anne, she had been seeing her therapist for the past four years. I wanted to know about what made their relationship work so well.

Betsey-Anne began with some basics that I would expect out of a therapy relationship. "I mean," she said, "she was easy to talk to. She had good insight, and I felt comfortable…saying things." There was also a kind of mutuality or partnership that needed to exist in the therapeutic relationship. She noted that "it's gotta go both ways" and "if you're not comfortable from either direction, it's not gonna work." I thought it was interesting that Betsey-Anne was considering the counselor's experience as well.

Beyond the essential relational aspects, Betsey-Anne talked about a mutual interest that created a common language between them:

> …then the more we talk…it's just like-and I'm a theater person, she'd grown up
>
> in theater, I mean we had all this…stuff. I was like, I didn't have to explain…the
>
> hardest thing…I mean, I did theater for a living for 30 years, but as somebody
>
> who does theater…you can't explain why you have to do theater to somebody
>
> who doesn't get it.

This commonality seemed to be central to Betsey-Anne's sense of connection and safety with her therapist.

Finally, when it came to the therapeutic work, Betsey-Anne wanted her therapist to keep her honest. She noted that her therapist will "call me on stuff…I can get away with…some stuff for a minute, but then, it's like: 'okay, no…you've changed the subject and we're going to go back'." I thought about Betsey-Anne's previous comments about posting positive thoughts on Facebook when she explained: "I need to be held accountable or I'm going to do the easy thing." But "it's never confrontational…it's like…'I understand the flowers are pretty over there, but this is the path we're on'." Betsey-Anne laughed as she seemed to consider that in this metaphor her

therapist had literally kept her on track, and this path eventually led to the agonizing core of her childhood sexual abuse experiences.

"Pulling A Rotten Tooth"

Betsey-Anne started off by noting, "I mean, I actually did…most of the work by myself." I thought that this was an important statement. She was making it clear how much she had addressed on her own, which included coming to terms with some of the more explicit aspects of her sexual abuse experiences. Therapy wasn't the only thing that was helpful, there was much about the overt impact of sexual abuse she had figured out on her own. At the same time, there was still a part of her that was "fine" and considered the matter of the abuse to be resolved. She recalled telling her therapist: "I have this sexual abuse thing when I was a kid. I've dealt with that." Betsey-Anne's brief comment seemed to go unnoticed in that moment in therapy, "but I am quite positive, she went: 'got it'." Looking back, Betsey-Anne recognized that her therapist had simply decided to wait until a later time to return to the sexual abuse.

Betsey-Anne explained that "the first couple of visits are...who you are, and where you are in the world." It was apparent early on in the course of therapy that Betsey-Anne had done a lot of work on her own, and her therapist noted a glaring discrepancy. Betsey-Anne stated, "…we were probably four sessions in and she was like: 'you already do all the stress coping stuff…so what are we really doing?'." Betsey-Anne got called out. This changed the course of their work together, as they began to address the sexual abuse. "I mean," Betsey-Anne said, "it was kind of like pulling a rotten tooth…it sucked, sucked real bad."

Going all the way back to when Betsey-Anne was a child, "it was like there was this thing that…insisted I was horrible." She continued:

And…that was all coming from: 'you caused this…abuse, life, whatever to

happen to you.' And it was like…I had to get it out because that was the part that

still insisted…that I did something wrong. It was…everything left from when I

was 'fine'.

It was here that the idea of being "fine" came back around. Betsey-Anne talked about the

progression of being "fine" and how it ended up in therapy:

It was the leftovers…because when I was doing it on my own, I was just picking

off the easy stuff. And then, as I started to work on stuff, it's like, 'okay, maybe

I'm not so fine'. And then I'd work out some more stuff and so, by the time I got

to the stuff that I couldn't do anymore, I had this, like, ball of…

Betsey-Anne trailed off and made gestures that illustrated a ball being compressed into a tighter

mass. She continued:

When I was fine, my entire chest was full of the stuff that didn't exist.

Except…that was never a conscious thing. It's like: 'look at all this…progress I'm

making. I've gotten rid of all this stuff,' and it's like: 'okay, so you skimmed off

the foam. But now we got this thing, that's actually the boiling part'.

She laughed and finished this thought by noting that she "spent 40 years thinking there was

something wrong with me."

The logical conclusion was "to learn how to be a person…who understands that…they're

not horrible." Ultimately, Betsey-Anne and her therapist "didn't spend that much time on the

actual abuse part," but it was dealing more with "the fact that as a child, I wasn't able to say 'no',

doesn't mean that I was a bad child. I'm not a bad person." What Betsey-Anne highlighted as the

most important part of her recovery from sexual abuse was addressing the core belief that there

was something fundamentally wrong with her, and that she was to blame.

The self-blame presented a significant internal conflict and challenge, and she talked

about the dichotomy of thinking and feeling:

>…and a lot of times I talk about, there's the top of my brain…there's the bottom of
>
>my brain. The top of my brain knows that I didn't do anything wrong. But, the
>
>bottom of my brain still thinks that I was a horrible person.

She further explicated this battle between the top and bottom of her brain in terms of how she

began to catch how she was talking to herself:

>…so I'm kinda like: 'well, that was stupid. Why are you so dumb? You idiot.'
>
>But…there's a giant difference between…doing something wrong and having
>
>something wrong. You know, instead of just 'it just is and it's part of me and that's
>
>how that goes', it's like, 'no…you're not a horrible person. You have a problem,
>
>and your problem is causing you'…and I'm better able to step back and go, 'I'm
>
>not stupid. I did a stupid thing'. There's a difference. It's a whole…new way to
>
>look at everything.

As Betsey-Anne explained these internal dialogues, I was struck by how it would have guided

her through the work in therapy and on her own. Once she became aware of the pattern of self-

immolation, she could understand and address her thinking in the moment, providing ongoing

opportunities to practice kindness toward herself.

Betsey-Anne also learned how to tackle issues that at one time seemed overwhelming and

realized that "you need to ignore the big picture, and work on the attainable goal. Otherwise, you

go, 'oh, my god, how am I supposed to start?'." She used a powerful metaphor to illustrate her

point:

> Because…it's like…cleaning up after a storm. You look at this giant devastation
>
> and, like, 'I don't even know…what to do'. And it's like, well, 'how about we set
>
> this plant pot up right? Look, see, that's done. I'll pick this tree branch up. Deal
>
> with cutting apart that tree later.' There's…and eventually if you pick at the stuff
>
> you can do, the big awful thing isn't big anymore, because you've already gotten
>
> rid of…parts of it.

Impact of Therapy

All of her hard work was paying off, and Betsey-Anne began to notice changes in her

life. She also began taking medications, and said "the day we finally figured out the right

dosages…I was like…this is how people live." It was like a fog had cleared. But she also

maintained a level of ongoing awareness of her tendency to believe she was a horrible person:

> It's always part of me…you still have to…be vigilant and you have to make sure it
>
> doesn't come back. But…I can see it. And I still have days…but I recognize
>
> them…one of the skills I've developed through therapy is being able…to
>
> recognize the thing…so I can deal with it.

There's some small part of her that wants to see herself as a "horrible" person, but now she can

recognize it and address it when it comes to the surface.

Betsey-Anne's experience in therapy also kickstarted a passion for mental health

advocacy, something she "made kind of a crusade." During the COVID-19 pandemic, her

colleagues "started calling me the mental health cheerleader." She even tried to rally people at

her workplace "to start a support group." After trailing off she laughed and said, "I tried. Nobody

wanted to go, fine... I get, I get it." She then reflected on the timing and process of seeking out help:

> I mean, the biggest important lesson that I learned is that…you can't do it by yourself. I absolutely wish I could have done it earlier, but…I needed to hit the point where I knew there was a problem to be fixed. But also, there's nothing wrong with doing it when you're ready. If you're not ready it's not gonna work. But, it's also important to give yourself the grace to know that…it takes a while.

Because of her own journey into counseling, she acknowledged how hard it can be to ask for help. But she kept going anyway:

> I'm certified in mental health first aid and...I'm working with the behind the scenes organization, and...I've written a bunch of blog posts for my, my old union local and…I will tell anybody and everybody, whether they care or not that I go to therapy, and it's good.

She then made an apt comparison that highlighted the stigma that can continue to surround mental health: "…if you broke your arm, you wouldn't not go to the doctor."

Identity Changes

Beyond some of the concrete changes in Betsey-Anne's emotional well-being, I wanted to know if there were any changes in her identity or sense of self. After thinking about the question for a minute, she said, "It's…actually given me back…some of my, my little kid." This piqued my interest and I asked her if she could explain what she meant. There seemed to be two streams to her answer, and the first had to do with her gender and gender identity. She laughed out loud as she considered her next words:

I'm wearing some dresses again. I'm probably never going to wear makeup cause I

hate it, but...I have a ton of shoes. I make jewelry...I've got girly stuff and...I still

am, you know, incredibly comfortable in [a] pair of jeans, but…I'm not the

tomboy anymore. I'm not trying to hide the fact that I'm female.

The healing process had given her space to recapture her sense of being female. When I thought

about our previous conversation, it made sense that her identity no longer felt tied to a sense of

danger. She no longer felt the threat of being actively pursued by her perpetrator, and no longer

blamed herself for what happened.

The other stream of change seemed to me like the recapturing of her soul or spirit before

the abuse began, or perhaps even a continuation of her interrupted development, a way to start

over again when she said:

I'm...old now...but I got…some of my little kid back. I'm a huge fan of fireflies

and rainbows and...I've got all these ridiculous…knickknacks and goofy stuff and

just like, stuff that makes me laugh. I got a little tiny cat on a skateboard on my

desk and I play with it. Cause I can. And…one of my favorite things are all those

Sci-Fi shark movies. I own all the Sharknado movies. Cause it's just, it's silly...I

just I love all that stupid stuff…and the best part is, I don't care that…in the eyes

of the adult world I'm too old for that. I don't care.

Betsey-Anne encapsulated the whole experience in a powerful statement: "I'm just…I'm

comfortable in my own skin. And that was a long time coming."

Surviving

In the literature on childhood sexual abuse, the term that is commonly used for someone

who has experienced abuse is "survivor." I used it in the title of this study, and I use it when I see

clients in therapy. Although "survivor" is ubiquitous, I wanted to ask Betsey-Anne whether she had heard of the term, and if so, whether she identified with being a "survivor." She responded, "I've heard it and, now, I think I do." I asked her to clarify what she meant by "now," and she said:

> …I always thought of myself, as a survivor, but my definition has changed.
> Originally, when I was being "fine," I survived it, and it was over… my previous
> definition of survivor was more "endure." Now…I'm not in relationships that treat
> me like crap because that's 'all I deserve'. I have more to offer somebody, than
> what I can do in bed. I mean, I'm not perfect…I don't want to say "over it," but
> better.
>
> "Wow. That's really powerful," I said, sincerely moved by her reflection.
>
> She nodded in agreement, saying, "…yes …that is surviving."

Artifact Reflection

As part of the data collection process, I asked Betsey-Anne to provide a written reflection on an artifact that represented her journey into individual counseling. The artifact could be anything she wanted, whether it was a piece of artwork, a physical object, a location in the world, anything she felt represented her journey. I provided a written reflection template with different sections, expecting short responses next to each question. My plan was to integrate pieces of her writing into different parts of the results. Instead, she sent back a thoughtful, beautifully crafted, moving piece of writing that I couldn't imagine presenting in any other way than its original format. The following is Betsey-Anne's artifact reflection, presented in its entirety, without any additional editing:

My artifact is my container garden. It is a physical object, which has grown over time from a couple of tiny pots of herbs to a beautiful, quirky, colorful collection of herbs, vegetables, flowers, and objects from various stages of my life. I've moved it from one home to another, and it continues to grow every year. It's currently located outside my back door, where even in winter when the plants are gone or dormant and many things are stored away for safety I can see it every day.

When I started the garden it contained three pots, no flowers, no decorations, no color. Every year I added a few more plants, then eventually a few flowers to bring pollinators. Its entire purpose was practical – making food.

The year after I moved, I started adding other things. A chair that belonged to one of my grammas. Some metal shelves that had been in the family for decades. My dad's old floor ash tray. I spray painted everything but the chair in bold colors, and a bought a bright floral cushion for the chair. Then I started adding silly things. A dinosaur eating garden gnomes. A couple of rubber skunks filled with sand. Various animals with solar-powered eyes that light up at night. I bought more shelves, and a little table for two with chairs. A couple of tall candle stands I turned into butterfly feeders. Everything painted bright colors. I dug up plants from my mom's house, some of which were started by my other gramma. I began to fill the garden with flowers, whichever ones caught my eye at the greenhouse. It's still got plenty of herbs and always some vegetables, but it's more about relaxing, enjoying something beautiful and peaceful, and watching bees and butterflies.

Now it is a sanctuary. Full of color, wind chimes, wind spinners, crystal suncatchers, flowers, herbs, vegetables, and plants that remind me of my family. I have wind chimes my dad made. Pots that belonged to my grammas. It's on asphalt, so I put down rugs of fake grass. There are solar fairy lights and other silly objects that light up at night. It's my favorite place to relax, the place where I can let my stress go, the place I can do my best thinking.

Why does this represent my journey toward counselling? I started it about the same time I started fixing myself. As my garden grew and blossomed into something beautiful, so did I. Both things started with a decision to do something practical that needed to be done. The garden was to avoid paying ridiculous prices for fresh herbs at the grocery store. My desire to become better was to avoid the pitfalls I'd been stuck in my entire life. Every year both my garden and my life got a little better, a little brighter, a little more fun, playful, interesting. People started to notice a change. Even better, I knew there was a change.

Seeking therapy has given me myself back. The little girl who loved pretty things. Who was enthralled with sunsets, fireflies, and rainbows. I went from a withdrawn, angry, monochrome person to a happy, interesting, colorful person. My garden went from a couple of pots of herbs to something whimsical. Butterflies visit during the day, and fireflies at night.

I see my garden as a physical representation of the changes that happened mentally when I finally started going to therapy. It's a work in progress, but it gets better every day. And so do I. Neither of us will ever be finished, we'll just keep improving. And that's the entire point, I think. Improvement. Making

ourselves better and by extension improving the world around us. Bringing color and light into the darkness, both in the physical world and inside our own heads.

Susan

When I met with Susan, my first thought was that she had chosen a beautiful background image for our Webex meeting. There was a sleek grey couch, green plants populating small tables and bookshelves, and light streaming through large windows that seemed too perfect to be real. I soon realized that this was not a background image, but in fact an office in her home, and I came to see the composed room as a reflection of the woman who sat poised and engaged as we completed the interview. It was Sunday, October 23rd, at 1pm, and we were about to embark on a nearly two-hour-long conversation about her journey into individual counseling.

I asked Susan about creating a pseudonym for the interview and she immediately laughed, saying, "I am the least creative person in the world. You may choose it if you prefer." It seemed it was up to me to find a resonant name for the journey, and I came up with Susan. "It's very White-woman," she replied, laughing again. It seemed to work as both a generic, identity-concealing name, as well as a demographic fulfillment of the 55-year-old, White, cisgender, queer woman who appeared on the screen in front of me.

Childhood Commonplaces

Susan was born in a large Midwestern city, and "raised in a working class…lower SES" family. Her father was a skilled tradesman and "worked a lot…he was gone all the time, worked six days a week, left very early in the morning, home, late at night." Her mother "also worked out of the home." She was an only child and recalled being "alone all the time," because her "parents were both working all the time." A feeling of isolation and loneliness, combined with an inner sense of agency and determination, imbued much of her descriptions of childhood, and I

pictured the contrast of a small girl in such a large city. Susan illustrated this contrast as she described her daily life as a young girl:

> From the earliest age that I can remember, even like, in kindergarten, I walked to school alone. I went to the [large Midwestern city] public school, probably three blocks from my house. Um, walked home, and…I was like a latchkey kid.

Susan's family lived in "a traditional house…the homes were right next to each other, but we had…a fenced in backyard." Susan described this environment in the context of being alone:

> Um, so…let myself in and out and I had a list of chores to do…just very fiercely independent and alone. I liked…it felt very peaceful for me to be outside like…in nature, I had a dog. I hung out with the dog. We had a swimming pool. I would swim back and forth, back and forth underwater. I would swing…incessantly, um, just kind of building forts and stuff outside…in nature.

On one hand, Susan reflected fondly on her childhood independence, but as we would continue to dig into her story, it would become clear that this independence was a double-edged sword.

> Growing up in a large Midwestern city during the 70s also meant that she was in the context of "a lot of…political unrest." Susan "grew up in a racially diverse neighborhood" and was "part of the…desegregation…during busing." She explained:

> And so I was taken from the [large Midwestern city] public schools, which was racially diverse um and then with the busing movement that is when white flight occurred and all the White students were moved from [large Midwestern city] public schools they went to the suburbs and then I was bused to an all-Black school so I was in the minority there and I attended there for first and second grade.

Susan felt "very different in a different way," and there were changes in her sense of self and identity that carried with her through her life:

> [It was] an opportunity for me to…just in terms of like, sociocultural, um,
> exposure was…pretty profound and significant, I would say…I think this is when
> I had this kind of realization of race. That's sort of this moment for me of, when I
> became aware of um, my Whiteness and, you know, being in that, in that
> environment.

But when it came to her social life, the experience of being different may have also exacerbated ongoing difficulties connecting to peers.

When it came to social relationships, "[I] found myself really wanting to…be with other kids um, but never really fit in." Later in life, Susan would discover a prescient reason why she may have had difficulty making friends, though she first reflected on another important factor:

> I felt very…excluded, um, because I didn't have…many friends, but of the friends
> I did have, they came from large families. So, they always had sort of their
> siblings to play with or to do things with. And I didn't have anybody and you
> know…that's why I kind of hung out with my dog and did things alone a lot. I
> usually was able to gravitate to like, one or two friends, but after a while I was, I
> was dropped, I was excluded. Um, and that was, that was consistent throughout
> grade school, middle school, high school, college.

Susan noted that it's "a very consistent theme" and "I never could find…my people." She laughed as she acknowledged, "Even…now in my life really." But as a child, it didn't stop her from trying:

I participated in the girl scouts, uh, for a long time. I was always…involved in

theater. I was involved in a lot of…sports. Um, I was involved in gymnastics,

baseball…in middle school it was basketball, volleyball. High school, it was

track. Um…also forensics in high school, like academic clubs.

Susan recognized that participation in these different activities provided "opportunities to get to

know people." She further clarified, "I really tried…I gravitated to wanting these meaningful

relationships, wanting connection with people." It would be a constant struggle and "a consistent

desire of mine and showed up throughout my whole life." But even with her social difficulties, "I

just always sort of knew I had myself and I was going to fight for myself."

Standing in stark contrast to Susan's isolation and difficulties with friendships were her

relationships with her maternal grandmother and great-grandmother. Susan "didn't have a large

extended family," but she was "closest to my grandmother, my maternal grandmother." In what

seemed like an oasis in a relationship desert, she said, "I spent a lot of weekends there, and I just,

I loved her…she did things with me…she taught me how to cook. We…went places, we did

things." Her relationship with her maternal great-grandmother was similar:

And I spent a lot of time with her as well. And, and it, showed up in the same

capacity as far as we would play cards together. We would go on walks together.

We would cook together. We did a lot of fun things together and I spent every

weekend there, um, until then she passed away. And then when she…passed

away, I spent even more time with my grandmother.

The importance of these shared activities would become even more apparent after Susan

described her relationships with her parents.

There was another aspect of Susan's experiences with her grandmother that stood out, which began to hint at Susan's differing relationship with her mother. Susan began by noting that her mother "was very adamant about, uh, she kind of, uh, only bought me clothes that were…gender neutral." But Susan's grandmother, interestingly, "was like, the hallmark of femininity." She went on to explain:

> She had these white leather go-go boots. She had makeup, she had silk scarves,
>
> she had dresses and I never had any of these things and I was just fascinated by
>
> them. And so, whenever I would go over there, like, she would let me explore that
>
> and try these things on and, you know, see what that was like.

As I later reviewed the transcript from our interview, noting that we never returned to an exploration of femininity, I considered whether this memory might have more to do with an experience of openness and flexibility that defied a rigidity characterizing Susan's relationship with her mother.

Family Environment

The isolation that Susan described earlier went beyond the physical absence of her parents due to their work schedules. When it came to the general family dynamic, Susan noted:

> I don't really even recall the three of us doing much together. Um, like, let's say
>
> we went to…an extended family picnic or something like that. I don't get the
>
> sense that, like, the three of us were a unit.

As any child would, Susan craved time with her parents. "I would want to do something with my parents," she said, "and, you know, they kind of dismissed me, brushed me aside…I always was sort of like a nuisance." It was painful to hear her describe the feeling of being unwanted, and it revealed a different element to her stated desire to develop meaningful connections with others.

A core memory that stood out to Susan was connected to the first day that she was bused to a new school and spoke of her mother:

> …she was supposed to pick me up from school and…she forgot me and so I was left there, all the kids got on the bus, and…I didn't know how to get on the bus. I didn't know…which bus was mine…there are all these buses with the numbers, and I forgot what my number was. And so, my bus left and all the kids left and it's now like I don't know four o'clock or something and um my mom…forgets to get me and…I was terrified, I was terrified.

Susan's relationships with her mother and father differed significantly. With her father, "I would…qualify my relationship…as closer." She went on to describe this relationship:

> …I was always falling. Falling off my bike…a lot. Skinned knees. I had bruises up and down my legs all the time. So, when I would go to him when I was hurt…I could kind of crawl in his lap, and he put his arm around me. He was affectionate in that way…he was available if I went to him…I felt comfortable and safe with him for the most part.

But being "closer" was only meaningful in the context of an already destitute family environment, and she clarified that "he never really sought me out." Susan went on to describe how she would find ways to spend time with him:

> Um, on Saturdays often…because I had nothing else to do…he would work on Saturdays and, um, I always wanted to go to work with him. So, he would take me to these…jobs with him. Um, and I would be his, sort of like, little apprentice…so I learned a lot of like, [skilled tradesman] things.

Things were different with her mother, which would have implications in many areas of Susan's life.

"My mom and I had a much more, um, conflictual relationship," Susan began. It was a diplomatic kind of description. She continued:

> She's a very…aloof and sort of cold, uh, critical, uh, exacting person. And…I was frightened of her. Um, I never sought her out for any sort of comfort…or help really. Um, and whenever I was in trouble, cause I…lost my key or didn't finish my chores or whatever it was that I was in trouble for, um, she was the one that that would…enact the punishment.

Her mother would also "fly off the handle very quickly…it was very volatile." Overall, "she was kind of a terrifying presence in our home." This was also apparent in what Susan witnessed in her parents' relationship.

Susan said her mother was "very harsh towards my father," and would even go so far as to tell him "how to chew his food." She recalled:

> …if we drove somewhere together, let's say we were going to dinner…somewhere for Christmas or something like that…vivid memories again of my father driving. We had…a station wagon, my father always drove, my mother was in the passenger seat…she's just barking at him, criticizing him, the way he's driving what he's doing, what he's not doing.

But even in the midst of such emotional volatility, the family still had a multifaceted moral framework.

Susan's mother was "raised as a Catholic, and sort of held this belief that…that would be a good thing…to be a good person would be to…practice the Catholic faith." Because of this

belief, "she enrolled me in a Catholic, parochial school, um, because she thought that that would be a good thing for me." The Catholic tradition fit for Susan, and "I sort of, took that on myself, um, and found an identity in that." Similar to how she described many other areas of her life as a child: "That was actually the time that I started walking to church, and I would go to church by myself on Sunday alone when I was in 3rd grade." On one hand, the church community "really instilled in me…moral foundation and fabric." But it would also later play into an overall environment that increased the risk of abuse.

Interestingly, looking back, Susan said that though her parents "never used this word…it appears to me as though they were both atheist." Instead, what stood out to Susan was that her mother was "a fierce feminist and…really took part in a lot of activism." Even as a child, Susan understood that her mother "was very much a staunch supporter" of racial desegregation and, in terms of the busing movement, "felt like that was the right thing to do." This shaped Susan's identity in that she got a "very strong sense" of "social justice, from [my] mother," particularly since she "brought me along…[to] these rallies."

But I was coming to understand the complexity of these formative experiences in the context of Susan's relationship with her mother, and it was related to the way her mother engaged Susan in the process:

> I remember the first day…that my mom walked me to the…bus and there were
> protesters everywhere. They were throwing things at us, screaming things at us.
> Um, and she kind of dragged my arm all the way to get on this bus, and I didn't
> want to go, I was terrified, I wanted to go home. 'I don't want to do this,' you
> know, and she just forced me to go in the bus. And I was, I was scared to death.

The way Susan's mother treated her would have implications on what came next in this re-storying of Susan's life.

Sexual Abuse Begins

When Susan was about four years old, her mother began to sexually abuse her. I registered an internal reaction of surprise, as I had typically viewed CSA through the framework of male perpetrators, but waited as Susan continued. She recounted an early memory in which her mother "got into photography, and, she started wanting to take photographs…of me a lot." Although Susan did not use the language of grooming, I noted that her mother's abusive behaviors escalated over time. "There were no boundaries," Susan noted. "I never knew I could say no…I didn't really see other people say no. It was just very kind of a free for all."

Before we continued into Susan's story, I wanted to gain an understanding of her familiarity with childhood sexual abuse growing up. "I don't think I was even aware of it," she said. When I followed up on her response, she gathered some "impressions" of what she might have heard as a child:

> It's hard for me to even recall, but I would think it would be something that was abhorrent. Um…like this, vile perpetrator and, um, certainly nothing that…stands out that's within the family system. Kind of that idea of…someone outside that's like, preying on someone.

Susan noted that "it just wasn't talked about, it was…very shameful." In her own life, she had "never heard of anybody…experiencing childhood sexual abuse." There was only one broader example she could think of: "Maybe something within the church…with, the…priests and altar boys…something distant like that. But that's probably the only thing that I had ever even heard about or read or that was…discussed."

I also explored aspects of Susan's environment that may have contributed to the risk of perpetration. She began by talking about interrelated systems of hierarchy and obedience in which she was taught to submit to authority, which began with her mother:

> So…my mother was a very, very strong and dominant figure in my life. She's very authoritarian. Um…I was intimidated, I was terrified of her. I was often in trouble, uh, punished, um, by her. And…she also instilled in me that to be…a good girl [laughing], I had to…do what people within power or authority…asked of me.

Her mother's authoritarianism also played into existing elements of Susan's personality: "And I did want to be a good person. I wanted, I valued that. I…wanted to do what was right. That was really important to me, as a child and it's…always been important to me." When she began going to Catholic school in third grade, similar ideas about obeying authority were reiterated:

> And that was strongly reinforced in the school I went to, at church…I didn't feel like I could ever…use my voice and say no or 'I don't like this' or 'this feels uncomfortable' or 'what's happening'…'just close your mouth and do what you're told'.

There was also an unhealthy emotional environment in Susan's home and a lack of social support:

> [It] put me in, um, significant disadvantage because…I really wasn't aware…health was really never cultivated or nurtured in my family. Um…it was a very reactive family, emotionally. So…I wasn't aware of my own mental health in any, in any capacity.

But there was one additional, crucial component to Susan's experiences as a child, which not only increased the risk of perpetration, but explained ongoing difficulties in social relationships.

Susan disclosed that she was recently diagnosed with Autism Spectrum Disorder, an aspect of her identity that she has only recently begun to understand and integrate into her life. She said, "I didn't know this, but…I do think that, um, my being autistic at that time…significantly increased my risk of exploitation and…the abuse." Susan talked more about the likely impact of autism on her past experiences:

> Yeah…just in terms of my difficulty understanding what people are
>
> communicating, or the way I am understanding what they're communicating.
>
> Um…often times, I don't understand if someone's, like, taking advantage of
>
> me…I feel somewhat naive when something's happening. Even in my…day to
>
> day life…often times I don't know what…questions to ask. And then I kind of
>
> find myself in, like, situations where 'oh, no that's what they meant'. So…I think
>
> that has affected that affected the abuse too.

I considered the additional impact of autism as Susan described circumstances that would have been overwhelming for any child.

Dad Moved Out

A significant development occurred when Susan's godmother moved into the house. Susan was about six years old, and the impact on her environment would be profound. It started off with a housing issue: "My mom said, 'oh, she's [godmother] going through this divorce, she needs somewhere to stay'," and "things got even more volatile once she moved in…they had a lot of…friends over a lot of parties…I hid in my…room a lot, just sort of stayed away from the fray of that." Meanwhile, Susan's mother continued to escalate the abuse:

Then she wanted to take photographs of me, like, in the bathtub and I remember

feeling really ashamed and embarrassed because I'm…seven, eight, nine. And I

was pre-pubescent. Um, I remember like hiding myself with the bubbles…she just

kept…being more and more interested or fascinated…I was a curiosity to her or

something like that.

It was painful hearing Susan describe her experience of being a "curiosity" to her mother, and I

continued to reflect on Susan's sense of obligation and fear of punishment.

Susan, along with her father, would then make a shocking discovery: "…my mom had

been involved in…a lesbian relationship with my godmother…I had no idea what was going

on…my dad had no idea what was going on." This led to a crucial turning point in Susan's

childhood, as her father moved out of the house. Susan was "anywhere from, like, first to third

grade" as she described the heartbreaking memory of the moment her father left:

Okay, so there were two luggage cases at the front door and it was evening. And I

like, walked in the living room…and I saw things and…I was scared…I was

confused. Like, 'what's going on, where are you going dad?' He said, 'I'm going

to go away for a little while' and I just started freaking out and I just remember I

grabbed both of them, and they're really heavy, big, and I remember dragging

them through the kitchen…trying to…take them away, as far as I could from the

door, so he would stay, that he couldn't take the luggage with him. And I

remember dragging them down to the basement, so that he would stay. And he did

eventually go.

I reflected on Susan's previous descriptions of her father, and it felt like one of the only positive and protective relationships that she had at that time was lost. This resulted in Susan living alone with her mother and her mother's lover, and her home environment became even more unstable.

There were "a number of events…that kept building up," eventually leading into a "fundamental event." Susan described the incident that happened at one of her mother's parties: "During one of these occasions, where my mom had all these uh women over, um, and I was in her bedroom, and she brought people in her bedroom and, um, kind of witnessing what she was doing to me." As she described this experience, I felt a sense of horror and isolation at Susan being put on display and wondered if this experience crossed over into a sexual exploitation that was more akin to sex trafficking.

The impact of the abuse was immediate: "Um, this is so bad. This is so wrong. I did something wrong. I'm a bad person…no one can ever know about this." While the abuse was happening, Susan continued to ask herself, "Yeah, 'why…am I not stopping it? Why is this still going on?'" The feelings of self-blame and shame were persistent, "And I would say that that was the, feeling I carried with me throughout my life until, I, really got into therapy…when I was 40."

When it came to how long the abuse might have lasted after this incident, Susan said, "I don't recall at the time…it's very fuzzy to me," likely until age "nine to 10." But what may have initially propelled the abuse into more violent territory, her mother's relationship with her lover, may have also helped to end the sexual abuse. "I do know that my mom and her partner, uh, got into a lot of, uh, aggressive and violent conflict," she said, continuing, "I remember her partner so angry all the time." Susan went on to describe an incident that stood out in her memory:

Remember this one time they had this, uh, oil painting done of the two of them,

and it was framed and it was in our living room and I was home just with her

partner and the partner got off the phone with my mom and she ripped it, it was a

phone that was in the wall…like an old phone, she literally ripped the phone out

of the wall, the cord, everything, and she threw it across the room and then she

went into the living room and she grabbed this big painting off the wall and she

took it off the wall and she threw it…across the room and it just shattered

everywhere.

Susan later realized that the increased conflict created a kind of distraction from the sexual

abuse: "So they…were going through some conflictual thing[s] at that time and it feels like now

looking back that, there was distance from me. Like, my mom is, in terms of her overtures

started fading or…became less, so…eventually…non-existent." When I asked Susan about her

current relationship with her mom, she said, "Um, she passed away in…2013. So don't have a

relationship with her."

I wanted to know if Susan had any opportunities to disclose the abuse. The only person

she could think of was her maternal grandmother, but there was an obvious obstacle: "I couldn't

have done that because…of the relationship with my mom, it's her daughter, that didn't feel

safe." There were no other adult options available to her at that time: "I didn't even have sort of a

trusting teacher or coach or anyone that I…felt I could…share that to." The same was true for

her peer group, as she "didn't really have any close friends." Beyond the availability of support,

"I felt shameful anyways," as she blamed herself for the abuse. She said, "I thought [I] would get

in trouble. Um, and again, this idea that I felt around authority figures…prevented me from

saying anything because I would get in trouble."

Interestingly, Susan's best opportunity for disclosure came after her parents' divorce was finalized. Susan recalled: "My mother insisted that I go to counseling and, I think I…was very resistant and, this was when I was like 11/12, and she…forced me. And if I didn't, I was going to be in trouble." Her mother had coerced her to begin therapy, and I could only imagine what that must have felt like as a child, especially when she didn't know anyone else who had been in counseling. "This is in the seventies," she said, "so…very foreign concept to me…I knew no one that had, um, engaged in counseling…I felt like a freak. I felt like I'm the only one, like, this is so weird." The therapy itself created a lasting image in Susan's mind:

> But, I just remember, um, [laughing] this therapist wanting me to hit this sofa
>
> with this tennis racket [laughing], and I thought it was so silly [laughing]. I was
>
> very resistant. I just sat on the sofa with my arms crossed and…I could be a very
>
> obstinate child [laughing].

She could barely make it through the story without laughing, clearly an experience that left a taste of absurdity in her mouth, even as a child. Needless to say, the course of treatment didn't last long, "three sessions" at most.

Circumstances Leading to Therapy

It wasn't until decades later that Susan considered going into therapy again. All the while, she had carried a sense of self-blame for her past sexual trauma. I asked whether her help-seeking behaviors were related to her past sexual abuse, and she said, "I didn't seek out therapy for this." Instead, there was another situation that had been brewing for years.

Susan began: "What happened was I…was in a very, very abusive, um, coercive relationship. I would call it a narcissistic relationship. And, um, everything was my fault." I was struck by Susan's seemingly ironic description, and it became clear that the idea of 'fault' was

not simply what her former husband was saying, but what she had internalized over time. Susan went on to detail her relationship with her former husband: "Um, and, I never wanted to have sex with him…I did, of course, because I had to. Um, and I would kind of just grit my teeth and bear it. You know, just kind of…do whatever I could."

At the time, Susan and her husband were part of a local church and "very involved in this community." Susan turned to this social support system for advice:

And all of my friends were like, 'oh, just do what he says, just make him happy,

just kind of close your eyes, go through the motions. Let him do what he wants

and then, you know, you'll satisfy him. It'll be fine'.

I felt a sense of both incredulousness and sadness as she spoke about the influence of her community. It seemed clear that she was reaching out for help, but her friends reinforced what I perceived to be a gender-based pressure to perform, regardless of the impact on Susan. "And, I mean," she said, "I tried that for a while, but I, I just couldn't. I just was sick."

Susan concluded that the sexual difficulties in her marriage were her own fault, and that she must be inherently broken inside. At the same time, the sense of brokenness was combined with "an enormous amount of inner strength and resilience." In fact, after Susan reviewed the interim research text, she noted that I had presented her primarily as sad and isolated, when in reality she felt her experience was defined more by her strength and determination. Susan continued, "So, then the marriage was…falling apart and I needed to fix it. And if I could only fix myself, everything would be okay." But counseling wasn't yet on the table. Instead, Susan began by trying out self-help techniques, specifically addressing difficulties with sex in marriage. Susan "started doing a lot of reading and…exploring the topic," but this didn't appear to yield sufficient results.

"Did you ever consider…support groups, group therapy…church leaders, things like that?" I asked.

Susan laughed and stated without hesitation, "No, no, and no."

I inquired further about her response and she said, "Well, it's so secretive. You know, the less people that know about it, the safer I am." Susan's logic made perfect sense, and it also appeared to be an initial barrier to seeking help.

The pressure from Susan's husband continued to mount, "and he scared me a lot…he was very intimidating." Eventually, her husband's tactics took a turn for the worse. Susan said:

> But over the years, he became more and more resentful. Um, he would force me
>
> to have sex. Um, and he became more and more resentful, because…I wasn't
>
> really interested. And how it was affecting him and it was…my fault again.

It was difficult to hear Susan describe what I would categorize as marital rape. She also continued to reference an increased sense of internalized blame. When I later reviewed the transcript, I wondered how the internalized blame might be connected to her experiences of sexual abuse.

The marriage, and Susan's well-being, came to a breaking point. She began to consider seeking out professional help. Though she hadn't been in therapy since the 70s, and her experience hadn't provided a particularly positive image of the therapeutic process, she "knew it was helpful." That didn't make therapy an easy choice, because as Susan said, "there was still a lot of stigma around it at that time." I asked her what it was like to consider going back to therapy.

Susan spoke about her uncertainty of the counseling process, and what it meant to be in counseling in the first place. It meant that "there's something wrong with me, mentally. Um, so I

was apprehensive…I didn't know, like, what does this look like? What are we going to be doing? What's going to be required of me?" Beyond this, "the feedback I got from the church, and my husband, really made me feel shameful about it." It was astounding to me that even though the pressure, from her community and her husband, was on Susan to get "fixed," they still managed to attach a sense of shame to her help-seeking behaviors. But at the end of the day, Susan shared:

> I want to take responsibility, so I seek out therapy. In order to fix what's wrong
>
> with me inherently that I don't want to have sex with my husband…my husband
>
> didn't say 'you have to go to counseling', or, no one was imposing that on me,
>
> but…I felt obligated. I think I wanted to, but only because…it was necessary for
>
> me to improve the marriage, because I was the problem.

At the age of 40, Susan decided to seek out individual counseling.

Entrance Into Therapy

I was curious about Susan's process in finding the right therapist, and this was her answer:

> I had one close friend at the time. She was in my small group, and…she knew I
>
> had difficulties in my marriage. But, it's when I finally came to her and just said,
>
> 'listen, my husband thinks that there's something wrong with me and I need to,
>
> you know', and then she said, 'oh, I have a friend that's a therapist. You have to
>
> go to her'. And I said, 'oh, okay'.

The friend was a Christian counselor who worked in a practice that was specifically centered on Christian counseling. Susan acknowledged having "pretty easy" access to counseling, and laughed as she said, "That was it. And now, you know, I'm at this woman's office."

It was only a week before Susan was sitting in her first session. I couldn't hide my surprise when she told me this. It can take a considerable amount of time to get into therapy, and I had been wondering about the stigma and uncertainty she had talked about earlier. Susan took note of my surprise:

> Oh, yeah, because I had to take care of things very quickly…I had to get fixed, so everything was going to be okay…I had a very linear like, I'm going to show up and she's going to fix me. Like…we're going to take care of this, and I'm going to be on my merry way.

It seemed like a privilege to have such quick and easy access to therapy, but there was another side to the story.

When it came to reviewing the qualifications of the counselor, Susan said, "I'm not doing any research. I'm just doing what I'm told once again… I didn't even question it that she's the one I'm supposed to go see. I trusted my friend." Susan was hinting at the ongoing impact of her authoritarian upbringing in combination with her experiences with autism. For the sake of my research topic, I also asked whether she considered the counselor's expertise in childhood sexual abuse. Susan drove the point home: "I did not seek out a counselor that was proficient in childhood sexual abuse, because…that's not why I was seeking therapy. I was seeking someone to fix me because…there was something broken with me sexually." Then she laughed and shook her head: "I just went to her because my friend told me to go to her."

At the outset of therapy, Susan experienced her therapist as someone who was "warm" and "seemed to care…she was nonjudgmental…I trusted her." But as Susan described her entrance into therapy, she began with a foreboding remark: "I know nothing about, uh, any guidelines in ethics, right?" My curiosity was piqued, but I waited as she continued her story.

"The first year," Susan said, "she told me I needed to see her twice a week. So, I do." It isn't common for psychotherapy to take place more than once a week, but also not completely out of the ordinary. Susan went on, "And, she doesn't accept any insurance, and so I have to pay out of pocket." Private pay isn't unheard of either, but I was beginning to wonder about the immediate pressure placed on Susan, as well as the financial burden. I made a quick calculation in my head and guessed that it might cost Susan about $1,200 per month, a significant investment. The therapy was underway.

Addressing CSA in Therapy

Susan and her therapist began by talking about issues related to "sex and intimacy," the issues that were driving a wedge in her marriage. But it wasn't long, "very early on actually," that they began moving toward Susan's history of sexual abuse. It was "about a month in" when "[Susan's therapist] started probing," and "taking us in that direction, looking for stuff, helping me, like, make some connections." At this point in the interview, Susan made an important clarification: "I hadn't completely repressed this…history, but I hadn't really talked about it with anyone." Speaking about the sexual abuse from her mother, Susan noted that "it was through…our work together there that…we started kind of exploring some things, and this came up."

When Susan and her therapist began to process specific instances of the sexual abuse, Susan's therapist "used an EMDR intervention…which was helpful…and we targeted…that primary event…we spent a lot of time on that event." While acknowledging that she had "no understanding of the…childhood sexual abuse field, or…scholarship or anything like that," Susan felt that her therapist "seemed to be knowledgeable." Susan described the process:

Um, it was…exhausting. It was overwhelming. It was so painful. It was like, I

could hardly breathe. I remember the first EMDR session, I was so dysregulated I

left I mean, I was…crying so hard. Um, like my head was just pounding. I didn't

even think I could drive.

Susan's therapist seemed aware of the impact the EMDR intervention was having on her:

And I remember her instructing me, 'oh, there's a park down the…highway in

[small Midwestern town]', that's where her office was, 'I want you to go drive

your car to this park and just go sit at this park until you can calm down'.

As painful as it was to address the trauma of sexual abuse, Susan acknowledged an immediate

impact. In particular, she talked about the importance of "taking it out of the dark…talking about

it with someone."

As time went on, Susan began to reconsider the number of therapy sessions she might

need. She said, "But I remember coming to her on numerous occasions, saying, 'you know what?

I just want to dial back. I want to go to every other week'." Susan's therapist didn't agree, "and

she just kept providing me a rationale that I need to stay in therapy." Returning to previous

commentary about the influence of autism and past authority figures, Susan said, "So…it sends

up a little something, but I dismiss it, because I learned how to do that so well." Although Susan

noticed a red flag, she continued trusting her therapist.

Disclosure

In the midst of processing the sexual abuse, Susan decided to bring some of her insights

out into the open. After "one of these sessions…where it was like, all these pieces kind of, like,

clicked in," Susan decided to go home and reveal her history of sexual abuse to her husband. She

relayed the experience:

> And my eyes were open…maybe for the first time in my life, and that was very
>
> overwhelming for me like, having this real realization. Um, and I remember that
>
> night, actually, of going home and, uh, telling my husband. Cause I don't think I
>
> ever even told him.

I could only imagine both the anticipation and vulnerability of having just made a major realization that had implications for the difficulties in her marriage. There was finally something to "fix," but it didn't go the way Susan planned: "Um, and that was met with, um, disgust and disdain." It was painful to hear that her husband had responded in such a negative and shaming way, but that was only the beginning. Even her church community piled on.

> Susan explained more about the culture of her church community:
>
> We were like best friends with the pastor and his wife. We were in a small group
>
> with them, and these small groups were just like…you need to open up. You need
>
> to, like, share and be vulnerable and to be a good Christian to really be following
>
> Jesus we need to be vulnerable with each other.

This culture put Susan in what she called "a very exposed position" as she felt pressure to disclose:

> So, again, I felt this pressure that, to do the right thing…to be a good Christian
>
> and to be a follower of Christ, I need to be open and vulnerable with myself…so,
>
> um, I disclosed [the CSA] to our small group…like a month later…and, um, got a
>
> very negative response.

The situation with her husband and small group would continue to grow worse, but in the meantime, Susan continued therapy.

Beyond the EMDR intervention, Susan said her therapist "had me do this…Dan Allender, workbook thing." Although I didn't say anything to Susan in the interview, I noted internally that I had mentioned Dan Allender in the introduction of the current dissertation. It wasn't surprising to me that Susan's therapist had used one of his workbooks, as he is the leading expert of CSA within the Christian community. Susan described what it was like to use the workbook: "And…she wanted me to do it every day and…it was like swallowing glass. Like, again, I just thought, I've got to do this. I've got…to make my marriage better. Um, but it was…so awful."

Overall, it seemed the therapeutic work was helping, as Susan said "over time…the shame of it was lessening…because I…was talking it out…I was not hiding it from everyone…even myself." Additionally, when I asked Susan if she and her therapist touched on her sense of self-blame, she responded: "Yes, yes, we definitely addressed that." But there was still the issue of session intensity.

Susan continued to approach her therapist about how often they were meeting for therapy:

> And there were several times I said, 'you know…we did like, the hardcore work
> for probably, like, three or four months, and I wanted to dial back'. And she just,
> you know, 'no, you need to stay in'. Like, she just would not, 'no, I think this is
> really best that you stay in'. And so then I…deferred to her again. I was like,
> 'well, okay'.

Meanwhile, Susan's marriage with her husband, the force that propelled Susan into therapy in the first place, finally fell apart. She recalled:

> And what I then…learned later was, it was about that time that…he was already
> frustrated with me, because I didn't want to have sex with him. But then when I

told him…about the…sexual abuse history with my mom, um, that is when he

started, um, having an affair with someone else. Um, and he'd been involved in a

sexual affair with someone else for…like a year, year and a half, before I learned

of it.

Not only had Susan's husband responded negatively to her disclosure, but he also used it as an

excuse to cheat on her. "And then after that," she said, "I went through divorce proceedings for

four years. It was a very long and contentious and aggressive process with my former husband."

There was no one on Susan's side, as her community turned against her:

And in fact, once my former husband and I got divorced, I was viewed as the one

that's really fucked up, basically…'she's got this whole history. No wonder, no

wonder you couldn't make the marriage work, [ex-husband]', you know, it's like,

'how could you possibly be married to her?' And, um, there was a unanimous,

um, support at our church…for my former husband.

Susan paused at this point in our conversation, looking both thoughtful and momentarily

hesitant, and said, "I don't know if it's relevant or not, but I think it's…" she broke off and

laughed, shaking her head. "Fascinating," she continued, "in light of like my history,

and…placing trust in someone and…you were asking about the therapist but, uh, there were

some things that unfolded with this therapist…do you want me to share kind of what happened?"

I was immediately intrigued. As a therapist, I'm always curious about people's experiences with

their therapists, but it also seemed as though there was an unexpected turn in her counseling

journey.

Therapy Takes a Turn

Susan continued to advocate for herself to reduce the number of times she was attending therapy:

I was very persistent, like saying…'I'm too busy right now. I just I really need to do this', and I had gotten through my divorce, and, um, so I do finally step away and I think I kindly asserted myself more. It's finally at this point. And so we end.

But the therapeutic relationship itself was something that had been beneficial for Susan. She said, "But I remember saying to her, like, near the end, as we were processing our relationship…how much I really liked her and how I could see being a friend with her." Susan's therapist seemed to feel the same way:

She goes, 'oh, I really like you too, [Susan], and…from the first time I met you, I could totally see being friends with you, and, um, I'm going to need to talk to my supervisor about it'. So, the next week we meet, and she says, 'you know, [small Midwestern town] is such a small community and…invariably we're going to run into each other, and, um, we could be friends when we end therapy', and I said, 'oh, wonderful'.

Their relationship progressed quickly:

And so…literally a week after we end therapy, um, I called her up because we could be friends and I liked her. And we went out for coffee. And we started doing things together. We went to the movies. We went to dinner. We would go on walks together.

My mind raced through the problematic ethical issues at play, but I remained quiet as Susan continued to describe the evolution of their relationship.

There was another major turning point: "At this time, she [Susan's therapist] was building a house, and I remember that she sold her house, but she couldn't get into a new house. There was like a nine-month gap." I could feel myself tensing as I anticipated the inevitable outcome to this situation:

> So she was telling me how she needs to find somewhere to live for nine months,
> but she'd have to put her stuff in…storage, and…I was like, 'well, why don't you
> just come live with me?' I said, 'I have room in my house and it's just me
> and…my daughters', and she goes, 'Oh, are you sure?' And I said 'oh, yeah'. So
> she, came to live with us. She lived with us for nine months.

After Susan's therapist moved in with her, they "spent even more time together." She continued:

> We cooked together, we hung out together, we watched movies together.
> Um…then her house was done, and she moved out, and she moved into her new
> house, and I showed up with this very extravagant, uh, gift for her, as a house
> warming.

After reflecting on this story after the interview, it felt as though there was no other way this relationship could have gone than what she described next:

> Um, and then…the next week comes around and I reach out to her, and I was
> like…'do you wanna, whatever, go to dinner…?' And…she's like 'oh, I'm really
> busy right now'. Basically…she keeps kind of brushing me off. So…about a
> month after…I pick up the phone and I say, um, 'I'm not sure what's happening,
> but it feels like…we spent all this time together. We were living together.
> We…were really close and I know you're busy and everything, but…I don't
> understand'. And she just said, 'you know what [Susan], my life is just so busy. I

really don't have room for…any other friends in my life that aren't within close proximity to me'. And I said, 'oh, so you're telling me we're not going to be friends anymore?'…and she's like, 'yeah, I'm really sorry. I know it's hard to accept…', and she, just ended the friendship.

Susan laughed and shook her head, seemingly incredulous about the whole situation. I felt both sadness and anger as I imagined her vulnerability and desire to remain in a supportive relationship. From my perspective, it felt like profoundly exploitive behavior on the part of her therapist, whether it was intended to be or not. What began as a professional, confidentiality-bound relationship ended in a dissolved friendship where important ethical boundaries had been blurred.

Susan was able to reflect on her therapist's sense of betrayal, saying, "she was the only person in the whole world, like, I had opened myself up completely to her…exposed myself, just everything to her." Susan then disclosed that she had later completed a master's degree in a helping profession, and I realized that she was able to reflect on this experience from both a personal and professional perspective. "So, then once I started my master's program," Susan said, "and I took my first ethics course, and I'm like, 'OMG, I cannot believe she did that.'"

Current Identity

The final part of our interview centered on Susan's current sense of identity, based on her experiences of CSA and individual therapy. I wanted to know if she identified as a "survivor" of CSA. She spent a moment thinking, and then answered quite simply: "No." I wondered out loud whether she had heard of the language of "survivor" either before or during therapy. "No," she said, "I only learned about that language…during my master's training." Susan explained her reasoning for not identifying as a survivor:

I honestly just have not really thought about it that much. Um, I've had a lot of

other things going on in my life…I've had, uh, my focus on other aspects of my

identity that…seem much more important to me right now. It's just that, at this

stage of my life, I haven't…opened that up and…pursued that.

It's not that Susan didn't understand the identification, because she said "if someone were to

say…'yes or no, do you identify as a survivor or not?' I would say I do, but…I wouldn't lead

with that. I wouldn't say, 'I'm a survivor of childhood sexual abuse'." Instead, Susan said she

would focus on another, more salient aspect of her identity: "Whereas…now, I would say, um, 'I

am autistic'…I am leading with that. Like, I have a much more, um, deeper connection to that

aspect of my identity."

Impact of Therapy

Ultimately, Susan seemed to benefit from therapy, particularly because of the focus on

her experiences of CSA: "I'm really…very much glad that…I went to therapy and…we stumbled

into this part of my history. I think, because I sought out therapy, it has validated my experiences

of childhood sexual abuse." The validation Susan experienced struck me as particularly

important in the context of the actions of her former husband and church community, who

responded so negatively to her disclosure. She also recognized the impact of learning about the

dynamics of abuse:

It has, uh, provided me…with language, um, and the ability to integrate that into

my narrative. It's not this separate thing that I cut off and it's in my past…it's

integrated into who I am…the course of my life, um, so it's a very positive

experience.

Susan continued to explicate the impact of CSA, and the concrete changes that had occurred throughout the course of therapy:

> And…the sexual trauma, like, showed up in my nervous system, throughout the whole course of my life, just…very high level of anxiety and…hypervigilance, just very fearful. Like, if someone's coming up from me from behind, you know, just aspects of that…have informed the way in which I…take care of myself. Um…my mental and physical well-being now…I am very intentional about doing that. Um, I've got very, strict kind of protocols and rituals that, that I have been doing to maintain a level of…regulation, for emotional and physiological regulation in my body. Because it was so profound, so profound.

Susan clarified that she continues to grapple with the effects of CSA, and that it still comes up in her current course of therapy, although she's working with a different therapist now. She said, "I mean…that's not our primary focus. It may come up from time to time based on, what's currently happening in my life." I asked Susan how she was able to consider seeking therapy again after her previous experience, and she noted that "the painfulness of…what I was experiencing allowed me to do that." She further stated:

> Um, I, probably when she and I then became friends and then…she distanced herself from me, I think I had already started therapy with someone else, because…I was in the midst of this divorce and my life was so tumultuous that I found myself needing another therapist.

Susan's journey has been "a continuing, unfolding story for me," and she "will continue to pursue understanding myself…that identity, how that integrates into who I am as an individual and my other various…intersecting identities."

When I asked Susan to provide a reflection on an artifact that represented her journey into individual counseling, she chose a "smooth stone" from Lake Michigan. I was struck by the combined simplicity and power of the brief description she provided. It felt grounded, while filled with hope:

> While on a day of solitude, I noticed this stone as I was walking a[n] isolated
> stretch of beach on Lake Michigan. I chose this artifact because it is anchored to a
> day during my healing process. I spend the entire day at the beach to "recover"
> and quiet the earth-shattering noise in my head from the therapeutic process. I
> held this stone in my hand on that day as a source of comfort and security, a
> grounding so to speak. This stone withstood the test of time on this beach, as
> would I.

CHAPTER V

DISCUSSION

Research Puzzle

The purpose of the current narrative inquiry study was to explore the journey of adult

women who are survivors of CSA as they sought out individual therapy. As noted at the

beginning of this study, although there is a significant amount of research regarding the impact

of CSA on survivors' health, there is a dearth of research exploring the dynamics of help-seeking

behaviors. The goal of this study was to provide an initial foray into the help-seeking behaviors

of adult female survivors of CSA.

In this narrative inquiry, my research puzzle was: What is the nature of adult female

survivors of CSA journey into individual counseling? In the following chapter, I will provide a

summary of the findings for the two participants, Betsey-Anne and Susan, include a reflection on

my experience as a researcher as I completed this study, acknowledge the limitations of the

study, suggest recommendations for future research and for clinical practice, and conclude the

study.

Summary of Findings – Betsey-Anne

There are a variety of components in Betsey-Anne's narrative that stand out in her

journey into individual therapy. I will begin at her point of entry into therapy and follow it up by

noting the aspects of her lifelong journey related to the help-seeking decisions that she made.

Inciting Event

Betsey-Anne needed to hit "rock bottom" to have sufficient motivation to seek out

individual therapy. Without the combination of the drunk driving car crash, as well as the

realization that she was turning into her mother, it is possible she may not have felt the need to

seek out therapy. These events and epiphanies seemed to provide evidence, that she could not dispute, that there was something wrong and that she needed help. Hitting "rock bottom" appears to fit with existing literature noting that psychological distress is a factor facilitating help-seeking behaviors (Shea et al., 2017). It may also be related to what was found in the study by Gagnier et al. (2017), who found that adult male survivors of CSA were motivated to seek services due to a crisis.

Reason For Therapy

Betsey-Anne appeared to need a current, relevant, concrete reason to enter therapy. Her specific reason for needing therapy was her experiences as a caretaker for her mother, who had Alzheimer's. Betsey-Anne's later acknowledgement that this reasoning was simply a justification to seek help indicated that her experiences with CSA, for complex and intermingled reasons, was not a sufficient reason for seeking help. I will later explore some of the factors that may have contributed to CSA being relegated to the background while seeking out help.

Entrance Into Therapy

When seeking out an individual therapist, Betsey-Anne relied on her personal social network to find an appropriate therapist. She wanted to know about other people's experiences with their therapists, though she was not necessarily focused on meeting with a therapist with whom one of her friends had already met. Overall, it appeared as though she was trying to find out enough information to replicate a positive experience in therapy, whether it was finding out about the reasons why people liked their therapists, or the setting these therapists were in, such a group private practice. Once Betsey-Anne found a therapist, she was able to schedule an appointment quickly, and Betsey-Anne's insurance covered the appointment cost.

There were factors specific to Betsey-Anne's therapist that contributed to cultivating a safe space and led to a successful therapeutic relationship. The therapist had strong interpersonal skills, was knowledgeable and helped Betsey-Anne gain insight into her experiences, created a comfortable environment, and focused on collaboration in the treatment. Additionally, Betsey-Anne and her therapist shared a common interest in theater, and this allowed Betsey-Anne to speak about an important part of her life with ease, creating a sense of commonality and connection, thus increasing a sense of safety.

Addressing CSA

Betsey-Anne's therapist was able to wait for Betsey-Anne to address her presenting concerns before inquiring further into her experiences of CSA. It was approximately four sessions before CSA was addressed as a potential focus of the therapeutic work. What remained were the core, most painful and difficult aspects, of the CSA and its ongoing impact on Betsey-Anne's well-being. These were the issues that Betsey-Anne was unable to address by herself.

Betsey-Anne had already worked through the most explicit aspects of the incidents of CSA. In therapy, she needed to address her sense of being an inherently bad person and feelings of self-blame, and to integrate an understanding that she was developmentally unable to say "no" as a child. Betsey-Anne developed a new capacity to observe her thinking and begin an internal dialogue between the thinking and feeling parts of herself. In particular, she cultivated an awareness of her tendency to connect mistakes, or moments of undesirable actions or behaviors, with a belief that she was a "bad" person. Betsey-Anne needed to catch these negative thoughts in the moment, and not become convinced by a feeling that she was "horrible." She also needed to create attainable goals in therapy so that she did not become overwhelmed by the enormity of the task of addressing CSA.

Impact of Therapy

Betsey-Anne noted a change in her identification with her childhood self. She experienced the loosening of a rigid, anger prone state of being, and was able to connect with a more relaxed and "goofy" part of her personality. Part of this reconnection was with her femininity, which she felt safe expressing after years of connecting femininity with danger and self-blame for the sexual abuse. It appeared as though Betsey-Anne's experience in therapy triggered a continuation of development that had become stunted during childhood.

After addressing CSA in therapy, Betsey-Anne identified herself as a survivor of CSA and differentiated a past and present understanding of survivorship. She noted the need to remain vigilant in her recovery, as negative thoughts about herself could reappear at any time. Additionally, she placed importance on imparting grace to herself regarding how long it took to engage in the recovery process. Betsey-Anne also began taking medications, which had a significant impact on her well-being.

Barriers to Seeking Help

Betsey-Anne noted that she wished she would have begun therapy at an earlier point in her life and had considered it over many years. Based on the results, there appear to be multiple, overlapping factors related to her timeframe of seeking help. From childhood through adulthood, both individually distinct and long-term issues impacted Betsey-Anne's help-seeking behaviors.

Lack of Socialization. From a young age, Betsey-Anne was acclimated to being on her own and not depending on others. After her parents divorced, she became shunned in her community and observed how a major revelation could disrupt her social connections. This shunning resulted in isolation and a lack of social support. Betsey-Anne's lifelong difficulties with anger also presented issues in maintaining supportive social connections. Research shows

that social support is an important factor in facilitating the process of seeking help (Shea et al., 2017), and it is possible that Betsey-Anne may have sought out counseling earlier in life had she received more consistent social support.

Self-Sustaining Lifestyle. Early in life, Betsey-Anne's mother pushed Betsey-Anne to become self-reliant and created a culture in which it was wrong to ask for help or rely on others. Growing up in poverty also perpetuated an environment in which the family had to depend on themselves to survive. Commingled with a self-sustaining lifestyle was an assumption that others did not care about Betsey-Anne's experiences. Betsey-Anne's father knew little about her and was not significantly involved in her life. Upon later reflection, Betsey-Anne found it hard to believe that no one else in the family noticed the abuse, particularly her grandmother, whom she later was convinced knew about the abuse but did not intervene.

Silence. CSA was not introduced as a topic of conversation in Betsey-Anne's familial or social context. When it came to her own experiences of CSA, the silence was total; no one ever inquired about CSA, and Betsey-Anne did not dare to disclose to others. A lack of disclosure appeared to, in part, protect Betsey-Anne from a separation from family and friends. Betsey-Anne also lacked language to describe her CSA experiences for many years.

Betrayal of Trust. Betsey-Anne's grandmother's husband had an inherent responsibility to care for Betsey-Anne's well-being. CSA is a profound betrayal of trust, whether or not he is a blood relative. Her grandmother's lack of intervention was also a betrayal of trust, as she should have prioritized the harm done to Betsey-Anne over her relationship with her husband. Beyond Betsey-Anne's experiences of CSA, her father's disappearance was a betrayal of a trusting parental relationship, as was her mother's time of despondence and withdrawal. Overall, some of Betsey-Anne's most significant attachment relationships contributed to profound harm and an

inability to trust others. Betsey-Anne's experiences reflect the dynamics described in Betrayal Trauma Theory (Freyd, 2021), in which an individual can experience harm not only from overtly abusive behaviors, but through the violation of trust of the people she depends on for survival, ultimately shaping her memory and understanding of the trauma of sexual abuse.

Self-Blame. Betsey-Anne's experiences of CSA began as a small child and were interwoven into her most significant periods of development. Her grandmother's husband consistently told Betsey-Anne that she was complicit in the sexual abuse and forced her participation in other illicit activities like smoking and drinking. He told Betsey-Anne that they would both go to jail if found out and reinforced themes of punishment and silence. These dynamics were described by Courtois (2010) in terms of the stages that can unfold in the perpetration of CSA. From childhood to the time Betsey-Anne entered therapy, she held a deep-seated belief that there was something fundamentally "bad" about herself and that she was to blame for the abuse. It is possible that corporal punishment in Betsey-Anne's household contributed to this self-blame.

In addition to the CSA, Betsey-Anne blamed herself for issues in her relationships with her parents. When her father left, she believed that she had somehow caused him to leave. Regarding disclosure of the CSA, she sensed that her mother would be "destroyed" if she found out, indicating a sense of responsibility for her mother's well-being. Instead of feeling safe to seek out her mother for support, Betsey-Anne believed that she would disrupt her mother's well-being and therefore viewed herself as potentially dangerous or prone to causing harm to others. Self-blame is a response that has been found in previous research on survivors of CSA (Rape, Abuse & Incest National Network, 2016; Vir Tyagi, 2001).

Previous Therapy Experience. After Betsey-Anne's parents divorced, her mother sent Betsey-Anne to a therapist, and she had a negative experience. Betsey-Anne did not align with the therapist's Christian views and felt that she couldn't be trusted. This therapy experience left a lasting negative impression of counseling in her mind. In the literature on psychological help-seeking behaviors, positive previous therapy experiences can facilitate future help-seeking behavior (Shea et al., 2017), which may suggest that a negative experience would have an inverse effect.

Being 'Fine'. Later in life, Betsey-Anne made a conscious choice not to be impacted by her past experiences of CSA. This would mean that she would have to ignore her internal experiences and reject any outside help and this may have blocked her from making important connections between past trauma and current well-being.

Motivators for Seeking Help

In addition to the multiple barriers Betsey-Anne faced in seeking help, there were also factors that ultimately contributed to a motivation to seek out therapy. Betsey-Anne noted that there were multiple incidents over the course of her life that pushed her closer to seeking individual therapy.

Importance of Helping. Although not a direct incident related to seeking help, throughout her childhood her father focused on the importance of helping others. Before Betsey-Anne sought out individual therapy, she considered volunteering in organizations that assisted abused children, though she later decided that she should seek out her own help first. After engaging in therapy, she became more involved in mental health advocacy, particularly at her workplace. Betsey-Anne clearly understood the value of attaining help from others. This may

relate to the literature on psychological help-seeking that suggests that positive attitudes about help-seeking facilitate the process of seeking help (Shea et al., 2017).

Discovery of Incest. When Betsey-Anne watched the television show about incest, it gave her language and insight regarding her experiences of CSA. She was able to see that there was a name for her experience, and that it wasn't normal. The insight paved the way to an understanding that she was a victim and not complicit in the abuse. It also resulted in the confrontation with her abuser.

Witnessing Attempted Abuse. The attempted abuse of Betsey-Anne's niece provided an outside view of CSA, as well as a contrasting response to the abuse. Betsey-Anne was able to view the significant age gap and therefore power difference between her niece and grandmother's husband, as well as experience the evil of abuse when she was able to witness the response of the victim. Her sister responded immediately and directly to the attempted abuse, which also provided an experience of what it looks like for a responsible adult to protect her child. An immediate result of the attempted abuse event was that Betsey-Anne was able to disclose to her mother, and her mother responded with empathy and regret at her past actions and did not "fall apart" as Betsey-Anne had anticipated.

Benefits of Accountability. Betsey-Anne was able to experience the benefits of being held accountable first on her own as she presented "today's positives" to her Facebook community. When she began therapy, her therapist assisted Betsey-Anne in staying focused on important matters. Being "called out" by her therapist provided an experience of care and responsibility, showing that Betsey-Anne's well-being mattered to others.

Use of Resources. Before Betsey-Anne entered therapy, she utilized various resources related to mental health issues. Through these resources, Betsey-Anne was able to address

significant aspects of her CSA experiences. Betsey-Anne was able to acknowledge her need for

professional help when she came to the realization that she could no longer manage her mental

health difficulties through the use of these resources. Although Betsey-Anne wished that she

would have sought out individual therapy earlier, she acknowledged that it might not have been

as helpful without her initial use of self-help resources.

Overall Experience of Journey into Individual Counseling

Betsey-Anne experienced her journey into individual counseling as a movement from a

barren emotional landscape to one filled with life and abundance. She began isolated and alone,

but slowly integrated with friends, family, and community over time. Betsey-Anne was practical

and focused on survival, but was eventually able to relax, grow, and become more playful, a

return to her childhood self. Others in her life even began to notice the change.

Betsey-Anne views her journey as an ongoing process, not something that was completed

or will eventually be finished. She is always working toward healing, and even in the more

difficult times is able to see the progress she's made and know that she is continuing to move

forward. Her energies have continued to focus on the well-being of others as well, as she seeks to

make the world a better place.

Summary of Findings – Susan

As with Betsey-Anne, there are multiple aspects of Susan's story that stand out in her

journey into individual therapy. I will begin when Susan entered into therapy and then explore

the aspects of her lifelong journey related to the help-seeking decisions that she made.

Inciting Circumstances

Susan did not seek individual therapy to address issues related to CSA, similarly to

Betsey-Anne, and in line with my own clinical experiences, which I mentioned at the beginning

of the study. Instead, she was propelled by difficulties in her relationship with her husband at the time. Susan felt responsible for the problems in her marriage, and experienced intense pressure to resolve sex and intimacy issues from her then husband and church community. This may be related to the experiences of adult male survivors of CSA who sought out help after experiencing a crisis (Gagnier et al., 2017).

At first, Susan utilized self-help techniques, specifically reading books. She did not consider using other methods of support, such as group therapy, support groups, or pastoral care, as she wanted to keep her difficulties confidential. This contrasted with existing literature showing that adult survivors of CSA preferred the use of group therapy over individual therapy (Grossman et al., 2009). Eventually, she determined that self-help techniques were not effective enough and she needed professional help.

Susan experienced a sense of stigma around therapy and felt that the consideration of therapy meant that she was "mentally deficient." She was uncertain about the counseling process but felt a sense of pressure and obligation from her partner and community to seek professional help. As she sought out therapy, she experienced a sense of shame because of personal blame and the attitude of her church community around seeking professional help. Overall, Susan received mixed messages from her community, including both the pressure to seek services and the stigma around needing outside help. The literature on psychological help-seeking illustrates that social stigma can create a barrier in help-seeking behaviors (Shea et al., 2017).

Entrance Into Therapy

Susan found her therapist through her social network, specifically through a friend who recommended one of her own friends. The counselor worked from a Christian perspective, which was in line with Susan's church community at the time. Susan did not complete any independent

research on the qualifications of the therapist but trusted her friend's suggestion. She was able to schedule an appointment quickly, within one week of contacting the therapist.

Susan's initial perception was that the therapeutic work would be completed quickly, and that her problems would be resolved. The therapist's characteristics that Susan identified as important at the beginning of the relationship included a feeling of warmth, caring, and a nonjudgmental approach. They began by meeting twice per week, at the recommendation of the therapist, and Susan paid out of pocket. Susan continually expressed a desire to reduce the number of sessions, though she followed her therapist's recommendations to remain at twice per week. During the first month they addressed issues related to sex and intimacy in relation to Susan's difficulties in her marriage.

Addressing CSA

The therapist began an exploration of possible past sexual trauma approximately one month into therapy. Susan did not experience a recovery of memories, but rather had not previously focused on, or talked about, her experiences of CSA. Susan's therapist used the combination of an EMDR intervention and a workbook that Susan worked on outside of the therapeutic hour.

Susan described the work of addressing CSA as difficult and painful and shared that she was often overwhelmed. This experience was exacerbated by the number of sessions and pressure from the therapist to continue when Susan was expressing the need for a break. Ultimately, Susan found the work to be helpful, as she no longer had to keep her experiences of CSA a secret.

Disclosure

Susan's major disclosures of CSA occurred while therapy was underway. This aligns with the literature showing that most individuals do not reveal CSA during childhood (London et al., 2005; Schönbucher et al., 2012). Susan then disclosed the history of CSA to her then husband and church community. The motivation for disclosure came out of an insight into the connection between Susan's past experiences of CSA and current sexual functioning. Susan's disclosure was met with a negative response from both her then husband and church community, and her husband used the information about her CSA experiences as reasoning for his infidelity, which was tacitly supported by the church community.

Impact of Therapy

Overall, Susan described her experience in therapy as positive and beneficial. She identified multiple helpful aspects of the experience, including the validation of her experiences of CSA, language to gain more insight into the impact of her experiences of CSA, an increased focus on her mental and physical well-being, and an integration of her experiences of CSA into her life. After therapy she has focused on reducing her anxiety and hypervigilance through emotional and physiological regulation skills. Susan began working with a new therapist and continues to address issues related to the impact of CSA, though it is not a primary focus. Her work with a new therapist began in the midst of her divorce, as she needed ongoing support.

Relationship With Therapist. Susan had both a professional and personal relationship with her initial therapist. During the course of therapy, her therapist provided her with much needed support and was helpful in addressing the past abuse. She also declined to take Susan's experiences into consideration regarding Susan's desire to reduce the number and intensity of

sessions. It was only through Susan's persistence and self-advocacy that she was able to reduce the number of sessions and eventually end therapy.

When Susan expressed her feelings regarding the significance of her relationship with the therapist and the desire to maintain a friendship, her therapist agreed to transition their relationship into a personal friendship. After developing a social relationship, she then moved in with Susan for some time, until she eventually moved out and dissolved the relationship. Susan initially felt a personal betrayal, and after she completed graduate education in a helping profession realized that the therapist had behaved unethically. The conduct of the therapist resulted in further harm to Susan in the emotional pain she experienced as well as the foreclosure of future therapeutic work. Susan was then forced to seek out a new therapist when she became overwhelmed in the midst of her divorce.

Barriers to Seeking Help

There are multiple factors in Susan's narrative that may have contributed to barriers in seeking out professional help.

Isolation, Exclusion, and Sense of Difference. Throughout Susan's life, she experienced isolation, exclusion in her social life, and a lack of connection within her family. She also had experiences of difference, connected both to her diagnosis of Autism Spectrum Disorder, as well as early experiences of racial integration. These factors may have reduced motivation to seek out help, as she was used to relying on herself, and may have deemed others as unsafe or unreliable.

Authoritarianism. Susan's mother had an authoritarian parenting style, which Susan experienced as rigid, volatile, and terrifying, and ultimately promoted an atmosphere in which Susan needed to obey her mother without question. The Catholic church's authoritarian framework reinforced her mother's parenting style and further contributed to Susan's feeling that

she could not question or challenge her experiences. Additionally, Susan was afraid that she would get in trouble if others were to find out about her CSA experiences.

Shame and Self-Blame. Susan described a pervasive sense of shame and self-blame because of her CSA experiences. There are multiple factors that may have contributed to these feelings, including her mother's grooming tactics, a lack of education about CSA, lack of insight into mental health and mental health issues, and Susan's desire to be a "good person." Susan also noted that there were no opportunities for disclosure of her CSA experiences. As noted with Betsey-Anne, the response of self-blame has been found in previous research on survivors of CSA (Rape, Abuse & Incest National Network, 2016; Vir Tyagi, 2001).

Previous Therapy Experience. Susan had one previous negative therapy experience as a child. She described the experience as stigmatizing and "silly," which likely created a negative image of therapy moving forward. This early therapy experience was also mandated by her mother, which may have created a connection between her mother's authoritarian parenting style and seeking help. Similar to Betsey-Anne's experience, Shea et al. (2017) found that positive previous therapy experiences can facilitate future help-seeking behavior, which may suggest that a negative experience could have the opposite effect.

Stigma. Both during Susan's childhood and adult therapy experiences, she was acutely aware of the stigma surrounding individual therapy. In her childhood, she noted that there was no one else in her social circle that participated in therapy. As an adult, Susan noted a general stigma around mental health issues, as well as specific stigma from her church community. In the literature on psychological help-seeking, Shea et al. (2017) found that social stigma can impede help-seeking behaviors.

Motivators for Seeking Help

There are also multiple reasons why Susan may have been motivated to seek out professional help through individual counseling.

Agency, Determination, and Self-Reliance. Susan consistently noted that in the midst of isolation and exclusion, she knew that she could rely upon herself and would "fight" for herself and her well-being. Although the circumstances leading to seeking help were complex, part of her entry into therapy stemmed from a determination to fix herself and her marital relationship. After attempting multiple self-help methods to address the difficulties in her relationship, she decided to seek individual therapy when she realized that she would need professional help.

Emotional Pain. Susan sought out individual therapy due to the emotional pain she was experiencing in her relationship with her former husband. Her former husband's increasingly abusive behavior caused her to determine that self-help methods would not be sufficient. Susan also cited emotional pain as the main factor that allowed her to overcome the betrayal of her previous therapist when seeking another therapist later in her divorce. In the literature on psychological help-seeking, psychological distress was found to be a factor that facilitated seeking help (Shea et al., 2017).

Overall Experience of Journey into Individual Counseling

Susan described her overall experience of her journey into individual counseling as a continuing, unfolding story in which she pursued understanding of herself and continued to integrate her past and present experiences and identities. She experienced herself as withstanding the test of time and finding ways to be anchored throughout her life as she experienced pain and isolation. This anchoring included holding on to comfort, security, and grounding as she made

her journey. Overall, Susan doesn't identify as a survivor of CSA, although she is familiar with the language and understands how her experiences fit the description of 'survivor'. Instead, she focuses on her autistic identity as a primary aspect of how she conceptualizes herself and self-identifies to others.

Researcher Reflexivity

At the beginning of this dissertation, and before I began recruiting participants, I reflected on my history and experience with adult survivors of CSA, in how it influenced my decision to focus on adult survivors in research, how it might color my interpretation of the data, and how I might anticipate the impact of exploring stories of harm and abuse with participants. At the conclusion of the study, as I reflect on my own journey through this process, I return to my interpretation of the results and experience exploring the participants' stories.

In Betsey-Anne's narrative, it was a more fluid process to re-story the data, as there were elements that fit well with my understanding of the dynamics of CSA, particularly the visible grooming process and perpetration by a male family member. The potential danger in this fluidity is that I might have taken familiar elements and created a narrative that fit into my understanding, at the risk of omitting contradicting data. I sometimes had to pull back from the re-storying process and read through transcripts in order to keep my own interpretations in check.

In Susan's narrative, it was a more challenging process as there were elements of her story that did not fit my conceptions of CSA. Specifically, her experience of perpetration by a female family member, as well as her later lack of identification as a survivor. Although there is no monolith regarding the experiences of adult survivors, these differences related to gender and identity surprised me and caused me to spend more time considering how I would re-story

Susan's narrative. As with Betsey-Anne's narrative, it was important to continually return to the data and check my interpretations.

As I consider the ways that my previous knowledge and experiences with CSA influenced my portrayal of the results, I am grateful for the built-in checks integrated at the beginning of the study, including the use of an auditor and member check interviews. In one case, the auditor found a gap in the data collected from Susan, which resulted in the addition of a clarifying question in our second interview that provided invaluable data about her experiences looking for a therapist. The auditor of my study also consistently provided me with reflections in which she considered the impact of my perspective as a male in how I presented the participants' narratives.

I also considered the impact of being male identified in the process of interviewing participants and writing the results. I was most aware of this during the interview process. One way that I noticed myself attending to the difference in gender was by assuring participants that they did not need to share any explicit details of their experiences of abuse and help-seeking that they did not feel comfortable with. I was also aware of an urge to over emphasize the impact of male perpetration, perhaps to implicitly acknowledge our gender differences and provide assurance that I was a 'safe' male. When I was aware of this urge, I did my best to refrain from introducing this sense of anxiety into the interview and focus on the questions in my interview protocol.

When it comes to the process of listening to the participants' narratives, this was the first time I sat with adult survivors of CSA in the role of a researcher. As a clinician, I am typically facilitating a process in which I am providing interventions oriented toward specific therapeutic goals. As a researcher, I was asking questions for the sole purpose of gathering data. I found that

it was more challenging in the researcher role, as I sometimes felt directionless in the conversation. There were questions and directions of exploration that made sense to me clinically, but as a researcher I needed to avoid a clinically driven dialogue to focus on gathering information.

One way this challenge of dialogue showed up was in navigating the line between the need for detail and the sensitivity to forego questions to maintain the comfort of the participant. Sometimes in clinical work it is important to have specific details of events in order to better understand the client's affective or behavioral response and use the appropriate intervention. As the focus of my research was on the overall journey of seeking help, many times it was not appropriate to probe further about experiences of harm or dive deeper into the participant's affective response. Sometimes it felt as if I was doing something wrong, and I had to continually remind myself about my role as a researcher.

In terms of my emotional response, when I began the study, I imagined that my felt experience would be similar as in my role as a clinician. In other words, I thought that the emotional impact of hearing stories of CSA would feel familiar, and that I would be prepared to contend with my own emotional response. This was true to the extent that I was comfortable engaging in emotionally painful conversations with the participants without becoming overwhelmed. However, what I realized after the interviews and writing up the results is that the participants' stories were on my mind more so than what I typically experience with clients. After further reflection, I wondered if the difference was that in a therapeutic setting, I take information and engage in a process of change, while in a research setting I only represented the data. In other words, in the clinical setting I am actively involved in a process of change, which

is a continual process of meaning making. As a researcher, I am simply portraying the results as accurately as possible without engaging in change.

Reflection on Methodology

As a narrative inquiry study, there is an emphasis on depth of narrative rather than breadth and connection of data between participants. Each of the participants was considered individually, and although there was overlap in aspects of their journeys, the goal was not to make connections but rather understand the complexity of each individual narrative. Consequently, after presenting an analysis of the data, it is worth considering that the methodology has its limitations. For example, with two participants, the data derived from this study is not representative of a majority of survivors. Additional participants might have provided richer information and data relative to the journey into individual counseling. Additionally, the method of data collection relies on participants' memories, which in this case span decades of life. Memory is not always a reliable form of data, and there may be important elements of experience that have been lost or changed over the years.

Implications for Clinical Practice

The results of the current study provide implications for clinical practice with adult women who are survivors of CSA. One implication relates to clients' presenting problems. Although clinicians typically complete an intake process in which they ask about aspects of the client's history and determine the current need for treatment, it is possible that there are underlying concerns that may not be addressed up front. In the case of each of the participants in the current study, although they eventually targeted the effects of CSA in therapy, they did not present CSA as a focus of treatment. In each case, it was important for the clinician to inquire specifically about CSA and the possible impact on their historical and current difficulties. It is

also worth noting that the sample included two people whose abuse was never formally reported, either through child protective services or another legal authority, and whose disclosure occurred in adulthood. The secret of the abuse was also kept within the family, and the perpetrators did not face any consequences. Entering treatment may look different for those who disclosed earlier in life or whose abuse was formally reported.

Clinicians should also remain sensitive to how they inquire about CSA and target its effects as a focus of treatment. Although it appeared important that an external individual was bringing CSA into focus, each participant presented with real needs that did not have to constitute a 'distraction' to addressing CSA. In other words, although clinicians have access to literature illustrating the varying levels of impact that CSA can have on an individual, that does not necessitate CSA as the source of all clinical concerns, and a client's decision not to address CSA does not necessarily indicate avoidance.

Susan's experience with her therapist illustrated the difficulties of addressing CSA in therapy. Clients present with complex narratives regarding the many life experiences that impacted the effect of CSA on their lives, and may enter therapy with a commingled desire to address the impact of CSA and avoid the pain associated with their past experiences of harm. It is a painful process that should be approached with respect and sensitivity, and with an ear toward the impact that the work of recovery is having on clients. Although clinicians sometimes have an insight into the process of counseling that clients do not, clinicians should consider the feedback of their clients in balance with their professional opinions about the course of treatment. Clinicians should consider a direct but reflexive approach of addressing CSA. It is important to gather information about past abuse, assess the impact on the client's well-being, and make recommendations about, and engage in, a course of treatment, while soliciting ongoing

feedback about the impact or need of the treatment of CSA, and scaling back when necessary for the client's well-being. If clinical treatment has gone in different directions over time, it makes sense to periodically check in with the client about CSA, to determine if it is appropriate to reintroduce as a focus of treatment.

Clinicians may also consider gaining insight into the salient aspects of their clients' journeys into counseling, particularly the barriers or motivators that played a role in seeking help. For example, each of the participants in the current study had negative past experiences in counseling. It may be important to explore these kinds of experiences to be able to determine the impact on seeking help, and the ways it might shape how they approach their current therapy.

Susan's experience with a therapist who acted unethically also provides an important reminder of counselors' responsibility in behaving ethically and doing no harm to their clients. Clinicians should not only reference the ethical mandates of their respective professions but make individual determinations about their work with clients to determine if, even if acting within ethical mandates, their choices are in the best interest of their clients. This includes personal relationships with clients, as well as the frequency and intensity of treatment. It is essential to listen to the feedback of clients and respond accordingly.

Beyond working individually with survivors, clinicians should consider their work with parents or in CSA prevention. Some factors to consider include educating children about boundaries, identifying appropriate and inappropriate behaviors of adults, and providing tools for children to be able to advocate for themselves. It is also important for parents to be aware of possible indicators of abuse, as well as how they might cultivate an environment in which children feel safe to disclose possible experiences of abuse. Ultimately, the results of this study

illustrate the need to remain vigilant and proactive, an insight that would be important for any current or future parent.

Finally, in discussing the treatment of CSA in therapy, it begs the question of the minimum level of competency needed for clinicians to work ethically with survivors. Given the likelihood that clinicians will encounter this population, and the complex nature of CSA, some level of competency is imperative to engage in the treatment of CSA. As previously noted, neither of the participants in this study entered therapy for the purpose of addressing CSA, and it necessitated insight on the part of the clinician to explore and identify the connection of past abuse to current clinical issues. Clinicians should at minimum seek out literature and training regarding the nature of CSA, the multifaceted impact of abuse on the varying aspects of a survivor's life, and ethical treatment of CSA in therapy.

Clinicians may also need to consider whether they have the expertise to treat clients who are seeking therapy to address CSA, or who disclose CSA during the course of therapy. This is an issue that extends beyond the individual practitioner, in that graduate training programs may offer no formal training in the dynamics or treatment of CSA. Given the likelihood that clinicians will encounter survivors of CSA in therapy, training programs should assess whether CSA is included as a focus of training, and consider either integrating CSA into existing courses, or create additional courses or specialized trainings that focus on the treatment of CSA.

Implications for Future Research

As noted at the beginning of the study, there is a dearth of research examining the help-seeking behaviors of adult women who are survivors of CSA. The current study provides some initial insight into the help-seeking behaviors of women who are adult survivors of CSA. There

are multiple avenues of future research that could contribute to the literature on the help-seeking behaviors of adult survivors of CSA.

One avenue of research includes gaining insight into specific factors that are barriers or motivators to seeking individual therapy, or any other kind of psychological treatment. In each of the participant's narratives there were various factors, both individual and systemic, that appeared to either push them toward individual therapy, or provide a reason to avoid seeking help. It may be helpful to gain a deeper understanding into common reasons why a survivor may or may not seek out individual therapy, and how those factors interact with each other to ultimately result in engaging in therapy or avoiding it altogether. As seeking therapy is a process that unfolds over time, it may also be helpful to understand at what point these factors culminate in decision-making over time. This information could be helpful in augmenting the existing literature on psychological help-seeking, in order to determine if there are any factors unique to survivors in comparison to the general population.

Another area of potential future research involves identifying the specific reasons why adult survivors of CSA seek out individual therapy. In the current study, both participants sought out therapy for reasons other than addressing CSA; there was a crisis or inciting event that propelled the participant to seek help. Interestingly, both of the participants were also 40 when they sought help. It may make sense to gain deeper insight into the reasons why survivors seek out therapy, when they decide to seek therapy, and whether these reasons are connected to factors that are barriers or motivators to entering individual therapy or other kinds of treatments.

Future research could focus on survivors' preferences for psychological treatment. The current study was focused on individual counseling, which would make sense as to why it was a preference for participants. However, results also indicated pushback against forms of treatment

that were either in a group setting or were perceived as more exposing. Grossman et al. (2009) found that survivors utilized group counseling at a higher rate than individual counseling. It may be helpful to determine if there are differences between utilization of treatment types and preferences for treatment types.

One other potential avenue of research is on individuals' experiences of addressing CSA in therapy. Both participants in the current study identified significant emotional turmoil when directly confronting the impact of their past CSA experiences. Future research may need to focus on the efficacy of different approaches to recovery from CSA in therapy and considerations in promoting clients' resilience or longevity in treatment. It may also be important to consider comparing the type of treatment, outcome of treatment, and impact on individuals' well-being during the course of treatment.

Conclusion

This narrative inquiry study on adult female survivors of CSA provides a new research perspective on the journey into individual counseling. As an exploratory study, Betsey-Anne's and Susan's narratives provide important initial data about the help-seeking behaviors and experiences of adult women survivors of CSA. The resulting data provides new possibilities for future research, as well as important considerations for clinical settings.

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Appendix A
Demographic Information Questionnaire

Thank you for your interest in participating in research about adult female survivors of childhood sexual abuse and their journey into individual counseling. This Demographic Information Questionnaire is for you to provide information about yourself and should take 5-10 minutes to complete. The information you provide will be used to determine if you meet the inclusion criteria for continuing to participate in the study. I will contact you via an email address you will provide to let you know whether or not you are invited to continue participation. Please click the right arrow button below to be directed to the questionnaire.

Instructions: Please complete the following items to the best of your ability. I encourage you to answer as many questions as you feel comfortable with. For some of the questions, a response is needed to determine whether you meet inclusion criteria for the study. When you are done, please click the right arrow to submit your questionnaire.

What is your Age? _____

What is your Race/Ethnicity? _____

What is your Gender? _____

What is your Sex (assigned at birth)? _____

What is your Sexual Orientation? _____

What is your current Relationship Status? _____

What is your highest level of completed education (e.g., high school, college)?
_____

Use the following definition of childhood sexual abuse to answer the questions that follow:

Child sexual abuse is the involvement of a child in sexual activity that she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:
—the inducement or coercion of a child to engage in any unlawful sexual activity;
—the exploitative use of a child in prostitution or other unlawful sexual practices;
—the exploitative use of children in pornographic performance and materials.

Did you experience multiple incidents (more than one incident, occurring over a period of time, and/or at multiple points in time, up to the age of 18) of childhood sexual abuse (by the same or different perpetrators)?   Yes   No

At or between what age(s) did you experience the childhood sexual abuse (CSA)?
_____

Are you currently attending individual counseling?   Yes   No

How many times per month, on average, are you currently participating in individual counseling? _____

How long have you been attending your current course of individual counseling? _____

Have you addressed your experiences of CSA in either past or current individual counseling?
Yes   No

Estimate the percentage of your total time in counseling (across all experiences of therapy) that has been used to address your experiences of CSA: _____

When you have completed your responses to the questions above, please click the right arrow below.
[When participants click the right arrow, a screen with the following message will appear].

Thank you for completing the Demographic Information Questionnaire. Please provide a private email address and personal phone number where the researcher can contact you. The researcher will use this email address to contact you to inform you about the next steps, and may attempt to contact you at the phone number should they be unable to reach you by email.

[spaces to provide an email address and phone number will appear here]

Appendix B
First Interview Protocol

Introduction Script

Thank you for agreeing to participate in this study. Before we get started, I want to make sure that you can hear and see me well. Are my audio and video coming through clearly? *(If yes, confirm that you can hear the participant as well. If not, resolve any technical problems before continuing.*) Your privacy is very important to me, so I want to check a couple of things before we begin. First, are you in a private location where you will not be overheard or interrupted? (*Wait for the participant's response. If the response is yes, continue. If the response is no, encourage the participant to move to a private location where they won't be overheard. If they cannot find a private location, reschedule for another time. Remind the participant that you value their privacy and want to make sure they are in a confidential location where they feel comfortable to speak freely*.) Ok. (*If the participant is wearing headphones, thank them for using headphones. If not, ask them if they have headphones available and encourage them to use them for added privacy*).

Now, I would like to give you an overview of our conversation today. In order to transcribe your interview and identify the themes of our conversation, I will be recording our interview today. I will tell you when I begin and end a recording. We will begin by talking about your childhood family and environment and then move on to a discussion about your experiences of childhood sexual abuse. Then we will talk about your experiences seeking out and obtaining individual counseling. If any part of our conversation becomes difficult, we can take a break. Additionally, your participation in this interview is voluntary and you may stop at any time. If you would like to take a break or stop the interview, please let me know and we will stop immediately. Similarly, if you have any questions during our conversation you may ask them at any time. Finally, if you would like to clarify something you said earlier in the interview, feel free to do so. There will be time at the end of our conversation for you to add any information you think we may have missed or to add anything you think would be helpful for me to know. Before we begin do you have any questions? (*Pause. Answer questions if necessary.*) Alright, I will now begin recording. (*Start recording device/software.*) Do you agree to participate in today's interview and are you ready to complete your interview right now? (*Pause. Wait for participant response. If the participant says yes, proceed. If the participant says no, stop recording/interview and ask them whether they would like to reschedule the interview or withdraw from the study. If they would like to reschedule the interview, coordinated another time to meet for the interview. If they would like to withdraw, thank them for their time, and say goodbye.*)

Before we begin with the interview, I'd like you to choose a pseudonym that I will use in your transcript and when I present the results of my research. This pseudonym will help ensure that your identity remains confidential and that those who read my research will not be able to connect you to it in any way. Do you have any suggestion for a name we can use instead of your real name? Remember to make sure it is not similar to your actual name in any way. (*Wait for answer. If the participant picks a name that is already being used, ask them to choose another one. If they are not able to choose a name, I will assist them in choosing one.*)
Alright, let's get started.

Childhood Family and Environment Questions

Introduction Script: This first set of questions will help me understand your family and social environment growing up. I will ask you some broad questions about your family, social, and cultural environment and then we will move on to your experiences with childhood sexual abuse later. For now, just talk about your childhood environment overall.
[Following is a list of questions and areas for gathering information that I will ask, with some follow-up probes:]

1. How would you describe your family environment growing up?
    a. Caretakers and your relationship with them?
    b. Siblings and your relationship with them?
    c. Extended family you were regularly in contact with and your relationships with them?
    d. Family boundaries (e.g., rigid, open, or somewhere in-between)?
    e. Values, morals, or belief system?
2. How would you describe your social life during your childhood?
    a. School, clubs, interests, friend group?
    b. Social support system? During the time of the abuse?
    c. How did your social life either help or hinder your mental health during the time of the abuse?
3. How would you describe your environmental context during your childhood (e.g., political climate, demographics of local neighborhood, socioeconomic status)?
    a. Please describe any aspects of your cultural identity (e.g., race, sexual identity) that you feel either increased or decreased the harm of CSA.
    b. How did a religious or spiritual belief system or community impact your experiences?

Childhood Sexual Abuse Questions

Transition/Introduction Script: Now I would like to talk about your experiences of childhood sexual abuse.

1. What was your community's perception of CSA growing up?
    a. Friends, family, media, etc.?
    b. Your own perception?
2. What was the nature of your relationship with the perpetrator(s)?
    a. Family, friend, coach, etc.
    b. What is the nature of your current relationship with the perpetrator(s), if any?
3. Without going into more detail than you are comfortable with, how would you describe the nature of your CSA experiences?
    a. How did it unfold over time?
    b. How many times did you experience CSA?
    c. How long did the CSA last in each of these experiences, or overall if it occurred over a longer period of time and not in discrete instances?
4. What was your experience with disclosure of your experience of CSA?
    a. Did you have any opportunities to disclose your abuse?
    b. If you were able to disclose, what was that process like?

    c. If you were not able to disclose, why not?
    d. To whom did you disclose? (family, friends, teachers, etc.)
    e. What was the response of your community?

Help-Seeking Questions

Transition/Introduction Script: Before we keep going, I just want to check in to see how you are doing. Are there any questions you have or are there are concerns you would like to talk about? *(Pause, answer questions and address any concerns.)* Now, I would like to shift our discussion to talk about your experiences seeking, obtaining, and utilizing individual counseling.

1. Describe the time when you first considered seeking counseling.
    a. Did you want to seek out counseling, or did someone else want you to?
    b. Why did you want to seek out counseling? Or why did someone else want you to?
    c. What were your perceptions of counseling?
    d. What was your family/community's perceptions of counseling?
2. What was the process of looking for counseling like?
    a. How long did it take to find a counselor?
    b. How difficult/easy was it to have access to counselors?
    c. How did you know that you had found the right counselor?
    d. How difficult/easy was it to find a counselor proficient in CSA issues?
    e. History of times in therapy (age, type, etc.)
3. For what specific reasons did you reach out to counselors?
    a. Did you want to address CSA in counseling? Or general mental health issues?
    b. When did you address CSA in counseling?
    c. How did you end up addressing CSA in counseling?
    d. Tell me about your experience of addressing CSA in counseling.
    e. What factors helped you address CSA in counseling?
    f. Are you still addressing CSA in counseling?
4. Did you consider other helping/therapeutic options?
    a. What other avenues of help did you seek out, if any? (i.e., group therapy, support groups, religious leaders, etc.)
    b. Did you try self-help methods (i.e. books)?
5. Do you identify yourself a "survivor" of CSA?
    a. Had you heard the language of "survivor" before or during seeking counseling?
    b. Do you connect with the identification of "survivor"? Why or why not?
    c. How much/little is being a survivor integrated into your identity?
6. How have your experiences of seeking out and utilizing individual counseling impacted your perceptions of your experiences of CSA? Of your identity?

End of Interview Script:

(Turn off recording device and verbally announce that you have done so.)
Again, thank you for taking the time to speak with me today. I greatly appreciate your help in learning more about how women who are survivors of childhood sexual abuse experience their journey into individual counseling. After I say goodbye and we end the Webex session, I will

email you a list of resources as an attachment to an email. These resources provide general support for individuals who have experienced childhood sexual abuse, as well as information on mental health resources. I will also send you a link to a secure OneDrive folder where you can submit your artifact reflection document. I will include the instructions on how to use the OneDrive link in the email. Additionally, there is contact information for my advisor and the Institutional Review Board at WMU listed on the resource list if you have any questions or would like to share any concerns about our conversation or this study. You will also receive an email with a $25 gift card as a thank you for participating in my research.

After I have developed the Interim Research Text, I will contact you using the email address you provided me earlier to schedule a follow-up interview. This follow-up interview will give you a chance to review the information you provide today and to give your feedback about my Interim Research Text. Please be on the lookout for a message from me in the coming months.

This concludes the interview. I hope that you have a good rest of your day.

Appendix C
Second Interview Protocol

Introduction Script: Hello, it is good to see you again. *(Stop to take time to make sure the participant is in a private location where they cannot be overheard, is wearing headphones, and that the technology is working)*. Thank you for taking the time to participate in this follow-up interview. Today I will ask for your thoughts, feelings, and reactions to your transcript and the Interim Research Text document you were sent earlier. Our conversation today will take approximately 30-60 minutes and, as with the last interview, you may choose not to answer a question or end the interview at any time without negative consequences. I will use your pseudonym while we talk. Before we begin do you have any questions? (*Pause. Answer questions if necessary.*) Alright, I will now begin recording. (*Start recording device/software.*) Do you agree to participate in today's interview and are you ready to complete your interview right now? (*Pause. Wait for participant response. If the participant says yes, proceed. If the participant says no, stop recording/interview and ask them whether they would like to reschedule the interview or withdraw from the study. If they would like to reschedule the interview, coordinated another time to meet for the interview. If they would like to withdraw, thank them for their time, and say goodbye.*)

[Following is a list of questions and areas for gathering information that I will ask, with some follow-up probes:]

Questions:

1. Since we last met, has anything come up for you that you wish you had told me during our interview? If so, what?

2. What are your reactions to the transcript information?
   a. Does your story feel complete?
   b. What is incomplete or missing?
   c. What information, if any, needs to be corrected or clarified?
   d. Describe strong emotional responses (if any are disclosed).

3. What are your reactions to the presentation of the artifact reflection?

4. What are your reactions to the Interim Research Text document?
   a. How accurately do you think the information in the Interim Research Text document represents your experience?
   b. What information represents your experience?
   c. What information is missing from the Interim Research Text document?

5. What, if anything, does not represent your experience?
   a. What would you add or change to better represent your experience?
   b. What else, if anything, would you like me to know about how you understood your experiences of childhood sexual abuse (the meaning you make of them) and your journey into individual counseling? (You can be general or specific.)

End of interview script:
(Turn off recording device and verbally announce that you have done so.)
This concludes the interview. I want to again thank you for your participation in my research. The stories you shared during our interviews will help me and other researchers better understand what it is like for women who are survivors of childhood sexual abuse and their journey into individual counseling. I am grateful for your contribution to deepening the information about this topic. Shortly after I say goodbye you will receive an email with a $25 gift card as a thank you for participating in my research. I will also email you a list of resources as an attachment with information about general support for individuals who have experienced childhood sexual abuse, as well as information on mental health resources. Additionally, there is contact information for me, my advisor and the Institutional Review Board at WMU listed on the resources list if you have any questions or would like to share any concerns about our conversation or this study. I hope that you have a good rest of your day. Goodbye!

Appendix D
Artifact Reflection Template

Is there an artifact that you feel best represents your journey in seeking out or utilizing individual counseling after your experiences of childhood sexual abuse? Artifacts may include any personal or cultural documents, inanimate objects, or works of art. Examples include journal entries, letters, social media posts, memes, songs, artwork, physical objects, etc. There is no wrong choice for an artifact, it can be anything that is representative of your journey.

Select one artifact and write a description of how it represents or reflects your journey of seeking individual counseling. There is no required length to this description, it may be as short or as long as it takes you to fully describe your journey.

The description you provide will be a part of your information and incorporated into the rich text description that will be generated.

Name (pseudonym):

Date:

Description of the artifact:

Source of artifact (i.e., is it something that you created? Was it created by someone else? Is it a part of nature?):

Location (if it is a physical object located somewhere in the world):

Why did you choose this artifact? What meaning does it hold for you?

How does this artifact reflect your journey in seeking individual counseling?

Appendix E
Informed Consent

Western Michigan University
Department of Counselor Education and Counseling Psychology

Principal Investigator: Kelly McDonnell, Ph.D.
Student Investigator: Alex Houseknecht, M.A.
Title of Study: A Narrative Inquiry Study of Adult Female Survivors of Childhood Sexual Abuse and their Journey into Individual Counseling

You are invited to participate in this research project titled "A Narrative Inquiry Study of Adult Female Survivors of Childhood Sexual Abuse and their Journey into Individual Counseling."

STUDY SUMMARY: This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. Participation in this study is completely voluntary. The purpose of the research is to investigate the journey of adult female survivors of childhood sexual abuse (CSA) in seeking out and obtaining individual counseling and will serve as Alex Houseknecht's dissertation for the requirements of the Ph.D. in Counseling Psychology. If you take part in the research, you will be asked to complete a demographic questionnaire, participate in two interviews, complete a written reflection, and review your transcripts and written narrative created from the content of the first interview and written reflection. Your time in the study will take approximately five to six hours. Possible risk and costs to you for taking part in the study may be the time taken to participate in the study and the possibility of feeling some stress or anxiety in talking about your experiences with childhood sexual abuse and seeking individual counseling, and potential benefits of taking part may be increased self-awareness and increased knowledge in the field of psychology for serving adult survivors of childhood sexual abuse. Your alternative to taking part in the research study is not to take part in it.

The following information in this consent form will provide more detail about the research study. Please ask any questions if you need more clarification and to assist you in deciding if you wish to participate in the research study. You are not giving up any of your legal rights by agreeing to take part in this research or by signing this consent form. After all of your questions have been answered and the consent document reviewed, if you decide to participate in this study, you will be asked to click on the link to complete the Demographic Information Questionnaire.

What are we trying to find out in this study? This study aims to better understand the experiences of adult female survivors of childhood sexual abuse in their journey to seeking and utilizing individual counseling. For the purposes of you deciding whether to participate in the study, it might be helpful to have a definition of CSA: Child sexual abuse is the involvement of a child in sexual activity that she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the

other person. This may include but is not limited to: the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of a child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performance and materials.

Who can participate in this study? To participate in this study, you must meet the following criteria:
1. Participants will identify as female.
2. Participants will be 18 or older.
3. Participants will have experienced multiple incidents of childhood sexual abuse (more than one incident, occurring over a period of time, and/or at multiple points in time, up to the age of 18).
4. Participants will be attending individual counseling at least two times per month at the time of selected for inclusion in the study.
5. Participants will have addressed their history of childhood sexual abuse in some capacity in either past or current individual counseling.

Where will this study take place? This study takes place via Webex, a secure, 2-way videoconferencing platform. The researcher will conduct the interviews while in a private space, and it is recommended that you are also in a private confidential space where you cannot be overheard.

What is the time commitment for participating in this study? The total time commitment for this study is approximately five to six hours. This includes 10 minutes to complete the Demographic Information Questionnaire, three hours total for two face-to-face interviews (breaks can be taken when needed), one and a half hours to identify and reflect on an artifact, and one hour to review the initial transcript and Interim Field Text.

What will you be asked to do if you choose to participate in this study?
1. Complete a demographic questionnaire.
2. Participate in two interviews via the 2-way videoconferencing platform Webex.
3. Identify and write a reflection on an artifact (document, object, media) that represents your journey into individual counseling.
4. Review interview transcript and Interim Research Text (a narrative created from the content of the first interview and the artifact reflection).

What information is being measured during the study? As this study is qualitative in nature, no measurements will be taken. Data will be collected via interviews (which will be transcribed) and a written reflection document provided by the participant. Approximately 4-6 weeks after your first face-to-face interview, you will be contacted to complete a second face-to-face interview. The primary purpose of the second interview is to increase depth of data. The structure of the follow-up interview will be flexible and questions that may be asked will be largely based on the review and initial analysis of your in-person interview transcript and written reflection on an artifact. Prior to our scheduled second interview, you will be emailed a copy of the transcription of your own in-person interview, with any potentially identifying information removed, as well as the Interim Research Text, for reference during the follow-up interview. The

second interview will be transcribed and added to the original transcript and used in data analysis to provide an overall picture of all participants' experiences and specific themes regarding adult survivors' journeys.

What are the risks of participating in this study and how will these risks be minimized? As in all research, there may be unforeseen risks to the participant. There is the possibility of feeling some stress or anxiety speaking about your experiences of childhood sexual abuse and the process of seeking individual counseling. If you experience significant discomfort you are encouraged to stop the interview and discuss your discomfort or concerns with the interviewer (Alex Houseknecht). If you are unable to resolve your discomfort or concerns, you are free to stop the interview and withdraw from the study at any time. If you choose to leave the study there will be no personal, professional or academic ramifications, and any information collected from you will be confidentially discarded. The interviewer is a male, and if you anticipate any discomfort discussing sensitive topics with a male, it is recommended that you not participate in the study.

In addition, all participants will receive at the end of each interview by email a list of resources for additional information and support in case the process of talking about their experiences brought up any difficult emotions. If a participant expresses their intent to discontinue an interview, this resource information will be shared with a participant and they will be encouraged to seek out the resources and/or contact their therapist.

What are the benefits of participating in this study? A potential benefit of participating in this study is increased self-awareness as the interview is an opportunity for you to speak about your own thoughts, feelings, beliefs, and behaviors regarding past experiences of CSA and the journey of seeking individual counseling.

In regard to the professional benefit of this study, your participation in this research may lead to a better understanding of the experiences of adult female survivors of CSA in their engagement with individual counseling. The knowledge gained could be used to help counselors by informing them of relevant issues to be considering when engaging with adult female survivors of CSA in a treatment setting.

Are there any costs associated with participating in this study? There are no financial costs for participating in this study. The only costs are those associated with the time to participate in the study.

Is there any compensation for participating in this study? You will be compensated with a monetary gift (a $25 Visa gift card after each interview) as a thank you for your time and participation. After completing each interview, a gift card will be emailed to you.

Who will have access to the information collected during this study? All identifying information and data collected from you will be kept confidential. Confidentiality means that only the student investigator will know your identity and your identifying information will not be released to anyone else, unless required by law. The principal investigator, Dr. Kelly McDonnell, who is supervising this dissertation, and other members of my doctoral committee may see data.

However, any information that would identify you will not be included in the data they would see.

Your information will be protected in the following ways:

1. The interviews will be recorded (audio only) on the secure Webex system and with QuickTime on the interviewer's password-protected computer (as a backup). Once the interviews have been transcribed, all audio recordings will be confidentially destroyed.
2. Any information that may identify you (e.g., name) will not be included in the transcript of your interviews. The transcript will be read twice by the student investigator to check for and remove any potential identifying information.
3. All documents that are identified with your pseudonym and not your real name will be electronically stored and password protected on Microsoft OneDrive, a secure cloud storage solution provided through Western Michigan University. There will be a separate file with your real name and pseudonym that will be kept separately in a password protected folder on my personal computer that only I, the student investigator, will have access to. At the completion of my dissertation defense all documents that connect your assigned pseudonym with your information will be confidentially destroyed.

A copy of the data and the final manuscript, with all potential identifying information removed *(see above)*, will be electronically stored with Western Michigan University in a password protected folder for a minimum of five years. The student investigator will also maintain an electronic copy of the data and final manuscript in a password protected folder for a minimum of five years. Results of this study will be presented using pseudonyms in the student investigator's dissertation and when disseminated at professional conferences and in any publications.

What will happen to my information or biospecimens collected for this research project after the study is over? The information collected about you for this research will not be used by or distributed to investigators for other research. Results of this study will be presented using participant pseudonyms in the student investigator's dissertation manuscripts. Similarly, information presented at academic conferences and/or published in an academic journal will be done using participant pseudonyms and other deidentification.

What if you want to stop participating in this study? You can choose to stop participating in the study at any time for any reason. You will not suffer any prejudice or penalty by your decision to stop your participation. You will experience NO consequences if you choose to withdraw from this study.

Should you have any questions prior to or during the study, you can contact the Principal Investigator, Dr. Kelly McDonnell, at 269-387-5107 or kelly.mcdonnell@wmich.edu, or the Student Investigator, at (231) 742-8492 or alexander.s.houseknecht@wmich.edu. You may also contact the Chair, Human Subjects Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions or concerns arise during the course of the study.

Circumstances under which the researcher may terminate your participation: The Student Investigator may terminate your participation at any time if you do not meet all the inclusion

criteria. Your participation may also be terminated if the Principal or Student Investigator determines that continuing to participate in the study would cause you significant distress.

If you withdraw or your participation is terminated, can information about you still be used and/or collected? No.

This study has been approved by the Western Michigan University Human Subjects Institutional Review Board (HSIRB) on *[date]*. Do not participate after *[study expiration date]*.

Completing the Demographic Information Questionnaire online indicates your consent to participate in this study. If you do not agree to participate in this study, you may close out of this screen. If, after beginning, you decide that you do not wish to continue you may stop at any time. You may choose not to answer any questions for any reason. Please select the "I Agree" answer below and then the right arrow button to proceed to the Demographic Information Questionnaire.

Appendix F
Participant Recruitment Webpage

WESTERN MICHIGAN UNIVERSITY

Alex Houseknecht – Counseling Psychology Ph.D. Student
Dr. Kelly McDonnell – Advisor
Department of Counselor Education and Counseling Psychology
Western Michigan University
Kalamazoo MI 49008
[picture of the student investigator]

Participants needed for qualitative research study on adult women's experiences of seeking individual counseling after experiencing childhood sexual abuse (CSA).

You are invited to participate in a research project titled "A Narrative Inquiry Study of Adult Female Survivors of Childhood Sexual Abuse and their Journey into Individual Counseling." This project will serve as Alex Houseknecht's dissertation project for the requirements of the Ph.D. in Counseling Psychology.

Eligibility for the study:
1. You identify as female.
2. You are age 18 or older.
3. You have experienced multiple incidents of childhood sexual abuse (more than one incident, occurring over a period of time, and/or at multiple points in time, up to the age of 18).
4. You are currently attending individual counseling at least two times per month.
5. You have addressed your history of childhood sexual abuse in some capacity in either past or current individual counseling.

Potential benefits:
- Contributing to the understanding of the experiences of women survivors of CSA, particularly in seeking and utilizing individual counseling.
- Contributing to further knowledge for counselors to utilize when working with adult female survivors of CSA in individual counseling.
- $25 Visa gift card after the first interview, and $25 Visa gift card after the second interview as a thank you for participating.

Participation involves:
1. Two face-to-face interviews via Webex videoconferencing software.
2. Description and written reflection on an artifact (document, media, or object) that represents your journey of seeking and utilizing individual counseling.
3. Reviewing the transcript of your first interview for accuracy, as well as a draft of the Interim Research Text (a narrative created from the content of the first interview and the artifact reflection) for accuracy, and providing verbal feedback during the second interview about anything that needs to be corrected, changed, or clarified.

For more information:
Contact Alex Houseknecht at alexander.s.houseknecht@wmich.edu or at (231) 742-8492.

If you are interested in participating in this study, please click on the arrow below to link to the Informed Consent Document and Demographic Information Questionnaire to determine if you meet the inclusion criteria: *[link to Informed Consent Document]*

Appendix G
Resource List

This document contains a list of resources that may be helpful to you if you need any additional information or support regarding your mental health and experiences of CSA.

The Rape, Abuse & Incest National Network (RAINN)

The nation's largest anti-sexual violence organization. They carry out programs to prevent sexual violence, help survivors, and ensure that perpetrators are brought to justice.

National Sexual Assault Hotline (free, confidential, 24/7): 1-800-656-HOPE
Website: https://www.rainn.org

Survivors of Incest Anonymous

A 12-step, self-help recovery group modeled after Alcoholics Anonymous. It is confidential and anonymous with no dues or fees. The only requirement for membership is that you were sexually abused as a child and you want to recover. Meetings occur in cities around the U.S.

Website: https://siawso.org

isurvive.org

An online abuse survivor support group. They offer resources and forums where adult survivors of child abuse and their loved ones can seek support.

Website: https://isurvive.org

Child Molestation Research and Prevention Institute (reading resources)

A national, science-based, nonprofit organization that conducts research to prevent child sexual abuse and provides information to prevention organizations, agencies, professionals, and families to use to prevent abuse.

Reading resources: https://www.childmolestationprevention.org/reading-resources

Substance Abuse and Mental Health Services Administration (SAMHSA)

The agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the mental and behavioral health of the U.S. Their mission is to reduce the impact of substance abuse and mental illness on America's communities.

Treatment finder: https://findtreatment.samhsa.gov

Should you have any questions or concerns about the study, you can contact the Principal Investigator, Dr. Kelly McDonnell, at 269-387-5107 or kelly.mcdonnell@wmich.edu, or the Student Investigator, Alex Houseknecht, M.A., at 231-742-8492 or alexander.s.houseknecht@wmich.edu. You may also contact the Chair, Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions or problems arise during the course of the study.

Appendix H
First Interview Memo

Date: Length of Interview:

Interviewee Pseudonym:

Main Ideas:

Overall Impression:

Thoughts on the Process:

Appendix I
Second Interview Memo

Date: Length of Interview:

Interviewee Pseudonym:

Main Ideas:

Overall Impression:

Thoughts on the Process:

Appendix J
Codebook Template

Code	Description	Example

Appendix K
Audit Log

Date	Step Taken of Research Process	Purpose	Was a change made from the original plan? If yes, why?	What happened?	Were there any alternatives to what happened?	What would have been the consequence of the alternatives not taken?

Appendix L
HSIRB Approval Letter

Date: June 14, 2022

To: Kelly McDonnell, Principal Investigator
    [Co-PI], Co-Principal Investigator

Re: Initial - IRB-2022-117
A narrative inquiry study of adult female survivors of childhood sexual abuse and their journey into individual counseling

This letter will serve as confirmation that your research project titled "A narrative inquiry study of adult female survivors of childhood sexual abuse and their journey into individual counseling" has been reviewed by the Western Michigan University Institutional Review Board (WMU IRB) and**approved** under the **Expedited** 7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

The conditions and duration of this approval are specified in the policies of Western Michigan University. You may now begin to implement the research as described in the application. **Please note:** This research may **only** be conducted exactly in the form it was approved. You must seek specific board approval for any changes to this project (e.g., *add an investigator, increase number of subjects beyond the number stated in your application, etc.*). Failure to obtain approval for changes will result in a protocol deviation.

In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the IRB or the Associate Director Research Compliance for consultation.

The Board wishes you success in the pursuit of your research goals.

Sincerely,

Amy Naugle, Ph.D., Chair

WMU IRB

For a study to remain open after one year, a Post Approval Monitoring report (please use the continuing review submission form) is required on or prior to (no more than 30 days**) June 13, 2023** and each year thereafter until closing of the study. When this study closes, complete a Closure Submission.
Note: All research data must be kept in a secure location on the WMU campus for at least three (3) years after the study closes.