



Western Michigan University
ScholarWorks at WMU

Dissertations

Graduate College

8-1996

A Qualitative Exploration of Women Survivors' Disclosure of Childhood Sexual Abuse

Joanne Dodgson
Western Michigan University

Follow this and additional works at: <https://scholarworks.wmich.edu/dissertations>



Part of the Child Psychology Commons, and the Counseling Commons

Recommended Citation

Dodgson, Joanne, "A Qualitative Exploration of Women Survivors' Disclosure of Childhood Sexual Abuse" (1996). *Dissertations*. 1691.

<https://scholarworks.wmich.edu/dissertations/1691>

This Dissertation-Open Access is brought to you for free and open access by the Graduate College at ScholarWorks at WMU. It has been accepted for inclusion in Dissertations by an authorized administrator of ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.



A QUALITATIVE EXPLORATION OF WOMEN SURVIVORS'
DISCLOSURE OF CHILDHOOD SEXUAL ABUSE

by

Joanne Dodgson

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Education
Department of Counselor Education and Counseling Psychology

Western Michigan University
Kalamazoo, Michigan
August 1996

A QUALITATIVE EXPLORATION OF WOMEN SURVIVORS' DISCLOSURE OF CHILDHOOD SEXUAL ABUSE

Joanne Dodgson, Ed.D.

Western Michigan University, 1996

In clinical literature regarding adult survivors of childhood sexual abuse, disclosure of abuse is considered a vital aspect of healing (Courtois, 1988; Herman, 1992). Despite the apparent significance of disclosure, few studies have been conducted to investigate this process. Integrating feminist and qualitative research perspectives, I sought to explore disclosure through the stories, language, and perspectives of women survivors. I was interested in learning about the following issues: (a) the ways in which survivors' disclosure unfolded, (b) the ways in which survivors understood and made meaning of their disclosures, and (c) the ways in which survivors' lives changed through the process of telling others about their histories of abuse.

Semi-structured interviews were conducted with eight women survivors. Analysis of the interview data was informed by grounded theory (Strauss & Corbin, 1990). Member checks (Patton, 1988) were utilized to elicit participants' feedback regarding my analysis. A research journal was maintained throughout the study to document my observations and analytic process.

Disclosure was found to consist of two major components: survivors' coming-to-voice, or movement from being silent to speaking

about the abuse; and survivors' meaning-making, or development of meanings related to their disclosure experiences. Survivors' coming-to-voice was influenced by: (a) survivors' reasons for disclosing, (b) risks survivors associated with disclosing, and (c) survivors' prior disclosure experiences during childhood, adulthood, and/or in therapy. In their meaning-making, survivors developed meanings about: (a) self, (b) relationships with the persons told about the abuse, (c) childhood sexual abuse as a social phenomenon, and (d) disclosure as a healing process.

The results of the study shed light on the inter-relationships among disclosure experiences, the complexity of survivors' coming-to-voice, the reconstructions of relationships with self, others, and community which developed through survivors' meaning-making, and survivors' perspectives about disclosure as healing. The results indicate that therapists need to address issues related survivors' coming-to-voice and meaning-making, support survivors' empowerment and ownership of their voice, and remain aware of their power to influence survivors' disclosure to family and friends.

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

UMI

A Bell & Howell Information Company
300 North Zeeb Road, Ann Arbor MI 48106-1346 USA
313/761-4700 800/521-0600

UMI Number: 9640072

UMI Microform 9640072
Copyright 1996, by UMI Company. All rights reserved.

**This microform edition is protected against unauthorized
copying under Title 17, United States Code.**

UMI
300 North Zeeb Road
Ann Arbor, MI 48103

ACKNOWLEDGMENTS

I am deeply grateful for my many companions on this journey who have supported and guided me along the way. Many heartfelt thanks to my doctoral committee: Jim Croteau, who believed in this study from its inception and challenged me to keep striving to put into writing that which I had come to know; Karen Blaisure, whose guidance moved me towards deeper understandings and fostered growing trust in my voice; Suzanne Hedstrom, who has offered continual support since my first experience in the doctoral program when I attended her class; and Richard Oxhandler, whose own life journey offers a model for listening to and trusting one's voice. I also greatly appreciate Melanie Warnke's belief in my work and valuable contributions to the development of this study.

I am ever grateful to my family who has cheered me on through it all. And, many thanks to my dear friends who have kept my spirits soaring with their love, endless encouragement, and joyful celebrations of my many small steps during this process.

Most of all, to the women survivors who participated in this study: Thank you for sharing your stories so that we may all better understand. Your courage to speak your truth is inspirational. Your powerful voices echo in my heart and soul, strengthening and empowering my own voice as I continue on my way.

Joanne Dodgson

TABLE OF CONTENTS

ACKNOWLEDGMENTS.....	ii
LIST OF FIGURES.....	viii
CHAPTER	
I. OVERVIEW OF DISSERTATION.....	1
Introduction.....	1
Methods.....	5
Participant Selection.....	6
Data Collection and Analysis	8
Protection of Participants	10
Results.....	11
Coming-to-Voice.....	11
Meaning-Making	14
Discussion	17
Discoveries Related to Survivors' Disclosure Process	17
Implications for Practice.....	24
Implications for Future Research.....	28
II. REVIEW OF RELATED LITERATURE.....	34
Introduction.....	34
Childhood Sexual Abuse	35
Prevalence of Childhood Sexual Abuse.....	35

Table of Contents—continued

CHAPTER

Long-Term Effects of Childhood Sexual Abuse	37
Context of Secrecy and Silence.....	39
Adulthood Disclosure	44
Definitions of Disclosure.....	44
Purposes for Disclosure	47
Effects of Disclosure.....	48
Relational Contexts of Disclosure	52
Conceptual Framework Grounding Exploration of Disclosure.....	56
Self-in-Relation Model.....	57
Feminist Perspectives About Silence and Voice.....	59
III. RESEARCH METHODOLOGY.....	61
Overview.....	61
Conceptual Framework for Methodology: Integrating Qualitative and Feminist Research Perspectives	62
Research as Value-Bound.....	62
Women's Stories as Data	64
Constructed Realities	64
Researcher-Participant Relationships	65
Empowerment.....	66
Researcher-as-Instrument	68
Research Questions.....	71

Table of Contents—continued

CHAPTER

Research Procedures	71
Participant Selection.....	72
Data Collection and Analysis	76
IV. RESULTS	94
Context of the Study.....	94
Participants.....	96
Overview of Survivors' Disclosure Process.....	97
Persons and Settings Involved in Disclosure.....	98
Content of Survivors' Disclosures.....	99
Survivors' Terminology for "Disclosure"	100
Coming-to-Voice and Meaning-Making	101
Coming-to-Voice: From Being Silent to Having Voice.....	102
Influence of Reasons for Disclosing: Motivations Toward Voice.....	104
Influence of Risks Related to Disclosing: Vulnerabilities of Voice	118
Influence of Prior Disclosure Experiences: Lessons Learned About Voice	126
Meaning-Making: Understanding Self, Relationships, Childhood Sexual Abuse, and Disclosure.....	136
Meanings About Self and Voice: Moving Toward New Understandings.....	137
Meanings About Relationships With Persons Told: Finding Out Who Her Real Friends Are.....	147

Table of Contents—continued

CHAPTER

Meanings About Childhood Sexual Abuse as a Social Phenomenon: Personal is Political.....	151
Meanings About Disclosure: A Healing Process.....	152
V. DISCUSSION	157
Overview of Results	157
Discoveries About Disclosure.....	159
Inter-relationships Among Disclosure Experiences.....	160
Complexity of Survivors' Coming-to-Voice	164
Reconstructions of Relationships With Self, Others, and Community Through Meaning-Making.....	167
Survivors' Perspectives About Disclosure as Healing.....	170
Strengths and Limitations of the Study.....	171
Implications for Practice.....	173
Attention to Survivors' Coming-to-Voice and Meaning-Making	173
Support of Survivors' Empowerment and Ownership of Voice.....	174
Awareness of Therapists' Influence on Survivors' Disclosure to Family and Friends.....	176
Implications for Future Research	177
Recommendations Regarding Methodology.....	178
Further Investigation of Disclosure With Varying Participant Samples.....	179

Table of Contents—continued

CHAPTER

Further Exploration of Relationship Changes Associated With Disclosure.....	181
Closing	182

APPENDICES

A. Approval Letters From Human Subjects Institutional Review Board	184
B. Researcher's Script: Eliciting Therapists' Involvement in Recruiting Prospective Participants.....	188
C. Recruitment Materials: Cover Letter to Therapists.....	192
D. Recruitment Materials: Informational Statement	195
E. Recruitment Materials: Interest Forms.....	198
F. Researcher's Script: Telephone Screenings of Prospective Participants.....	202
G. Interview Guide.....	209
H. Informed Consent Statement.....	217
I. Participant Form	222
J. Master List of Participants.....	224
K. Member Checks Interview Guide	226
L. Follow-up Letter to Participants	229
BIBLIOGRAPHY.....	231

LIST OF FIGURES

1. Descriptive Model Illustrating Major Aspects of Survivors' Disclosure Process.....	12
--	----

CHAPTER I

OVERVIEW OF DISSERTATION

The purpose of my study was to explore women survivors' disclosure of childhood sexual abuse. In this first chapter, an overview of the dissertation is provided. The overview includes the following sections: (a) introduction, including a brief review of related literature and a rationale for the study; (b) methods, including a summary of methods employed for participant selection and data collection and analysis; (c) results, including a summary of the research results; and (d) discussion, including discussion of the study's discoveries about disclosure and implications for practice and future research. More in-depth description of the study is provided in the following chapters of the dissertation: (a) Chapter II, Literature Review; (b) Chapter III, Methodology; (c) Chapter IV, Results; and (d) Chapter V, Discussion.

Introduction

The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma. (Herman, 1992, p. 1)

Childhood sexual abuse occurs at an alarming rate in the lives of female children, with estimates indicating that 1 out of 3 girls is sexually abused before the age of 18 years (Russell, 1986). The context of secrecy and silence, within which abuse occurs and remains hidden, is a significant aspect of the trauma of childhood sexual abuse (Brown, 1991; Courtois,

1988; Herman, 1992; Russell, 1986). In clinical and research literature, it is well-documented that secrecy about abuse is often maintained by women survivors into their adult lives (Courtois, 1988; Frawley, 1990; Lamb & Edgar-Smith, 1994; Lister, 1982; Roesler & Wind, 1994; Russell, 1986).

A common theme in the clinical literature related to adult survivors is the significance of "breaking the silence" or disclosing about childhood sexual abuse (Courtois, 1988; Dinsmore, 1990; Frawley, 1990; Herman, 1992). Disclosure of childhood sexual abuse is generally considered a significant aspect of survivors' healing related to their childhood trauma (Courtois, 1988; Herman, 1992). One study confirms the healing effects of disclosure (Harvey, Orbuch, Chwalisz, & Garwood, 1991), although another study reported inconclusive findings regarding the relationship between disclosure of abuse and adult functioning (Lamb & Edgar-Smith, 1994).

Some clinical literature also indicates that disclosure may have disruptive effects in survivors' lives as they may experience guilt and shame about betraying the family secret (Courtois, 1988; MacFarlane & Korbin, 1983) and painful emotions related to memories of the abuse (Gelinas, 1983). Craig McNulty and Jane Wardle (1994) suggest that hostile and rejecting responses to disclosure may increase survivors' vulnerability to and experience of psychological distress and symptomology. A common theme in clinical literature (e.g., Courtois, 1988; Herman, 1992; McNulty & Wardle, 1994) is the need for therapists to carefully prepare survivors for their disclosure to family members so as to alleviate the risk for disruptive effects.

Despite the apparent significance of survivors' disclosure and the attention which disclosure has received in clinical literature, very limited research has been conducted to learn about disclosure. Summaries of two recent studies which provide information about disclosure are provided below. A more detailed literature review is provided in Chapter II.

Two recent studies are the first to provide some detailed information about survivors' disclosure process. In their exploration of the relationship between survivors' disclosure and healing, Sharon Lamb and Susan Edgar-Smith (1994) conducted telephone interviews with 60 women and men who were survivors of childhood sexual abuse. In the interviews, the following information was obtained on up to 16 disclosure experiences for each interviewee: survivors' age at the time of disclosure, survivors' relationship with person they told, how the disclosure came about, others' responses to disclosures (based on a checklist provided by interviewer), and survivors' numerical rating of the helpfulness of the persons who they told. A symptoms checklist was also used to measure adult functioning.

The results of the study indicate that the majority of the survivors did not disclose about abuse until age 18. Survivors were more likely to disclose, as adults, to family members other than siblings or parents, to friends, and to helping professionals. Survivors most commonly disclosed when they were responding to an evocative experience such as a television show about abuse and in order to get support. The results indicate that the number of disclosures, helpful or non-helpful, had no relationship with adult socioemotional functioning. This research suggests that repeated disclosures and others' responses to disclosures

were not significant mediators of adult functioning. Although the findings were considered inconclusive regarding the healing effects of disclosure, this study provides valuable information about when, to whom, and why survivors tell others about their histories of childhood sexual abuse.

Thomas Roesler and Tiffany Wind (1994) utilized questionnaires to survey survivors about their disclosures to the first persons they told about the abuse. The questionnaires were designed to obtain information about the identity of the first persons told about the abuse, why survivors waited to tell, why survivors told, and the responses of the persons who were told. Based on the information provided by 228 women survivors of incest, the average age of first disclosure was 25 years. When first disclosures occurred in adulthood, survivors most often told their friends, partners, and therapists about their histories of abuse. The most common reasons for disclosure were wanting to heal, feeling safe in a relationship, and retrieving memories of the abuse. A scale was used to measure the supportiveness of the reactions which survivors received to their disclosures. In comparison with childhood disclosures, adulthood disclosures were more often met with supportive reactions from those whom survivors told about the abuse.

These studies provide valuable information about disclosure. Yet, I sought to learn about disclosure through methodology which focused on gathering women's stories about disclosure without the use of pre-determined checklists or standardized measures. I aimed to understand disclosure through the stories, language, and experiences of survivors. Research (Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994) indicates that

survivors often disclose to family members and friends, yet clinical literature (e.g., Herman, 1992) suggests that family disclosures call for specialized preparation. To better understand how survivors disclose to significant others in their personal lives, I sought to elicit survivors' stories and perspectives about telling their family members and friends about their histories of childhood sexual abuse.

Methods

The design and implementation of the research methods were grounded in feminist and qualitative research perspectives. Qualitative methods are effective for uncovering themes and meanings in individuals' natural language and understandings (Polkinghorne, 1991). Feminist researchers (e.g., Du Bois, 1983; Reinharz, 1982) posit that understandings of women's lives need to be grounded in women's language and lived experience. Integrating feminist and qualitative research perspectives, I designed this study to explore the following questions:

1. What is the context (e.g., setting, timing, purpose) and the content of survivors' disclosure to their family members and friends?
2. How do women survivors make meaning of their adulthood disclosure experiences?
3. How are survivors' lives impacted by their disclosures?

The research design was approved by Human Subjects Institutional Review Board (see Appendix A).

In the sections below, the following aspects of the methods utilized in this study are described: (a) participant selection, (b) data collection and

analysis, and (c) protection of participants. A more detailed description of research methods is provided in Chapter III.

Participant Selection

Participants were recruited through therapists who worked in two counseling agencies located in two midwestern cities. I personally contacted therapists to elicit their participation in the selection process (see Appendix B). Therapists who were interested in participating received a letter (see Appendix C) and written materials (see Appendix D & E) to be utilized for informing appropriate clients about the study. Clients who were interested in volunteering for the study completed and returned an interest form (see Appendix E) to the reception desks at the counseling agencies.

Following receipt of completed interest forms, I conducted telephone screenings with the persons who indicated their interest in the study (see Appendix F). Eight of the nine persons who returned completed forms met the selection criteria and were interested in participating in the study. The following criteria were used to determine potential participants' appropriateness for the study: (a) identified as female and at least 18 years old; (b) identified as survivors of childhood sexual abuse; and (c) identified as having verbally disclosed about being survivors of childhood since the age of 18 to at least one person with whom they had a personal, familial, or social relationship. Women who were former or current clients of mine were also exempt from participation in the study.

The eight participants interviewed for this study included six Caucasian and two African American women ranging in age from 27 to 46 years. Six women were single/divorced. Two women were partnered, one in a heterosexual relationship and one in a lesbian relationship. Five women were parenting children who ranged in age from toddlers to adolescents. Educational levels ranged from completion of high school diplomas to master's degrees. Three women were attending college at the time of the interviews. Five women were employed in either full-time or part-time positions. All participants were involved in individual and/or group therapy.

For seven of the women, childhood sexual abuse had occurred on an on-going basis over the course of a number of years from early childhood into or throughout their adolescence. For one woman, the abuse had occurred repeatedly during a period of at least one week. Four women were abused by more than one perpetrator. The perpetrators of the abuse included the following (the number of women who identified a perpetrator in each category is indicated in parentheses): brother (3), uncle (3), adoptive or biological father (3), male cousin (3), adoptive mother (2), and son of family friend (1). In addition to the childhood sexual abuse described above, some participants described being sexually assaulted by male peers, acquaintances, and partners during childhood and/or adulthood. Survivors' first adulthood disclosures occurred between approximately six months and 20 years prior to our interview.

Data Collection and Analysis

For this study, the primary data source consisted of the individual interviews with participants. Additional data were generated through member checks in which I elicited participants' feedback regarding my developing analysis. I also maintained a research journal in which I documented my observations, thoughts, and reactions related to participants, interview process and content, member checks, methodological issues, and the analysis process.

The interviews were audio-taped and ranged in length from 1-1/2 to 3 hours. To conduct the interviews, I utilized an interview guide (see Appendix H) for each interview. In the interviews, I gathered demographic information and background information related to participants' history of abuse. I asked participants to describe adulthood disclosure experiences with family members and friends, seeking details about when and why they disclosed, how the other persons responded, and how survivors felt and thought about their disclosure experiences. I also sought information about whether and/or how survivors considered disclosure to be healing. At the closing of the interviews, arrangements were made for making the follow-up contact for member checks. Participants were also given an opportunity to process the interviewing experience. In each interview, the timing and wording of questions varied in order to enable each participant's stories to emerge in her individual language and style. I also sought to elicit elaboration of particular issues which may not have been included in the interview guide but which participants discussed as relevant to their disclosure experiences. I

transcribed the interviews verbatim, including non-verbal expressions such as laughter, sighs, pauses, and increased volume or emotional emphasis.

To analyze the interview data, I used coding procedures associated with grounded theory (e.g., Strauss & Corbin, 1990). In addition to my repeated reading and coding of the interview transcripts, I also developed and coded a chronologically-ordered case summary of each participant's disclosure experiences. This provided a means of carefully examining each individual's experience as well as exploring similarities and differences across the group of survivors. The analysis process also involved discussion of my emerging interpretations of the data with members of my doctoral committee and colleagues with expertise in childhood sexual abuse and/or qualitative research.

Survivors were also included in the analysis through member checks. Follow-up member checks (e.g., Lincoln & Guba, 1985; Reason & Rowan, 1981) were conducted with participants following my completion of a major portion of the data analysis (see Appendix K). For member checks, I contacted participants by telephone to elicit their feedback, reactions, and insights into my developing analysis of the interview data. With the six participants whom I was able to reach, the audio-taped member check interviews lasted approximately 30 to 45 minutes. The data which were generated through the member checks were incorporated into the analysis. In general, participants supported my analysis and identified certain issues they found particularly relevant to their experience.

Throughout the study, I also maintained a research journal in which I documented field notes (e.g., Bogdan & Biklen, 1982; Spradley,

1979), analytic notes (e.g., Lincoln & Guba, 1985; Miles & Huberman, 1984), and self-reflective notes (e.g., Lincoln & Guba, 1985; Kirkwood, 1993). The maintenance of the journal provided a systematic means for recording my observations, experiences, and analytic processes. The journal was particularly helpful as I refined codes and categories, as I could refer back to my initial impressions and earlier analyses of the data. Information from the journal is incorporated into the results and discussion.

Protection of Participants

To protect participants' confidentiality during the participant selection process, only first names were requested on the interest forms and envelopes were provided for returning the completed forms to me through the agencies' reception desks. During the interviews, participants were asked to select a pseudonym which was then utilized in all written documents regarding the study. Other identifying information was altered or limited in the transcripts as well as in this document (e.g., names of persons survivors told about the abuse were replaced with general descriptors such as "friend" or "brother;" in the dissertation, demographic information about survivors was only provided in the group description). The transcripts were also coded with a number, and a separate master list was maintained with participants' names and phone numbers and the corresponding transcript number. Following completion of the data analysis, audio-tapes were erased and the master list was destroyed. I will store the transcripts, signed informed consent statements, and research journal in a locked, secured file cabinet for five years following publication of the study.

Results

The interviews with women survivors yielded many stories about their disclosure experiences with family members and friends. My analysis of women's stories yielded a descriptive model of the process of disclosure. In this overview, a summary of the model is provided. More detailed description, including quotations from survivors' interviews, is provided in Chapter IV.

Through women's stories, I came to understand the disclosure process as consisting of two major aspects (see Figure 1). The two major aspects of the disclosure process were: (1) survivors' coming-to-voice, or movement from silence into voice; and (2) survivors' meaning-making, or development of meanings about their experiences of disclosing to family members and friends.

Coming-to-Voice

As seen in Figure 1, survivors' coming to voice was influenced by three issues: (1) survivors' reasons for disclosing, (2) risks survivors associated with disclosing, and (3) survivors' prior disclosure experiences. These three influences shaped how survivors thought and felt about telling family members and/or friends about their histories of childhood sexual abuse as well as how they actually went about disclosing.

The first influence of coming-to-voice was survivors' reasons for disclosing. Survivors' reasons for disclosing included internal motivating factors, such as their heightened inner knowing about the abuse and their intuitive feelings about the safety or appropriateness of telling in certain

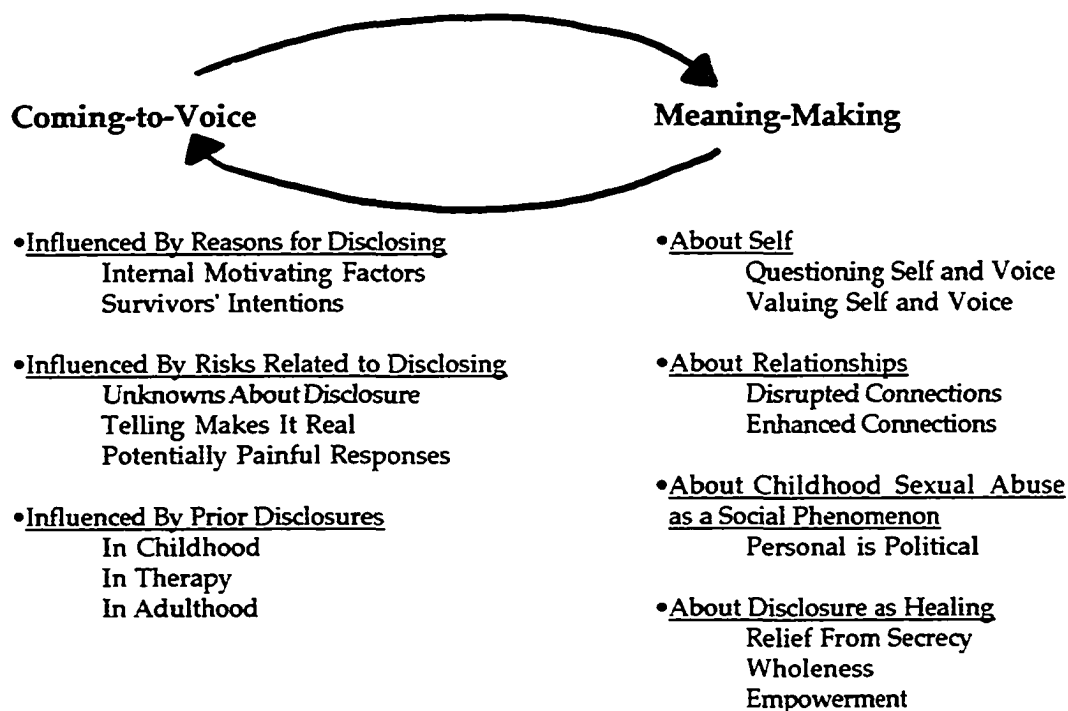


Figure 1. Descriptive Model Illustrating Major Aspects of Survivors' Disclosure Process.

situations. Survivors' reasons for disclosing also included survivors' intentions, such as seeking emotional support and protecting others from abuse. Survivors' reasons were generally strong motivators of their coming-to-voice. More than one reason often influenced survivors' coming-to-voice in a particular situation.

The second influence of survivors' coming-to-voice was the risks they associated with disclosing about their histories of abuse. These risks associated with disclosure generated hesitancy and caution in survivors' coming-to-voice. Survivors were concerned about the risks of leaving the familiarity of silence and moving into the "unknowns" of having voice.

Survivors were concerned about facing the painful reality of the abuse by telling others about it. Survivors were also concerned that others may respond in ways which would be difficult to handle, such as being rejected.

The third influence of survivors' coming-to-voice was survivors' prior disclosure experiences in childhood, in therapy, and in adulthood with their family members and friends. Survivors' prior disclosure experiences had variable influence on their coming-to-voice in subsequent experiences, sometimes supporting survivors' movement from silence to voice and sometimes raising uncertainties about that movement.

Survivors' prior disclosure experiences in childhood were painful experiences in which they felt they were not believed, protected, or validated by the persons they told. Reflecting their childhood disclosure experiences, some survivors' coming-to-voice was characterized by doubts about their own knowledge about the abuse and concerns that others would respond to their adulthood disclosures with disbelief, protection of perpetrators, and further victimization.

Survivors' prior disclosure experiences in therapy had mixed influence on survivors' coming-to-voice. Reflecting some prior disclosures in therapy in which survivors felt believed and validated, survivors' coming-to-voice was characterized by a belief in the possibility of being heard and understood by family members and friends they told about the abuse. Reflecting some prior disclosure experiences in therapy in which survivors were assisted and supported in their decision-making about disclosing, survivors' coming-to-voice was characterized by a sense of empowerment to make choices about to whom and how they disclosed. Reflecting some prior disclosure experiences in therapy in which

survivors felt their trust and safety were violated, survivors' coming-to-voice was characterized by fears and caution about telling others about the abuse.

Similar to prior disclosure experiences in therapy, survivors' prior disclosure experiences during adulthood with their family members and friends had variable influence on their coming-to-voice in later adulthood disclosures. Based on some prior disclosure experiences, survivors' coming-to-voice was characterized by a sense of comfort as they continued to disclose to the same and/or other family members and friends. Based on other prior disclosures in adulthood, survivors' coming-to-voice was characterized by fears about continuing to disclose and/or modification of the content of their disclosure (e.g., how much detail they told).

Meaning-Making

As illustrated in Figure 1, the second major aspect of coming-to-voice was survivors' meaning-making. In their meaning-making, survivors developed beliefs and understandings related to their disclosure experiences with family members or friends. The following four themes were evident in survivors' meaning-making: (1) meanings about self, (2) meanings about survivors' relationships with the persons they told about the abuse, (3) meanings about childhood sexual abuse as a social phenomenon, and (4) meanings about disclosure as a healing process.

The first of four themes in survivors' meaning-making was the development of meanings about self. In some disclosure experiences, survivors developed questions about their self-worth and the legitimacy of their voice (e.g., feeling they should silence themselves to care for

others). In some disclosure experiences, survivors developed a sense of valuing of self and voice. Survivors' self-questioning often developed when they felt they were not heard and believed when they disclosed. Survivors' self-valuing often developed when they felt supported and validated when they disclosed. Yet, in some disclosure experiences, survivors' meanings had less to do with others' responses to their disclosure than did survivors' own validation of the importance of having their voice and speaking about their abuse histories. For example, responses such as denial of the abuse did not necessarily lead to survivors' self-doubts or self-blame. Thus, survivors were active in the creation of their meanings. Their meanings about disclosures were not defined solely by how others responded.

A second theme in survivors' meaning-making was the development of meanings about the relationships with the persons to whom they disclosed about the abuse. Some survivors experienced disruptions in their relationships with the persons to whom they disclosed. The disruptions in relationships included tension and strain, avoidance, and endings of some relationships with family members and friends. Survivors' meanings about these disruptions reflected understandings that the loss of closeness and connections with certain persons was very painful yet perhaps unavoidable or even necessary. In many cases, survivors were unwilling to hide the abuse in order to maintain their connections with certain persons.

Some survivors experienced enhanced closeness and connections with the family members and friends they told about the abuse. Survivors' meanings about the enhanced closeness reflected

understandings that certain persons were available for them as significant sources of security and support. Yet, for some survivors, enhanced closeness and connection almost meant an increased sense of vulnerability. Thus, some survivors remained wary and cautious as they anticipated the possibility of betrayal and loss.

A third theme in survivors' meaning-making was the development of meanings about childhood sexual abuse as a social phenomenon. Survivors became aware of the prevalence of childhood sexual abuse through family members' and friends' revelation of their own abuse history in response to survivors' disclosure. Through learning from and about other women and men who had been sexually abused, survivors came to understand their personal experience in the broader context of childhood sexual abuse as a prevalent social phenomenon. For many survivors, this led to a strong conviction about being part of creating social change and preventing childhood sexual abuse.

A fourth theme in survivors' meaning-making was the development of meanings about disclosure as a healing process. All survivors in this study considered disclosure, overall, to be healing although they had some painful disclosure experiences with some family members and friends. Survivors experienced disclosure to be healing as they felt relieved from the burden of secrecy and from their isolation in facing the painful reality of the abuse. Survivors experienced disclosure to be healing as they experienced a greater sense of wholeness as they no longer had to hide significant aspects of themselves and their life experiences. Survivors also experienced disclosure to be healing as they

experienced a sense of empowerment which was characterized by greater self-authority and recognition of having choice.

As illustrated by the arrows in Figure 1, survivors engaged in coming-to-voice and meaning-making in a cyclical fashion. Coming-to-voice and meaning-making were experienced by survivors in a cyclical, recursive fashion as their disclosure experiences unfolded over time. Survivors' coming-to-voice influenced their meaning-making, and their meaning-making influenced coming-to-voice in subsequent disclosure experiences.

Discussion

The results of this study broaden understandings of disclosure which have been provided in earlier research and clinical literature. These broader understandings of disclosure are discussed in the first section below. The second section focuses on implications of the results for practice. The third section focuses on implications of the results for future research.

Discoveries Related to Survivors' Disclosure Process

The following four discoveries related to survivors' disclosure process will be discussed below: (1) inter-relationships among disclosure experiences, (2) complexity of survivors' coming-to-voice, (3) survivors' reconstructions of relationships with self, others, and community through meaning-making, and (4) survivors' perspectives about disclosure as a healing process. More in-depth discussion is provided in Chapter V.

Inter-relationships Among Disclosure Experiences

The first major discovery about the process of disclosure was the inter-relationship among survivors' disclosure experiences. Earlier research (e.g., Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994) has tended to examine each disclosure experience as a discrete event tied to a particular reason and a particular outcome. These studies suggest that survivors' disclosure to one person is defined by a single event and is unrelated to survivors' disclosures to other persons. Yet, based on the experiences of survivors in this study, inter-relationships were found among repeated disclosure experiences with the same person. For example, a survivor may disclose to her brother in a series of conversations in which the content of each disclosure builds upon the content shared in earlier conversations; earlier disclosure experiences with her brother also influenced how the survivor felt (e.g., anticipating support or fearing potential rejection) about continued disclosure with him.

Inter-relationships were also found to exist among disclosures which occur in differing relational contexts. Childhood disclosures were found to influence adulthood disclosures, with the same or differing persons. Disclosures in therapy were found to influence disclosures to family member and/or friends. Disclosures with a certain family member or friend influenced survivors' disclosure to other family members and friends. These results suggest that disclosure needs to be understood as a process consisting of inter-related experiences which unfold over time both with and across persons told about the abuse.

Complexity of Survivors' Coming-to-Voice

The second major discovery about the process of disclosure was the complexity of survivors' coming-to-voice. Other research (e.g., Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994) has identified survivors' reasons for disclosing, many of which were also identified in this study. What is unique about the results of the current study is that more than one reason was often found to have influence on survivors' coming-to-voice in a particular disclosure experience. Perhaps more significantly, reasons were found to be just one of three influences on survivors' coming-to-voice.

As illustrated in Figure 1, survivors' coming-to-voice was found to be influenced by survivors' reasons as well as the risks which survivors associated with disclosing and the prior disclosure experiences which survivors had engaged in during childhood, therapy, and adulthood. Thus, as they moved from silence into voice, survivors were weighing their reasons to speak against the potential risks for telling while taking into account what had happened when they previously told about the abuse.

To understand survivors' coming-to-voice within a developmental framework, Mary Belenky, Blythe Clinchy, Nancy Goldberger, and Jill Tarule's (1986) theory about women's development as a process of gaining voice offers an interesting perspective. Belenky et al. suggest that survivors of sexual abuse and harassment who are identifying and working through their past victimization are often engaged in "subjective knowing." Subjective knowing is a position in which women value their

private, personal knowledge and reject external, often male, authority. Belenky et al. consider women's discovery and utilization of their personal knowledge, their "interior voice," as a significant shift in development toward greater self-awareness and self-authority: "This interior voice has become, for us, the hallmark of women's emergent sense of self and sense of agency and control" (p. 68). Thus, based on Belenky et al.'s (1986) theory, survivors' coming-to-voice may be understood as a significant developmental milestone as survivors give voice to their personal knowledge about their abuse histories. Through coming-to-voice, survivors were making steps toward greater self-authority and authenticity. Further discussion of these issues is provided in Chapter V.

Reconstructions of Relationships With Self, Others, and Community Through Meaning-Making

The third major discovery related to disclosure was the reconstructions of survivors' relationships with self, others, and community which occurred through their meaning-making. Earlier research has tended to label survivors' disclosures as either helpful or nonhelpful based on how others responded (e.g., Harvey et al., 1991; Lamb & Edgar-Smith, 1994). Yet, the results of this study indicate that attempting to understand survivors' disclosure through dichotomous labeling based primarily on others' responses is a limited perspective about the disclosure process. The results of this study offer broader understandings about how survivors' lives are affected by telling family members and friends about their histories of abuse and through their

meaning-making of these disclosure experiences.

As illustrated in Figure 1, survivors made meanings about self, the relationships with persons told about the abuse, and childhood sexual abuse as a social phenomenon. In their meanings about self, survivors developed beliefs and self-understandings which reflected de-valuing and valuing of themselves. As the disclosure process unfolded over time, survivors moved towards developing greater self-acceptance and a new sense of identity as they integrated their abuse survival as an important aspect of self. In their meanings about relationships, survivors developed understandings about the disruptions as well as the enhanced connections which developed with the persons they told about the abuse. Survivors often diminished or ended their connections with persons whom they felt were not accepting of them as survivors. Survivors developed social networks that became increasingly made up of persons with whom they did not have to hide their abuse histories and with whom they were comfortable discussing the abuse.

For many survivors, the development of new self-understandings and of more intimate relationships with certain family members and friends led to a greater sense of contentment, security, and comfort in their lives. However, many survivors also described experiencing grief, depression, sadness, anxiety, and other types of emotional distress in association with their disclosures. Given the significant changes in survivors' identity and relational networks which are experienced through disclosure, I would posit that grief, depression, and emotional distress are appropriate and expected emotions for survivors to experience in conjunction with their disclosure process. Understanding such

emotional experiences as a natural aspect of the disclosure process offers a contrasting perspective to McNulty and Wardle's (1994) suggestion that emotional distress may illustrate the inappropriateness of survivors' disclosures.

I posit that rather than labeling survivors and their disclosures as dysfunctional due to survivors' experience of emotional distress, we need to contextualize survivors' disclosure and understand that grief and loss are natural, expected parts of the process. Regardless of how others respond to disclosure, survivors are facing the painful reality of the abuse and integrating their abuse survival into their understandings of who they are. They were also experiencing the reconstructions of their social networks, gaining new support persons while also losing connections with significant others.

In addition to reconstructing relationships with self and the persons told about the abuse, many survivors developed new types of relationships and a sense of belonging within their communities. In their meaning-making about childhood sexual abuse as a social phenomenon, some survivors came to understand their personal experiences as connected to the broader social issue of childhood sexual abuse. For some survivors, this led to a sense of belonging and purpose within their communities as they became involved in prevention and education efforts related to abuse. Some survivors developed a strong conviction about being part of creating social change. They were interested in being active participants in creating a social context in which children could be safe and in which survivors of abuse were free to speak about their experiences.

Survivors' Perspectives About Disclosure as a Healing Process

The fourth major discovery about the process of disclosure was survivors' perspectives about disclosure as a healing process. The results offer support to clinical literature (e.g., Courtois, 1988; Herman, 1992) which suggests disclosure is an important aspect of survivors' healing. The results also offer support to earlier research (e.g., Harvey et al., 1991; Silver et al., 1983) which indicates that disclosure is correlated with survivors' successful coping with the abuse. What is unique about the results of the current study is that survivors' healing is defined by survivors, not by external measures or researchers' evaluations. The results indicate that survivors considered disclosure to be healing as they experienced relief from secrecy and isolation, a sense of wholeness, and empowerment.

The results of the study also revealed survivors' perspectives about healing as an evolutionary process tied to their overall experience of disclosing. That is, each disclosure experience was not necessarily defined by survivors as a healing experience. In fact, some of survivors' disclosure experiences and eventual losses of relationships with significant others were very painful. Yet, for survivors, the overall process of discovering and utilizing their voices to speak about their histories of abuse was found to generate a deeply felt sense of relief, a growing sense of wholeness, and empowerment. Survivors understood their healing to be an on-going process which continued to unfold across time and across their disclosure experiences.

Implications for Practice

Based on the results of the study, the following three issues are important considerations in therapists' clinical work with women survivors of childhood sexual abuse: (1) attention to survivors' coming-to-voice and meaning-making, (2) support of survivors' empowerment and ownership of voice, and (3) awareness of therapists' influence on survivors' disclosure to family and friends.

Attention to Survivors' Coming-to-Voice and Meaning-Making

The first implication for practice is the importance of therapists' attention to issues related to survivors' coming-to-voice and meaning-making. The descriptive model of disclosure (see Figure 1) provides therapists with a way of understanding survivors' disclosure process. The model outlines issues related to survivors' coming-to-voice and meaning-making which may be important areas of exploration in therapy. As survivors are considering and making decisions about telling family members or friends about their histories of abuse, therapists may encourage exploration of survivors' reasons for disclosing, the risks they associate with disclosing, and any prior disclosure experiences which have occurred in childhood, adulthood, and in therapy.

Although clinical literature tends to emphasize therapists' need to discuss with survivors their anticipated disclosures (e.g., Courtois, 1988; Herman, 1992), the results of this study indicate that therapists also need to be attentive to the ways in which survivors are making meaning of their disclosure experiences after they have occurred. Therapists may encourage

exploration of the meanings which survivors make about themselves, their relationships with the persons they told about the abuse, childhood sexual abuse as a social phenomenon, and disclosure as a healing process. Therapists need to be aware that disclosure leads to significant reconstructions of survivors' relationships with self, others, and their communities. Therapists may offer affirmation and encouragement as survivors develop a sense of empowerment and self-authority in their lives, and build relationships which involve greater openness and connection. Therapists can play an important role in facilitating survivors' grief, loss, and anger which may be associated with disruptions in relationships with certain family members and friends.

Support of Survivors' Empowerment and Ownership of Voice

The second implication for practice is the importance of supporting survivors' empowerment and ownership of their voice. By the time survivors reach adulthood, they have spent much of their lives with others mandating whether and/or how they speak about their own experiences. It is essential that therapists not replicate this dynamic by controlling survivors' voices, even with the intention of being helpful.

Clinical literature stresses the importance of therapists preparing survivors for their family disclosures and determining survivors' readiness to disclose (e.g., Courtois, 1988; Herman, 1992; McNulty & Wardle, 1994; Schatzow & Herman, 1989). The results of this study indicate that therapists can be helpful by facilitating survivors' decision-making about disclosure. Yet, the results also indicate that survivors often disclosed to family members and friends without consulting their

therapists. Some disclosure experiences occurred rather spontaneously, without much prior planning. Additionally, survivors disclosed during periods of time in which they were not in therapy. Thus, survivors indicated that they did not necessarily feel the need for special preparation or consultation regarding their decisions to disclose to certain family members or friends.

Should therapists see their primary role as that of preparing survivors for their disclosures and determining survivor's readiness to disclose to family and friends, I am concerned about messages related to power, control, and self-efficacy which are communicated to survivors. Such a stance implies that survivors are unprepared for disclosure unless assisted by therapists. Such a stance implies that therapists need to control survivors' disclosure because survivors are not be capable of making appropriate decisions.

Thus, when working with survivors, I would suggest that therapists remain particularly aware of and sensitive to survivors' empowerment and ownership of their voice. Therapists can balance their facilitation of survivors' decision-making, if that occurs in therapy, with reinforcement of survivors' ability and right to make choices about whether and/or how to disclose. Therapists need to communicate their trust and support survivors' of individual pace and decisions regarding their disclosure, whether or not survivors' decision-making is directly discussed in therapy and whether or not survivors act on whatever decisions are made in therapy. Therapists' explicit and implicit communication of their trust in and support of survivors in their disclosure process will enhance survivors' sense of empowerment and ownership of their voice.

Awareness of Therapists' Influence on Survivors' Disclosure to
Family Members and Friends

The third implication for practice is the importance of therapists' awareness of their potential influence on survivors' disclosure to family and friends. As described in the previous section, therapists may influence survivors' disclosure through direct facilitation of survivors' decision-making. Additionally, therapists' responses to survivors' disclosures in therapy were found to both encourage and discourage survivors' disclosure to their family members and friends. For some survivors, therapists' validation of their disclosure generated a belief in the possibility of disclosing to persons outside the context of therapy. Survivors often then acted on that belief and disclosed to family members and/or friends. For other survivors, therapists' responses led to a return to silence about the abuse and a sense of caution about telling others.

The influence of therapists' responses on survivors' continued disclosure in therapy has been documented (Josephson & Fong-Beyette, 1987). The results of the current study indicate that therapists' responses to survivors' therapy disclosures also influenced whether and/or how survivors disclosed outside the context of therapy. These results point to the importance of therapists' recognition of their potentially wide-ranging influence on survivors' voices. Therapists need to remain mindful of their power, however unintentional, to both support and silence survivors' voices within and outside of the context of therapy.

Given the potential influence described above, therapists may choose to explore, when appropriate, how survivors experienced and made meaning of their in-session disclosures. Particularly if survivors felt

silenced, therapists' initiation of dialogue about the disclosure may provide survivors with an opportunity to describe their experience and to re-gain their voice in the therapeutic context. Given that some therapy disclosures influenced survivors to disclose to others, therapists may expect that disclosures to family members and/or friends may begin to occur following disclosures in therapy.

Survivors' stories indicated that their silence and caution about disclosing to family members and friends were tied to the following therapy disclosure experiences: (a) feeling inadequately supported by therapists during and after a confrontation of the perpetrator in a therapy session, (b) feeling overwhelmed by a therapist's labeling of childhood experiences as sexual abuse, and (c) feeling stigmatized and offended by therapists' suggestions of a causal link between childhood sexual abuse and homosexuality. These disclosure experiences point to issues which may necessitate special attention in therapists' education and training related to working with survivors of childhood sexual abuse.

Implications for Future Research

Based on the results of the study, I offer the following suggestions for future research related to survivors' disclosure of childhood sexual abuse: (a) recommendations regarding methodology, (b) further exploration of disclosure through research with various participant samples, and (c) further exploration of relationships between survivors and those to whom they disclose.

Recommendations Regarding Methodology

The interviewing and analysis process used in this study was found to be an effective method for gathering information and developing understandings about survivors' disclosure. By gathering women's stories about their experiences, the complexities of the disclosure process became evident and expanded understandings about disclosure that were provided in earlier research. Thus, in future research about disclosure, I would recommend that researchers continue to utilize methods which elicit narrative information from survivors about their experiences. Individual interviews (single or multiple), group interviews, and open-ended questionnaires may be effective means for continued data-gathering and exploration of survivors' disclosure. Given that survivors' disclosure was found to be a process which evolved over time, it may be effective to utilize data collection methods which can capture the nature of the process. Research which involves repeated data collection over periods of time may be meaningful ways of further exploring disclosure.

Based on their inconclusive findings regarding the healing effects of disclosure, Lamb and Edgar-Smith (1994) suggest that multiple outcome measures are needed to adequately assess survivors' functioning. Based on the findings of this study which indicate that survivors' healing is an evolutionary process involving a range of emotional experience, I recommend the integrative use of standardized measures with methods which generate narrative data. Narrative data may serve to contextualize the results of standardized measures, thus offering more complete understanding of survivors' healing and/or functioning.

Further Investigation of Disclosure With Various Participant Samples

Studies with varying participant samples may generate information which confirms, refutes, or clarifies the results of the current study. With further studies involving other participant groups, more complete understandings about survivors' disclosure may continue to develop. Based on the results of the current study, the following recommendations for further research are offered:

1. One of the shared characteristics of the participant group in this study was their involvement in therapy. Research with a non-clinical sample may offer some broader understandings about survivors' disclosure to family members and friends. What similarities and differences may exist in the disclosure process between survivors who are/have been in therapy and those who are not/have not been in therapy?

2. Much of the clinical literature is based on the assumption that disclosure is essential for survivors' healing. The results of the study also indicate that survivors considered disclosure to family members and friends to be a healing process. Research with women survivors who have not disclosed during adulthood may broaden our understandings about survivors' healing. Why do some adult survivors chosen not to tell anyone about the abuse? What is it like to remain silent about the abuse? Are there ways, other than disclosure, that survivors come to terms with their histories of abuse?

By nature of definition, survivors who have not disclosed may be a difficult population to reach. Data collection methods such as anonymous

questionnaires may be perceived as less invasive than personal contacts between researchers and participants.

3. In this study, the six women who reported childhood disclosures all had experiences in which they felt they were not validated, believed, and/or protected. These early lessons about having voice influenced survivors' adulthood disclosures as they feared others' responses and doubted their inner knowing about the abuse. Is adulthood disclosure different for women who received supportive responses to their childhood disclosures? Comparative studies could be conducted with women felt they were supported and those who did not feel supported during childhood disclosures to examine any related similarities and differences in adulthood disclosures.

4. In this study, one of the participants had recovered memories of the abuse a few years prior to our interview. Some aspects of her adulthood disclosure experiences (e.g., doubting her inner knowing about the abuse, seeking confirmation of the abuse from others) had unique meaning as compared with the other survivors who always remembered the abuse they had experienced. Research which focused on women survivors with delayed recovery of abuse memories may offer some understandings of the interaction between recovered memory and disclosure to family members and friends. Further research may also explore the influence of the current delayed memory controversy and survivors' disclosure process.

5. The current study did not directly explore differences across survivors' disclosure which may be related to race, sexual orientation, class, age, education, and other identity issues. Multiple studies involving

more homogenous participant samples (e.g., women of particular races/ethnic groups) may begin to offer some comparative understandings about disclosure across identified groups of women survivors. For example, are there differences in the meaning of disclosing family secrets such as abuse which are tied to social/cultural identities? In studies examining diversity issues and disclosure, it is important to elicit survivors' views about how their disclosure process is influenced by the particular identity issue(s) being explored.

6. Results of this study suggest that disclosing as an abuse survivor may be related to disclosing about other "hidden" aspects of identity. Further research may explore the relationship of disclosure of childhood sexual abuse with disclosure of other aspects of identity.

7. The current study focused on disclosure by women survivors. Research with men who are survivors of sexual abuse is very limited (see Violato & Genius, 1993). Research regarding disclosure by male survivors may be an important new area of inquiry. Such research may lead to understandings related to how male survivors move from silence to speak about the abuse and the meaning or significance of their disclosure. Further research with men and women survivors may shed light on gender-related issues associated with disclosure.

Further Exploration of Relationship Changes Associated With Disclosure

The results of the study indicate that survivors' disclosure process involved significant reconstructions of their relationships with the persons they told about the abuse. Disclosure was often a turning point in

survivors' relationships with family and friends, leading toward greater intimacy as well as disruptions and endings. Interview studies which involve survivors and the persons they told about the abuse would provide understandings about the relational changes associated with disclosure from both persons' perspectives. Adital Tirosh Ben-Ari's (1995) interview study with a mother and son regarding the son's coming out as a gay man provides a model for methodology. In this study, the author asked a mother and son to describe their own experiences as well as their perceptions of each others' experiences during the son's coming out process. The development of the mother-son relationship was then explored through both persons' experiences and perceptions.

In summary, the current study offers some new understandings about adulthood disclosure of childhood sexual abuse. The interviews with eight women survivors revealed that disclosing to family members and friends is a complex process which generates significant changes in survivors' lives. Subsequent chapters of the dissertation provide more in-depth discussion of the study, beginning with a review of related literature in Chapter II. The remaining chapters include: Chapter III, Methodology; Chapter IV, Results; and Chapter V, Discussion.

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

Childhood sexual abuse occurs at an alarming rate in the lives of female children, with estimates indicating that 1 out of 3 girls is sexually abused before the age of 18 years (Russell, 1986). Central to the trauma of childhood sexual abuse is the context of secrecy and silence within which abuse occurs and remains hidden in the lives of survivors. It is well-documented in clinical and research literature that many female survivors of childhood sexual abuse maintain secrecy about the abuse into their adult lives (Courtois, 1988; Frawley, 1990; Herman, 1981; Roesler & Wind, 1994; Russell, 1986). The powerful dynamics of secrecy and silence are vividly reflected in the following titles of books written about and by sexual abuse survivors: *The Best Kept Secret: Sexual Abuse of Children* (Rush, 1980); *Conspiracy of Silence: The Trauma of Incest* (Butler, 1978); *The Secret Trauma: Incest in the Lives of Girls and Women* (Russell, 1986); and *I Never Told Anyone: Writings By Women Survivors of Child Sexual Abuse* (Bass & Thorton, 1983).

A prominent theme throughout the clinical literature is the significance of disclosing about childhood sexual abuse, commonly referred to as "breaking the silence" (e.g., Dinsmore, 1990; Frawley, 1990; Herman, 1992). Disclosure is generally considered an essential aspect of

survivors' healing. Yet, despite the significance of disclosure, this is a phenomenon about which very limited research has been conducted.

In this chapter, I review research and clinical literature regarding childhood sexual abuse and adulthood disclosure. The first section regarding childhood sexual abuse includes discussion of literature related to the prevalence of childhood sexual abuse, long-term effects for adult survivors, and the context of secrecy and silence. The second section regarding adulthood disclosure includes discussion of literature related to definitions of disclosure, purposes of disclosure, effects of disclosure, and relational contexts of disclosure.

Childhood Sexual Abuse

In this section, research and clinical literature related to the following issues will be discussed: (a) prevalence of childhood sexual abuse, (b) long-term effects of childhood sexual abuse, and (c) context of secrecy and silence.

Prevalence of Childhood Sexual Abuse

In sharp contrast with earlier estimates that only 1 in 1 million individuals is incestuously abused (Weinberg, 1955), social science research during the past two decades has revealed that childhood sexual abuse is "anything but rare" (Courtois, 1988, p. 16). One of the most widely cited prevalence figures is based on research conducted by Diana Russell (1986). In this study, incestuous abuse was defined as "any kind of exploitive sexual contact or attempted sexual contact that occurred between relatives, no matter how distant the relationship, before the

victim turned 18 years old" (p. 59). Based on interviews with a community sample of 930 women, Russell's findings indicate that 16% of the women were victims of incest before the age of 18 years and 14% were victims of incest before the age of 14 years. In this study, extrafamilial child sexual abuse was defined as:

unwanted sexual experiences with persons unrelated by blood or marriage, ranging from attempted petting (touching of breasts or genitals or attempts at touching) to rape, before the victim turned fourteen years, and completed or attempted forcible rape experiences from the ages of fourteen to seventeen years (inclusive). (p. 61)

Thirty-one percent of the sample reported being abused by nonrelatives before the age of 18 years and 20% before the age of 14 years. Combining the two categories of abuse, 38% of the 930 women reported having experienced incestuous and/or extrafamilial abuse before the age of 18 years and 28% reported having experienced sexual abuse before the age of 14 years. Russell's findings suggest that over one-third of female children have been sexually abused by the age of 18 years and over one-fourth of female children have been sexually abused by age 14.

Other research also documents the high prevalence rate of childhood sexual abuse. For example, in a study with 482 female undergraduate college students, 22% reported at least one sexually abusive relationship during childhood (Fromuth, 1986). In a survey study conducted by Gail Wyatt (1985), similar prevalence rates were found for African American and Caucasian women with 62% of 248 women reporting at least one incident of sexual abuse before the age of 18 years. A national survey of women and men indicates that 27% of women and 16%

of men have been sexually abused during childhood (Finkelhor, Hotaling, Lewis, & Smith, 1990).

Some researchers note that the differences in definitions of childhood sexual abuse, sample populations, and methodology result in inconsistencies in prevalence figures and difficulties comparing research findings (Browne & Finkelhor, 1986; Wyatt & Peters, 1986a, 1986b). However, experts also suggest that current estimates of child sexual abuse are likely conservative (Courtois, 1988; Geffner, 1992; Wyatt & Newcomb, 1990). Underestimation may be due to the challenges in researching a sensitive topic, under-reporting due to survivors' repression, denial, and/or unwillingness to disclose about abuse, and the varying sensitivity of measures used and questions asked to collect information.

Long-Term Effects of Childhood Sexual Abuse

In the research literature regarding childhood sexual abuse, significant attention has been given to the study of the psychological effects of childhood sexual abuse for female survivors. Two reviews of the research literature (Beitchman et al., 1992; Browne & Finkelhor, 1986) indicate that childhood sexual abuse has been found to affect the mental health and psychological functioning of adult survivors. Multiple long-term effects have been identified including depression, anxiety, fear, impaired self-esteem, difficulty trusting others, impaired interpersonal relationships, feelings of isolation and stigma, substance abuse, suicidal ideation and behaviors, and tendency toward revictimization. Although the reviewed research provides a developing clinical picture of the psychological impact of childhood sexual abuse, the reviewers suggest

caution in interpreting the above findings as conclusive. Methodological issues related to sampling, definitions, and varying measures of abuse-related effects create the need for continued research to further explore long-term effects.

Research has also been conducted to explore the differential effects of trauma-related variables (Beitchman et al., 1992; Brown & Finkelhor, 1986). Studies have explored the influence of victims' ages at the onset of abuse, duration of abuse, sex of victims and perpetrators, types of sexually-abusive acts and behaviors which occurred, types and degree of force used by perpetrators, the relationship between perpetrators and victims, and the occurrence of and responses to childhood disclosures. At this time, the findings of this body of research are considered preliminary. Some trends in the research indicate that the following factors may be associated with greater harm: (a) abuse by fathers or step-fathers, (b) longer duration of abuse, (c) the use of force, and (d) abuse involving genital contact and penetration. Further research is needed to explore the complex relationships which may exist among abuse-related variables and long-term psychological impact.

Some literature provides perspectives related to therapeutic treatment and survivors' healing which conceptualize the complex constellation of psychological effects to be natural, adaptive responses to victimization (e.g., Bass & Davis, 1988; Briere & Runtz, 1988; Brown, 1986, 1991; Courtois, 1988; Herman, 1992; Janoff-Bulman & Frieze, 1983; Morrow & Smith, 1995; McCann, Sakheim, & Abrahamson, 1988; Westerlund, 1983). For example, Laura Brown (1986, 1991) posits that a feminist understanding of the impact and meaning of trauma acknowledges the

interplay of the internal experiences of the survivor and her external social context:

It is extremely common for therapists who are unaware of basic issues regarding women's personality development to assume that the symptoms they observe in women survivors of trauma are signs of serious underlying pathology, rather than the result of the unfortunate mixture of female socialization and traumatic assault. (1986, p. 13)

These perspectives serve to counter the historic misdiagnosis of women survivors of childhood sexual abuse and to de-pathologize their responses to the sexual trauma (Brown, 1991; Herman, 1992).

Context of Secrecy and Silence

Childhood sexual abuse occurs and remains hidden in a context of secrecy and silence. Clinical and research literature regarding the context of secrecy and silence is discussed in the following sections: (a) effects of secrecy and silence, and (b) maintenance of secrecy into adulthood.

Effects of Secrecy and Silence

The context of secrecy and silence within which childhood sexual abuse occurs and remains hidden serves to compound the traumatic impact of the victimization. Lister (1982) describes forced silence about abuse as a secondary trauma: "When one is physically vulnerable, fearing further violence or death, this forced silence *necessarily* shapes subsequent reaction to the trauma. It constitutes a secondary trauma of enormous importance" (p. 872). Similarly, in Brown's (1986) description of feminist therapy with trauma survivors, she posits that the "rule of silence" (p. 15)

surrounding trauma, such as incest, concentration camp survival, and battering, further complicates the psychological impact:

As a feminist therapist, I had had ample opportunity to observe the negative synergy of trauma and silence, abuse and secrecy, that would lead women to feel and act crazy, when in fact it was mainly the context in which they were forced to operate that was pathological. (p. 15)

The context of secrecy prevents identification of the sexual abuse as well as others' validation and witnessing of survivors' experiences and emotions, thus heightening the impact of the trauma. Based on their interview research with seven survivors of sexual trauma, Susan Roth and Leslie Lebowitz (1988) suggest that "without acknowledging the horror of what has happened and the consequent reasonableness of a traumatic response, neither the victim herself nor the people around her can provide the psychological environment necessary to work through the trauma" (p. 105). When the reality of abuse remains unknown, mislabeled, and not talked about, survivors' behavior and emotions may be misunderstood or experienced as inappropriate by others as well as by survivors themselves.

The context of secrecy surrounding child sexual abuse has been shown to impact survivors' self-development (Frawley, 1990; Jacobs, 1993). Mary Frawley (1990) suggests that the silencing of significant life events, memories, and emotions results in self-development distorted by denial of one's own experience:

Key aspects of [survivors'] lives are rendered unknowable by and unshareable with others or sometimes themselves. The intense affects attached to the incest memories, and the isolation in which both become enshrouded, alienate the child/woman from an entire realm of her development,

resulting in deficits in her sense of relatedness to self and others. (p. 248)

Dana Jack's (1991) research about women and depression offers further understandings of the psychological impact of secrecy for incest survivors. Based on her longitudinal study with 11 women experiencing depression, Jack contends that women who are survivors of child abuse may be particularly prone to inner silencing and hiding of their authentic selves:

These women enter adult intimate relationships already encumbered with the belief that they are worthless and "horrible." Through brutal childhood experiences of being devalued and silenced they have learned to conceal their feelings and needs in order to protect themselves. They expect condemnation, reprisal, and loss if they reveal their inner core, so they veil themselves behind the safety of silence. (p. 138)

Thus, the secrecy surrounding childhood sexual abuse may limit girls' and women's ability to fully represent their experiences, express their emotions, experience empathy, and interact authentically. Over time, for adult survivors, this pattern may result in the development of a diminished sense-of-self and relational capacity.

Maintenance of Secrecy Into Adulthood

It is well-documented in clinical and research literature that the context of secrecy and silence surrounding childhood sexual abuse is often maintained into survivors' adulthood (e.g., Courtois, 1988; Dinsmore, 1991; Herman, 1981, 1992; Lister, 1982; Roesler & Wind, 1994; Russell, 1986). As described by Frawley (1990), "the imposition of secrecy is usually effected with such success that the incestuously abused child often reaches adulthood with the incest secret intact" (p. 248). For example, in her study

with 82 survivors of father-daughter incest, Frawley (1988) discovered that 56% of the women did not disclose about incest until adulthood. In a study with 228 adult female survivors of incest, Roesler and Wind (1994) found that the mean age of survivors' first disclosure was 25.9 years. In research with 45 women and 12 men survivors of childhood sexual abuse, Lamb and Edgar-Smith (1994) found that 64% of the participants did not disclose about the abuse until at least age 18 years.

Several authors provide explanation for adult survivors' maintenance of secrecy and silence about childhood sexual abuse. Survivors' silence may be reflective of purposeful guarding of the secret, confusion about the abuse, or denial of the trauma (Courtois, 1988; Frawley, 1990; Herman, 1992). In Roesler and Wind's (1994) study, the most common reasons cited by adult survivors for not telling about the abuse were fear for safety, shame, and guilt. Memories about the abuse may also be repressed and thus inaccessible to survivors (Herman, 1992; Jacobs, 1993; Roesler & Wind, 1994). Early attempts at disclosure may have been met with disbelief, resulting in survivors' return to secrecy or retraction of their stories (Courtois, 1988). Family rules and patterns, such as denial of problems, intense family loyalty, enmeshment, and distrust of others, may also serve to reinforce silence and secrecy about incest (Courtois, 1988).

Perpetrators' threats, intimidation, and use of force may also reinforce child victims' and adult survivors' secrecy about sexual abuse. Christine Courtois (1988) describes perpetrators' coercive measures for silencing their victims as follows:

Coercion has been found to take many forms, including a range of threats, from severe physical punishment (death, mutilation, or battering) to psychological penalties (rejection, blaming, and abandonment). Some perpetrators threaten to commit suicide, to harm other members of the family or family pets, to destroy prized possessions, or to withdraw privileges. (p. 132)

Utilizing clinical cases for illustration, Eric Lister (1982) suggests that threats and fears related to telling others about the abuse strongly influence victims during childhood as well as adulthood. He describes the power of these threats and fears as "a live and vital force, continuing to inhibit [victims] long after the trauma had passed" (p. 874). Adult survivors may continue to fear emotional and physical consequences for revealing the secret. According to Lister, "if a victim looks for help, or goes further and recounts the trauma, there is a sense that a 'promise' has been broken, that retaliation becomes possible or likely or even inevitable" (p. 874).

Janet Jacobs' (1993) interview research with 50 adult female incest survivors offers some further insights for understanding fear and reluctance related to breaking the bonds of silence. She posits that abused children's relationships with the perpetrators are primary developmental attachments and thus significantly shape survivors' sense of self:

The female child comes to experience herself through the perpetrators' emotional and physical demands. ... Empathic responsiveness is structured around nurturing and caretaking of the perpetrator. ... Under conditions of sexual violence, the needs of the father are at the center of the daughter's emotional life, as he imposes his will and his emotional demands onto the victimized child. (p. 133)

Thus, within the abusive relational bond, the perpetrator's feelings, needs, and demands take precedence while the victim's emotional experiences

are disregarded and silenced. The child victim and adult survivor may assume responsibility for the abuser's feelings and behavior, which may contribute to her confusion regarding her responsibility for the sexual abuse. Feelings of guilt and shame, efforts to protect and take care of perpetrators, and compliance with perpetrators' explicit or implicit threats for secrecy may all serve to reinforce survivors' continued silence about the abuse.

Adulthood Disclosure

Given the powerful dynamics of secrecy and silence surrounding childhood sexual abuse, disclosure of the abuse is considered a significant process for adult survivors. In the following sections, the research and clinical literature related to adulthood disclosure of childhood sexual abuse will be discussed: (a) definitions of disclosure, (b) purposes of disclosure, (c) effects of disclosure, and (d) relational contexts of disclosure.

Definitions of Disclosure

The term "disclosure" is utilized throughout the clinical and research literature regarding childhood sexual abuse, yet few authors provide definitions of their meaning or use of this term. Definitions and descriptions of the disclosure process, as found in the general psychological literature and the literature pertaining to trauma survivors are presented below.

In the general psychological literature, Valerian Derlega, Stephen Margulis, and Barbara Winstead (1987) offer the following description of disclosure or "self-disclosure":

The extent to which individuals reveal to others personal information about themselves, including their feelings, thoughts, and experiences. ... Self-disclosure involves decisions about whether to reveal one's thoughts, feelings, or past experiences to another; at what level to reveal personal information; and the appropriate time, place, and target person for disclosure. (p. 206)

For survivors of intrafamilial violence, Angela Browne (1991) suggests that disclosure is an ongoing process which may begin with "an initial, quite dramatic first step, or it may manifest itself as a series of tentative revelations, hints, and explorations" (p. 153). Although the term "disclosure" is generally used to refer to verbal communication, some authors broaden their use of this term to include other means of expression and communication (e.g., Dinsmore, 1991; Hodgson & "Phyllis," 1990). For example, in describing therapeutic approaches for facilitating survivors' disclosure, Christine Dinsmore (1991) suggests that survivors may utilize art form and written form as vehicles of disclosure.

Several authors suggest that survivors' self acknowledgment of abuse is an integral aspect of survivors' disclosure (Browne, 1991; Draucker, 1992; Harvey et al., 1991). Browne (1991) posits that identifying oneself as having been victimized is a necessary condition for most survivors' disclosure. She (1991) posits that the process of self-identification as "victim" is particularly complex for survivors of intrafamilial abuse:

The process of labeling oneself as a victim becomes especially complicated when the events have occurred within a family setting, where individuals in direct proximity to the victim may be the perpetrators of the assault or can at least be expected to have intense and conflicted feelings about what has occurred and the potential ramifications of disclosure. (p. 150)

The process of identifying the victimization may involve significant alterations in survivors' long-held beliefs about themselves, the persons who perpetrated the abuse, and their relationships with the perpetrators (Browne, 1991; Janoff-Bulman & Frieze, 1983).

Dinsmore (1991) describes a survivor's internal acknowledgment of past abuse as an evolutionary process which may be characterized by vacillation between believing the abuse occurred and denial and uncertainty: "she may go back and forth between believing and denying: one day she believes the sexual abuse really happened, and the next day she thinks she is making it up" (p. 36). Dinsmore posits that survivors' internal acknowledgment leads toward telling others, an essential aspect of healing. She suggests that survivors' disclosure to others may facilitate their internal acknowledgment and belief about the abuse.

Based on their research, Harvey et al. (1991) suggest that internal acknowledgment occurs prior to confiding in others: "in our conception, account-making typically begins in private reflection and may progress quite far before it begins to be reported substantially in confiding activity" (p. 517). The extent to which the privately developed account is shared appears to be based on a variety of contextual factors. Harvey et al. also posit that confiding in others about sexual victimization may have a positive effect on survivors' private account-making. Confiding in others, who offer caring and support, may assist survivors in developing an account of the victimization that feels complete and satisfactory.

Purposes for Disclosure

In the clinical literature, some authors provide descriptions of the purposes for disclosure by survivors of sexual abuse and other interpersonal trauma. In her writing about women's healing from interpersonal violence, Dusty Miller (1990) describes disclosure as "the sharing of one's story with others in an effort to establish common ground and relationship, to affirm and validate one's own experiences" (p. 6). Browne (1991) suggests that the underlying purpose for disclosure of intrafamilial violence is a desire for help or relief. Courtois (1988) identifies the following as common reasons that incest survivors disclose: (a) to acknowledge the reality of the abuse, (b) to share an important life experience and the resulting impact, (c) to seek support and validation, (d) to seek relief from guilt, (e) to vent anger and seeking revenge, (f) to prevent abuse of other children, and (g) to attempt to reconstitute their families.

Some research supports and expands these clinical understandings of the purposes of abuse survivors' disclosure. In Roesler and Wind's (1994) survey of 228 women survivors of incest, the following three reasons for disclosure were most commonly reported in response to open-ended questions: "wanted to heal" (19.2%), "feeling safe in a relationship" (14.3%), and "retrieved memories" (12.9%) (p. 333). These reasons are related to both adulthood and childhood disclosures, as approximately one-third of the sample reported disclosing before age 18. Through telephone interviews with 57 female and male survivors of childhood sexual abuse, Lamb and Edgar-Smith's (1994) qualitative analysis of

survivors' responses revealed the following most commonly reported reasons for adulthood disclosures: (a) responding to an evocative experience such as watching a television show related to abuse (45.7%); and (b) to gain support or help with problems associated with the abuse (31.4%).

Effects of Disclosure

In this section, research and clinical literature related to the effects of disclosure will be discussed. The following issues will be addressed: (a) healing effects, (b) disruptive effects, and (c) relational impact.

Healing Effects

A prominent theme in research and clinical literature is the healing benefits of disclosing the abuse secret (e.g., Courtois, 1988; Dinsmore, 1991; Draucker, 1992; Frawley, 1990; Herman, 1992; Laidlaw, Malmo, & Associates, 1990; Lister, 1982). Two of three studies which have explored survivors' healing associated with disclosure support the clinical literature, with one study yielding inconclusive results.

Harvey et al. (1991) found that confiding in empathic others is linked with survivors' coping with sexual trauma. Based on their survey study with 25 women survivors of sexual abuse and assault, Harvey et al. posit that a helpful response to survivors' disclosure leads to greater success in coping, less negative affect, and less negative impact of the trauma on close relationships. These results were based on independent raters' evaluation of survivors' written responses to open-ended survey questions regarding their victimization, disclosure, and efforts to cope

with the victimization. The researchers suggest that additional research is needed to further explore the process of confiding in others about sexual victimization and the extent to which confiding universally represents a helpful step for survivors.

Roxanne Silver, Cheryl Boon, and Mary Stones (1983) posit that having someone to confide in about incest may help survivors in making sense of the trauma. Based on the questionnaires completed by 77 adult female incest survivors, the researchers found that survivors without confidants were significantly less likely to develop some understanding and meaning about their abusive experiences. The researchers suggest that having the opportunity to talk with someone about the abuse may facilitate incest survivors' search for meaning in their experiences.

Lamb and Edgar-Smith's (1994) results regarding the healing effects of disclosure were inconclusive. Based on their telephone interviews with 57 female and male survivors of childhood sexual abuse, Lamb and Edgar-Smith found that the number of survivors' disclosures, whether considered helpful or nonhelpful, had no relationship with survivors' socioemotional functioning as measured by a symptoms checklist. The researchers offer a note of caution regarding a common assumption that more disclosure leads to improved functioning. The researchers suggests that "the power of the traumatic experience of abuse continues to overwhelm a person – no matter how helpful disclosure experiences may have been" (p. 322). Lamb and Edgar-Smith indicate that additional research is needed to further examine these preliminary findings.

Disruptive Effects

In addition to the healing benefits described above, there is indication that disclosure may have disruptive effects for women survivors. Although no research has been conducted in this area, the clinical literature offers the following perspectives.

As disclosure counters the deeply ingrained dynamics of secrecy and protection of the perpetrator, survivors may experience guilt and shame in response to their perceived betrayal of and disloyalty to their families (Courtois, 1988; MacFarlane & Korbin, 1983). Following disclosure, survivors may experience increased psychological symptomology including self-punitive and self-destructive behavior (Courtois, 1988). As abusive histories are revealed, survivors may also experience intrusive memories, flashbacks, and painful emotions associated with the sexual abuse (Gelinas, 1983).

Breaking the powerful bonds of silence which contextualize the victim-perpetrator relationships may also result in a sense of grief and loss (Herman, 1992; Lister, 1982). By speaking about the abuse, survivors may sever, symbolically and in actuality, their relationship with the perpetrators (Lister, 1982). Survivors may also grieve the loss of their wished-for or fantasized relationships with perpetrators or other family members (Lister, 1982; Swink & Leveille, 1986). In their description of a feminist approach to therapy in which disclosure of incest is considered the first stage of recovery, Kathy Swink and Antoinette Leveille (1986) describe survivors' experience of loss:

To fully accept the reality that this person who was supposed to love, guide, and protect her actually chose to abuse, use,

and hurt her requires the breakdown of the fantasy of the perfect family. The loss of this hope is very painful and threatening. (p. 133)

McNulty and Wardle (1994) suggest that hostile and rejecting responses to survivors' disclosure may increase survivors' vulnerability to and experience of psychological distress. These authors suggest that, in some cases, disclosure to significant others in survivors' support system may be detrimental: "a decline into significant psychiatric symptomology might thus be predicted for a small group of people as a direct consequence of the act of disclosure" (p. 553).

Relational Impact

Some clinical and research literature suggests that survivors may utilize their disclosure experiences to make decisions about their relationships with the individuals to whom they disclose. Others' responses to survivors' disclosure seem to be a critical issue in determining whether and/or how the relationship continues. For example, based on their clinical experiences, Swink and Leveille (1986) suggest that incest survivors may use disclosure of the incest secret to test others' trustworthiness: "if a person can hear about the incest without being disgusted, judgmental, or rejecting, then they must be all right" (p. 127).

Claire Draucker's (1992) interview research with 11 women survivors offers some additional information about how survivors experience others' responses to disclosure and how their relationships may be impacted. For some survivors, the exclusion or inclusion of individuals in their lives and the degree of closeness in relationships were

determined by others' responses to disclosure. Most participants in this study describe experiencing positive or supportive responses to their disclosures. When survivors experienced others' responses as negative or nonsupportive, those individuals were typically excluded from survivors' lives. The following responses were described as non-supportive: (a) expressing curiosity rather than concern, (b) pressuring survivors to heal quickly, (c) expressing negative views about counseling, (d) pressuring survivors to forgive perpetrators, (e) giving advice, (f) expressing anger and blame toward survivors for causing pain by talking about the abuse, and (g) failing to validate the significance of the abuse.

Draucker's (1992) study also suggests that disclosure influenced survivors' relationships with other survivors as well as within their communities. Survivors indicated that the individuals with whom they experienced greatest closeness were other abuse survivors who "could truly understand their experiences" (p. 7). Some survivors felt the need to disclose to and personally reach out to other abuse survivors in an effort to facilitate others' healing: "the participants described sharing their abuse experiences with others, treating others with compassion and understanding, and providing guidance" (p. 7). Some survivors also expanded their relationships within their communities. For example, survivors described becoming actively involved in community sexual abuse prevention and education efforts.

Relational Contexts of Disclosure

Survivors' disclosure in therapy and to their families (i.e., generally referring to parents and/or siblings) are the relational contexts most often

discussed in the literature pertaining to adult survivors. The research and clinical literature regarding these two relational contexts of disclosure is the following sections: (1) disclosure in therapy, and (2) disclosure to family.

Disclosure in Therapy

As the dynamics of childhood abuse support silence and secrecy rather than disclosure, many survivors begin and sometimes complete years of therapy without disclosing their abusive histories (Courtois, 1988). The significance of survivors' disclosure to therapists is a pervasive theme in the clinical literature. According to Lister (1982), "the unfolding of each patient's secret is a nodal point in therapy" (p. 872). Courtois (1988) cautions against considering disclosure itself to be the marker of healing related to the incest trauma. She posits that "disclosure does not mean resolution but rather signifies the beginning of the working-through process" (p. 141) in therapy. Judith Herman (1992) considers "truth-telling and full disclosure" (p. 148) to be essential for client growth and for resolution of the trauma.

Though considered essential for survivors' therapeutic work and healing, disclosure to therapists is a process about which there has been limited research. One of the few studies in this area was conducted by Gilda Josephson and Margaret Fong-Beyette (1987). This study offers some information about the conditions which facilitate survivors' disclosure in the context of individual therapy. Based on structured interviews with 37 adult female incest survivors, the researchers found that survivors' disclosure and continued exploration of incest in therapy is facilitated by

the following: (a) client readiness, (b) direct questioning by counselors, and (c) counselors' behavior which is perceived as accepting, validating, encouraging, and knowledgeable. Another study conducted by Marilyn Stinson and Susan Hendrick (1992) involved 300 female and male university counseling center clients. These researchers found that direct verbal and written inquiry about childhood sexual abuse increased clients' willingness to disclose about past sexual abuse.

Clinical and research literature suggest that therapists' reactions and responses to disclosure have significant impact. According to Herman (1992), the therapists' role is that of witness and ally "in whose presence the survivor can speak of the unspeakable" (p. 175). Lister (1982) suggests that survivors seek reassurance from therapists: "not only do these victims of trauma question therapists about the necessity of talking, they often ask, directly or indirectly, if it is safe. They are asking if affects can be tolerated and how the therapist will respond" (p. 874). Josephson and Fong-Beyette's (1987) research indicates that therapists' responses to survivors' disclosure have significant influence on how survivors feel following disclosure in therapy. Survivors reported that therapists' reactions to disclosure were both negative (e.g., discomfort with disclosure, minimized the effects and significance of the incest, ignored disclosure, expressed anger at the clients or offenders) and positive (e.g., calm, empathic, encouraged continued disclosure). Those who experienced negative reactions from therapists reported diminished trust in their therapists, withdrawal from therapy, and lack of further disclosure. Survivors who experienced positive reactions from therapists reported a sense of relief and increased trust in their therapists.

In recent years, a major controversy regarding delayed memories of childhood sexual abuse, and survivors' disclosure in the context of therapy, has developed (see Enns, McNeilly, Corkey, & Gilbert, 1995). At the center of this controversy are questions about the veracity of repressed memories of childhood abuse, the ethical practice of therapists in facilitating retrieval of abuse memories and survivors' disclosure, and the therapeutic, legal and political implications of reported sexual abuse based on delayed memories of past trauma. The debate has raised important questions as well as unfortunate polarization within the field of psychology. Carolyn Enns et al. (1995) offer the following message of hope: "the delayed memory debate can initiate a renewed commitment to children and survivors of child sexual abuse if it motivates psychologists and other mental health professionals to establish strong research, advocacy, prevention, training, and treatment programs" (p. 263).

Disclosure to Family

In clinical literature, survivors' disclosure to family generally refers to their disclosure to parents and/or siblings. Some research suggests that adult survivors less frequently disclose to their parents and siblings than to their friends, partners, and therapists (Lamb & Edgar-Smith, 1994; Morrow & Smith, 1994; Roesler & Wind, 1994). Generally, these studies indicate that survivors' disclosure often occurs within their family relationships and their broader social networks.

A common theme in the clinical literature in the need for therapists to carefully prepare survivors for their disclosures to family members so as to alleviate the risks for disruptive effects (e.g., Courtois,

1988; McNulty & Wardle, 1994; Schatzow & Herman, 1989). Preparation may involve exploring the survivors' purpose for disclosure, expectations for disclosure, assessing survivors' self-care skills and available support systems, making decisions about who to tell, the content, timing, and setting for the disclosure, and rehearsing the disclosure. Survivors may also prepare for the range of responses to their disclosure which they may experience, such as anger, violence, denial of the abuse, minimization, scapegoating, and lack of response or denial of the disclosure. McNulty and Wardle (1994) suggest that survivors be encouraged not to disclose to significant others until they are "fully aware of the possible repercussions of such disclosure, and had developed the necessary social and cognitive skills to deal effectively with others' responses" (p. 554). One option for disclosing to family members, as described by Emily Schatzow and Herman (1989), is to involve the survivor, her therapist, and the family member(s) in a scheduled therapy session.

Conceptual Framework Grounding Exploration of Disclosure

As evident in the literature reviewed in this chapter, childhood sexual abuse occurs at an alarming rate in the lives of female children. It is common for survivors of childhood sexual abuse to maintain secrecy and silence about the abuse, with disclosure often occurring during adulthood. Although considered a significant aspect of survivors' healing, adulthood disclosure is a phenomenon about which limited research has been conducted.

In this study, I sought to learn from women survivors about their experiences of disclosing about childhood sexual abuse to their family

members and friends. I was interested in exploring the following issues regarding this process: (a) the ways in which survivors' disclosure unfolded, (b) the ways in which survivors understood and made meaning of their disclosures, and (c) the ways in which survivors' lives changed through the process of telling others about their histories of abuse. In conjunction with the previously reviewed research and clinical literature, my interest in and exploration of the issues listed above was grounded in the following perspectives: (a) self-in-relation model regarding women's development (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991); and (b) feminist perspectives regarding silence and voice (Alcoff & Gray, 1993; Brown, 1994; Hare-Mustin, 1991).

Self-in-Relation Model

The self-in-relation model is a theory regarding women's development which emphasizes the importance of relationships as the context in which women develop and experience a sense-of-self. As described by Janet Surrey (1991), the self is understood to be relationally-oriented:

For women, the primary experience of self is relational, that is the self is organized and developed in the context of important relationships. ... Our definition of relationship implies a sense of knowing oneself and others through a process of mutual relational interaction and continuity of "emotional-cognitive dialogue" over time and space. (p. 52 & 62)

Through on-going interaction and dialogue in their connections with others, women develop a sense of their competency and self-worth. Relationships are essential for women's well-being and continued growth.

In contrast with traditional models of development which conceptualize development as a process of separation, the self-in-relation model conceptualizes development as a process of differentiation while remaining connected. The pathway of development is one of moving towards greater assertion of a distinct self while in relationship with others. The pathway of development involves increasing authenticity within relationships: "the need to be seen and recognized for who one is and the need to see and understand the other with ongoing authenticity" (Surrey, 1991, p. 61). There is a seeking of mutuality in relationships: to be known and to know others; to be understood and to understand. Due to the significance of connectedness in women's identity, endings of relationships and experiences of emotional disconnection may lead to depression and feelings of inadequacy (Kaplan, 1991).

The self-in-relation model informed my exploration of women survivors' disclosure of childhood sexual abuse in the following ways. I conceptualized disclosure to be a significant interactional process occurring within a relational context. As women's identity and sense-of-self are informed by and shaped through relational experiences, I sought to understand how disclosure influenced survivors' feelings and understandings about themselves. I was interested in learning what it was like for survivors to be more authentic in their relationships by sharing information about their abuse histories. I wondered how survivors experienced and made sense of relational changes, with their family members and friends, which may have occurred when they revealed information about the abuse.

Feminist Perspectives About Silence and Voice

Feminist perspectives identify patriarchy as an oppressive force which silences women and other marginalized groups (Hare-Mustin, 1991; Brown, 1994). As a system in which male gender and masculinity are privileged and valued, patriarchy has harmful effects for those who are not members of the dominant group and whose realities are not represented in the dominant social discourse: "We have been encouraged not to know ourselves, not to speak the truth, but rather to engage in lies of silence and disclaim that deception" (Brown, 1994, p. 25). For women, being silenced and without voice means having their reality not known and/or valued, by themselves and others, and feeling unsafe to speak about what they know to be true.

Feminists point out the power of women's voices as disruptive and transformative (Alcoff & Gray, 1993; Brown, 1994). Feminists speak about knowledge as power to create social change. Women's voices about their experiences and perspectives are understood to have the power to disrupt patriarchal systems by questioning dominant norms and by offering a differing reality.

Through gaining and utilizing their voices, women may transform their individual lives. Two perspectives regarding women's development (i.e., Belenky, Clinchy, Goldberger, & Tarule, 1986; Gilligan, 1982) point to the significance of women's discovery, valuing, and expression of their voice in their process of psychological growth. Through use of their voice, women acknowledge and speak about what they know to be true and move toward greater self-authority and self-definition. Through gaining

and utilizing their voices, women may also transform the broader social context. Linda Alcoff and Laura Gray (1993) discuss the transformative power of women survivors' voices as they speak out about sexual victimization:

Speaking out serves to educate the society at large about the dimensions of sexual violence and misogyny, to reposition the problem from the individual psyche to the social sphere where it rightfully belongs, and to empower victims to act constructively on our own behalf and thus make the transition from passive victim to active survivor (p. 261-262).

Alcoff and Gray point to the tie between the personal and political, a central concept in feminism which illustrates the inter-relationship between women's personal lives and the broader social context in which women live. Women's personal lives reflect and have the power to influence political/social systems; political/social systems reflect and have the power to influence women's personal lives. Thus, Alcoff and Gray suggest that survivors' voices empower change within their personal lives as well as the broader social context.

Informed by feminist perspectives about women's silence and the significance of gaining and having voice, I sought to understand how survivors moved from their silence to speak about their abuse histories. I also sought to understand what it meant for women survivors to shift from a place of silence to a place of voice. I was interested in learning how survivors' lives may have been transformed through the process of speaking about their histories of abuse. Description of the research methodology is provided in the following chapter.

CHAPTER III

RESEARCH METHODOLOGY

Overview

The purpose of this study was to explore the process of adulthood disclosure, to family members and friends, by women who are survivors of childhood sexual abuse. The methodology for this study was grounded in qualitative and feminist research perspectives. I conducted semi-structured interviews with women survivors to elicit their stories and perspectives about adulthood disclosure and the meanings and impact of disclosure in their lives and healing process. To analyze the interview data, I utilized constant comparative methods associated with grounded theory (Strauss & Corbin, 1990). Participants' feedback and suggestions regarding my developing interpretations, elicited through member checks (Lincoln & Guba, 1985; Patton, 1990), were incorporated into the analysis. The analysis process yielded a descriptive model of women survivors' adulthood disclosure process as presented in Chapter IV and discussed in Chapter V.

The research methodology for this study is discussed in the following sections of this chapter: (a) conceptual framework, which provides discussion of feminist and qualitative research perspectives as related to the methodology for this study; (b) researcher-as-instrument, which provides description of my perspectives and beliefs related to this study; (c) research questions, which provides a listing of the specific

research questions which were explored in this study; and (d) research procedures, which provides discussion of the research procedures which were implemented in this study including the participant recruitment process and data collection and analysis methods.

As some quotations from survivors' interviews are utilized in this chapter to describe the research process and methodology, I will introduce the participants by providing a list of their pseudonyms: Beverly, Kimberly, Hope, Lisa, Lynn, Robin, Ruth, and Towanda. No other identifying information is provided in order to protect confidentiality. A description of demographic and background information of the group of participants is provided in Chapter IV.

Conceptual Framework for Methodology: Integrating Qualitative and Feminist Research Perspectives

The research methodology for this study was grounded in feminist and qualitative research perspectives. In this section, the following issues will be discussed as related to the conceptual framework and methodology: (a) research as value-bound, (b) women's stories as data, (c) constructed realities, (d) researcher-participant relationship, and (e) empowerment.

Research as Value-Bound

Qualitative research is understood to be value-bound (Lincoln & Guba, 1985). Norman Denzin and Yvonna Lincoln (1994) illustrate the value-bound nature of qualitative research in the following description of the research process:

Three interconnected, generic activities define the qualitative research process. They go by a variety of different labels, including *theory*, *method*, and *analysis*, and *ontology*, *epistemology*, and *methodology*. Behind these terms stands the personal biography of the gendered researcher, who speaks from a particular class, racial, cultural, and ethnic community perspective. The gendered, multiculturally situated researcher approaches the world with a set of ideas, a framework (theory, ontology) that specifies a set of questions (epistemology) that are then examined (methodology, analysis) in specific ways. (p. 11)

Central to qualitative research is the acknowledgment and examination of implicit values. Similarly, in feminist research, description and integration of the "personal" of the researcher is considered vital as this "involves us in a disciplined, scholarly and rigorous explication of the bases of our knowledge" (Stanley & Wise, 1983, p. 197). Acknowledgment and examination of the "personal" of the researcher may be accomplished by: (a) researchers' explicit "location of self" through providing personal description and discussion of their assumptions and beliefs related to the study (Edwards, 1993); (b) researchers' documentation and reflexive use of their emotional responses (Kirkwood, 1993); and (c) researchers' accounting of their methodological and analytic decisions (Stanley & Wise, 1983).

In accordance with these views, I have provided a description of myself and the perspectives and beliefs which I bring to this study as researcher (see subsequent section "Researcher-as-Instrument"). Throughout the study, I maintained a research journal in which I documented field notes, analytic notes, and self-reflective notes. Information from the research journal was utilized during the process of data analysis and incorporated into my written report of this study.

Women's Stories as Data

Utilizing women's stories as the primary source of data to learn about the process of disclosure fits well with the purposes of feminist and qualitative research. As suggested by Barbara Du Bois (1983), the primary agenda for feminist scholarship is "to address women's lives and experience *in their own terms* [and] to create theory grounded in the actual experience and language of women" (p. 108). According to Donald Polkinghorne (1991), qualitative research is conducted with the purpose of uncovering themes and meaning structures in individuals' natural language and understandings. In this study, I designed and implemented data collection and analysis methods so as to elicit women's stories about adulthood disclosure and develop understandings that were "grounded in and guided by the authority of survivors' voices" (Bayer & Connors, 1988, p. 12).

Constructed Realities

A guiding principle in qualitative research is the constructivist, multiplistic view of the nature of reality and the importance of understanding participants' worldviews and perspectives (Hoshmand, 1989; Lincoln & Guba, 1985). Feminist researchers indicate the importance of hearing women's voices and understanding women's lives within the contexts of their lives (Du Bois, 1983; Klein, 1983). In this study, I sought to elicit stories about women's experiences and gain understanding of their perspectives and meanings related to disclosure. The emergent design of qualitative interviewing allowed for the discovery and exploration of the

participants' perspectives as their stories unfolded (e.g., Lincoln & Guba, 1985). Through analysis of the interview data, I attempted to understand the unique qualities of each woman's experiences as well as the commonalities of themes and patterns among the eight women.

Researcher-Participant Relationships

Feminist researchers call for researcher-participant relationships which are nonexploitive, collaborative, and inclusive of researchers' and participants' subjectivity (Cook & Fonow, 1990; Du Bois, 1983; Klein, 1983; Oakley, 1981). Feminist research perspectives about researcher-participant relationships reflect beliefs about the ethical treatment of persons involved in research as well as beliefs about gaining knowledge which counter traditional scientific approaches: "feminist methodology rejects the assumption that maintaining a strict separation between researcher and research subjects produces a more valid, objective account" (Cook & Fonow, 1990, p. 76). In qualitative research, the relationship between the researcher and the researched is understood to be characterized by interaction and mutual influence (Lincoln & Guba, 1985). In regards to research involving human participants, Yvonna Lincoln and Egon Guba (1985) describe the interdependence of researchers and participants as follows:

In a very real sense, then, investigator and respondent together *create* the data of the research. Each influences the other, and the direction that the data gathering will take in the next moment is acutely dependent upon what data have already been collected, and in what manner. There is in the investigator-respondent dyad ... a continuous unfolding. (p. 100)

In this study, I sought to connect and interact with participants so they felt valued, respected, and engaged in a collaborative process. To support the development of rapport and lessen the power differential inherent in our roles, I shared information about myself and the study and responded openly to participants' questions. I shared my views of participants as "teachers" about disclosure and provided limited structuring of the interviews so that participants' stories unfolded in ways that were meaningful and relevant to them. During the interviews, I shared some of my thoughts and emotional responses related to the content and process of our dialogue. As indicated by Lincoln and Guba (1985), it is essential for qualitative researchers to "negotiate meanings and interpretations with the human sources from which the data have chiefly been drawn because it is their constructions of reality that the inquirer seeks to reconstruct" (p. 41). In this study, participants were involved as interpreters of their own experience during the interviews as well as through the member checks.

Empowerment

Empowerment is a central issue in feminist research methodology (Cook & Fonow, 1990; Reinharz, 1992). Feminist researchers indicate that participants' personal empowerment is a critical consideration in planning and implementing research (Bergen, 1993; Kirkwood, 1993). Catherine Kirkwood (1993) defines personal empowerment as "the process through which an individual discovers the potency and value of her own resources and abilities" (p. 33). I sought to conduct this study so that women participants were empowered by their involvement in the

research process through sharing their stories in a context of respect, valuing, and acceptance; through developing enhanced understanding of their experiences through the interviewing process; and through contributing to knowledge about women survivors' adulthood disclosure.

Based on survivors' feedback during the interviews and member checks, survivors generally considered their involvement in the study to be a meaningful and empowering experience. Through sharing their stories, survivors validated their own healing. Some survivors felt their research participation also opened up further areas of personal growth. As Towanda reported in our member check interview: "This has taken me off in new directions." Survivors also felt they had made a meaningful contribution to the knowledge base about disclosure and hoped that other survivors might benefit from their contribution.

In addition to participants' personal empowerment, feminist research addresses empowerment on broader social and political levels. Feminist perspectives recognize knowledge as power and a source of empowerment (Cook & Fonow, 1990; Du Bois, 1983; Klein, 1983). Feminist research aims to generate knowledge which corrects "the *invisibility* and the *distortion* of female experience" (Lather, 1986, p. 68). With this study, I sought to contribute knowledge about disclosure which was grounded in women survivors' language and lived experiences. This study offers some new understandings about survivors' disclosure. My hope is that this study offers another voice in the continuing dialogue which I believe to be essential for diminishing secrecy about childhood sexual abuse, identifying and addressing misconceptions and gaps in our understanding

about abuse and abuse survivors, and facilitating healing and social change.

Researcher-as-Instrument

In feminist research, the "personal" of the researcher is valued and considered central in understanding research methods and findings (Stanley & Wise, 1983). In this section, I provide a brief description of myself and my assumptions and beliefs related to this study. In conjunction with the previous description of the conceptual framework for this study, the following description is provided for the reader to enhance understanding of the "lens" through which I developed and conducted the study and have given meaning to the data.

I identify as a Caucasian woman, a feminist, raised in the midwest, and in my early-to-mid thirties during the development and implementation of this study. Pursuit of my doctoral degree in counseling psychology followed my professional experiences as a special education teacher and as the director of a women's shelter program. I have been professionally involved in prevention and intervention efforts related to sexual victimization through employment as a counselor in a community-based sexual assault program, university counseling centers, and a campus rape prevention and education program. Although I have become aware that assumptions are often made about my life experience based on my professional experiences and interests, I am not a survivor of sexual abuse.

My awareness of the issue of sexual abuse began to develop during my training and professional experiences in special education. Some of

my students had documented histories of sexual abuse, others disclosed to me about current or past abuse, and others I strongly suspected were sexual abuse victims. I was troubled by the reality of sexual abuse in children's lives and saddened by the emotional pain I witnessed. I was awed by the courage of those who dared to tell. I was also very frustrated by the limits of the educational and mental health systems to address the needs of victimized children and adolescents.

My awareness of the longer-term impact of childhood sexual abuse and the prevalence of victimization in women's lives was initially influenced by my employment in a women's shelter program. Many of the women who resided in the shelter had been physically and sexually abused during adulthood, often by male family members and partners. I was disturbed by the number of women who also described histories of childhood sexual abuse. I was struck by the legacies of secrecy, shame, and emotional pain which many women carried.

Through experiencing survivors' disclosures, including clients as well as friends, colleagues, and acquaintances, I have been challenged to face the painful reality of sexual abuse within my personal as well as professional relationships. Through bearing witness to survivors' stories, I have struggled with my own sadness, anger, sense of violation, unanswerable questions about humanity and our capacity for violence, and feelings of powerlessness to make any difference. Bearing witness to survivors' stories has also left me in awe of their courage to survive the abuse and to eventually speak about their unspeakable experiences. I have been inspired and touched by the depth of survivors' spirit and sense of hope.

The following is a description of assumptions and beliefs which I hold in relation to childhood sexual abuse and disclosure. Sources which have influenced the evolution of these perspectives include my professional experiences with survivors in individual and group therapy, feminist writings, my education and training in counseling psychology, the review of the professional literature for this study, and my personal relationships with persons who have disclosed about childhood sexual abuse.

1. Sexual violence against children and women reflects the dynamics of patriarchy. Sexual violence is a form of oppression.

2. Childhood sexual abuse is a pervasive problem. The silencing of victims, within abusive families and our communities, facilitates denial of the problem and perpetuation of the abuse.

3. Childhood sexual abuse is traumatic and disruptive to victims' psychological development and functioning.

4. There are commonalities as well as individual differences in the ways survivors are affected by and attempt to cope with sexual victimization.

5. Maintaining secrecy and silence, sometimes through denial, suppression, and repression, is an adaptive coping and survival mechanism commonly employed by survivors of sexual abuse.

6. Disclosure is an interaction involving the sharing of information by survivors and the responses and reactions of the persons to whom survivors disclose. Disclosure of sexual abuse may engender changes within relationships.

7. Disclosure by survivors may occur through a variety of means, including verbal communication, letter-writing, poetry, artwork, and music.

8. Survivors teach us, as individuals and as a society, about the reality of childhood sexual abuse. It is through hearing their stories that we may come to better understand the reality of sexual abuse, learn how to facilitate survivors' healing and growth, and find ways to prevent and ultimately end sexual victimization.

Research Questions

The purpose of this study was to explore adulthood disclosure of childhood sexual abuse by women survivors. More specifically, this study was designed to explore the following questions:

1. What is the context (e.g., setting, timing, purpose) and the content of women's adulthood disclosure to persons with whom they have personal, familial, and social relationships?
2. How do women survivors make meaning of their experiences of adulthood disclosure?
3. How are women survivors' lives impacted by their experiences of adulthood disclosure?

Research Procedures

Description of research procedures employed in this study is provided in the following sections: (a) participant selection, and (b) data collection and analysis. The research design was approved by Human Subjects Institutional Review Board (see Appendix A).

Participant Selection

As the purpose of the study was to learn about adulthood disclosure through the stories and perspectives of women survivors, the selection process was developed and implemented to identify women survivors who had disclosed during adulthood and who were willing to discuss their disclosure experiences in the context of a research interview. Prospective participants were informed about the study by therapists. Therapists were utilized in the selection process for the following reasons: (a) I considered the involvement of women survivors who were therapy clients to enhance the clinical relevance of the findings of the study; (b) I considered participants' therapists to be important sources of support should participants wish to further process issues which emerged through the interviewing process; and (c) I considered that, due to the sensitivity of the issue of childhood sexual abuse, prospective participants may feel more comfortable in volunteering for this study if informed by someone they trusted rather than in response to a flyer or advertisement (e.g., Johnson, 1992). I screened prospective participants who indicated their interest in the study and interviews were scheduled as appropriate. The participant selection process is described in the following sections: (a) therapists' role; (b) telephone screenings; and (c) protection of participants.

Therapists' Role

During the months of July through October 1995, prospective participants were informed about the study by therapists who worked in a university counseling center and a community agency. Therapists in the

two agencies were involved in the participant selection process for the following reasons: (a) therapists in the agencies provided counseling services for women survivors and thus were able to identify and inform prospective participants; and (b) I had collegial relationships with the agencies' staff members which served to enhance the therapists' interest in the study and their comfort in informing their clients about the study.

I personally contacted therapists working in the two agencies to elicit their participation in the selection process (see Appendix B). Therapists who were interested in being involved received a letter (see Appendix C) which described the study and their role in identifying and informing appropriate clients. With the letter, therapists also received written materials to be utilized for informing clients about the study (see Appendices D & E). Therapists were instructed to inform clients about the study based on the following criteria: (a) the therapists' clinical judgment that participation in the study would not be counter-therapeutic for the client; (b) the client identified as female and at least 18 years of age; (c) the client identified as a survivor of childhood sexual abuse; and (d) the client reported that she has disclosed during adulthood to at least one individual with whom she had a personal, familial, and/or social relationship (e.g., friend, partner, sibling).

With appropriate clients, therapists were instructed to read aloud the informational statement regarding the study (see Appendix D) and distribute an interest form (see Appendix E). The therapists informed clients that they may complete the bottom portion of the interest form if they were interested in getting more information about the study and/or volunteering to participate in the study. The therapists also informed

clients that I would contact them following my receipt of the completed interest form. Completed interest forms were returned to the reception desks at the counseling agencies.

Telephone Screenings

The purpose of the telephone screenings was to assess prospective participants' appropriateness for the study based on the selection criteria and to provide informed consent information (see Appendix F). The following selection criteria were utilized to determine prospective participants' appropriateness for the study: (a) individuals identified as female and at least 18 years old; (b) individuals identified as survivors of childhood sexual abuse as described below; and (c) individuals identified as having disclosed during adulthood as described below. Additionally, to avoid ethical concerns related to multiple role issues (American Psychological Association, 1992), any clients with whom I had worked at either agency were excluded from participation in this study. After discussion of the selection criteria, I shared informed consent information with prospective participants.

I received nine completed interest forms. Based on telephone screenings with the nine women who returned interest forms, eight women met the selection criteria and were interested in participating. One woman was not considered eligible for the study because she had been a member of a survivors' support group which I had previously co-facilitated. Interviews were scheduled with eight women.

The following definition of childhood sexual abuse was utilized for screening purposes: "childhood sexual abuse involves any exploitive,

forced, and/or nonmutual sexual contact between an adult and child or adolescent who is/was below the age of 18." In this definition, "adult" refers to an individual who was at least 18 years old and/or in a position of power relative to the child or adolescent (e.g., parent, older sibling, babysitter). This definition meets the suggested guidelines for definitions utilized in research regarding childhood sexual abuse (Violato & Genuis, 1993).

The following definition of disclosure was utilized for screening purposes: "disclosure refers to verbal communication about being a survivor of childhood sexual abuse; the verbal communication may include identifying oneself as a survivor, identifying the perpetrator, describing abusive experiences, expressing feelings about the abuse, and/or discussing the effects of the abuse." Two conditions were necessary for meeting this criteria: (1) the disclosure occurred during survivors' adulthood, and (2) the disclosure involved at least one individual with whom survivors had a personal, familial, and/or social relationship.

Protection of Participants

To protect prospective participants' confidentiality during the selection process, only first names and telephone numbers were requested on the interest forms. Envelopes were provided for returning the completed forms to me through the agencies' reception desks. Written materials containing identifying information about prospective participants (e.g., completed interest forms, schedule of interview appointments) were stored in a locked file cabinet in a my office and were destroyed following completion of data collection. During the selection

process, I had no communication with therapists regarding particular individuals and their involvement as research participants.

Data Collection and Analysis

In qualitative research, data collection and analysis are integrated processes. In this study, the primary data source consisted of individual interviews with eight women survivors. Data analysis methods associated with grounded theory (Strauss & Corbin, 1990) were utilized to analyze the interview data. Data analysis was initiated during the interviewing process as I began formulating hypotheses about the stories survivors shared about their disclosure experiences. Data analysis continued through my transcription of the interviews. Formal coding and categorization of the data was conducted after all eight interviews were completed and transcribed. Member checks (Patton, 1988) were conducted to elicit participants' feedback into my analysis. Additionally, throughout data collection and analysis, I maintained a research journal to document my observations and developing interpretations of the data. The following sections provide further description of data collection and analysis methods utilized in this study: (a) interviews, (b) data analysis process, (c) member checks, (d) research journal, and (e) criteria for validity.

Interviews

Interviews were utilized to gather survivors' stories and perspectives about their disclosure experiences as described in the following sections: (a) rationale; (b) interviewing process; (c) researcher's

and participants' observations and reflections; (d) transcription of interviews; and (e) protection of participants. First, I describe the rationale for my use of interviews as the primary data collection method. Second, I describe the interviewing method, including my use of an interview guide. Third, I present some of the participants' and my own observations and reflections related to the interviewing process. Fourth, I describe the transcription process. Finally, I describe the methods used to protect participants' confidentiality.

Rationale. Qualitative interviewing provides a means for eliciting rich description of interviewees' experiences, perspectives, and the contexts of their lives (Lincoln & Guba, 1985; Mishler, 1986; Patton, 1990). The purpose of interviewing is to "access the perspective of the person being interviewed" (Patton, 1990, p. 278). Shulamit Reinharz (1992) suggests in her description of feminist interview research:

Interviewing offers researchers access to people's ideas, thoughts, and memories in their own words rather than in the words of the researcher. This asset is particularly important for the study of women because in this way learning from women is antidote to centuries of ignoring women's ideas altogether or having men speak for women. (p. 19)

In this study, I sought to gather information about survivors' disclosure which was grounded in women's language and lived experience. Qualitative interviews enabled me to gather rich description of women's disclosure experiences and to explore the ways women have come to understand and give meaning to their experiences. The use of a semi-structured interview format provided focus for the interview while

maintaining flexibility for discovery and exploration of the participants' experiences and perspectives (Lincoln & Guba, 1985; Reinharz, 1992).

Interviewing Process. I approached each interview as a collaborative process for developing understanding of and searching for meaning in participants' experiences (e.g., Mishler, 1986). As suggested by Carla Castor-Lewis in her description of semi-structured interviews with incest survivors, I conducted the interviews with the following intention: "to elicit from the participant what *she* considers important and relevant to the topic" (p. 79). Through my interactions with and responses to participants, I sought to generate interviews in which the participants were encouraged to share their stories and in which they felt valued, heard, and understood.

The interviews were conducted in an office in the counseling agencies which were involved in recruitment. The interviews were audio taped and ranged in length from approximately 1-1/2 to 3 hours. An interview guide was utilized to conduct semi-structured interviews (see Appendix G). The emergent design of qualitative interviews allows for flexibility in utilization of the interview guide (Lincoln & Guba, 1985). Within the content areas identified on the guide, my questions and responses varied depending upon the context of each interview, the participant's style of sharing her story and her use of language, my emergent understandings of the participant and her experiences, and my developing theory based on previous interviews.

Each interview session began with presentation of the informed consent statement for participants to read and sign (see Appendix H). The

informed consent statement included information about the interview session and option for follow-up contact through member checks, potential risks and benefits related to participation in the study, procedures utilized to protect participants' confidentiality, and participants' rights to withdraw from the study at any time. After informed consent statements were signed, I began audio taping the session.

To facilitate rapport and set the context for the interview, I briefly discussed introductory information including description of myself, the purpose of the research, and the interviewing process. Participants were asked to complete a participant form (see Appendix I) on which they provided their name, address, telephone number, and a selected pseudonym for use in written reports. Demographic and background information was then gathered including race/ethnicity, age, educational status, occupational status, relationship status, ages during occurrence of childhood sexual abuse, and perpetrators of the abuse.

The primary portion of the interview originally was planned to focus on one selected disclosure experience, including information about the setting, timing, purpose, content, others' responses, and the meanings and the impact of the disclosure. In the first interview, I discovered that attempting to focus our discussion on one disclosure experience was not appropriate. It seemed more meaningful for survivors to discuss various disclosure experiences they had engaged in at different times and with various people. It became evident that there were connections among survivors' disclosure experiences. Thus, in the interviews, participants were invited to describe as many experiences as seemed fitting and comfortable for them. Other topics of inquiry regarding adulthood

disclosure included: (a) any relationship between childhood disclosure on adulthood disclosure; (b) any relationship between disclosure in therapy and disclosure to friends and family members; and (c) meanings and impact of adulthood disclosure in the survivors' lives and healing process.

Following the main portion of the interview, I provided information about member checks and asked participants to indicate whether they were interested in participating. All participants indicated their interest in being involved in the member checks, with some particularly interested in learning about other survivors' experiences. Before closing the interview sessions, I invited participants to reflect on the interview experience and share their thoughts, feelings, or feedback.

During the interviewing process, I remained aware of my legal and ethical responsibilities to provide crisis counseling, to report suspected child abuse and neglect, and to intervene if participants appeared to be at risk of harming themselves or others (American Psychological Association, 1992). However, no situations arose which warranted such responses.

After each interview, I documented in my research journal any observations, thoughts, and reactions regarding the interviewing process and the stories which the participant shared. My developing hypotheses informed subsequent interviews. I began to develop ideas and questions about themes and issues which seemed relevant to survivors' adulthood disclosures.

Researcher's and Participants' Observations and Reflections.

During the interviews, each woman's stories unfolded in unique ways as she told me about herself, her adulthood disclosures, and how she understood and gave meaning to her experiences. I found that the limited structuring of the interview process allowed for depth and spontaneity in participants' sharing. In order to provide context for understanding their disclosures, some women told me in some detail about the abuse they had experienced and the history of certain relationships. Some of the women's disclosure experiences were remembered and shared in great detail. For some of the women's experiences, details about time, place, and content of disclosure seemed to have less significance than did their feelings about the experience. As I gained experience conducting interviews, I became more comfortable following participants' style and direction in their telling of their stories, and better able to seek elaboration of the issues each woman found relevant and meaningful in her experiences.

As women shared stories about their disclosure experiences, they expressed and described a range of emotions related to their disclosures: anger, relief, sadness, and hope. It was also apparent that, prior to the interviews, women's anticipation of their involvement in the interviews elicited many feelings and thoughts. For example, Hope prepared for the interview by making a list of the experiences and issues she wanted to discuss. Towanda commented that the night before our interview she had felt anxious and curious about what I would be asking her. Lynn brought me copies of some of her poetry which she hoped would assist me in understanding her experiences as a survivor.

Based on participants' descriptions, the interviewing process was considered a meaningful experience. Some women, like Lisa, found that talking about their disclosure experiences was affirming of their healing and growth:

Lisa: I'm thankful I did this 'cause I'm like "Okay, so it's really true. I feel a lot better." So I know I'm feeling like I'm stronger. I feel like it was good in that sense especially because I can say now, for sure to myself, I'm confirming, sort of, that I'm getting closer and closer to a place where I need to be. ... It's such a relief to know that, just to know, where I've come from and where I'm going. It's just a little more clear.

Some women felt empowered by sharing their stories as a contribution to knowledge about disclosure which may be beneficial for other survivors:

Hope: For me it's good in that I feel like I want to help other survivors. ... And now I feel like maybe I contributed a little piece and that helps.

Through involvement in the study, women seemed to experience enhanced self-awareness, recognition of their growth, and feelings of accomplishment.

For one of the participants, intermingled with positive feelings about her involvement in the study, was anxiety which arose as a result of talking openly about her experiences. Reflecting some deeply engrained fears related to speaking about the abuse, Towanda anticipated she may feel some "backlash" after leaving the interview:

Towanda: Everything I do is about healing. Every word I speak. That's why I signed up for this. ... I'm more whole, I can share out of a whole place. ... I also know I'm gonna' walk out of here and feel the backlash from this. I also know that I'm safe in that because I have a huge support system. ... What the backlash is about is the scared little girl inside

who's *sure* that somebody's still gonna' come and blow her away because of this. And that if, you know, if she *just* would have done something *different* she wouldn't even have to be sitting here worrying about it.

Note the violence which gets associated with speaking out about the abuse. Echoes of the threats used to keep her silent as a child continued to create anxiety for Towanda when she talked about her past experiences. Yet, due to her healing and established support system, Towanda felt confident she would be able to express and manage the anxiety she anticipated she may experience after the interview.

During the interviews, I also experienced a range of emotions in response to the women and their stories: intrigue, awe, sadness, anger, connection, and inspiration. At some points in the interviewing process, I faced dilemmas in balancing my role and responsibilities as researcher with my desire to advocate for women and support their well-being and growth. During the interviews, there were times when I struggled to maintain my focus on discovering, understanding, and representing "what is" when that appeared to be painful. For example, how should I respond to a participant who was struggling with self-blame for the abuse after someone to whom she had disclosed responded with victim-blaming? Or how should I respond to a participant who seemed to be carrying the sole burden of responsibility for stopping the perpetrator from abusing others?

As a therapist, I have often worked with women survivors on similar issues with the intent of facilitating healing. But what was my role as researcher? In these particular situations, I responded with compassion and interest in understanding participants' feelings and views. But I chose

not to directly counter survivors' beliefs as they represented the ways survivors were understanding themselves and making sense of their experiences at that time. Knowing that the survivors were involved in therapy, in which these issues could be addressed, influenced my decision not to intervene more directly. However, I also felt concerned about "leaving" participants with burdens of responsibility which they need not carry. My dilemma reflected questions regarding the place of education, advocacy, and intervention within the context of research which have been raised in feminist literature (e.g., Acker, Barry & Esseveld, 1983; Cook & Fonow, 1990; Reinharz, 1992), and for which there are no simple answers.

Ann Oakley (1981) suggests that, in interviews involving women participants and researchers, the cultural affinity of women may enhance interviewees' comfort for self-disclosure and their expectation for and experience of being understood. In this study, I believe that the interviewing process and my relationships with participants were enhanced through a sense of connection, common ground, and shared understandings as women. Yet, I also felt it was important to remain sensitive to issues other than gender which impacted my relationships with participants.

My primary concern was that the women involved in the study felt comfortable talking about their experiences, respected, and understood. As researcher, I wondered about the aspects of my identity might influence my ability, and/or participants' perceptions of my ability, to hear, understand, and eventually represent survivors' stories. Were my personal or my professional experiences and identities more influential?

With each participant, it varied whether similarities and differences between us were visible, known, acknowledged, or even considered to be significant. Were the differences or the similarities between the participants and me more influential? And which ones? How could these be adequately examined and responded to in the context of each interview? Like other feminist researchers (e.g., Edwards, 1993; Riessman, 1987), I found these questions to be challenging and, again, not simply answered. In an effort to address these issues, I remained aware of and reflexive about myself as researcher-as-instrument and the interpersonal dynamics between participants and me. I shared information about myself as well as invited and openly responded to participants' questions about me and the study. I also sought participants' feedback regarding my developing understandings of their experiences and the interviewing process itself.

One personal issue which some participants asked me about was whether I was a survivor of childhood sexual abuse. When I informed women that I was not a survivor, I sought to gain some sense of what that information meant to them. Beverly seemed surprised and expressed her belief that I was fortunate not to have been abused. Lynn expressed some concern that, as a non-survivor, I may not be able to fully understand her, particularly if she began having trouble finding words to express herself during our interview. I assured Lynn that I understood her concerns and that I hoped that we may be able to work together to develop some shared understandings of her experiences. At the closing of our interview, I was deeply touched by Lynn's sense of trust and connection which had developed:

Lynn: What I shared with you today, that in a sense I'm leaving a piece of me with you. And I'm also taking a piece of you with me. Kinda' like blood sisters.

As Lynn's "blood sister," I felt entrusted with her story. I was reminded of the special privilege and responsibility in my role as researcher to hear, understand, and represent others' experiences.

Transcription of Interviews. I transcribed the audio tapes within a week of each interview. The transcription process was a means of immersing myself in the data. While repeatedly hearing women's voices and stories, I put their words onto paper. I transcribed the audio tapes using a method which reflected the content of survivors' stories as well as how they spoke. I utilized a system for representing aspects of speech such as pauses, emphasis, laughter, tears, sighs, and other nonverbal expressions (e.g., Chase, 1995; Riessman, 1990). Italics were used to indicate emotional emphasis and increased volume in women's speech. I also transcribed nonlexical responses (e.g., "hm hmm"), repeated words, asides (e.g., "you know what I mean?"), and interruptions. So as to represent the flow and intensity of speech, I transcribed "spurts of language" (Chafe, 1980, p. 14-15) which indicated the phrasing, continuity, breaks, and pauses in participants' speech. Punctuation was used only to indicate questions which were spoken. My purpose for utilizing the transcription method above was to produce transcripts which represented women's actual speech and to enhance my ability to "hear" and understand their stories (e.g., DeVault, 1990).

To present excerpted material from the transcripts in this report, I settled on a compromise between quoting verbatim from the transcripts

and modifying the excerpts to facilitate readability of the material (e.g., Weiss, 1994). Punctuation was added (e.g., commas and periods were used to indicate pauses and completion of thoughts) and some excerpts were edited (e.g., repeated words were deleted if I felt the meaning of the statement was not altered; ellipsis points were used to indicate that material had been removed for purposes of clarity). Any words which I added were included in brackets (e.g., [and]). To identify the speakers of the excerpted quotes, pseudonyms which were selected by participants were used.

Protection of Participants. In the transcripts and any excerpted material included in this report, I altered identifying information to protect participants' confidentiality. Participants are referred to by their selected pseudonyms. The names of persons who survivors mentioned in the interviews were replaced with relational descriptors (e.g., brother, cousin). Names of specific locations were similarly replaced with general descriptors (e.g., western city, restaurant). Other identifying information has been altered (e.g., specific ages are not used) or deleted.

Additionally, each transcript was labeled with a code number and the participant's pseudonym. The signed informed consent statements which I retained were stored in a locked file cabinet in my home office. The information provided on the participant form (e.g., name, address, phone number, selected pseudonym, and code number) was transferred to a master list (Appendix J). The participant forms were then destroyed. The master list was stored separately from the informed consent statements.

Analysis Process

The method of analysis which was utilized in this study was the constant comparative method associated with grounded theory (Strauss & Corbin, 1990). This method involves systematic analysis of data to inductively develop theory which "is faithful to and illuminates" (Strauss & Corbin, 1990, p. 24) the studied phenomenon. For this study, the analysis process involved was guided by the emergent themes and issues in participants' stories and descriptions; the conceptual framework and purpose of the study; and the related professional literature.

Analysis began with immersion in the interview data through transcribing the interviews and repeated readings of the transcripts (Hycner, 1985). As I transcribed and read the transcripts, I noted themes, issues, and my observations and speculations in my research journal. After transcribing the interviews and reading each transcript at least twice, I began coding the interview data.

Using a manual cut-and-paste process, I began examining the data in terms of "pre-disclosure" (e.g., survivors' thoughts, feeling, expectations prior to telling), the actual experience of telling (e.g., situational context in which disclosure occurred, the content of survivors' disclosure, and others' responses), and survivors' "post-disclosure" experience (e.g. survivors' thoughts and feelings; relational impact). As I continued to work with the data, and redefined and re-named my codes and categories, I felt it would be helpful to have a better picture of each woman's chronology of disclosure experiences. So, I developed a case summary of each participant and her various disclosure experiences.

Through comparing the coding of the entire transcripts with the case summaries, additional codes and categories emerged and existing codes were clarified and modified. In a "constant interplay between proposing and checking" (Strauss & Corbin, 1990, p. 11), I utilized the entire transcripts and the case summaries to collapse, expand, revise, and re-label the categories which I had identified.

I began to get a clearer sense of the relationships among survivors' disclosure experiences and the evolutionary nature of the disclosure process. The complexities and dimensions within categories and themes began to emerge as I continued the coding process (Miles & Huberman, 1984). To distinguish the boundaries between categories and themes and the relationships among them, I attempted to identify and explain negative cases and tested alternative explanations (Patton, 1990). I made comparisons within the data provided by each participant as well as across the group of participants to further test and refine my analysis.

In addition my immersion in and manipulation of the data, my analysis was shaped by discussions with members of my doctoral committee, discussions with colleagues with experience and expertise in qualitative research and/or childhood sexual abuse, the process of writing about the analysis and results, and my continued reading of related literature. Member checks, involving follow-up interviews with participants, were also conducted to elicit their feedback regarding my analysis (see subsequent section, "Member Checks").

During the data analysis, the metaphor of weaving was useful for me. I considered each woman's stories as materials of various color, texture, and form to be included in the tapestry. It was my responsibility to

weave together the women's stories to create a tapestry which represented their collective experience. It was also my responsibility to describe the tapestry so that others may understand how it was created and learn about the message or story I believed the tapestry conveyed.

Member Checks

With participants involved as interpreters of their own experiences, member checks enhance the validity of the research findings (Lincoln & Guba, 1985; Reason & Rowan, 1981). In this study, the purpose of the member checks was to elicit participants' feedback, reactions, and insights into my developing analysis of the interview data. Approximately seven months after conducting the first interview, I contacted the participants by telephone (see Appendix K) to discuss the results of the study. Similar to the individual interviews, the member checks were conducted in a semi-structured format and audio-taped. I was able to reach six of the eight participants.

In the member checks, I shared a summary of my analysis of the interview data and sought participants' feedback, questions, and comments. The women generally supported my interpretations and often offered further information about certain aspects of the results which particularly related to their experiences. The information survivors shared was incorporated into my analysis and this report. After the member checks, a letter was sent (see Appendix L) to those participants who were interested in receiving information about accessing the dissertation and/or receiving a copy of an anticipated future journal manuscript.

Research Journal

A research journal provides a systematic means for documenting and integrating the researchers' observations, experiences, and analytic processes. The rigor of data collection and analysis and the credibility of the findings are enhanced by the explicit acknowledgment and incorporation of the researchers' perspectives and experiences (Lincoln & Guba, 1985; Patton, 1990; Reinharz, 1992).

In this study, I made the following types of notations in my research journal: (a) field notes (Bogdan & Biklen, 1982; Spradley, 1979); (b) analytic notes (Lincoln & Guba, 1985; Miles & Huberman, 1984); and (c) self-reflective notes (Kirkwood, 1993; Lincoln & Guba, 1985). Field notes were documented during the interviews, as appropriate, and immediately following each interview session. In these notes, I described my observations of the participant and the interviewing process and my experiences during the interview. Analytic notes were recorded throughout the process of data collection and analysis to record my speculations about the emerging data, decisions about the research methodology, and the process of developing codes and categories and identifying patterns emergent from the data. Self-reflective notes were documented throughout the study to record my reflections, thoughts, feelings, and reactions to participants, their stories, my role as researcher, and the research process. To protect participants' confidentiality, references to participants were made using their pseudonyms in the research journal. The information in the journal was incorporated into the research results and discussion.

Criteria for Validity

In qualitative research, criteria for assessing the validity of a study include: (a) triangulation, (b) participants' validation, (c) contextualizing methods and results, and (d) credibility of the researcher (Lincoln & Guba, 1985; Miles & Huberman, 1984; Patton, 1990). These criteria are discussed below in relation to this study.

Qualitative researchers may utilize triangulation of methods, data sources, analysts, and/or theory to contribute to the verification and validation of their analysis (Patton, 1990). The purpose of triangulation is to determine the consistency of data across methods, sources, analysts, and/or theory. In this study, considering participants as data sources, comparisons were made across the data generated by each of the eight participants. Thus, to test the validity of results, I continually compared my developing interpretations against the data which had been generated across the eight participants. Data were also compared across the two contacts I had with participants, the interviews and member checks.

Participants' validation is a method described by qualitative and feminist researchers as an important process for verifying research findings (e.g., Cook & Fonow, 1990; Lincoln & Guba, 1985). Participant validation involves participants as interpreters of their experiences (Reason & Rowan, 1981). In this study, member checks were utilized to elicit participants' feedback, reactions, and suggestions regarding my developing analysis. The six participants who were involved in member checks generally validated the results which I shared verbally with them. Participants also commented about and clarified certain issues which were

particularly relevant to their experience. Participants' feedback was incorporated into the analysis and written report.

Contextualizing research methods and results enhances the validity of a study and diminishes potential distortion of research findings (Patton, 1990). The research methods and findings of this study were contextualized as follows: (a) I identified the time period for data collection and analysis and provided description of the cultural context of this time period (see Chapter IV, "Context of the Study"); and (b) I described the limitations of the study so as to provide context for understanding the transferability of the results (see Chapter V, "Limitations and Strengths of Methodology").

Validity of the research is also related to credibility of the researcher (Patton, 1990). Researchers' credibility refers to professional integrity and intellectual rigor with which the research has been conducted. The following methods have been utilized in this study to enhance researcher credibility: (a) I provided description of myself including personal and professional information related to this study (see previous section, "Researcher-as-Instrument"); (b) I provided description of the conceptual framework which guided my development and implementation of this study (see previous section, "Conceptual Framework: Integrating Qualitative and Feminist Research Perspectives"); (c) I described the research process including participant selection, data collection, and data analysis; (see previous section, "Research Procedures"); and (d) I maintained a research journal which included an audit trail of my self-reflexive activities, experiences, decisions and analytic process and integrated information from the journal into the written report (see previous section, "Research Journal").

CHAPTER IV

RESULTS

In this chapter, the results of the study are presented. This chapter is organized in the following sections: (a) context of the study; (b) participants; (c) overview of survivors' disclosure; (d) coming-to-voice, and (e) meaning-making. The first section provides a brief description of the social/cultural context within which the study was developed and conducted. The second section provides a demographic summary of the group of women who participated in the study. The third section provides an overview of the information which was gathered about survivors' disclosure process. The final two sections provide description of the primary aspects of the disclosure process which were identified in survivors' stories, coming-to-voice and meaning-making. Quotes from survivors' interviews are incorporated throughout the chapter.

Context of the Study

This study offers a snapshot of women survivors' disclosure, taken at a particular time and place, in the midst of their ongoing process of disclosing, healing, and general development. The interviews were conducted in the summer and autumn months of 1995 in two cities in the midwestern region of the United States. The women who participated in this study lived, worked, and/or attended college in the areas where the interviews took place.

The women also lived within a broader social context in which the staggering prevalence of childhood sexual abuse had been documented (Russell, 1986). There had been an outgrowth of research, clinical, and popular literature related to childhood sexual abuse (Courtois, 1988). The Feminist Movement influenced the development of educational, prevention, and intervention efforts to address the issue of child sexual abuse and other forms of interpersonal violence (Herman, 1992). These efforts, along with growing attention to the issue in television and other media, served to bring childhood sexual abuse into the public domain. Within years just prior to this study, much media attention was also given to disclosures by women who were public figures in entertainment and other fields.

With this growing awareness and increased public dialogue, backlash against speaking out was also evident at the time of this study. Linda Alcoff and Laura Gray (1993) indicated that media forums such as television talk shows generally served to sensationalize and exploit survivors and their disclosures: "the very act of speaking out has become used as performance and spectacle" (p. 75). Additionally, heated controversy has erupted regarding the veracity of survivors' delayed recovery of memories of sexual trauma (Enns, et al., 1995). At its worst, the controversy has resulted in divisiveness rather than facilitating open dialogue and inquiry. In this process, survivors' voices were silenced through disbelief, discounting, and pathologizing, and through blaming therapists for influencing the development of clients' "false memories."

It was within this social context that I developed this study and that eight women survivors were willing to be interviewed to share their

stories about their disclosure experiences. The participants were motivated to be involved in this study by their strong desire to share their stories, to benefit other survivors by contributing to the knowledge base about disclosure, to affirm their healing, and to celebrate their right to speak and utilize their voices. The tension between silence and speech evident in the social context was reflected in survivors' stories about disclosing to significant others.

Participants

For participants' protection, demographic and background information is provided only in the following group summary. The names utilized in this chapter and throughout the dissertation are pseudonyms which participants selected. Other identifying information has been modified in the text and quotations (e.g., names of persons survivors disclosed to have been replaced with relational descriptors such as "sister").

The eight participants interviewed for this study included six Caucasian and two African American women ranging in age from 27 to 46 years. Six of the women were single/divorced. Two were partnered, one in a heterosexual relationship and one in a lesbian relationship. Five women were parenting children who ranged in age from toddlers to adolescents. Educational levels ranged from completion of high school diplomas to completion of master's degrees. Three women were attending college at the time of the interview, one in an associate's degree program and two in professional degree programs. Five women were

employed in either full-time or part-time positions. All participants were involved in individual therapy and/or group therapy.

For seven of the women, childhood sexual abuse occurred on an ongoing basis during a number of years from early childhood into or throughout their adolescence. For one woman, the abuse had occurred repeatedly during a period of at least one week. Four women were abused by more than one perpetrator. The perpetrators of the abuse included the following (the number of women who identified a perpetrator in each category is indicated in parentheses): brother (3); uncle (3); adoptive or biological father (3); male cousin (2); adoptive mother (2); and son of family friend (1). In addition to the childhood sexual abuse described above, some participants described being sexually assaulted by male peers, acquaintances, and partners during childhood and/or adulthood. Four survivors disclosed about the abuse during childhood; two survivors' abuse was discovered by family members during childhood. Survivors' first adulthood disclosures occurred between approximately six months and 20 years prior to our interviews.

Overview of Survivors' Disclosure Process

The interviews yielded many stories about survivors' disclosures with family members and friends. Survivors talked about disclosure in terms of individual incidents of telling about the abuse (e.g., involving certain persons, setting, content) as well as in terms of the overall experience of telling over time and across persons. Thus, I came to understand survivors' disclosure as a process which consisted of inter-related incidents in which they told about the abuse. In this report, to

distinguish between these two levels of disclosure, I refer to particular incidents in which survivors disclosed to certain persons as "disclosure experiences." I use "disclosure process" to refer to survivors' overall, cumulative process of telling about the abuse over time and across persons.

In this overview of survivors' disclosure process, I provide a brief summary of the information about disclosure which emerged in survivors' stories. The overview includes the following sections: (a) persons and settings involved in disclosure, (b) content of survivors' disclosure, (c) survivors' terminology for "disclosure," and (d) coming-to-voice and meaning-making. The first two sections provide description of the context and the content of survivors' disclosures. The third section provides a description of the words which survivors used to identify the process of disclosing about the abuse. The final section provides an introduction to the two major aspects of the disclosure process which were identified in survivors' stories: coming-to-voice and meaning-making. Following the overview, the remainder of the chapter provide more in-depth description of coming-to-voice and meaning-making.

Persons and Settings Involved in Disclosure

Survivors' stories about their disclosure experiences revealed information about who they told and the settings in which they talked about their histories of abuse. Women survivors described speaking about the abuse with many individuals within their families and social networks, including their parents, partners, friends, siblings, children, members of their extended families (e.g., aunts, cousins), co-workers,

teachers, and social acquaintances. Disclosure experiences occurred through telephone contacts and personal interactions in places such as survivors' and others' homes, work and school settings, and restaurants and parks.

In some situations, survivors carefully planned and orchestrated the situation in which they told others about the abuse. Other disclosure experiences evolved in a more spontaneous manner.

Content of Survivors' Disclosures

The interviews revealed information about the content of survivors' disclosures to family members and friends and the content of family members' and friends' responses. In many interviews, women shared some detail about their abuse experiences which contextualized the content of their disclosures. Survivors' descriptions illustrated the traumatic nature of the abuse and the legacies of emotional pain which survivors carried into adulthood:

Beverly: It wasn't so much of a violation of the physical me. But it was like each time, it was part of me that was lost. Sort of, gosh, it's hard to explain. Sorta' like part of my spirit had been taken away. (48)

Towanda: A Holocaust survivor in a nazi terrorist camp. That's how I was raised. (5)

Lynn: I can't list them [perpetrators] all. I came from a family where I think incest was like learning to walk. (2)

It was this significant violation about which survivors were telling their family members and friends.

When women told others about their histories of abuse, the content of their disclosures varied in regards to the type and amount of

information which was shared in each disclosure experience. In some disclosure experiences, survivors stated that sexual abuse had occurred in their childhood, identified the perpetrators, and/or described abusive incidents with varying degrees of detail. In some disclosures, survivors asked for information about the abuse, perpetrators, and other potential victims. Survivors also described the emotional and physical effects of the abuse during childhood and adulthood and discussed their healing process. Some survivors told family members and friends their reasons for telling about the childhood sexual abuse. Some survivors talked about their prior disclosure experiences and described their plans for future disclosures.

The family members and friends whom survivors told about the abuse responded with a wide range of reactions. Others' responses to survivors' disclosures included denial of the abuse, minimization of the trauma, victim-blaming, and/or self-blame for the abuse. Some family members and friends responded with emotional support, validation of survivors' feelings, belief about the abuse, and/or confirmation of the abuse. Some persons also shared their opinions about survivors' past disclosure experiences and about whether and/or how survivors should follow-through with their plans to tell others. Some family members and friends also identified themselves as survivors of childhood sexual abuse, described their abuse histories, and discussed their healing process.

Survivors' Terminology for "Disclosure"

Survivors' stories about their disclosure experiences revealed information about their terminology for "disclosure." In addition to the

word "disclosure," survivors utilized various terms to describe the process of telling others about the abuse. Survivors' language included the following: "sharing," "exposing," "coming out," "telling," and "talking." I believe that my use of the term "disclosure" may have influenced survivors' use of that term. I began asking participants about the term when I became aware of their varied language.

When I asked survivors about the use of "disclosure" as language to describe the process of revealing information about their abuse histories, I discovered that some survivors felt that this word did not aptly fit their experiences:

Towanda: "Disclosure" is an interesting word. Funny thing is, I never thought about putting a term to it. "Freedom to be who I am" is the only thing that comes up. And just really sharing. ... "Disclosure" to me is like broadcasting.

Lynn: "Disclosure" makes me think of secrets, like I'm on a mission, I work for the FBI or CIA.

In my efforts independently and in collaboration with participants and consultants, I was unable to develop or discover in interview transcripts some alternative terminology. Thus, I utilize "disclosure" in this report, primarily as a means of remaining consistent with other professional literature. Although the use of "disclosure" facilitates communication among professionals who are writing about and researching the process, the need for more fitting terminology seems evident.

Coming-to-Voice and Meaning-Making

Based on women's stories, I have come to understand disclosure as a process which involves two inter-related aspects: coming-to-voice and

meaning-making (see Figure 1). Coming-to-voice was survivors' movement from being silent to speaking about the abuse. Survivors' coming-to-voice was influenced by: (a) survivors' reasons for disclosing, (b) risks survivors associated with disclosing, and (c) survivors' prior disclosure experiences in childhood, therapy, and adulthood. Meaning-making was survivors' development of meanings about their disclosure experiences. In their meaning-making, survivors developed beliefs and understandings about: (a) self, (b) their relationships with the persons they told, (c) childhood sexual abuse as a social phenomenon, and (d) disclosure as a healing process.

In a cyclical fashion, survivors' engaged in coming-to-voice and meaning-making repeatedly throughout their disclosure process. In each disclosure experience, survivors moved from silence to speak about the abuse (coming-to-voice) and then made meaning about their experience of telling (meaning-making). Survivors' coming-to-voice and meaning-making varied in each disclosure experience, influenced by what had happened in any previous experiences in which they told about the abuse.

The remainder of this chapter provides further description of the two major aspects of the disclosure process. The next section provides description, based on survivors' quotes, about the three influences of coming-to-voice. The last section of the chapter provides description, based on survivors' quotes, about the four areas of meaning-making.

Coming-to-Voice: From Being Silent to Having Voice

Coming-to-voice refers to survivors' movement from silence into voice. As survivors reached adulthood, they were very familiar with

living in silence and secrecy about the abuse. Most of the women had been threatened and coerced by the perpetrators to maintain silence about the abuse. During childhood, six of the eight women disclosed about the abuse or had experiences in which the abuse discovered; all of these childhood experiences led to a return to silence. Many familial and societal messages, such as victim-blaming and denial, also reinforced survivors' silence. As self-protective measures, survivors often repressed or suppressed memories of the abuse. Silence offered survivors some degree of safety and protection from the painful reality of the abuse and from the potential backlash from perpetrators, families, and others.

Survivors' movement from silence into telling about the abuse was found to be influenced by: (a) survivors' reasons for disclosing, (b) the risks they associated with disclosing, and (c) their prior disclosure experiences. These three influences shaped how survivors thought and felt about moving from silence into speech and how they told their family members and friends about their abuse experiences. Description of the influences of coming-to-voice is provided in the following sections: (a) influence of reasons for disclosing: motivations toward voice; (b) influence of risks related to disclosure: vulnerabilities of voice; and (c) influence of prior disclosure experiences: lessons learned about voice. For purposes of discussion, the three influences are presented separately. Yet, they are understood to be inter-related and to have had varying degrees of influence in survivors' coming-to-voice.

Influence of Reasons for Disclosing: Motivations Toward Voice

One of the three influences on survivors' coming-to-voice was survivors' reasons for disclosing. Survivors' reasons for disclosing motivated their movement from silence into speech. Survivors described two types of reasons for disclosing. Survivors described internal motivating factors, such as heightened inner knowing about the abuse and intuitive feelings about telling, as reasons for telling in some disclosure experiences. Survivors also described their intentions, such as protecting others from abuse and seeking emotional support, as reasons for disclosing to their family members and friends. These two types of reasons are described in the following sections: (1) internal motivating factors, and (2) survivors' intentions. For purposes of discussion, survivors' reasons for disclosing are presented separately. Yet, in many disclosure experiences, reasons for disclosure were inter-related as more than one internal motivating factor and intention motivated survivors' movement into speech.

Internal Motivating Factors

In survivors' coming-to-voice, one of the types of reasons for disclosing was survivors' internal motivating factors. Internal motivating factors included survivors' heightened inner knowledge about the abuse and survivors' intuitive feelings about disclosing in particular situations. Survivors' internal motivating factors are described in the sections below: (a) survivors' heightened inner knowing about the abuse, and (b) survivors' intuitive feelings about telling.

Survivors' Heightened Inner Knowing About the Abuse.

Survivors' coming-to-voice was influenced by their heightened inner knowing about the abuse. Heightened inner knowing about the abuse refers to increased frequency or intensity of thoughts, feelings, and/or memories about the sexual abuse. For example, Ruth's first disclosure experience with her parents followed a flooding of intrusive memories and thoughts of the abuse:

Ruth: I got triggered at school. I was in a sociology class and we were talking about violence against women and children and rape. ... My mother picked me up from school and I wouldn't talk to her. I just cried. And when my father came home, I still wouldn't talk and I wouldn't eat. And it was the six o'clock news was on. And there was this story about a little girl who had been molested, and I remember that I sat up real close to the TV and listened, and then turned around and just matter of factly looked at my mother and said, "That happened to me."

Although she had always remembered the childhood sexual abuse, Ruth's inner knowing was heightened by triggered memories. Ruth's heightened inner knowing motivated her to tell her parents that she had been sexually abused as a child. When disclosure was tied to survivors' heightened inner knowing, survivors' coming-to-voice was characterized by varying degrees of distress related to their self-acknowledgment of the reality of the abuse.

Survivors' Intuitive Feelings About Telling. Survivors' coming-to-voice was influenced by their intuitive feelings which indicated the safety or appropriateness of disclosing in certain situations. Some survivors' movement into speech was motivated by their intuitive sense that it was "okay to tell:"

Lisa: The class is winding down and everyone was kinda' leaving and *just something* said to me, "Go ahead and talk to her [teacher]. *Talk to her, now.*"

Hope: It was real risky for me to tell her [friend], because I wasn't sure how she'd react. Although something inside just told me it would be okay.

Robin: He [husband/now former] didn't even know I was going to tell my parents. Nobody knew, nobody. And I didn't even know. I just did it. You know, I got this feeling of I'm going over there and I'm doing this. And I did it.

Lisa: Every time I've decided to talk to someone, it's like this overwhelming feeling like "it's okay."

When disclosure was tied to survivors' intuitive feelings about telling, their coming-to-voice was characterized by a powerful sense of trust in their inner voice as guide in the disclosure process.

Survivors' Intentions

In survivors' coming-to-voice, a second type of reason for disclosing was their intention or purpose for the disclosure. In the following sections, survivors' intentions for disclosure are described: (a) to counter silencing and take back power, (b) to claim abuse survival as part of self, (c) to protect others from abuse, (d) to explain effects of the abuse, (e) to seek or provide confirmation of the abuse, (f) to determine boundaries of intimacy in relationships, and (g) to seek or offer emotional support.

To Counter Silencing and Take Back Power. Survivors' coming-to-voice was influenced by their desire to counter others' silencing of their voice and to take back their power to speak about their experiences. Some survivors disclosed about the abuse to counter the explicit and implicit

demands for silence which they felt from perpetrators, their families, and society in general. Survivors believed that the forced silence enabled perpetrators to continue to control them, impeded their healing process, and contributed to misconceptions and lack of awareness about childhood sexual abuse. Survivors were motivated to disclose to take back their power by claiming their entitlement to their voice.

Robin was motivated to speak about the abuse as an effort to diminish her brother/perpetrator's power and control:

Robin: I'm really scared [to tell others about the abuse], but I can't let that stop me. 'Cause I've let that stop me for all these years. ... And I can't let him win no more.

Robin's fears about speaking were related, in part, to the threats her brother/perpetrator used to frighten her into silence as a child. To counter the silencing by her perpetrator, Robin's coming-to-voice was characterized by fears about breaking the forced silence as well as a strong desire to be freed from her brother/perpetrator's control of her voice.

Lynn was motivated to speak about her abuse history to counter the social pressures for silence which she believed to be detrimental to her healing process:

Lynn: Well, it seems like, there's things that maybe society says you need to shut this up, and forget that it even happened. Because if you don't, it will destroy you. And yet, I feel that if I shut it *off*, it *will* destroy me. That if I work through it, then I will be able to not have it control my life. Then I will be able to live.

Countering social messages which promoted silence as necessary, Lynn's coming-to-voice was characterized by her belief that she needed to speak about the abuse in order to heal.

Ruth was motivated to speak about the abuse to counter the denial and misconceptions about sexual abuse and survivors which she felt permeated society:

Ruth: I'm afraid to shut my mouth. I don't want people to stop saying that it happens. ... It's still hard to prosecute for this. Laws are still antiquated. And people's thoughts are antiquated. And then we've got people who balk at repressed memory. And that's like everybody is against us. And as long as I keep talking about it and they don't shut me up. "They" being the *perpetrator*. "They" being society in general. You know, it's gotten global for me.

Ruth considered the silencing by society as parallel to the power of the perpetrator whose violence and threats silenced her voice for many years. Ruth's coming-to-voice was characterized by her strong belief that her voice was her source of power to counter oppressive forces, to increase awareness of the reality of sexual abuse, and to create social change.

To Claim Abuse Survival as Part of Self. Survivors' coming-to-voice was influenced by their need to claim their survival of sexual abuse as a significant aspect of their life experience and sense-of-self. Like other survivors, Hope and Lynn wanted to be known and accepted for who they were, including being an abuse survivor:

Hope: I wanted to be accepted for me. And I was tired of hiding things.

Lynn: I think it was because I wanted him [husband/now former] to know who I really was. I wanted him just to realize, that I wanted him to accept all of me, and not just parts that he seen in the [military]. That I wasn't just a strong woman who believed in my country and did my job well. That there was parts of me that was scared to death.

Claiming their abuse survival as a significant aspect of their identity, survivors' coming-to-voice was characterized by a deeply felt need to be known.

To Protect Others From Abuse. Survivors' coming-to-voice was influenced by their desire to protect others who may have been at-risk of sexual abuse either presently or in the past. Survivors decided to speak about the abuse for prevention and intervention purposes within their families as well as within the broader social context.

Hope and Robin were concerned that the men who had abused them may also have abused other children in their extended families. Both women decided to talk about their abuse histories with the mothers of children who may have been at-risk of abuse:

Hope: My motivation was I was terrified that her [uncle/perpetrator's daughter] children may have been abused. ... I wanted to get them help before they went through absolute hell and their lives fell apart. My motivation was to help the kids. ... It got to the point where my gut was telling me "you got to do it for the kids."

Robin: The mother's got to know, whether she does anything with it, whether she goes beyond watching for signs, but for her to be aware of what happened to *me*. ... You know, I just want to protect them [daughters of brother/perpetrator]. I don't want them to have to go through what I went through, you know, 'cause it was hurtful. It was very hurtful.

At the time of the interview, Robin was determining how and when she would disclose to her brother/perpetrator's wife. While preparing for that disclosure experience, Robin spoke with other family members about the abuse with the hopes that they would be available for the children should they need support:

Robin: I said, "There are two little girls that are in danger or possible danger. ... I want to be certain these little girls have somebody out there to reach out to *if* it [abuse] is going on." And I said, "Unless I tell somebody then they're not gonna' have nobody." I felt if there's other people that can be there for them, and understand and know what's going on, that is what I wanted.

Disclosing to protect other family members who may have been abused, Robin and Hope's coming-to-voice was characterized by their desire to provide that which had not been provided when they were children: awareness of the abuse, intervention, and support.

In addition to disclosing to protect other family members who may have been victimized, survivors coming-to-voice was motivated by their desire to protect children on a broader scale:

Kimberly: I want to open myself up. I want to let people know it's [sexual abuse] out there. They need to watch for it.

Survivors disclosed to protect children through increased social awareness of sexual abuse. They hoped to prevent children from being abused and to encourage abused children and adults to reach out for help. Survivors' coming-to-voice was characterized by a strong conviction and sense of determination to play a part in creating social change.

To Explain Effects of Abuse. Survivors' coming-to-voice was influenced by their desire to explain the emotional and relational effects of childhood sexual abuse in their current lives. Survivors wanted others to understand the long-term impact of the abuse. By disclosing, survivors sought to make others aware of the connection between their sexual abuse histories and their emotional reactions, some difficulties in their sexual

relationships, and the tension in their relationships with the family members who abused them.

Some survivors, like Lisa, disclosed to explain their emotional distress as related to their struggle to deal with the painful reality of the abuse:

Lisa: I was just sitting on her [friend's] couch. Crying. I mean sobbing. Deep tears from somewhere I didn't understand. And I had been doing that like on a consistent basis, you know, and she had noticed changes in me.

Ruth wanted her mother to understand that the abuse still impacted her life, even though she had done a great deal of healing. She explained the challenges of dealing with a medical exam as related with memories of the abuse:

Ruth: The moment the doctor entered the room, I dissociated. ... And so when I came out [of the office], I was still halfway in that trance-like state, you know. And I was pale. And she'd [mother] never really seen me like that before. ... And she wanted to know *why* that bothered me so much.

Some survivors disclosed to their partners to explain the effects of intrusive thoughts and memories about the abuse on their sexual relationships:

Kimberly: The biggest thing I think that I talked to her about was, it was because it was really hard for me to make love to her. And I didn't know where it was coming from. And it was a memory [of the abuse].

Lisa: I mean I had had problems with sex before, but I was able to bury it [abuse]. But, you know, more and more I wasn't able to bury it. And so I was pulling further and further away from him. And I was basically trying to let him know it wasn't him, you know.

Some survivors disclosed to identify the childhood sexual abuse as the basis of the tension in their relationships with the persons who abused them. Lisa wanted her mother to understand the legitimacy of her need for emotional distance from her brother/perpetrator:

Lisa: I wanted to tell her [mother] because I wanted to let her know that maybe I was feeling this anxiety, or you know, hostility towards my brother because I'm remembering something that obviously disturbed me, you know. ... It was almost as if I was putting up a wall you know. I didn't want to talk to him. ... So I was trying to explain to her why. And the fact that I think my dreams and the memories might have been related.

It is evident that childhood sexual abuse continued to impact survivors' lives long after the abuse had ended. When disclosing to explain the effects of the abuse, survivors' coming-to-voice was characterized by a strong desire to be understood and less isolated in dealing with the long-term effects.

To Seek or Provide Confirmation of Abuse. Survivors' coming-to-voice was influenced by their desire to seek and provide confirmation of the abuse. Through disclosure, survivors sought others' confirmation of their abuse histories. Survivors also provided confirmation of the abuse when others asked whether sexual abuse had occurred.

Some survivors disclosed as an effort to get verification of their abuse memories from persons whom they believed had knowledge about what had happened. Survivors often sought confirmation when they recovered memories and/or were struggling to make sense of and accept the painful reality of what they remembered about the abuse. Following

her parents' denial of the sexual abuse by her brother/perpetrator, Lisa sought confirmation from her aunt:

Lisa: One day we were talking. ... And I just started crying and she [aunt] was like, "What's going on? I know it's not just school." And I said, "No, I remember [brother/perpetrator], you know, coming into my room and touching me and trying to have sex with me. But, I talked with Mom and Dad and they said it never happened. But I remember them *catching* him. And like it started out as a dream and I *know* it's a memory. ... I said, "Did Mom *ever* talk to you about anything like this?"

Ruth sought her sister's confirmation of memories of abuse experiences which involved Ruth and her siblings:

Ruth: I recalled an instance that involved her [sister] and my brother. And my brother was a *little* boy, like maybe two or three, and I didn't think that he would have any recollection of it. But that would have made [my sister] like six or seven. And I thought maybe that she remembered.

When disclosing to seek confirmation of their abuse histories, survivor's coming-to-voice was characterized by a deeply felt need for external verification of their inner knowing about the abuse.

In addition to seeking confirmation of their abuse histories, survivors disclosed to provide confirmation of the abuse in response to others' inquiry. Towanda was directly asked by her aunt whether she had been abused as a child:

Towanda: I was at his [stepfather's] funeral and my aunt was with me. And I was crying and upset about his dying. And I told her that he was the only man that was ever really good to me without harming me. And then she asked me a question. She said, "Towanda, I want to ask you a question and you don't have to answer it if you don't feel comfortable answering it. But I've always wondered, did your dad ever sexually abuse you?"

Although initially taken aback by her aunt's question, Towanda confirmed the abuse. Since her aunt had "always wondered," Towanda hoped that her aunt would repond in a supportive manner. When disclosing to provide confirmation in response to others' inquiry about the abuse, survivors' coming-to-voice was characterized by a sense of surprise that others seemed to know about the abuse and cautious optimism that others would respond to the confirmation in supportive ways.

To Determine Boundaries of Intimacy in Relationships. Survivors' coming-to-voice was influenced by their need to test and establish boundaries of intimacy in their relationships with the persons they told about the abuse. Survivors told others about the abuse to test their depth of caring and commitment, to set limits within their sexual relationships, and to intentionally create distance.

Ruth disclosed so as to test her partner's caring and commitment by sharing that which she believed may have made her unlovable, the sexual abuse. Ruth considered her partner's response to her disclosure as a measure of his love and a determining factor in her decision about marriage:

Ruth: Well, we were becoming closer and he was beginning to tell me that he loved me. And I was like, "Oh, wow! That's possible, huh?" I never really believed that that was possible. And so, you know, part of the process of not believing that was like, "Oh, okay. Well, let's see if he really loved me." So, I'm gonna' tell you *this*.

Disclosing to test others' caring and commitment, survivors' coming-to-voice was characterized by a vulnerability and risk of losing their relationship.

Ruth also disclosed to establish limits within sexual relationships. With consideration of the forced sexual activity which had occurred during the abuse, Ruth described to her partners the sexual acts which she would engage in and those behaviors which she would not tolerate. Telling about the abuse and discussing her "rules" were efforts to have a sense of control and to establish safe boundaries:

Ruth: You know, it's definitely a power issue. And as long as I maintain that control and power, you can't hurt me. ... I must control the sexual relationship. To protect, yeah, there again, to protect.

In Ruth's words, echoes of the powerlessness and vulnerability she experienced during the sexual abuse are evident. Disclosing to set limits in sexual relationships, Ruth's coming-to-voice was characterized by needs for safety and protection.

Towanda disclosed to intentionally create distance in certain relationships. Believing that some men may not want to be in relationship with her due to her abusive background, Towanda told about the abuse as a means to intentionally stop further development of certain relationships:

Towanda: I've told people [about the abuse] to make them go away. ... Some people aren't capable of dealing with information like that. I don't know if I knew that [but] couldn't say, "Look, I don't want you in my life." So, *here*. Know this about me. Go away.

Disclosing to create distance in relationships, Towanda's coming-to-voice was characterized by a sense of uncertainty about how to otherwise set comfortable boundaries with some men.

To Seek or Offer Emotional Support. Survivors' coming-to-voice was influenced by their need for emotional support during their healing process and their desire to offer emotional support to other survivors. By disclosing, some survivors sought emotional support in times when they were having difficulty dealing with intrusive and painful thoughts, feelings, and memories of the abuse:

Lisa: I called my aunt. And I was really depressed and I was crying. And I told her, you know, I think I'm going crazy, you know, I can't seem to do anything...Eventually I kinda' just started calling [my aunt] more regularly, you know, when I felt really really bad. And she would listen and we would talk and she would try to help me.

Some survivors disclosed to seek support for their planned confrontations of perpetrators or persons closely related to the perpetrators. Robin disclosed to certain family members to inform them about her plans to "expose" the abuse through a letter to her sister-in-law, the wife of her brother/perpetrator:

Robin: There are certain people in my life that I want to open everything up to them before I expose this. ... That way they know my side first.

For Robin, it was important that her voice, her "side" of the story, was heard. She hoped that others would provide emotional support and understanding for her plans to expose the abuse. When disclosing to seek emotional support, survivors' coming-to-voice was characterized by their need for connection with empathic, caring others.

In addition to seeking emotional support, survivors talked about their abuse experiences in order to offer emotional support to other survivors. The women in this study disclosed to support individuals they believed were survivors based on their intuitive sense or "gut feelings."

Ruth described how she experienced gut feelings about other survivors as follows:

Ruth: It's nothing you can quantify, but I know it's real. Because I've talked to enough people to know that it's real. You just know it. You feel it. You can feel it. Different people feel it different ways. I feel it right here, the gut feeling, you know.

Based on their gut feelings about certain individuals being abuse survivors, women in this study made decisions about sharing information about their abuse histories and healing process.

Based on her intuitive sense that her friend had been abused, Towanda engaged in on-going dialogue about abuse-related issues. Towanda believed that her friend was attempting to learn from Towanda about the process of healing as a survivor:

Towanda: You know, I get a gut feeling about women. ... And I just have this feeling. I've never asked her [friend] about it [being a survivor] or anything, you know. But I just have this feeling or sense about her, that maybe that's what she's coming around about.

Like Ruth and Towanda, some other women's coming-to-voice was characterized by a sense of trust in their gut feelings as they offered support to those they believed were survivors.

Based on her memories of abuse, Ruth disclosed to be supportive of her sister who she believed was a survivor. Ruth trusted her memories about some abusive incidents which involved her sister despite her sister's disbelief and denial. Ruth honored her sister's request that she not discuss these particular memories in their conversations. However, by continuing to talk about her healing process, Ruth hoped her sister would

understand that she would be there "if the time comes" for her to talk about any past abuse:

Ruth: I want her to know that if something ever did happen that she has a safe place to come to disclose. And I think by not pushing her, that will teach her that, if the time comes, that I won't push her.

Disclosing to offer support, Ruth's coming-to-voice was characterized by her belief in her memories and her respect for her sister's needs regarding the content of their conversations.

All of the women in the study knew other women and/or men who identified themselves as survivors. For many of the women in this study, disclosure with other survivors often evolved into a mutual process of discussing abuse histories and healing processes. In the context of mutually supportive relationships with other survivors, distinctions between seeking and offering support were less clear and seemed insignificant:

Towanda: I've got friends who are survivors and we talk openly about it. I have one friend in particular, she's my best friend. We talk openly about our stuff and what we've been going through.

Disclosing in mutually supportive relationships with other survivors, coming-to-voice was characterized by an expectation of understanding and a special sense of connection.

Influence of Risks Related to Disclosing: Vulnerabilities of Voice

The second of three influences on survivors' coming-to-voice was the risks which survivors associated with disclosing. Risks associated with disclosure generated hesitancy and caution in survivors' coming-to-voice.

The risks related to disclosing are described in the following sections: (a) venturing from the familiarity of silence: disclosure as an unknown path; (b) telling makes it real: losing the comfort of minimization and denial; and (c) potential for painful responses: labels, losses and uncomfortable emotions.

Venturing From the Familiarity of Silence: Disclosure as an Unknown Path

One of the risks survivors associated with disclosure was the risk of leaving the familiarity of silence and moving into the unknown realm of speaking about the abuse. Survivors were uncertain how to begin speaking about their experiences and felt unsure about where the process may lead. As they risked leaving the familiarity of silence, survivors' coming-to-voice was characterized by uncertainties and fears.

For some survivors, the risk of moving from the familiarity of silence involved having to determine how to tell others about the abuse. Survivors had to find language to speak about their unspeakable experiences of victimization. Like other survivors, Towanda and Hope felt isolated and without guidance as they tried to figure out how to tell others about the abuse:

Towanda: I knew nothing about how to disclose. And nobody sat down and said, "Here's the rule book for disclosure". ... I just got drunk and started talking.

Hope: I was afraid. I didn't know how to disclose. ... I had gotten The Courage to Heal book and she [friend] came over to my apartment and I put it out where she *couldn't* miss it. I mean, she just couldn't miss it. I must have started talking about abuse or something. ... Somehow we got into that...And

then she put it together I'm sure. I mean 'cause the hints I was giving. 'Cause I didn't know how to do it.

Telling others about the abuse was a process for which survivors had no models. Towanda's use of alcohol and Hope's careful orchestration of hints may be understood as efforts to establish some emotional safety as they found ways to tell others about the sexual abuse. With the risk of venturing from the familiarity of silence, survivors' coming-to-voice was characterized by uncertainties as well as courage, ingenuity, and self-protection as they struggled to find language to speak about the abuse.

For some survivors, the risk of moving from the familiarity of silence involved managing their fears about the unknown aspects of the process of disclosing. Like Beverly, other survivors felt anxious and apprehensive as they started down the unfamiliar path of disclosure:

Beverly: It was almost like I felt like I was on a path, but I didn't know where I was going. It was like I was scared of moving forward. ... You know, scared of moving forward and scared of things behind me.

Although moving forward on the path and disclosing about the abuse seemed frightening, returning to silence seemed threatening as well. Survivors felt uncertain about where the process of disclosure would take them and what the outcomes might be. To manage their fears and uncertainties related to their movement into the "unknown" process of disclosure, survivors often relied on their religious/spiritual faith, twelve-step programs (e.g., Alcoholics Anonymous), therapy, and friends and family members as sources of guidance and support.

Telling Makes It Real: Losing the Comfort of Minimization and Denial

A second risk which survivors associated with disclosure was tied to their recognition that speaking about the abuse made it a reality they could less easily minimize or deny. For many survivors, sharing details about the abuse meant facing painful realities of their abuse experiences. Reflecting this sense of risk, survivors' coming-to-voice was characterized by caution and selectivity in their telling about their abuse histories.

For example, there were certain parts of Lynn's story which she preferred not to speak about:

Lynn: Okay, the parts that I don't share, I feel like as long as I don't say it, they didn't happen. ... It's like, it's okay for me to take my shoes and socks off, I'll let you see that my feet have been stomped on. But I don't want to take my blouse off and show you the marks from the hangers.

For Lynn, disclosure was a process which illuminated the reality of the abuse in her life and the resulting physical and emotional scars. By disclosing, she risked losing the comfort of denying and/or minimizing the trauma of the abuse. Reflecting this sense of risk, Lynn's coming-to-voice was characterized by hesitancy and careful determination of what she shared about her abuse history.

Potential for Painful Responses: Labels, Losses, and Uncomfortable Emotions

A third risk which survivors associated with disclosing was the chance of uncomfortable and/or painful responses by the persons they told about the abuse. With the risk associated with others' potential responses, survivors' coming-to-voice was characterized by apprehension and

guardedness as they told about the abuse. The potential responses to disclosure which survivors were concerned about receiving are discussed in the following sections: (a) harsh judgments and rejection: seen as "damaged goods;" (b) abused-as-abuser: seen as potential perpetrators; (c) discomfort with knowledge about the abuse: causing others emotional distress; (d) non-responsiveness to disclosure: not knowing how others feel; and (e) over-protection of survivors: loss of personal power.

Harsh Judgments and Rejection: Seen as "Damaged Goods." Some survivors feared that others may respond to their disclosure with harsh judgments about their personal value and worth and by ending their relationships:

Lynn: I was very very scared. I figured that he [husband/now former] would just kind of, you know, "Huh, you're damaged goods."

Ruth: I thought she [friend] would turn and run away because I'm this horrible mess. I'm this awful person with an awful secret.

Lynn: It was like something terrible is wrong with me. If I share that [abuse history], you're going to think that I'm unclean.

Kimberly: Either they wouldn't want to be bothered with me, or they would, you know, [consider me] spoiled meat or whatever.

The harshness of the feared judgments is striking: "damaged goods," "horrible mess," "awful person," "unclean," "spoiled meat." These labels may reflect the ways the survivors felt as a result of the sexual abuse in which they were objectified, injured, and de-humanized. As abused children, self-blame and de-valuing may also have been the only way they

were able to make sense of the violation by trusted family members or other authority figures. Additionally, these feared judgments may reflect the explicit and implicit messages from the perpetrators, families, and society which commonly reinforced victim-blaming.

Reflecting the risk associated with the possibility of judgment and rejection by those they told about the abuse, survivors' coming-to-voice was characterized by a sense of vulnerability and apprehension. Survivors often attempted to assess the safety of the persons they were telling to avoid being judged and rejected. Hope reinforced this point during our member check interview, indicating that she often tried to "read" people to determine how safe it was to tell them about the abuse. Lynn's concern about others' judgments or rejection of her, should she disclose as an abuse survivor, was also tied to her considerations about disclosing about other "hidden" aspects of her identity:

Lynn: Quite often, it's easy for me just to state that I'm a recovering alcoholic or a drug abuser. ... And everybody knows I'm dyslexic. The two things that I'm really very very cautious about is the fact that I'm a lesbian and the fact of the incest. And out of the two, I think sometimes maybe my desire to be empowered has a tendency to throw out my lesbianism before I do my incest. Maybe it's because I don't like being considered a victim. I don't like that word.

Lynn assessed the safety of disclosing about her history of abuse, attempting to avoid being subject to others' labels and judgements.

Abused-as-Abusers: Seen as Potential Perpetrator. Some survivors also feared that others may respond to their disclosure in ways that reflected their concerns that survivors may be potential perpetrators. With this sense of risk, Towanda contemplated how to respond to her

aunt's questions about the childhood sexual abuse. If she confirmed the abuse, Towanda feared that her aunt may perceive her as being at-risk to perpetrate and thus significantly alter the contact among their families:

Towanda: I mean, I'm around her son. He's my cousin, he's my older son's age. And it's like, so I'm weighing checks and balances here when she asks me a question like that. Is she gonna' let me be around her son? Is her son still gonna' be able to spend the night at my house?

The perception that abuse survivors will become perpetrators may reflect a socially-embedded myth that all sexually abused children grow up to abuse others. Reflecting the risk associated with the possibility of being perceived as potential perpetrators, survivors' coming-to-voice was characterized by anxiety and guardedness.

Discomfort With Knowledge About the Abuse: Causing Others Emotional Distress. Some survivors feared that others may respond to their disclosure with emotional distress and discomfort. For example, Ruth feared that detailed description of her abuse experiences may be too troubling for others to hear:

Ruth: Because I think, you know, people don't really want to hear that. ... I'm sometimes, I'm afraid to say the details because I'm afraid that ... I don't want to sicken anyone with the information. I don't want to make people uncomfortable.

Ruth was concerned that parts of her story may cause others to feel "sickened" or "uncomfortable." With the risk associated with the possibility of others responding with emotional distress, survivors' coming-to-voice often involved careful monitoring of others' reactions as they shared aspects of their stories.

Non-Responsiveness to Disclosure: Not Knowing How Others

Feel. Some survivors feared that others may respond to their disclosure with limited overt reaction or even silence. Ruth's coming-to-voice was shaped by anticipation of her father's limited emotional response when she talked with him about the abuse:

Ruth: I don't ever disclose much to my father. I mean he knows, and I give my mother permission to tell him. But I have a problem talking about this stuff with my dad, you know. ... He, of course, doesn't show his emotions and that kind of stuff on a regular basis. He just keeps it inside. And so I have a hard time reading him.

Ruth was very selective about the content of her disclosures with her father. This selectivity was not based on a desire to keep information from her father, but rather a means of avoiding the discomfort she felt with his non-responsive style. With the risk associated with the possibility of others' non-responsiveness to their disclosure, survivors' coming-to-voice was characterized by hesitancy and careful selection of what they shared.

Over-Protection of Survivors: Loss of Personal Power.

Some survivors feared that others may respond to their disclosure with over-protection. Over-protection resulted in survivors' loss of personal power. Some women feared that telling about the past victimization may lead to an imbalance of power within their relationships, particularly if the persons told about the abuse perceived survivors to be vulnerable, powerless, and/or in need of protection.

For example, Towanda discovered that "something shifted" in her relationships with male partners when she told them about the abuse she had experienced as a child:

Towanda: I'm *very* aware of this. It sets up a dynamic where my partner feels very protective of me. ... Disclosing to a significant other has brought me into a situation where I'm no longer allowed to own my power. *They* try to own my power for me. They need to protect me.

With the risk associated with the possibility of others responding to survivors' disclosure with over-protection, survivors' coming-to-voice was characterized by caution about telling. For Towanda, concern about over-protection led to her careful attendance to issues of power in relationships with her male partners.

Influence of Prior Disclosure Experiences: Lessons Learned About Voice

The third influence of survivors' coming-to-voice was survivors' prior disclosure experiences. Survivors' coming-to-voice in a particular disclosure experience was influenced by any prior disclosure experiences which had occurred in childhood, in therapy, and in adulthood with friends and family members. The influence of prior disclosure experiences on survivors' coming-to-voice is discussed in the following sections: (a) influence of childhood disclosure experiences: legacies of silencing; (b) influence of therapy disclosure experiences: strengthened voices, muted voices; and (c) influence of adulthood disclosure experiences with friends and family members: connections over time.

Influence of Childhood Disclosure Experiences: Legacies of Silencing

Prior disclosure experiences in childhood influenced survivors' coming-to-voice in their adulthood disclosure experiences. Four women had disclosed about the abuse during childhood. For two other women, the abuse had been discovered by some family members' observation of abusive incidents. Both disclosures and discoveries are included in the following description of the influence of childhood disclosures as in both situations the abused children knew that others had knowledge about the abuse.

None of the six survivors who had childhood disclosure experiences felt that they were believed, protected, and/or otherwise appropriately responded to by the persons whom they told or who discovered the abuse. As children, survivors were silenced by others' disbelief about the abuse, others' protection of perpetrators, further victimization by the person told about the abuse, and lack of validation of survivors' personal knowledge about the abuse. Reflective of their childhood disclosure experiences, survivors' coming-to-voice was characterized by: (a) fears of others' disbelief, (b) fears of others' protection of perpetrators, (c) fears of re-victimization by those told about the abuse, and (d) self-doubts about their inner knowing about the abuse. These influences are described in the sections below.

Fearing Others' Disbelief. Some survivors' coming-to-voice was influenced by their fears that others would not believe them when they shared information about their abuse histories. Reflecting her childhood

disclosure experiences, Kimberly's coming-to-voice was characterized by fears that those whom she told about the abuse may not listen and believe her. During childhood, she told school officials and police that she was being abused by her adoptive parents. Kimberly described a sense of helplessness as she struggled to "make it" and survive when her attempts to get help were not heard and believed:

Kimberly: When you tell somebody when you're a kid and you realize nobody's listening. ... It was more like nobody cares anyway, so why talk about it? ... My parents were both real well known in the community where I lived and it was you know, "Oh, they would never do anything like that!" What do you do? You just hold it in, and you just go through day to day, and hope that you make it.

Like other women with similar childhood disclosure experiences, Kimberly's coming-to-voice was characterized by fears that she would not be believed.

Fearing Others' Protection of Perpetrators. Reflective of their childhood disclosure experiences, some survivors' coming-to-voice was characterized by fears that others would protect the perpetrators. During childhood, Hope confirmed that sexual abuse was occurring in response to her mother's direct questioning. Rather than intervening on her behalf, Hope's parents carefully guarded the secrecy of the abuse:

Hope: The family tried to keep it hush hush. And I internalized that I was the bad person. I was dirty. I was filthy. Otherwise, why would my parents, I'm not saying they took his [uncle/perpetrator] side, but it's like he was more important than the kids' feelings.

As a child, Hope made sense of the secrecy and protection of her uncle/perpetrator by believing that she was at fault for the abuse and was

"dirty" and "filthy." Like other survivors with similar childhood disclosure experiences, Hope's coming-to-voice was characterized by fears that those she told about the abuse would side with and protect the perpetrator.

Fearing Re-Victimization by Persons Told About the Abuse.

Reflective of her childhood disclosure experience which led to the onset of abuse by the person she told, Towanda's coming-to-voice was characterized by fears of re-victimization. Towanda's father began sexually abusing her after she confirmed the sexual abuse by her uncle/perpetrator. Towanda's confirmation of the abuse occurred during a violent episode in which her father threatened her with a weapon after he heard Towanda's uncle/perpetrator "bragging" about his relationship with her:

Towanda: Well, I felt real shamed and humiliated. I was very very scared when that [father's violent threats] was going on. And then what happened as a result of it made me feel as if, you know, I would just be putting myself in danger if I disclosed to somebody. Especially a man. Somehow it set up some kind of sexual challenge somehow.

Particularly when speaking about the abuse with men, Towanda felt physically and emotionally at risk and vulnerable. Echoing her childhood disclosure experience, Towanda was often fearful of further victimization and loss of power when she told others about the abuse.

Doubting Inner Knowing About the Abuse. Reflecting her childhood experience in which her parents discovered the abuse, Lisa's coming-to-voice was often characterized by self-doubts about her own knowledge about the abuse. Lisa's parents intervened when they discovered her brother/perpetrator molesting her. The abuse

subsequently stopped although Lisa's parents never talked with her about the molestation or their intervention. Lisa repressed memories of the abuse until her early twenties:

Lisa: My parents never came back and talked to me about it. So I buried it. I didn't actually remember until a few years ago.

Lisa's repression of memories may be understood as a self-protective measure. Without her parents' validation of her experiences, Lisa was left struggling as a young child to make sense of what had happened with her brother/perpetrator. As an adult, with recovered memories of the abuse, Lisa questioned her own knowledge and was uncertain whether others would validate the reality of the abuse. In the beginning of her adulthood disclosure process, Lisa's coming-to-voice was characterized by doubts about her inner knowing about the abuse.

Influence of Therapy Disclosure Experiences: Strengthened Voices, Muted Voices

In addition to childhood disclosure experiences, prior disclosure experiences in therapy influenced survivors' coming-to-voice. For most of the survivors, disclosure experiences in therapy generated or supported a belief in the possibility of disclosing to others outside the context of therapy and a sense of empowerment to make choices about their disclosures. Yet, survivors also had disclosure experiences in therapy in which they felt their safety and trust were violated. Such disclosure experiences led to a sense of caution and hesitancy about telling others about the abuse. Description of the influence of therapy disclosure experiences on survivors' coming-to-voice is provided in the following

sections: (a) discovering her voice can be heard; (b) feeling empowered to make choices; and (c) experiencing violations of safety and trust: retreat to silence.

Discovering Her Voice Can Be Heard. Reflecting therapy disclosure experiences, some survivors' coming-to-voice was characterized by a belief in the possibility of being heard and understood. For survivors, therapists' caring and supportive responses to disclosure cultivated a belief in the possibility that they could talk with others about the abuse:

Ruth: I was sitting there crying. [My therapist] looked at me and said, "Thank you for your gifts today." And I looked at her horrified like, "What the hell are you talking about? This wasn't a present you know!" And she said, "Ruth, what you just did was you gave me a very big gift. ... Because I know how important that was for you to do and I will never betray that. This is precious information." And something about when she said that was like, "Oh, well not everybody's gonna' think it's gross and yucky. So I *can* tell people."

Ruth discovered that her therapist could tolerate hearing about even the most painful aspects of the abuse. Ruth also learned that, even with knowledge about the abuse, her therapist continued to be accepting and caring. Reflective of disclosure experiences in therapy, Ruth's and other survivors' coming-to-voice was characterized by the belief that family members and friends, like their therapist, may be able to hear their stories and understand.

Feeling Empowered to Make Choices. Reflective of their disclosure experiences in therapy, some survivors' coming-to-voice was characterized by enhanced recognition of their power to make choices about disclosing. Survivors' empowerment to choose was associated with

therapists' support in making meaning of past disclosure experiences and in discussing anticipated disclosures. Survivors came to understand that they had the power to choose whether, how, and to whom they spoke about the abuse. Survivors felt empowered to make choices which were grounded in their needs rather than the needs of others who may be more comfortable with survivors' silence.

For example, Hope was assisted by her therapist in exploring her feelings and needs related to speaking about the abuse and her options regarding how and when to disclose:

Hope: It's kind of like a balance between the therapist and the family. The family makes you feel guilty [for disclosing] and the therapist makes you put it rationally...Therapists don't *tell* you what to do. I guess they just make you see your options better, the good therapists do.

Reflecting her therapy disclosure experiences, Hope's coming-to-voice was characterized by growing recognition of her power to make choices about her disclosure process. She gained a sense of ownership of her voice, less influenced by the negative messages from her family about her disclosures.

Violations of Safety and Trust. In contrast with therapy disclosure experiences which generated survivors' belief in being heard and empowerment to make choices, some therapy disclosure experiences involved violations of survivors' safety and trust. Reflecting such therapy disclosure experiences, survivors' coming-to-voice was characterized by fears and cautiousness about telling others about the abuse. Violations of safety and trust were experienced by survivors in the following ways: (a) feeling inadequately prepared and supported for the confrontation of the

perpetrator in a family counseling session, (b) feeling overwhelmed by therapist's labeling of childhood experiences as sexual abuse, and (c) feeling stereotyped and stigmatized by therapists' suggestion of a causal relationship between childhood sexual abuse and homosexuality. These therapy disclosure experiences and the influence on survivors' coming-to-voice are discussed below.

In a family counseling session which involved Towanda's confrontation of her father/perpetrator, Towanda's sense of safety and trust was violated as she felt inadequately prepared and supported by the counselors for the confrontation and aftermath. With encouragement from counselors, Towanda talked about the sexual abuse by her father/perpetrator in a family counseling session which had been planned as an aspect of her father/perpetrator's substance abuse treatment. Her father denied the abuse. Knowing her father/perpetrator's history of violence, Towanda experienced paralyzing fears about his potential for violence in response to her disclosure of the abuse:

Towanda: After that I went home, and I just knew that he was gonna' come and shoot me. That's how I felt. Like if he *ever* found out that I said *anything* about *any* of the abuse that he would kill me. And I couldn't go to work for three days. I locked my apartment door. I stayed curled up on the couch for three days just waiting for him to come and shoot me. I wouldn't answer the phone or anything. I just knew he was gonna' blow the door off the hinges and he was gonna' shoot me.

Reflecting this therapy disclosure experience, Towanda's coming-to-voice was characterized by fears that disclosure may lead to isolation and vulnerability to potential danger.

Lynn's sense of emotional safety and trust was disrupted when she felt overwhelmed by her therapist's naming of certain childhood experiences as sexual abuse. Although Lynn had previously identified other perpetrators and incidents of abuse, she had not identified her adoptive mother's behavior as being sexually abusive. Feeling overwhelmed by her therapist's labeling of these past experiences as abuse, Lynn did not talk again about those experiences for several years:

Lynn: [My therapist] said that was abuse, that was incest. I screamed at her, "No! No! No! It wasn't! It wasn't!" And to tell you the truth, I never talked about that until today. So that part of the abuse I'm still working on.

Lynn's disclosure about these abuse experiences in our interview was characterized by a sense of struggle in accepting the reality of the abuse she was talking about. Reflecting her therapy disclosure experiences, Lynn's coming-to-voice was characterized by caution about revealing certain aspects of her history and careful internal assessment of her own understandings of her experiences before sharing them with others.

Lynn's emotional safety and trust were also violated by therapists' suggestions of a direct causal link between childhood sexual abuse and homosexuality:

Lynn: It drives me *insane* that a therapist tells me, "Well, it's because of your incest that you're a lesbian." Crap! ... I don't know how many people [have said], "Well, you know it's just, you need to get rid of these tendencies. And we'll work through the abuse...[Then] you won't be a lesbian."... I might have my hand fall off my body, I mean that would make just as much sense to me.

Lynn's coming-to-voice about the abuse was characterized by fears that others, like her therapist, may pathologize her lesbian identity and distort

her experience. Lynn's coming-to-voice often entailed careful determination of the safety of identifying herself as a survivor and a lesbian in order to protect herself from others' judgment and stigmatization.

Influence of Prior Adulthood Disclosure Experiences With Friends and Family Members: Connections Over Time

Prior disclosure experiences with family and friends influenced survivors' coming-to-voice. Prior disclosure experiences influenced survivors' coming-to-voice in subsequent disclosures by shaping how survivors thought and felt about continuing to disclose with the same individuals and/or with others. The influence of prior adulthood disclosure experiences is illustrated below.

When Lisa first disclosed to her father about the abuse by her brother/perpetrator, her father denied the abuse. Lisa subsequently disclosed to her aunt who confirmed the abuse. Approximately two years after her first disclosure with her father, Lisa decided to tell him about her plans to confront her brother/perpetrator. Influenced by her prior disclosure experiences with her father and her aunt, Lisa's coming-to-voice was characterized by a certainty about the reality of the abuse yet concerns that her father would again respond with denial:

Lisa: I said [to her father], "I remember talking to you about this. ... And you denied it. But I don't want you to deny it now because I *know* it happened." ... He was quite supportive at the time which was a shock too. Because I didn't expect that from him. I just expected him to lie again.

Based on her prior disclosure experiences with her sister, Ruth's coming-to-voice was characterized by careful monitoring of the content of

her disclosures. Ruth's sister was willing to support Ruth's healing process, but was uncomfortable discussing the possibility that she, too, had been abused:

Ruth: You just know not to go there. You know everything else is quite open except that one issue. At first, I think that really hurt me. But it doesn't anymore because that's just where she's at. And I understand that.

As illustrated in these examples, survivors' coming-to-voice in a disclosure experience with a particular person was influenced by any prior disclosure experiences with that person and/or their family members and friends. In this way, survivors' adulthood disclosure experiences were connected as the disclosure process evolved over time and across persons.

Meaning-Making: Understanding Self, Relationships, Childhood Sexual Abuse, and Disclosure

As discussed in the preceding section of this chapter, the first major aspect of survivors' disclosure process was coming-to-voice, or survivors' movement from silence to voice. The second major aspect of the disclosure process was meaning-making, or survivors' development of meanings related to their disclosure experiences. Four major themes were evident in survivors' meaning-making. The four themes are described in the following sections: (1) meanings about self: moving toward new understandings; (2) meanings about relationships with persons told: finding out who her real friends are; (3) meanings about childhood sexual abuse as a social phenomenon: personal is political; and (4) meanings about disclosure: a healing process.

Meanings About Self and Voice: Moving Toward New Understandings

The first major theme in survivors' meaning-making of their disclosure experiences was the development of meanings about self and voice. In some disclosure experiences, survivors developed self-understandings which reflected negative beliefs about self and voice. In other disclosure experiences, survivors developed self-understandings which reflected positive beliefs about self and voice. In the overall disclosure process, survivors generally moved toward the development of more self-affirming meanings. Survivors' meanings about self and voice are discussed in the following sections: (a) questioning self and voice: echoes of victimization; and (b) valuing self and voice: reclaiming herself.

Questioning Self and Voice: Echoes of Victimization

In their meaning-making of some disclosure experiences, survivors developed negative beliefs and understandings about themselves and their voices. Survivors often questioned themselves and their voices when others responded to their disclosures with victim-blaming, minimization or denial of the abuse, and/or lack of emotional support for the survivor. Survivors' questioning of self and voice reflected and reinforced the devaluing and silencing of self which had been experienced through their sexual victimization. Survivors' meanings which reflected questioning of self and voice are described in the following sections: (a) diminished self-worth, (b) holding onto self-blame for the abuse, (c) doubting inner knowing about the abuse, and (d) silencing self to protect and care for others.

Diminished Self-Worth. In their meaning-making of some disclosure experiences, survivors developed a diminished sense of self-worth. For example, when Hope expressed her discomfort about her uncle/perpetrators' continued participation in family gatherings, she was very hurt by her mother's lack of response to her concerns:

Hope: I just felt like I was being totally ignored. ... And that I didn't count. He [uncle/perpetrator] was still more important.

Hope came away from these disclosure experiences feeling devalued and that she "counted" less than the man who had sexually abused her. Similar to her feelings during the occurrence of the abuse, Hope experienced herself as unworthy of others' protection and concern.

Holding Onto Self-Blame for the Abuse. In their meaning-making of some disclosure experiences, survivors judged themselves as being responsible for the abuse. As children, most survivors blamed themselves for the abuse. As adults, when family members and friends responded to survivors' disclosures with victim-blaming and/or protective comments about the perpetrators, survivors' self-blame was sometimes reinforced.

For example, when Robin told her mother that she had been sexually abused by her older brother, her feelings of responsibility for the abuse were intensified:

Robin: I don't know if this is true or not. ... She [mother] said, "Well, when I was in a foster home, this guy messed with me, Robin, and I told on him and he did his time in prison." More or less telling me that I should have told back then. And she goes, "If you would have said something back then at least we could have got him [brother/perpetrator] help." So more or less it made me feel like my fault again.

Like my fault that I didn't [tell], because now he turned out like that.

Robin took to heart her mother's victim-blaming. She felt responsible for causing the abuse and for not having stopped her brother/perpetrator from abusing her and perhaps others. Although Robin believed in her voice as a powerful means for ending abuse by exposing the perpetrator, she found that speaking about the abuse exposed her to the judgments of others.

Doubting Inner Knowing About the Abuse. In their meaning-making of some disclosure experiences, survivors experienced self-doubt about their inner knowing, or their personal knowledge, about their histories of abuse. In childhood, most survivors' abuse experiences were not named or validated by others. Thus, they often doubted their own reality and personal knowledge about their experiences. As adults, in some disclosure experiences in which others responded with disbelief or denial of the abuse, survivors again questioned the validity of their inner knowing:

Lynn: I have exposed things and people said, "Not that Christian person." Or, "Not that good person." Or, "Are you kidding? They're an upstanding member of society. They can't be that way." And so ... there's a part of you, you stand there and question it yourself.

Hearing others' doubts and questions about the abuse led some survivors to doubt and question themselves. Uncertain about their inner knowing about the abuse, survivors often retreated to silence.

Silencing Herself to Protect and Care for Others. In their meaning-making of some disclosure experiences, survivors' beliefs about the

necessity of denying their needs to protect or care for others were reinforced. Survivors' silencing of their needs for nurturance and protection is reminiscent of the abuse. Through the perpetrators' abusive behavior and the lack of intervention by those individuals who knew about the abuse, survivors learned that their feelings and needs were considered insignificant. They learned to silence their needs and feelings, often in order to survive. In their adulthood disclosure process, survivors often felt an internal pull and/or external demand to take care of those they told about the abuse by protecting them and offering emotional support. Survivors' care-taking of their family members and friends often occurred at the expense of tending to their own feelings and needs.

After telling her brother about the sexual abuse she had experienced during childhood, Beverly neglected her own needs as she responded with concern and care to her brother's intense anger and self-blame:

Beverly: [His reaction was] kinda' surprising. And I felt the need to kinda' tell him it wasn't his fault.

Although they were discussing the traumatic experiences in Beverly's life, she felt responsible for causing and thus alleviating her brother's distress. Beverly's needs for support became of secondary importance.

Lisa's disclosure experiences with her aunt included her aunt's discussions of her own abuse history. Lisa feared that she may cause her aunt "more pain" if she continued to reach out to her for emotional support:

Lisa: She [aunt] told me to call her whenever I wanted. But at that time, I think I just felt really bad about what happened to her. So I didn't really call her. Although I was still feeling blue and really sad, I guess I just decided this [abuse] is something I needed to deal with on my own. 'Cause I didn't

want to bring up any more pain for her. ... Although she never made it seem that way, I just took it upon myself to think that this would be too hard for her.

As she denied her needs for connection and support in her attempts to take care of her aunt, Lisa felt isolated and alone. Lisa believed that caring for her aunt was more important than tending to her needs, despite the emotional costs. For some survivors, this silencing of personal needs meant silencing their voices as they constricted the content or frequency of their disclosures in their efforts to care for others.

Valuing Self and Voice: Re-Claiming Herself

In contrast with meanings which reflected questioning of self and voice as discussed in the previous section, some survivors developed meanings which reflected their valuing of self and voice. Survivors' self-valuing often occurred when others responded to disclosure with emotional support and validation. Yet, in some disclosure experiences, survivors developed affirming self-understandings even when family and friends responded with denial or minimization of the abuse. Survivors' meanings which reflected valuing of self and voice are described in the following sections: (a) enhanced self-acceptance; (b) releasing the burden of guilt for the abuse; (c) trusting inner knowing about the abuse; (d) balancing self-care with care-for-others: no longer on the back burner; (e) integrating abuse survival: this is part of who I am.

Enhanced Self-Acceptance. In their meaning-making of some disclosure experiences, survivors developed self-understandings which reflected an enhanced sense of self-acceptance. Survivors often

experienced enhanced self-acceptance when others responded to their disclosures with support and validation:

Lisa: She [friend] made me feel comfortable and okay with myself.

Robin: [My friend] was actually the first person that actually made me feel good since it happened. ... It didn't cause her to look at me as a different person.

When survivors felt valued and accepted by others, they were more apt to be valuing and accepting of themselves. In disclosure experiences in which others were not supportive or validating, some survivors still developed self-affirming beliefs based on their own validation of their voice and belief in the importance of speaking about their experiences.

Releasing Burden of Guilt for the Abuse. In their meaning-making of some disclosure experiences, survivors came to understand themselves as not being responsible for causing the abuse they had experienced during childhood. Survivors' relief from the burden of guilt was supported by others' comments which indicated that the perpetrators were responsible for their abusive actions:

Hope: I felt that, for once, somebody was trying to take some of the guilt, instead of pushing it off on the kids.

With diminished guilt and self-blame for the abuse, women felt less stigmatized as survivors and more comfortable disclosing to others about their abuse histories.

Trusting Inner Knowing About the Abuse. In their meaning-making of some disclosure experiences, survivors developed enhanced trust and confidence in their inner knowing about the abuse. Survivors'

trust in their inner knowing was often developed when the persons told about the abuse responded with belief in and/or confirmation of survivors' memories of the abuse. Yet, in some situations, others' denial or disbelief strengthened survivors' certainty about what they remembered. This occurred in disclosure experiences in which survivors interpreted others' disbelief or denial as ingenuine and/or in which survivors already felt a strong sense of trust in their inner knowing about the abuse.

For some time, Lisa struggled privately to make sense of the flashbacks, images, and dreams which she was experiencing. As her recovered memories of the abuse became increasingly intrusive and disruptive, Lisa began to disclose. She was seeking emotional support as well as confirmation of the abuse. Despite her parents' initial denials of the abuse, Lisa developed growing trust and belief in her inner knowing as she continued recovering memories:

Lisa: I didn't think that the abuse didn't happen. Because I felt it was real. ... Because at that point, I had really vivid memories of at least a week's worth of abuse and, you know, the week was really clear.

With her aunt's eventual confirmation of the abuse, Lisa felt certain about the veracity of her memories of the abuse. With greater confidence in her inner knowing, Lisa felt more comfortable about making plans to continue disclosing to certain family members.

Balancing Self-Care With Care-for-Others: No Longer on the Back Burner. In their meaning-making of some disclosure experiences, survivors developed meanings about the importance of taking care of

themselves as well as caring for others when they disclosed about the abuse. As discussed in a previous section ("Silencing Self to Protect and Care for Others"), survivors often tended to the needs of those they told about the abuse at the expense of taking care of their own emotional needs. As survivors decided to focus more of their energy on responding to their own needs (e.g., for emotional support, to tell about certain parts of their histories), they often struggled to diminish their sense of responsibility for taking care of others' emotional needs (e.g., support after learning about the abuse). Some survivors felt, with greater balance in their caring for self and others, that they were better able to make proactive decisions about disclosing. They were less encumbered by determining beforehand how disclosure may impact others, altering their disclosure to meet others' needs, and then working to take care of those they told about the abuse.

Based on her disclosure experiences, Lisa eventually decided that putting herself "on the back burner" was devaluing and detrimental to her well-being:

Lisa: Part of dealing with it for me is really trying to understand what I need to do to heal. Because, really, in all this disclosure, like I said, I felt sad for my brother [perpetrator], you know. I kept putting myself on the back burner. My feelings weren't as important.

Lisa decided that her decisions about disclosing could be based on her needs for healing rather than being defined by what may be more comfortable for others. Lisa believed that the costs were too great when she denied or neglected her own needs and primarily focused on caring for others.

To manage others' often emotionally-charged reactions to her disclosures, Towanda found a way to remain aware of and responsive to her feelings and needs during her disclosure experiences:

Towanda: So, no matter how anybody else reacts, you know, or responds, or interprets what I have to say ... it's all about bringing it right back in here and saying, "What do you feel? ... What does it mean for you in terms of healing?"

With greater balance in their attention to their own and others' needs, survivors were able to experience others' reactions to their disclosures without necessarily feeling responsible for taking care of them. Survivors were better able to be proactive in their disclosure process rather than reactive to others' needs and responses.

Integrating Abuse Survival: This Is Part of Who I Am. In their meaning-making of some disclosure experiences, survivors developed new understandings about themselves as they integrated their abuse survival as an aspect of their identity. Survivors' integration of the parts of themselves and their lives which had been silenced, denied, and repressed involved experiences of loss as well as growing acceptance.

As Lisa recovered repressed memories of the abuse and told others about her abuse history, she was faced with the challenge of redefining herself. Lisa felt the loss of the self she knew and struggled to incorporate the abuse into new understandings of herself and her family:

Lisa: I had pretty much come to peace with who I was until I remembered and 'til I talked to people about it. ... I'm having to deal with *my* image of my family being crushed. My image of my role in my family and my *parents'* role in my family. You know, that's an image that I've had for so many years. And now, as a twenty-seven year old, to have it *crushed*,

basically *totally* obliterated. And to add that to knowing that I was sexually abused and dealing with those issues.

Survivors often grieved the loss of their long-held beliefs as they accepted and integrated the reality of the abuse into their identity. For some survivors, this involved grieving the loss of a wished-for family or childhood which had been free of abuse. Lynn illustrated her longing to be free from having to deal with the abuse as an integral aspect of her identity:

Lynn: I call it the reverse of the witness protection program. See, I'm just filling in for the real Lynn. And one of these days, she's gonna' come and she's gonna' say, "Excuse me, this is my life. You can go back to your real life." And I will go back to my real life. And I will have a wonderful childhood. ... There's parts that I wish I didn't have to deal with.

Over time, some survivors began to embrace those parts of themselves associated with the abuse which had previously been "despised" and hidden in secrecy:

Ruth: I'm proud to say I'm a survivor. Not really proud, I don't know what you would call it. That's part of who I am. And I'm proud of who I am, so therefore I have to be proud of that part I guess. I don't despise that part by any means anymore. ... I've got a lot of power from that. I mean I've got strength.

Like others, Ruth integrated her abuse survival as an aspect of her identity which she claimed as a source of power and strength. With integration of the abuse as an aspect of self, survivors felt less vulnerable to others' non-supportive reactions to their disclosures.

Meanings About Relationships With Persons Told: Finding Out Who Her Real Friends Are

The second major theme in survivors' meaning-making was the development of meanings about their relationships with the persons they told about the abuse. Disclosure was often a turning point in survivors' relationships with family members and friends, resulting in disruptions as well as enhanced closeness. Reflecting the relationship changes which occur through disclosure, Hope described disclosure as a process which "helps you find out who your real friends are."

The disruptions in survivors' relationships with family members and friends ranged from tension and strain to endings of relationships. Survivors often experienced such disruptions as painful losses. Yet, survivors also came to understand these disruptions as unavoidable if they were unwilling to hide the abuse and others were unable to handle knowing about the abuse. The enhanced connections survivors developed with some family members and friends were usually highly valued by survivors. Yet, for some survivors, enhanced closeness in relationships also meant learning about handling new levels of vulnerability. Survivors' meanings about their relationships with the persons they told about the abuse are described in the following sections: (a) disrupted connections: painful yet perhaps necessary losses; and (b) enhanced connections: value and vulnerability of increased intimacy.

Disrupted Connections: Painful Yet Perhaps Necessary Losses

In their meaning-making about relationships with the persons they told about the abuse, survivors developed meanings about the disruptions

in their relationships which occurred following disclosure. Some survivors experienced distance, tension, and even endings of relationships with the persons they told about the abuse. There were times in which the disruption was based on survivors' decision to end or limit their connection with someone they told. Survivors often ended or limited their relationships with persons if they responded in non-supportive ways or if survivors felt they needed some distance from persons who were involved in keeping the abuse a secret during their childhood. In some relationships, survivors' family member or friend initiated the ending by limiting their contact with the survivor.

In Hope and Robin's descriptions of the disruptions in their relationships with their family members, the isolation and grief associated with the losses of their connections is clear. Also evident is Hope and Robin's conviction about the importance of their disclosure despite the eventual losses:

Hope: Now I feel uncomfortable around them [cousin and her children]. Because I think they feel uncomfortable around me. ... I took the risk [to disclose]. I was the only one with guts enough to face the truth. And I felt like it backfired. Although, if I had to do it again, I would.

Robin: They [parents] weren't there for me no more. I wasn't even a part of them no more. ... I felt like I lost my mom and dad. ... I was emotionally destroyed after that. I was really hurt. But I don't regret it. I don't regret it.

Despite the grief and pain associated with their losses, survivors maintained their belief in the importance of being truthful about themselves and their lives. Survivors came to understand the losses of some relationships as perhaps unavoidable, even necessary, as they lived with more openness about their abuse histories. They were unwilling to

silence their voices in order to maintain relationships with persons who were more comfortable with survivors' secrecy about the abuse.

Enhanced Connections: Value and Vulnerability of Increased Intimacy. In their meaning-making about their relationships with the persons they told about the abuse, survivors developed meanings about the enhanced connections which developed with some family members and friends. Some relationships became characterized by a deepened sense of intimacy, particularly when others responded to survivors' disclosure with validation, emotional support, and openness to continued dialogue about the abuse. For survivors, enhanced connections with others were considered meaningful sources of support. Yet, enhanced connections also came to be understood by some survivors as risky due to their greater sense of vulnerability. As they experienced deeper levels of intimacy and openness, survivors also felt greater potential from being hurt.

Close connections with persons whom they told about the abuse were considered significant sources of support and security by survivors:

Lisa: She [friend] just became like a total support person. ... She kept coming over like to help me study. And to talk to me.

Enhanced closeness with family members and friends whom they told about the abuse provided survivors with relational experiences in which they were known and accepted. Survivors developed new understandings about intimacy and trust:

Kimberly: It made me realize that no matter what kind of problem that I had, no matter what I've been through, that she [partner] was gonna' be there. That she was gonna' understand. That she didn't, you know, judge me. ... I've never had anybody like this before. It's scary. I still get scared

when I look at her sometimes and I think, "Wow, I have told you everything in my life. And you haven't left."

Kimberly developed a growing sense of trust as she discussed her abuse history, though risky and painful at times, and found that her partner continued to offer love and understanding. Kimberly came to understand herself as capable of loving and being loved, trusting and being trusted.

In our interview, Kimberly also spoke about the vulnerability of intimacy in relationships. Like Kimberly, some survivors were cautious about trusting the caring and support they received from family members and friends whom they told about the abuse. In some relationships, survivors remained guarded and wary as they anticipated the possibility of betrayal or loss. Echoes of the betrayal and violation by perpetrators, persons who were supposed to care for and protect survivors during their childhood, are evident in survivors' uncertainties about trusting others in their adulthood relationships.

Ruth was deeply touched and surprised by her friend's supportive responses. Yet, she also remained wary as she guarded against the possibility of being hurt:

Ruth: *Wonderful*, you know I mean it was *unbelievable* almost. No, not even almost, it *was* unbelievable. ... And when it didn't happen like I thought it was supposed to happen, boy, that threw me. And I was really wary. It's like, "When's the bomb gonna' drop? When is the pain, when's it gonna' come, 'cause I know it's gonna come."

Although Ruth's disclosure "definitely drew us closer," she had difficulty trusting that the connection with her friend would continue without hurt or betrayal.

Meanings About Childhood Sexual Abuse as a Social Phenomenon:
Personal is Political

The third major theme in survivors' meaning-making was the development of meanings about childhood sexual abuse as a social phenomenon. In a number of disclosure experiences, the persons to whom survivors disclosed also revealed information about their own abuse histories. Through others' disclosure of abuse, survivors developed understandings about their personal experiences in the context of childhood sexual abuse as a prevalent social problem.

Through her family members' and friends' disclosures about their histories of abuse, Lisa was surprised to learn that boys could be victims of sexual abuse. She also began to understand sexual abuse of children as a prevalent social problem:

Lisa: At the time I thought, "Wow, this is the third time I've heard about somebody in, you know, a short period of time."
... But, again, it just brings up the prevalence.

For survivors, developing awareness of the prevalence of sexual abuse, and knowing other abuse survivors, diminished their sense of isolation and stigma. Survivors also began to understand their personal experiences in the context of a broader social issue. As a result of this awareness, some survivors developed a strong conviction about being part of creating social change and preventing childhood sexual abuse.

In contrast with other survivors who were surprised to learn that some family members and friends were also survivors, Beverly was shocked to learn that her sister was not an abuse survivor. Due to the prevalence of sexual victimization in her own childhood and adulthood,

Beverly had come to believe that sexual victimization was a universal experience for all girls and women:

Beverly: She [sister] said it never happened to her. And I was like, *"What do you mean it never happened to you? Here you are pushing fifty and you've never been attacked?"* And she said, "No." And I was, that was, that *floored me*. I just *knew* that she *knew* or had experienced it. She hadn't.

Beverly found it hard to believe that her sister, and likely other women, had lived lives which were free of sexual victimization. With this new perspective, she struggled to make sense of the occurrence of so much violence in her life.

Meanings About Disclosure: A Healing Process

The fourth major theme in survivors' meaning-making was the development of meanings about disclosure. Survivors came to understand disclosure as a healing process. Survivors' healing was described as an evolutionary process tied to the overall experience of having voice and speaking about their histories of abuse. Although survivors had some painful disclosure experiences and had losses of some significant relationships, they considered the disclosure process, overall, to be healing:

Lisa: I think now I can look at disclosure as a healing process but all along it hasn't been that way to me. It's been somewhat destructive because of how people have reacted to it, while at the same time the right people have reacted the right way.

In members checks, survivors reiterated the on-going nature of the process of healing through disclosure. They described some disclosure experiences which had occurred since the interviews and their on-going

decision-making about some possible future disclosures. As they described these disclosures, survivors talked about how they were continuing to come to terms with their histories of abuse through speaking about their experiences.

Survivors considered disclosure to be healing in the following ways: (a) they experienced relief from secrecy about the abuse and isolation in dealing with the trauma, (b) they experienced a sense of wholeness as they reclaimed significant aspects of themselves and their life experiences, and (c) they experienced a sense of empowerment as they recognized their power to use their voice and be more pro-active in their lives. These three meanings about disclosure as a healing process are described in the sections below.

Relief From Secrecy and Isolation

Survivors considered disclosure to be a healing process which generated a deeply felt sense of relief:

Hope: So, I guess in a lot of respects, it felt good because it was like unburdening.

Lisa: I felt relieved because I finally told somebody. And it was a good feeling to get it off my chest and not be the only one dealing with it.

Towanda: For me, it's [disclosure] about not keeping it a secret anymore. It's about healing. It's about sharing. It's about passing the candle. It's about you don't have to live in the fear and the secrecy.

By telling about the abuse, survivors were freed from the burden of maintaining secrecy. They were no longer alone in dealing with the painful reality of their victimization. Speaking about the abuse countered

the many years of silence and isolation survivors had experienced as children and adults.

Wholeness

Survivors considered disclosure to be a healing process as they experienced an enhanced sense of wholeness. By talking about the abuse, survivors were no longer hiding significant aspects of themselves and their life experiences:

Hope: I finally got to be me, instead of living a facade.

Robin: I'm starting to feel better, you know. I don't have no hidden secrets. I don't have to hide nothing. There's nothing I have to hide anymore. And that just gives me a good feeling of being a whole person.

Robin: I believe that coming out with it has let me be me again. And I think I haven't been me for a very very long time. ... I never knew what the real me was until after I came out with it.

Kimberly: It [disclosure] also builds myself. It builds myself up to know, gosh, I'm a person inside of here.

The powerful sense of self which was generated through disclosure is compelling. As survivors spoke about the truths of their lives and shattered the "facade," they felt more whole, more fully themselves. Survivors began to experience a deeper sense of self-acceptance and understanding.

Empowerment

Survivors considered disclosure to be a healing process as they experienced a sense of empowerment. Survivors' empowerment

countered the victimization in which they were rendered powerless and without control. Survivors' empowerment was characterized by an enhanced sense of self-authority and self-determination, growing recognition of their inner strengths and resources, and a pro-active approach to their lives.

For Ruth, talking about the abuse enabled her to move beyond the powerlessness of being a victim:

Ruth: It means I'm not a victim anymore. ... And it means that maybe if I talk about it, then people will understand a little more. And that maybe that will decrease it from happening. ... As long as I can stand up and talk about it ... I'm not that little girl keeping her mouth shut, and drinking, and contemplating how she's gonna' try to kill herself today. I'm not flat on my back with a knife to my throat anymore. He can't ever do that to me again.

For Ruth, having her voice and speaking about the abuse was a process which countered the perpetrators' power to harm and silence her. Ruth's voice was her source of strength for tending to her own well-being and for preventing others from being abused. She felt able to make choices about utilizing her voice.

For Beverly, empowerment was characterized by a sense of energy and openness to experiencing life:

Beverly: It's like I had to get all this other stuff out of the way. ... You can't take up and run if you don't know what's holding you back. ... And so once I started letting go and talking to different people, disclosing, it was like, you know, this empty gap. ... I got this gap, you know, I guess I'll fill it up with something positive.

As she talked about the abuse, Beverly felt freed from the forces which were "holding her back." Beverly developed a proactive approach to creating her life.

Survivors also experienced a sense of empowerment to make choices about telling others about the abuse:

Lynn: I think as I grow, I find myself putting out more feelers before I share especially the incest.

Towanda: I can see if it fits for me. Just because I have something to say doesn't mean I need to say it. ... The most empowering thing I do is share it when it's right.

Lynn and Towanda felt empowered to choose to speak, or not, based on their assessment of the safety or appropriateness of the situation. The freedom to choose whether or not to tell about the abuse countered the many years of forced silence they had experienced. Some survivors began to speak about their abuse histories in more public contexts, beyond their personal relationships, as efforts to create social change.

In summary, the interviews with eight women survivors yielded many stories about adulthood disclosure to family members and friends. Through survivors' stories, I came to understand disclosure as a process consisting of the varied disclosure experiences which unfolded over time and across family members and friends. I also came to understand survivors' disclosure process as consisting of two major aspects, coming-to-voice and meaning-making. Survivors' coming-to-voice was influenced by their reasons for disclosing, the risks they associated disclosing, and their prior disclosure experiences in childhood, therapy, and adulthood. Survivors developed meanings about self and voice, their relationships with the persons told about the abuse, childhood sexual abuse as a social phenomenon, and disclosure as a healing process. These results will be discussed further in the following chapter.

CHAPTER V

DISCUSSION

In this chapter, I will discuss the results of the study which were described in Chapter IV. This chapter begins with an overview of the results. In subsequent sections of the chapter, I will discuss the following issues: (a) discoveries about disclosure; (b) strengths and limitations of the methodology; (c) implications for therapists who work with women survivors of childhood sexual abuse; and (d) implications for future research.

Overview of Results

The interviews with women survivors yielded many stories about survivors' disclosure experiences with their family members and friends. Through telephone conversations and personal contact in their own and others' homes, school and work settings, and public settings such as restaurants and parks, survivors spoke about their abuse histories with parents, partners, siblings, children, members of their extended families, co-workers, classmates, and social acquaintances. Some disclosure experiences were carefully planned events and other disclosure experiences occurred rather spontaneously. In their disclosures, survivors shared a range of information related to their abuse histories (e.g., identifying themselves as survivors, naming perpetrators, describing abuse incidents, describing effects of the abuse, past and anticipated

disclosures) in varying degrees of detail. Family members and friends whom survivors told about the abuse responded with a wide range of verbal and emotional responses, including denial of the abuse, emotional support and validation, and anger at perpetrators. Some family and friends also identified themselves as abuse survivors.

In women's stories about their disclosure experiences, two major aspects of the disclosure process emerged. I came to understand survivors' disclosure as consisting of coming-to-voice and meaning-making (see Figure 1). Survivors' coming-to-voice, or movement from silence into voice, was influenced by: (a) survivors' reasons for disclosing, (b) the risks survivors associated with telling about the abuse, and (c) survivors' prior disclosure experiences. In each disclosure experience, reasons, risks, and prior disclosure experiences had varying degrees of influence on how survivors told family members and friends about the abuse. Survivors' reasons for disclosing were often motivators of their movement into voice. In most disclosure experiences, more than one reason influenced survivors' coming-to-voice. The risks which survivors associated with disclosure generated hesitancy and caution in their coming-to-voice. Survivors' prior disclosure experiences in childhood, in therapy, and in adulthood generated a range of feelings and thoughts which encouraged as well as raised uncertainties about speaking about the abuse.

In their meaning-making of their disclosure experiences, survivors developed understandings about: (a) self, (b) their relationships with the persons they told about the abuse, (c) childhood sexual abuse as a social phenomenon, and (d) disclosure as a healing process. The meanings survivors made about themselves and their relationships significantly

influenced how survivors felt about and understood themselves and how survivors related with their family members and friends. The meanings survivors made about childhood sexual abuse as a social phenomenon reflected new understandings about their personal abuse histories in the context of a broader social problem. With this awareness, many survivors became involved in social activism. Survivors' meanings about disclosure as a healing process indicated that survivors' discovery and utilization of their voice was experienced as healing. Yet, survivors' healing associated with disclosure was also understood to include some painful disclosure experiences and losses.

Throughout their disclosure process, survivors repeatedly engaged in coming-to-voice and meaning-making. Coming-to-voice and meaning-making were experienced by survivors in a cyclical, recursive fashion as their disclosure experiences unfolded over time. Survivors' coming-to-voice influenced their meaning-making, and their meaning-making influenced coming-to-voice in subsequent disclosure experiences.

Discoveries About Disclosure

In this section, I will discuss four discoveries about disclosure which emerged in this study. First, I will discuss the inter-relationships among survivors' disclosure experiences. Understanding these inter-relationships expands earlier research and clinical literature which has tended to treat survivors' disclosures as distinct, isolated events. Second, I will discuss the complexity of survivors' coming-to-voice. Understanding the complexity of coming-to-voice expands earlier research which has tended to focus on survivors' reasons as the sole influences of survivors'

disclosure. Third, I will discuss the reconstructions of survivors' relationships with self, others, and community which developed through their meaning-making. Understanding the significance of survivors' meaning-making expands earlier research and clinical literature which has tended to define survivors' disclosure experiences as either helpful or non-helpful usually based on how others responded. Finally, I will discuss survivors' perspectives about disclosure as a healing process. Survivors' perspectives about healing through disclosure have not been provided in other research. The following sections address the four discussion points described above: (1) inter-relationships among disclosure experiences; (2) complexity of survivors' coming-to-voice; (3) reconstructions of relationships with self, others, and community; through meaning-making; and (4) survivors' perspectives about disclosure as a healing process.

Inter-relationships Among Disclosure Experiences

The first major discovery about the process of disclosure was the inter-relationship among survivors' disclosure experiences. Earlier research (e.g., Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994) has tended to examine each disclosure experience as a discrete event tied to a particular reason and a particular outcome. These studies suggest that survivors' disclosure to a certain person is defined by a single event and is unrelated to disclosures to other persons. Yet, the results of the current study indicate that relationships existed among repeated disclosure experiences with the same person over time. Relationships also were evident in survivors' adulthood disclosures across persons they told. In

addition, childhood disclosures and disclosures in therapy were related to survivors' adulthood disclosures to friends and family members. Identification of these inter-relationships suggests that disclosure needs to be understood as an unfolding process of inter-related disclosure experiences rather than as a series of discrete, isolated events in survivors' lives.

Connections were discovered among the varied disclosure experiences which survivors had with a particular friend or family member. In some relationships with a friend or family member, disclosure extended over periods of several years and involved many conversations about abuse-related issues. Each disclosure experience influenced whether and/or how they continued to discuss abuse-related issues with that person. Survivors often had a variety of reasons for disclosing at different times to the same person. The issues and information which survivors shared in their disclosures with a particular friend or family member also developed and changed over time. The content of later disclosures often built upon the content that had been shared previously.

In addition to the relationships among disclosure experiences with the same person, relationships were evident among disclosure experiences across the persons whom survivors told about their abuse histories. Disclosure with one friend or family member often influenced whether and/or how survivors disclosed to other family members or friends.

Relationships were also found to exist between survivors' childhood and adulthood disclosures. In their childhood disclosures, survivors learned about the power and efficacy of their voice. Reflecting

their childhood disclosures in which telling about the abuse was found to be ineffective and even dangerous, the survivors in this study feared disclosing as adults and doubted their inner knowing about the abuse.

Other researchers (e.g., Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994) report the commonality of childhood disclosure experiences in which abused children are not heard, believed, and/or protected. The results of earlier research and the current study paint a bleak picture regarding the availability of appropriate support for sexually abused children. These results also indicate that survivors' silence about the abuse is best understood as an adaptive means of self-protection given the contexts in which they lived and attempted to speak about their experiences. It could be postulated that childhood experiences which are met with validation and protection may generate survivors' belief in the power and efficacy of their voice and, thus, lead to less fears and doubts about telling as adults. Further research is needed to explore the connections between childhood and adulthood disclosure, particularly the differences which may exist between the influence of supportive and non-supportive childhood disclosures on survivors' later disclosure during adulthood.

Relationships were also evident between survivors' disclosure in therapy and their disclosure to family members and friends. Clinical literature (e.g., Courtois, 1988; Herman, 1992) primarily discusses the connection between disclosures within and outside the context of therapy in terms of therapists' facilitating survivors' planning and preparation for disclosures to family members and friends. In the current study, some survivors described the significance of discussing with their therapists

their past and anticipated disclosures. Such therapy disclosure experiences led to survivors' enhanced sense of empowerment to make choices in their disclosure process.

Yet, in addition to therapists' involvement in preparing survivors for disclosure outside the context of therapy, others types of relationships were discovered between disclosure in therapy and disclosure to family members and friends. Therapists often had powerful influence, yet seemingly unintentional and perhaps unknown, on whether survivors told family members and friends about their abuse histories. Validating disclosure experiences in therapy were found to generate survivors' belief in the possibility of telling others about the abuse. Acting on their realization that others could hear their stories, some survivors disclosed to family members and friends without discussing any plans to do so with their therapists.

Some survivors' disclosure in therapy also led to return to silence and the generation of fears about disclosing to significant others in their lives. Therapy disclosures which resulted in silence and fears included a survivor's sense that she was not well prepared for and supported during an in-session confrontation of the perpetrator, a survivor's sense of being overwhelmed by her therapist's labeling of childhood experiences as sexually abusive, and therapists' communication of anti-gay/lesbian beliefs through suggestions of a causal link between childhood sexual abuse and homosexuality.

The varied connections which were discovered between disclosure in therapy and disclosure to family and friends suggest that therapists can have powerful influence, however purposeful, in supporting and

discouraging survivors' disclosure outside the context of therapy. Therapists need to be aware that their responses to survivors' disclosure may influence whether or not survivors continue to disclose in therapy (Josephson & Fong-Beyette, 1987) as well as whether or not survivors disclose to significant others in their lives. (For further discussion, see subsequent section, "Implications for Practice").

Complexity of Survivors' Coming-to-Voice

The second major discovery about the process of disclosure was the complexity of survivors' coming-to-voice. Other research (e.g., Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994) has identified survivors' reasons for disclosing, many of which were confirmed in this study. What is unique about the results of the current study is that survivors' reasons were found to be just one of three influences on survivors' coming-to-voice. The results of the study reveal that, in conjunction with their reasons for telling, survivors' coming-to-voice was influenced by the risks they associated with disclosure and their prior disclosure experiences. Thus, as they moved from silence into speech, survivors were weighing their reasons for telling against the potential risks for telling while taking into account what had happened in their previous experiences of disclosure.

Other research (e.g., Harvey et al., 1991) and clinical literature (e.g., Dinsmore, 1991) has suggested that an inter-relationship exists between survivors' private acknowledgment of the abuse and survivors' speaking about the abuse. The results of this study confirm and illustrate such an inter-relationship. In survivors' coming-to-voice, survivors' heightened

inner knowing about the abuse was found to be a motivating factor. That is, survivors' inner knowing influenced survivors' movement towards speaking to others about their abuse experiences. In a reciprocal fashion, survivors' telling about the abuse influenced their inner knowing. In their meaning-making of their disclosure experiences, survivors developed meanings about their inner knowing, including enhanced or diminished trust and belief in their inner knowing. Subsequently, survivors' meanings about inner knowing developed in their disclosure experiences influenced their coming-to-voice in later disclosures. Thus, over the course of survivors' disclosure process, survivors' coming-to-voice was shaped by the on-going interplay between their inner knowing about the abuse and their external communication about their abuse experiences.

To understand survivors' coming-to-voice within a developmental framework, I looked to Belenky et al.'s (1986) theory which conceptualizes women's development as a process of gaining voice. Belenky et al. propose that women approach knowledge from the following five positions: (1) silence, in which women experience themselves as unable to learn and subject to external authority; (2) received knowledge, in which women experience themselves as capable of receiving knowledge from others yet incapable of creating knowledge; (3) subjective knowledge, in which women experience themselves as having personal, private, intuited knowledge—they seek self-understanding and question external, often male, authority; (4) procedural knowledge, in which women learn and apply procedures for obtaining and communicating knowledge from an objective and/or connected stance with those they are learning from;

and (5) constructed knowledge, in which women view knowledge as contextual, experience themselves as creators of knowledge, and integrate subjective and objective knowledge.

Belenky et al. (1986) suggest that survivors of sexual abuse and harassment who are identifying and working through the past victimization are often engaged in subjective knowing. As subjective knowers, women are rejecting others' authority and acting on and/or speaking about their knowledge about their past experiences. As subjective knowers, women begin to trust what they know, their "interior voice," despite what others may say or believe. Belenky et al. (1986) refer to women's discovery and utilization of their subjective, personal knowledge as a hallmark of development: "This interior voice has become, for us, the hallmark of women's emergent sense of self and sense of agency and control" (p. 68).

Application of Belenky et al.'s (1986) theory to the results of the current study indicates that survivors' coming-to-voice is a significant developmental milestone. In their coming-to-voice, survivors' inner knowing serves as a motivator of their movement to speak about the abuse. Survivors' inner knowing also serves as the content of what survivors share with others. Survivors' coming-to-voice signifies a step towards greater self-authority and authenticity as they act on and share with others their personal knowledge about the abuse.

Belenky et al. (1986) remain uncertain about how women actually acquire a public voice to speak about their private, personal knowledge. The authors suggest that women's movement into subjective knowing is initiated by "some crisis of trust in male authority in their daily lives,

coupled with some confirmatory experience that they, too, could know something for sure" (p. 58). Yet, in the current study, some survivors first spoke about their abuse histories without having had any external confirmation of their own knowledge about the abuse. In fact, all reported childhood disclosures were met with disbelief, denial, and/or lack of validation of survivors' experience. The current study identifies three influences on coming-to-voice, yet further information is needed to understand how survivors first begin to speak about their experiences.

Reconstructions of Relationships With Self, Others, and Community Through Meaning-Making

The third major discovery about the disclosure process was the significance of the reconstructions of relationships with self, others, and community which occurred through survivors' meaning-making. Through their meaning-making about their disclosure experiences, survivors moved towards the development of more integrated identities. Survivors increasingly developed social support systems which included persons with whom they were able to be open about their abuse histories. Similar to Draucker's (1992) findings about survivors' healing process, some survivors in the current study developed a sense of connection and purpose within their communities as they became involved in prevention and education programming related to childhood sexual abuse.

These results offer a broader understanding about how survivors' lives are affected by their experiences of telling friends and family members about their histories of abuse. Earlier research has tended to

label survivors' disclosure experiences as either helpful or non-helpful based on how others responded (e.g., Harvey et al., 1991; Lamb & Edgar-Smith, 1994; McNulty & Wardle, 1994). Based on the results of the current study, I concur that others' responses are often significant factors in how survivors make meaning of their experiences.

Yet, conceptualizing disclosures in dichotomous terms (e.g., helpful or non-helpful) based primarily on how others respond to the disclosure is a limited perspective. Consider the following examples:

1. Hope's friend responded with support and validation, yet the friendship later disintegrated; Hope experienced loss and sadness related to the ending of the friendship and wondered if her disclosure had been the reason.

2. Towanda felt that others' responses had little importance in some disclosures; the significant issue for Towanda was having the opportunity to speak openly about herself and her experience.

For Hope, her disclosure experience was defined by the eventual relational change more than by her friend's immediate response. For Towanda, her disclosure experience was defined by how she felt about having her voice, not how others responded to her voice. In this study, survivors were not generally defining their disclosures based solely on others' responses. Nor were survivors defining their experiences as positive or negative based only on the immediate interaction between themselves and the person they told. Survivors' meanings often evolved over time depending on developments which occurred in their relationships. Thus, understanding disclosure means understanding how

survivors experienced themselves and their voice in the often changing relational contexts in which they disclosed.

Survivors' disclosure often involved dealing with loss of significant relationships with family members and friends. Survivors' disclosure also involved a reconstruction of their identity as they integrated the abuse survival. As survivors developed a new sense of identity, they often experienced sadness, loss, and confusion as they reshaped previously held beliefs about themselves and significant others in their lives. These results may shed more light on clinical literature which indicates that disclosure may lead to increased psychological symptomology (e.g., Courtois, 1988; Gelinas, 1983; Lister, 1982; MacFarlane & Korbin, 1983; McNulty & Wardle, 1994; Swink & Leveille, 1986).

McNulty and Wardle (1994) suggest that disclosure may be a cause of psychological distress and dysfunction as survivors experience lack of support or losses within their social support system. The authors' conclusions imply that some survivors' emotional distress and related psychological symptomology demonstrates their inability to handle such losses and/or the inappropriateness of some decisions to disclose. Based on the findings of the current study, I offer another perspective.

Given the significant reconstructions of survivors' relationships with self and others which occur through disclosure, I posit that emotional distress may be natural and expected. Grief, loss, isolation, and anger are appropriate emotions for survivors to be experiencing and expressing as they face and integrate the reality of the abuse and redefine their relationships with family members and friends. Rather than pathologize survivors and their disclosures because they exhibit

emotional distress, it is important to understand and honor such emotions as natural and expected.

Some survivors developed new awarenesses about childhood sexual abuse as a prevalent social problem. For some, with this awareness came a strong conviction to be a part of creating social change and preventing sexual victimization. Herman (1992) describes survivors' social action as a "survivor mission" in which they "recognize a political or religious dimension in their misfortune and discover that they can transform the meaning of their personal tragedy by making it the basis for social action" (p. 207). Thus, for some survivors, disclosing to family members and friends led to the development of a deeply felt sense of purpose for their lives. Some survivors sought to utilize their personal experience and voice to create change. The significance of this and other meanings which survivors developed illustrate the need to understand disclosure through a wider lens than that which focuses only on the immediate interchange between survivors and the persons they tell and which views the quality of disclosure experiences in dichotomous terms.

Survivors' Perspectives About Disclosure as Healing

The fourth major discovery about the process of disclosure was survivors' perspectives about disclosure as a healing process. The results offer support to clinical literature (e.g., Courtois, 1988; Herman, 1992) which suggests disclosure is an important aspect of survivors' healing. The results also offer support to earlier research (e.g., Harvey et al., 1991; Silver et al., 1983) which indicates that disclosure is correlated with survivors' successful coping with the abuse. What is unique about the

results of the current study is that survivors' healing is defined by survivors, not by external measures or researchers' evaluations. The results indicate that survivors considered disclosure to be healing as they experienced relief from secrecy and isolation, a sense of wholeness, and empowerment.

The results of the study also revealed survivors' perspectives about healing as an evolutionary process tied to their overall experience of disclosing. That is, each disclosure experience was not necessarily defined by survivors as a healing experience. In fact, some of survivors' disclosure experiences and eventual losses of relationships with significant others were very painful. Yet, for survivors, the overall process of discovering and utilizing their voices to speak about their histories of abuse was found to generate a deeply felt sense of relief, a growing sense of wholeness, and empowerment. Survivors understood their healing to be an on-going process which continued to unfold across time and across their disclosure experiences.

Strengths and Limitations of the Study

One of the strengths of this study was the use of methodology which generated richly detailed data about survivors' disclosure experiences. The use of semi-structured interviews, and systematic data analysis which included participants' validation of the results, enabled the complexities of the disclosure process to emerge. This methodology has not been used in previous research regarding women survivors' disclosure and the results revealed information about the disclosure

process which had not been previously been discovered. The results fill in some gaps in the research and clinical literature.

Another strength of this study lies in the felt-need for information about disclosure which was expressed by the survivors who were involved in the research. Some survivors felt strongly that more information about disclosure was needed, and they were motivated to contribute to the limited knowledge base by participating in the study. Thus, the research was relevant to the persons who were the focus of the study. Similar to the experiences of survivors who were involved in other studies (e.g., Courtois, 1980; Jacobs, 1993), the participants in this research experienced their involvement as a meaningful opportunity for sharing their stories and making a contribution.

There are limitations of the study which are associated with data collection. With only one in-person interview with each survivor, the depth of information which was gathered about disclosure is likely limited. There are also limitations associated with sampling. It is unclear whether the results may be applicable to survivors with differing demographic characteristics and background experiences. It is also unclear whether the results may be applicable to survivors who did not self-select for the study. The transferability of the results (Lincoln & Guba, 1985) to other groups of survivors needs to be explored with further research. Thus, caution must be utilized in applying the results regarding disclosure, in a global way, to women survivors.

Implications for Practice

Based on the results of the study, the following three issues are important considerations in therapists' clinical work with women survivors of childhood sexual abuse: (1) attention to survivors' coming-to-voice and meaning-making, (2) support of survivors' empowerment and ownership of voice, and (3) awareness of therapists' influence on survivors' disclosures to family and friends.

Attention to Survivors' Coming-to-Voice and Meaning-Making

The first implication for practice is the importance of therapists' attention to survivors' coming-to-voice and meaning-making during their disclosure process. The descriptive model (see Figure 1) provides therapists with a way of conceptualizing survivors' disclosure process. The descriptive model provides an outline of issues related to coming-to-voice and meaning-making which are important areas of exploration in therapy. Therapists need to invite discussion of the issues related to coming-to-voice, including survivors' reasons for disclosing, the risks they associated with disclosing, and their prior disclosure experiences in childhood, therapy, and adulthood. The exploration of coming-to-voice issues will be particularly relevant when survivors are making decisions about whether and/or how to disclose to particular family members and friends.

Therapists also need to invite discussion of the varied meanings which survivors make about their disclosure experiences. The results of the study indicate that survivors make meanings about themselves, about

their relationships with the persons they told, about childhood sexual abuse as a social phenomenon, and about disclosure as a healing process. Survivors' meaning-making was found to be associated with significant reconstructions of their relationships with self, others, and their communities. Therapists can play an important role in supporting and facilitating survivors' negotiation of these significant changes as they unfold over time and across survivors' disclosure experiences. Therapists need to understand and affirm survivors' range of emotions, from empowerment to grieving, as natural and expected during their meaning-making of disclosure experiences.

Support of Survivors' Empowerment and Ownership of Voice

The second implication for practice is the importance of therapists' support of survivors' empowerment and ownership of their voice. By the time survivors reach adulthood, they have spent much of their lives with others mandating whether and/or how they speak about their own experiences. It is essential that therapists not replicate this dynamic by controlling survivors' voices, even with the intention of being helpful.

Clinical literature stresses the importance of therapists preparing survivors for their family disclosures and determining survivors' readiness to disclose (e.g., Courtois, 1988; Herman, 1992; McNulty & Wardle, 1994; Schatzow & Herman, 1989). The results of this study indicate that therapists can be helpful by facilitating survivors' decision-making about disclosure. Yet, the results also indicate that survivors often disclosed to family members and friends without consulting their therapists. Some disclosure experiences occurred rather spontaneously,

without much planning or preparation. Additionally, survivors disclosed during periods of time in which they were not in therapy. Thus, survivors indicated that they did not necessarily feel the need for special preparation or consultation regarding their decisions to disclose to certain family members or friends.

Should therapists see their role in addressing survivors' disclosures primarily in terms of preparing survivors and determining their readiness to disclose, I am concerned about messages related to power, control, and self-efficacy which are communicated to survivors. Such a stance implies that survivors are unprepared for disclosure unless assisted by therapists. Such a stance implies that therapists need to control survivors' disclosure because survivors are not be capable of making appropriate decisions.

When working with survivors, I would suggest that therapists remain particularly aware of and sensitive to survivors' empowerment and ownership of their voice. Therapists can balance their facilitation of survivors' decision-making, if that occurs in therapy, with reinforcement of survivors' ability and right to make choices about whether and/or how to disclose. Therapists need to communicate their trust in and support of survivors' individual pace and decisions regarding their disclosure, whether or not survivors' decision-making has been directly discussed in therapy and whether or not survivors act on whatever decisions were made in therapy. Therapists' explicit and implicit communication of their trust in and support of survivors in their disclosure process will enhance survivors' sense of empowerment and ownership of their voice.

Awareness of Therapists' Influence on Survivors' Disclosure to Family and Friends

The third implication for practice is the importance of therapists' awareness of their potential influence on survivors' disclosure to family and friends. As described in the previous section, therapists may influence survivors' disclosure through direct facilitation of survivors' decision-making. Additionally, therapists' responses to survivors' disclosures in therapy were found to both encourage and discourage survivors' disclosure to their family members and friends. For some survivors, therapists' validation of their disclosure generated the belief in the possibility of disclosing to persons outside the context of therapy. Survivors often then acted on that belief and disclosed to family members and/or friends. For other survivors, therapists' responses led to a return to silence about the abuse and a sense of caution about telling others.

The influence of therapists' responses on survivors' continued disclosure in therapy has been documented (Josephson & Fong-Beyette, 1987). The results of the current study indicate that therapists' responses to survivors' therapy disclosures also influenced whether and/or how survivors disclosed outside the context of therapy. These results point to the importance of therapists recognition of their potentially wide-ranging influence on survivors' voices. Therapists need to remain mindful of their power, however unintentional, to both support and silence survivors' voices within and outside of the context of therapy.

Given the potential influence described above, therapists may choose to explore, when appropriate, how survivors experienced and made meaning of their in-session disclosures. Particularly if survivors felt

silenced, therapists' initiation of dialogue about the disclosure may provide survivors with an opportunity to describe their experience and to re-gain their voice in the therapeutic context. Given that some therapy disclosures influenced survivors to disclose to others, therapists may expect that disclosures to family members and/or friends may begin to occur following disclosures in therapy.

Survivors' stories indicated that their silence and caution about disclosing to family members and friends were tied to the following therapy disclosure experiences: (a) feeling inadequately supported by therapists during and after a confrontation of the perpetrator in a therapy session, (b) feeling overwhelmed by a therapist's labeling of childhood experiences as sexual abuse, and (c) feeling stigmatized and offended by therapists' suggestions of a causal link between childhood sexual abuse and homosexuality. These disclosure experiences point to issues which may necessitate special attention in therapists' education and training related to working with survivors of childhood sexual abuse.

Implications for Future Research

The results of the study raise questions for future research. In the first section below, I discuss my recommendations regarding methodology in future research. In the second section, I discuss suggestions for further investigation of disclosure with various participant samples. In the final section, I discuss suggestions for further exploration of the relationship changes associated with disclosure.

Recommendations Regarding Methodology

The interviewing and analysis process used in this study was found to be an effective method for gathering information and developing understandings about survivors' disclosure. By gathering women's stories about their experiences, the complexities of the disclosure process became evident and expanded understandings about disclosure that were provided in earlier research. In future research about disclosure, I would recommend that researchers continue to utilize methods which elicit narrative information from survivors about their experiences. Individual interviews (single or multiple), group interviews, and open-ended questionnaires may be effective means for continued data-gathering and exploration of survivors' disclosure. Given that survivors' disclosure was found to be a process which evolved over time, it may be effective to utilize data collection methods which can capture the nature of the process. Research which involves repeated data collection over periods of time may be meaningful ways of further exploring disclosure.

Based on their inconclusive findings regarding the healing effects of disclosure, Lamb and Edgar-Smith (1994) suggest that multiple outcome measures are needed to adequately assess survivors' functioning. Based on the findings of this study which indicate that survivors' healing is an evolutionary process involving a range of emotional experience, I recommend the integrative use of standardized measures with methods which generate narrative data. Narrative data may serve to contextualize the results of standardized measures, thus offering a more complete understanding of survivors' healing and/or functioning.

Further Investigation of Disclosure With Varying Participant Samples

Studies with varying participant samples may generate information which confirms, refutes, or clarifies the results of the current study. With further studies involving other participant groups, more complete understandings about survivors' disclosure may continue to develop. Based on the results of the current study, the following recommendations for further research are offered:

1. One of the shared characteristics of the participant group in this study was their involvement in therapy. Research with a non-clinical sample may offer some broader understandings about survivors' disclosure to family members and friends. What similarities and differences may exist in the disclosure process between survivors who are/have been in therapy and those who are not/have not been in therapy?

2. Much of the clinical literature is based on the assumption that disclosure is essential for survivors' healing. The results of the study also indicate that survivors considered disclosure to family members and friends to be a healing process. Research with women survivors who have not disclosed during adulthood may broaden our understandings about healing. Why do some adult survivors chosen not to tell anyone about the abuse? What is it like to remain silent about the abuse? Are there ways, other than disclosure, that survivors come to terms with their histories of abuse?

By nature of definition, survivors who have not disclosed may be a difficult population to reach. Data collection methods such as anonymous

questionnaires may be perceived as less invasive than personal contacts between researchers and participants.

3. In this study, the six women who reported childhood disclosures all had experiences in which they felt they were not validated, believed, and/or protected. These early lessons about having voice influenced survivors' adulthood disclosures as they feared others' responses and doubted their inner knowing about the abuse. Is adulthood disclosure different for women who received supportive responses to their childhood disclosures? Comparative studies could be conducted with women felt they were supported and those who did not feel supported during childhood disclosures to examine any related similarities and differences in adulthood disclosures.

4. In this study, one of the participants had recovered memories of the abuse a few years prior to our interview. Some aspects of her adulthood disclosure experiences (e.g., doubting her inner knowing about the abuse, seeking confirmation of the abuse from others) had unique meaning as compared with the other survivors who always remembered the abuse they had experienced. Research which focused on women survivors with delayed recovery of abuse memories may offer some understandings of the interaction between recovered memory and disclosure to family members and friends. Further research may also explore the influence of the current delayed memory controversy and survivors' disclosure process.

5. The current study did not directly explore differences across survivors' disclosure which may be related to race, sexual orientation, class, age, education, and other identity issues. Multiple studies involving

more homogenous participant samples (e.g., women of particular races/ethnic groups) may begin to offer some comparative understandings about disclosure across identified groups of women survivors. For example, are there differences in the meaning of disclosing family secrets such as abuse which are tied to social/cultural identities? In studies examining diversity issues and disclosure, it is important to elicit survivors' views about how their disclosure process is influenced by the particular identity issue(s) being explored.

6. Results of this study suggest that disclosing as an abuse survivor may be related to disclosing about other "hidden" aspects of identity. Further research may explore the relationship of disclosure of childhood sexual abuse with disclosure of other aspects of identity.

7. The current study focused on disclosure by women survivors. Research with men who are survivors of sexual abuse is very limited (see Violato & Genius, 1993). Research regarding disclosure by male survivors may be an important new area of inquiry. Such research may lead to understandings related to how male survivors move from silence to speak about the abuse and the meaning or significance of their disclosure. Further research with men and women survivors may shed light on gender-related issues associated with disclosure.

Further Exploration of Relationship Changes Associated With Disclosure

The results of the study indicate that survivors' disclosure process involved significant reconstructions of their relationships with the persons they told about the abuse. Disclosure was often a turning point in survivors' relationships with family and friends, leading toward greater

intimacy as well as disruptions and endings. Interview studies which involve survivors and the persons they told about the abuse would provide understandings about the relational changes associated with disclosure from both persons' perspectives. Adital Tirosh Ben-Ari's (1995) interview study with a mother and son regarding the son's coming out as a gay man provides a model for methodology. In this study, the author asked a mother and son to describe their own experiences as well as their perceptions of each others' experiences during the coming out process. The development of the mother-son relationship was then explored through both persons' experiences and perceptions.

Closing

In this study, women survivors shared their stories about the discovery and use of their voices to speak about their histories of childhood sexual abuse. I am closing my dissertation with quotes from survivors, for it is their voices we most need to hear. The following quotes reflect survivors' feelings about their disclosure process and the various points to which they had come in their journeys from silence to voice:

Beverly: Disclosure ended up being sort of a release. ... Now I'm more relaxed and confident.

Hope: I had to disclose to heal.

Kimberly: By talking about it, by opening myself up, by letting those feelings out, by crying, whatever it is, it's a whole lot better than holding it in. You can't survive that way.

Lisa: It's almost like a storm. I was in a storm. I'm coming out of it now, I think because I've had some significant healing. And I think alot of the healing is a result of the disclosure.

Lynn: It makes me wonder, is anybody really listening? And yet, there's hope, that maybe somebody is listening.

Robin: I think the more I talk, the better I am.

Ruth: It [disclosure] means empowerment and it means self-love and belonging as well as injustice and the things I would want to fight. ... I think once you do it, and you get over the hump of being afraid of it, that it's really beneficial to do it. ... And once you do it, you should never stop. Because the voice, the story is beautiful.

Towanda: Today, it's [disclosure] like breathing air. It's just like when it happens, I'm supposed to, and I trust that. And whatever happens as a result of that, I'll be taken care of. That's where I'm at with it.

Appendix A

Approval Letters From Human Subjects Institutional Review Board

Human Subjects Institutional Review Board

Kalamazoo, Michigan 49008-3899
616 387-8293

WESTERN MICHIGAN UNIVERSITY

Date: July 20, 1995

To: Dodgson, Joanne

From: Richard Wright, Interim Chair

Re: HSIRB Project Number 95-05-03

Richard A. Wright

This letter will serve as confirmation that your research project entitled "A qualitative exploration of the process and impact of adulthood disclosure of childhood sexual abuse by women survivors" has been approved under the full category of review by the Human Subjects Institutional Review Board. 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 that you must seek specific approval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date. 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 HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: July 20, 1996

xc: . Croteau, James M., CECP

Human Subjects Institutional Review Board

Kalamazoo, Michigan 49008-3899
616 387-8293

WESTERN MICHIGAN UNIVERSITY

Date: Aug. 23, 1995

To: Joanne Dodgson

From: Richard Wright, Chair

Re: HSIRB Project Number 95-05-03

Richard A. Wright

This letter will serve as confirmation that the change to your research project "A qualitative exploration of the process and impact of adulthood disclosure of childhood sexual abuse by women survivors" requested in your memo dated Aug. 11, 1995 has been approved by the Human Subjects Institutional Review Board. This change is:

1. addition of the YWCA Sexual Assault Program in Kalamazoo as a recruitment site.

The conditions and the duration of this approval are specified in the Policies of Western Michigan University.

You must seek reapproval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: July 26, 1996

xc: Croteau, CECF

Human Subjects Institutional Review Board

Kalamazoo, Michigan 49008-3899
616 387-8293

WESTERN MICHIGAN UNIVERSITY

Date: February 20, 1996

To: Joanne Dodgson

From: Richard Wright, Chair

A handwritten signature in cursive script that reads "Richard A. Wright".

Re: HSIRB Project Number 95-05-03

This letter will serve as confirmation that the changes to your research project "A qualitative exploration of the process and impact of adulthood disclosure of childhood sexual abuse by women survivors" requested in your memo dated February 6, 1996 have been approved by the Human Subjects Institutional Review Board.

The conditions and the duration of this approval are specified in the Policies of Western Michigan University.

You must seek reapproval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: July 20, 1996

xc: James Croteau, CECF

Appendix B

Researcher's Script: Eliciting Therapists' Involvement In Recruiting Prospective Participants

In individual and group contexts, I made personal contact with therapists at Counseling and Consultation Service at The Ohio State University and the YWCA Sexual Assault Program in Kalamazoo, Michigan. The following script was utilized to inform therapists about the research and to describe how they may be involved in the process of recruiting prospective participants.

For my dissertation research, I am conducting a study to explore adulthood disclosure of childhood sexual abuse by female survivors. Although disclosure is often considered a significant aspect in survivors' healing, there is limited information about survivors' disclosure to their friends, family members, partners, and significant others. The purpose of this study is to gain understanding of survivors' disclosure within their personal, familial, and social relationships. I will be conducting interviews with participants to gather information about their adulthood disclosure experiences and to learn how this disclosure has impacted their lives. After completion of the interviews, I will provide an opportunity for follow-up contact with participants to elicit their feedback and insights regarding my developing analysis of their interview data.

I am seeking your assistance in recruiting prospective participants for this study. If you choose to be involved, you will be asked to provide information about the study to selected clients. First, you will be asked to select clients, based on your clinical judgment, for whom involvement in the study will not be counter-therapeutic. The clients you select to inform about the study will also need to meet the following criteria: female, at least 18 years old, survivors of childhood sexual abuse, and have verbally disclosed, as adults, to at least one individual with whom they have a

personal, familial, or social relationship. Disclosure to perpetrators of the abuse will not be included in this study. Then, with each selected client, you will read aloud an informational statement which provides a brief description of the study. You will then give the client a flyer which includes a form which she may later complete and return to the CCS [or] SAP reception desk. At this point, your role in recruiting prospective participants is completed.

If a client is interested in volunteering for the study, she will complete the form and return it to the reception desk. After I receive the completed forms, I will conduct telephone screenings with prospective participants. Interviews will then be scheduled with appropriate individuals. The interviews will be conducted here at CCS [or] SAP and will last approximately 1-1/2 to 2 hours. Participants will also be given the opportunity to provide their feedback and insights regarding my analysis of the interview data. This follow-up contact will involve a telephone interview, which will be audio taped, approximately 2 to 4 months following the individual interviews.

To protect the confidentiality of clients, only first names are requested on the interest forms which they may complete and envelopes are provided for returning the forms. Although clients may report to you about their participation in the study, there will be no communication between you and me about a particular client or her involvement in the study unless an emergency arises during the course of the interview. In an emergency situation, I will intervene in the following ways as deemed ethically appropriate and/or required by law: provide crisis intervention,

facilitate a participant's contact with her therapist, and contact protective services or other appropriate agencies.

Do you have any questions about the study or about your role if you choose to be involved?

At this point, I would like to find out if you are interested in recruiting prospective participants for this study. (A packet of recruitment materials was distributed to those who indicate their interest.)

Appendix C

Recruitment Materials: Cover Letter to Therapists

The following letter was enclosed with the packet of recruitment materials given to therapists. The letter provided description of the recruitment process and the therapists' role in recruiting prospective participants.

(Date)

Dear (Therapist):

Thank you very much for your interest in my dissertation research about women's adulthood disclosure of childhood sexual abuse. I am hopeful that this research will shed some light on this significant, yet not well understood, process in survivors' healing. I greatly appreciate your willingness to assist in the recruitment of prospective participants for the study.

Enclosed you will find the following: (a) an informational statement to be read aloud to selected clients, and (b) interest forms for prospective participants to complete and return. Enclosed you will also find a postcard which I hope you will enjoy and accept as a symbol of my appreciation for your time and efforts given to this research.

Your role in recruiting prospective participants involves informing selected clients about the research. First, you will select clients to inform about the research based on the following criteria: (a) your clinical judgment that participation in the research will not be counter-therapeutic for your client; (b) client identifies as female; (c) client identifies as at least 18 years of age; (d) client identifies as a survivor of childhood sexual abuse; and (e) client reports she has disclosed, as an adult, to at least one individual with whom she has a personal, familial, or social relationship.

Secondly, with selected clients, you will provide information about the research in the following ways: (a) read aloud the Informational Statement; and (b) distribute Interest Forms. Clients may later complete the interest forms and turn them in to the CCS [or SAP] reception desk. Envelopes are provided for returning the forms. I will collect the returned forms and conduct telephone screenings with prospective participants.

In the recruitment process, clients' confidentiality will be protected by requesting only their first names on the interest forms. Envelopes, which are addressed to me, are also provided for returning the completed forms. Additionally, there will be no communication between you and me about a particular client, her decision whether to volunteer for the study, or her involvement as a research participant unless an emergency situation arises. In an emergency situation, I will intervene in the following ways as deemed ethically appropriate and/or required by law: provide crisis intervention, facilitate a participant's contact with you as her therapist, and/or make contact with protective services or other appropriate agencies or individuals.

Please feel free to contact me if you have any questions about the study or if you need any additional materials. Thank you, again, for your time and effort given to this research.

Sincerely,

Joanne Dodgson, M.A.

Appendix D

Recruitment Materials: Informational Statement

A copy of the informational statement was included in the packet of recruitment materials given to therapists. Clients were selected for recruitment based on therapists' professional assessment of the following: (a) the client's participation in the research would not be counter-therapeutic for the client, and (b) the client met the selection criteria. To inform selected clients about the study, therapists read aloud the following informational statement.

Informational Statement

I'd like to let you know about a research project which you may be interested in participating in. You have no obligation to participate in the study. Your decision whether or not to participate will in no way impact our work together.

The study is being conducted by Joanne Dodgson, who is a psychology intern here at CCS [or former staff member of SAP] and a doctoral student in Counseling Psychology at Western Michigan University. The purpose of the study is to learn about women's disclosure of childhood sexual abuse to their friends, family members, partners, and significant others. The researcher wishes to learn how adulthood disclosure impacts survivors' lives.

If you participate in the study, you will meet with Joanne Dodgson for an interview. The interviews will take place in an office here at CCS [or SAP]. The interview will last for approximately 1-1/2 to 2 hours. In the interview, you will be asked to provide some general background information about yourself. You will also be asked to share information about your experiences, as an adult, when you disclosed to a friend, family member, partner, and/or significant others. You will be asked to describe

what these disclosure experiences were like for you and how these experiences have impacted you. You will also be given the option to provide the researcher with some input regarding her understandings of your interview. You will have the opportunity to share your feedback and insights regarding the researcher's interpretations of the interview data through a follow-up telephone interview.

As a research participant, the information you share will be treated as confidential. Interviews will be audio taped and transcribed. The audio tapes will be erased once data analysis has been completed. You will be asked to select a pseudonym so that your name will not be associated with the written transcript of your interview. In the transcripts and publications of the research findings, your identity will be protected by altering identifying information about yourself and others whom you may describe. Also, the researcher and I will have no communication about you or your involvement in the study unless an emergency situation arises during the interview.

Here's a flyer about the study which you may have. [Therapists distributed interest form.] If you are interested in getting more information about the research and possibly volunteering for the study, please complete the bottom portion of the flyer. You may turn in the completed form, in the provided envelope, to the CCS [or SAP] reception desk. The researcher will then contact you by telephone as described on the flyer. It is important to know that turning in the form does not obligate you to participate in the study.

Appendix E
Recruitment Materials: Interest Forms

Approximately five copies of the following interest form, with return envelopes addressed to Joanne Dodgson, were given to therapists in the packet of recruitment materials. Following therapists' reading of the informational statement (see Appendix D), they distributed an interest form to selected clients. Selected clients who were interested in participating in the study completed and turned in the detachable portion of the form to the CCS [or] SAP reception desk.

Disclosing About Childhood Sexual Abuse:

An Opportunity for Women to Share Their Stories

Research is being conducted to learn about adulthood disclosure of childhood sexual abuse by women survivors. The purpose of this study is to explore how women disclose about childhood sexual abuse to their friends, family members, partners, and significant others. The researcher is also interested in learning how this disclosure impacts survivors' lives. This study is being conducted by Joanne Dodgson, [a psychology intern at CCS and] a doctoral student in Counseling Psychology at Western Michigan University.

Participants in the study will be female survivors of childhood sexual abuse who are at least 18 years old. They will have disclosed, as adults, to at least one individual with whom they have a personal, family, or social relationship.

Participants in the study will meet with Ms. Dodgson for an interview lasting approximately 1-1/2 to 2 hours. Participants will also be given the opportunity to be involved in follow-up contact with the researcher to provide her with some feedback regarding her analysis of the

data. This follow-up contact will be made by telephone approximately 2 to 4 months after the interviews. The interviews and the follow-up contacts will be audio taped.

In this study, confidentiality of participants will be protected through the use of pseudonyms and other alterations of identifying information in written documents. Additionally, there will be no verbal communication between the researcher and others about the participants' identity or their involvement in the study, except in the unlikely situation of an emergency arising during an interview.

If you may be interested in volunteering for this study or would like more information, please complete the form below. Using the provided envelope, please return your completed form to the CCS [or SAP] reception desk.

Your decision about volunteering for this study in no way affects the services you receive at CCS [or SAP]. Returning this form does not obligate you to participate in the study.

FIRST Name _____ Age _____

Since the age of 18, have you disclosed to at least one individual with whom you have a personal, familial, or social relationship (e.g., friend, relative, partner, classmate)? Yes _____ No _____

Providing your phone number on the line below indicates your permission for the researcher to call you. If you are not available at the time of the call, the researcher may leave a message with her name and number so that you may return her call. However, the researcher will not

identify the purpose of the call nor discuss the study with others who may answer the phone.

Telephone Number () _____

Available Days/Times _____

Please contact Joanne Dodgson (614)-292-5766 [or (616)-345-9412] if you have any questions. Thank you for your interest in this study!

Appendix F

Researcher's Script: Telephone Screenings of Prospective Participants

I conducted a telephone screening with each prospective participant who returned a completed interest form. The purpose of the telephone screening was to: (a) assess prospective participants' appropriateness for the study based on the selection criteria, and (b) provide informed consent information. Interviews were then scheduled with prospective participants who met the selection criteria and who expressed willingness to participate in the study based on informed consent information. The following script was utilized to conduct telephone screenings with prospective participants.

You have expressed your interest in a study on women survivors' disclosure about childhood sexual abuse. I am conducting this study to learn about survivors' disclosure to their friends, family members, partners, and significant others and how this disclosure impacts survivors' lives. This project is my dissertation research for my doctoral degree in counseling psychology.

I appreciate your interest in this research. I am calling to tell you more about the study and to see whether or not you would like to participate. I will be sharing with you some more information about the study. Please feel free to ask me any questions you have at any time.

The participants in the study will meet the following criteria: they will be women who are survivors of childhood sexual abuse who have disclosed to friends, partners, family members, and/or significant others since the age of 18 years. I will read you a brief list of questions to determine whether you meet these criteria.

1. *Are you female and at least 18 years old?*

2. For this study, childhood sexual abuse is defined as follows: "Childhood sexual abuse involves any exploitive, forced, and/or nonmutual sexual contact between an adult and a child or adolescent who is/was below the age of 18." Do you identify yourself as a survivor of childhood sexual abuse based on this definition?

3. For this study, disclosure is defined as follows: "Disclosure refers to verbal communication about being a survivor of childhood sexual abuse; the verbal communication may include identifying oneself as a survivor, identifying the perpetrator, describing abusive experiences, expressing feelings about the abuse, and/or discussing the effects of the abuse."

Based on this definition of disclosure, have you disclosed about childhood sexual abuse during adulthood (since the age of 18)?

Based on this definition of disclosure, have you disclosed to at least one individual with whom you have a personal, family, or social relationship (e.g., a friend, family member, partner, or significant other)?

With a prospective participant who indicates "no" to any of the above questions, I will explain that she does not meet the selection criteria for participation in the study. She will be thanked for her interest and time, and the telephone screening will be ended. With a prospective participant who responds "yes" to each of the above questions, the telephone screening will continue.

I would like to share with you some information about this research project to assist you in your decision whether to participate. While I am reading you the information about the study, please feel free to stop me to ask any questions. After sharing this information, I will ask

you whether or not you are interested in participating in the research. If you choose to participate in the study, you will be given an informed consent statement which includes the information which I will be reading to you today.

You have been invited to participate in a research study on adulthood disclosure by women who are survivors of childhood sexual abuse. The purpose of the study is to learn about survivors' disclosure to friends, family members, partners, and significant others, and how this disclosure impacts survivors' lives. This project is my doctoral dissertation research.

Your consent to participate in this project indicates that you will be asked to participate in an interview with me. The interview will last approximately 1-1/2 to 2 hours. You will be asked to meet me for the interview in an office at the Counseling and Consultation Services (CCS) at The Ohio State University, located on the fourth floor of the Ohio Union [or] the YWCA Sexual Assault Program, 353 E. Michigan. In the interview session, you will be asked to provide some general information about yourself such as your race/ethnicity, age, and educational status. You will also be asked to describe experiences of adulthood disclosure with your family members, friends, partners, and/or significant others, and the ways these experiences have impacted your life.

Your consent to participate also indicates that you will have the option to participate in follow-up contact. The purpose of the follow-up contact is to provide you with an opportunity to share your feedback about my analysis of the information which I have gathered from participants in the study. If you choose to be involved in the follow-up contact, I will first

contact you by telephone, in about 2-4 months, to set up a convenient time in which we may discuss the study. During the telephone interview which we schedule, I will share with you my interpretations of the interview data, and ask you to share your feedback, insights, and suggestions regarding my interpretations. This telephone interview will last approximately 1 hour.

Although it is unlikely that your involvement in this study may cause harm, all research has the potential for unforeseen risks to the participants. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or treatment will be made available to you except as otherwise specified. One potential risk of your participation in this study is that you may become emotionally upset by the content of the interview. Based on my education and professional experience, I am prepared to provide crisis counseling should you become significantly upset. If you need further counseling, I am prepared to assist you in contacting your therapist at CCS [or SAP]. As you know, the counseling services at CCS [or SAP] are provided at no charge. However, you will be responsible for any costs associated with counseling services should you choose to pursue them elsewhere.

One way in which you may benefit from participation in the study is having the opportunity to reflect on and talk about your experiences. Also, mental health professionals may benefit from the knowledge that is gained from this study as it may enhance their therapeutic work with survivors of childhood sexual abuse. The knowledge gained from this study may also be beneficial for other survivors as they make meaning of their own disclosure experiences.

The information that is collected from you is confidential. This means that your name will not appear on any papers on which this information is recorded. The interview session will be audio taped and then transcribed. The written transcripts will be coded with a number, and I will keep a separate master list with the names of participants and the corresponding coded numbers. Also, in the interview transcripts, specific names of other people and places will be replaced with general descriptors (e.g., roommate, large midwestern city). In the dissertation and other publications, a pseudonym which you select will be used to refer to you and information which you have shared. In written reports about the study, quotations from your interview transcript may be used to illustrate the research findings. Quotations from your interview transcript which are used in written reports will be modified as needed to protect your identity (e.g., in a detailed description of a family interaction, identifying information about the involved family members and/or setting of the interaction may be changed). The follow-up telephone contacts will also be audio taped. The audio tapes from the interview and follow-up contacts will be erased once I have completed the data analysis. The interview transcripts will be retained for five years, following publication of the study, in a locked file and then they will be destroyed.

There are a few limitations in confidentiality. For example, I am obligated to take some kind of action to protect you if I believe that you may be at risk of harming yourself or others based on information which you share. I am also obligated to take some kind of action if I believe that a child may be at risk of abuse or neglect based on information which you share. In either of these cases, I will respond in the ways deemed

appropriate and/or required by law. For example, I may contact your therapist at CCS [or SAP] as well as contact other individuals and agencies.

Your refusal to participate or withdraw from participation will not affect the services you currently, or in the future, obtain at CCS [or SAP]. In fact, you may refuse to participate or quit at any time during the study without prejudice or penalty.

Do you have any questions about the research? (I will respond to any questions with clarification or additional information.)

At this point, I would like to find out if you are interested in participating in the study. (If the prospective participant indicates that she is not interested in participating, she will be thanked for her time. If she indicates that she is interested in participating, an interview will be scheduled.)

Please contact me if you have questions, need to reschedule our interview appointment, or change your mind about participating. You can contact me at 292-5766 [or 345-9412.]

Appendix G
Interview Guide

The interview guide provided an outline of the content areas to be explored, instructions for me as interviewer, and questions which may be asked to address particular content areas. With flexibility in the design of the guide, I reworded questions, reordered the sequence in which the topics are explored, and responded to participants with follow-up questions or responses so as to elicit elaboration and clarification.

I. Informed Consent

A. (Present informed consent statement.) *Before we begin the interview today, please read the informed consent statement. Or, if you prefer, I can read it aloud to you. Feel free to ask me any questions you have. When you've finished reading the statement, please let me know whether or not you consent to participate in the study.*

B. Individuals who do not consent will be thanked for their time and the session will be closed.

C. Individuals who do consent will sign two copies of the statement; each of us will retain a signed copy; the session will continue and audio taping will begin.

II. Introductory Information

A. Researcher

1. Doctoral student in counseling psychology [and intern at Counseling and Consultation Service]
2. Professional experience as individual and group therapist with sexual abuse survivors (e.g., counselor in sexual assault program for 2 years; facilitator of survivors' support groups)

experience in other settings, including doctoral training and internship)

3. Professional and personal commitment to issues related to sexual victimization of women (e.g., counselor, sexual assault prevention and education efforts on university campus, organizing and participating in community events to raise awareness and support survivors' healing)

B. Purpose of Study

1. Gain understanding about disclosure during adulthood by women survivors to friends, family members, partners, and significant others
2. Learn about the process of disclosure from survivors' perspectives and how disclosure impacts their lives and healing

C. Interviewing Process

1. Researcher as "learner": Asking questions, encouraging discussion and description, exploring participant's perspectives, collaborating in process of understanding participant's experiences; offering support as participants share their stories
2. Participant as "teacher": Sharing stories about her experiences in as much detail as comfortable, reflecting on her experiences and the impact in her life, collaborating with researcher in process of gaining understanding

D. Participant Form

1. Present copy of participant form

2. I have a brief form for you to complete. Please look at Section A on the form. The number printed on the form is the code that will be used on the written transcript of your interview. Your name will not appear in the transcript nor in any written reports about this study. I would like you to select a name which will then be used to replace your name in any written reports about the study. Please write that name in the space provided. Your name, address, and phone number will be transferred from this form to a separate master list of participants. This form will be destroyed once the information has been transferred to the master list. The master list will be stored separately from the interview transcripts and other written materials containing research data.

III. Collection of Demographic and Background Information

A. Demographics

1. Race/Ethnicity
2. Age
3. Educational Status
4. Occupational Status
5. Relationship Status (e.g., single, married, partnered, separated, divorced, widowed)

B. Background Information Regarding Childhood Sexual Abuse

1. Participant's age(s) during occurrence of abuse
2. Perpetrator(s) of abuse (identified by relational descriptor, e.g., cousin)

IV. Collection of Information About Adulthood Disclosure Experiences

A. General Information

1. *Did you disclose before you were 18 years old? If so, how did that disclosure affect your disclosure after age 18?*
2. *Since the age of 18, who have you disclosed to? When did this disclosure occur?*
3. *What's the relationship between your adulthood disclosure and your therapy experience?*

B. Description of Selected Disclosure Experience

1. *I'm interested in spending some time learning about one of your adulthood disclosure experiences with a family member or friend. I'm interested in learning how you disclosed, what happened, and what the experience was like for you. Think of an experience when you disclosed to a friend or a family member. In as much detail as you feel comfortable sharing, please tell me about that experience.*

2. Areas of Exploration

- a. Person(s) involved
- b. When and where disclosure occurred
- c. Reasons for disclosure
- d. Reasons for choosing that person, time, situation
- e. Expectations, hopes, fears related to the disclosure
- f. Content of disclosure
- g. Responses of other person(s)
- h. Thoughts, feelings, reactions to others' responses
- i. Effects on thoughts and feelings about self

- j. Effects on relationship with person(s) involved
- k. Influences on thoughts or feelings about future disclosure
- l. Meaning or significance of experience
- m. Association with healing process
- n. Comparison with other disclosure experiences
- o. Reasons for selecting this experience to describe

C. Meaning/Impact of Adulthood Disclosure

1. *What has it meant for you to tell others , as an adult, about the abuse you experienced as a child?*
2. *What changes have happened as a result of your adulthood disclosure? Within you? Within your relationships? Within other aspects of your life?*
3. *Do you consider your adulthood disclosure(s) to be part of your healing process? Why/why not?*

D. Additional Information

Is there anything else about your experiences of adulthood disclosure, or the impact of disclosure in your life, that you would like to share before we complete our interview?

V. Member Checks

A. In this study, it is very important to me that I understand and accurately describe the experiences and perspectives about disclosure that you and the other participants have shared in your interviews. Therefore, I have included an option for follow-up contact which would provide the opportunity for you, as well as other participants, to give feedback to me about my interpretations of the

information shared during the interviews. This is how the follow-up contact will work if you participate. Within about 2 to 4 months, I will call you to schedule a convenient time for us to talk further, by telephone, about the study. In the follow-up telephone contact, I will seek your feedback, input, and suggestions about my understandings and interpretations of adulthood disclosure based on what's been shared in the interviews. During our telephone contact, I will share my interpretations, seek clarification, and ask for your perspectives. This follow-up telephone contact will be audio taped and will last approximately 1 hour. Do you have any questions? Are you willing to participate in this follow-up contact?

B. The participant form will be presented. Participants will indicate whether they are willing to be contacted by telephone by the researcher for purposes of scheduling the member check telephone interview. The participants will be asked to provide a telephone number where they can be reached in approximately 2-4 months. If participants are uncertain about continuity in their living situations during that time period (e.g., moving, changes in academic plans), they will be asked to provide a telephone number where I may leave a message (giving only my name, number, and request for a return call) for them. Alternative arrangements may be made with participants who are unable to provide a telephone number or prefer not to have a message left for them.

VI. Reflection on the Interview Experience

A. Before we close our session, I am interested in knowing what this interviewing experience has been like for you. Please share whatever thoughts and feelings you may have.

B. Areas of Exploration

1. Content of the interview
2. Process of the interview
3. Researcher-interviewee relationships, including influence of social/cultural issues
4. Emotional experiences during interview
5. Emotional state as closing interview

Appendix H
Informed Consent Statement

At the beginning of each interview session, two copies of the informed consent statement were presented for signing by the prospective participant. Both the participant and I retained a signed copy.

Informed Consent Statement

Western Michigan University

Department of Counselor Education and Counseling Psychology

Supervisor of Research: James M. Croteau, Ph.D.

Researcher: Joanne Dodgson, M.A.

I have been invited to participate in a research study on adulthood disclosure by women who are survivors of childhood sexual abuse. I understand that the purpose of the study is to learn about survivors' disclosure to friends, family members, partners, and significant others, and how this disclosure impacts survivors' lives. I understand that this project is Ms. Dodgson's doctoral dissertation research.

My consent to participate in this project indicates that I will be asked to participate in an individual interview with Ms. Dodgson. The interview will last approximately 1-1/2 to 2 hours. I will be asked to meet Ms. Dodgson for the interview in an office at the Counseling and Consultation Services (CCS) at The Ohio State University, 1739 N. High Street, 4th Floor Ohio Union, Columbus, Ohio, 43210 [or] the YWCA Sexual Assault Program, 353 E. Michigan, Kalamazoo, Michigan, 49007. In the interview session, I will be asked to provide some general information about myself such as my race/ethnicity, age, and educational status. I will also be asked to describe experiences of adulthood disclosure with my

family members, friends, partners, and/or significant others, and the ways these experiences have impacted my life.

My consent to participate also indicates that I will have the option to participate in follow-up contact with the researcher. If I choose to participate in the follow-up contact, I will be contacted by the researcher in about two to four months to set up an appointment for a follow-up telephone interview. During the follow-up telephone interview, I will be given the opportunity to share my feedback and responses to the researcher's interpretations of the interview data.

Although it is unlikely that my involvement in this study may cause me harm, I understand that all research has the potential for unforeseen risks to the participants. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or treatment will be made available to me except as otherwise specified in this consent form. I understand that one potential risk of my participation in this study is that I may become emotionally upset by the content of the interview. I understand that, based on her education and professional experience, Ms. Dodgson is prepared to provide crisis counseling should I become significantly upset. If I need further counseling, I understand that Ms. Dodgson is prepared to assist me in contacting my therapist at CCS [or SAP]. I understand that counseling services at CCS [or SAP] are provided at no charge, and that I will be responsible for any costs associated with counseling services should I choose to pursue them elsewhere.

One way in which I may benefit from participation in the study is having the opportunity to reflect on and talk about my experiences. I

understand that professionals who provide mental health services for survivors may benefit from the knowledge about disclosure that is gained from this study. I also understand that the knowledge gained from this study may be beneficial for other survivors as they make meaning of their own disclosure experiences.

I understand that the information collected from me is confidential. This means that my name will not appear on any papers on which this information is recorded. I understand that the interview session will be audio taped and then transcribed. The written transcripts will be coded with a number, and Ms. Dodgson will keep a separate master list with the names of participants and the corresponding coded numbers. Also, specific names of other people and places will be replaced with general descriptors (e.g., roommate, large midwestern city). In the dissertation and other publications, I understand that a pseudonym, which I select, will be used by Ms. Dodgson to refer to me and information which I have shared. I also understand that quotations from my interview transcript may be used to illustrate the research findings. Quotations from my interview transcript which are used in publications may be modified to protect my identity (e.g., in a detailed description of a family interaction, identifying information about the involved family members and/or timing and setting of the interaction may be changed). I understand that the follow-up telephone interview will be audio taped. I understand that the audio tapes from the interview and follow-up telephone contacts will be erased upon completion of data analysis. The interview transcripts will be retained for five years, following publication of the study, in a locked file and then they will be destroyed.

Additionally, I understand that there are limitations to confidentiality. Ms. Dodgson is obligated to intervene if she believes that I may be at risk of harming myself or others based on information which I share. I am also aware that she is obligated to intervene if she believes that a child may be at risk of abuse or neglect. In either of these cases, I understand that Ms. Dodgson may intervene by contacting my therapist at CCS [or SAP] or other individuals and agencies as deemed ethically appropriate and/or required by law.

My refusal to participate or withdraw from participation will not affect the services I currently, or in the future, obtain at CCS [or SAP]. In fact, I understand that I may refuse to participate or quit at any time during the study without prejudice or penalty.

If I have any questions or concerns about the study, I may contact the following individuals: Ms. Joanne Dodgson, Researcher, (614-292-5766); Dr. James Croteau, Research Supervisor, Western Michigan University (616-387-5111); Dr. Charles Klink, Director of Research and Evaluation, Counseling and Consultation Services, Ohio State University (614-292-5766) [or] Ms. Ella Ryder, Director, YWCA Sexual Assault Program, (616-345-9412). I may also contact the Chair of Human Subjects Institutional Review Board at Western Michigan University (616-387-8293) or the Vice President for Research at Western Michigan University (616-387-8298) with any questions or concerns that I have.

My signature below indicates that I understand the purpose and requirements of the study and that I agree to participate.

Signature

Date

Appendix I
Participant Form

Following discussion of informed consent and introductory information, a participant form was presented to the participant. The participant was asked to complete Section A (excluding the preprinted code number). Following discussion of member checks, the participant was asked to complete Section B, indicating whether or not she gave permission to be contacted by telephone for purposes of scheduling the member check.

Following completion of the interview, the information from the completed participant form was transferred to a master list. The code numbers were printed on the corresponding interview transcripts. Once the information from the participant form was transferred to the master list, the participant form was destroyed.

PARTICIPANT FORM

Section A

Code Number _____

Name _____

Address _____

Telephone Number _____

Pseudonym selected for use in the study _____

Section B

Do you give your permission for the researcher to contact you by telephone for purposes of scheduling the follow-up telephone interview?

Yes _____ No _____

If yes, please provide a phone number where you may be reached in approximately 2 to 4 months (or a phone number at which the researcher may leave you a message): _____

Appendix J
Master List of Participants

The master list contained the following information for each participant: transcript code number, name, address, telephone number, selected pseudonym, and indication of decision regarding involvement in the member checks. To protect the confidentiality of the participants, the master list was stored separately from the interview transcripts and signed informed consent statements. The master list was destroyed following completion of the member checks.

MASTER LIST

<u>Code #</u>	<u>Name/Address</u>	<u>Pseudonym</u>	<u>Member Check?/Phone</u>
---------------	---------------------	------------------	----------------------------

Appendix K
Member Checks Interview Guide

The member check interview guide lists topics was used to conduct the member check telephone interviews. Similar to the in-person interviews, questions were worded and sequenced to fit the context of the interview. I asked follow-up questions and responded to participants' comments so as to elicit further clarification and elaboration.

I. Purpose of the Member Check

I appreciate your willingness to take some time today to talk about this research. Before we begin discussing the study , I'd like to remind you that, like our interview, this conversation will be recorded. Since it's been some time since we met and discussed the research, I would like to verify your prior approval to audio tape our conversation. Do you give your permission to have our discussion recorded? [I will respond to any questions or concerns the participant may have. If the participant gives her verbal approval for recording, I will begin audio taping. If the participant does not give her verbal approval for audio taping, I will continue the interview and inform the participant that I will be taking written notes during our conversation.]

I'm excited about having an opportunity to share with you some of the results of the study about adulthood disclosure. My understandings are based on the information shared by you and the 7 other women who participated in the study. It is very important to me that your experiences are represented accurately in this study. In our interview today, which will last approximately one hour, I

encourage you to share your feedback, insights, and reactions openly so that I may develop a deeper understanding of your experiences and perspectives.

Similar to our previous interview, I am prepared to assist you should you become upset during our conversation today. I will provide crisis counseling as well as assist you in making contact with your therapist at CCS [or SAP] or other services if necessary.

II. I will share the categories, themes, and patterns which I have identified in the interview data. Through questioning and responding to participants, I will seek clarification, elaboration, confirmation, and suggested changes regarding my developing analysis.

A. *Are there aspects of your experiences which you feel have been overlooked or left out of the interpretations?*

B. *Are there parts of the interpretation that you feel are especially important for understanding adulthood disclosure?*

Appendix L

Follow-up Letter to Participants

The following letter was sent to participants following completion of member check telephone interviews.

Dear (Participant):

Thank you very much for your participation in my research. Your willingness to share your stories has been deeply appreciated. You have made a significant contribution to enhancing understanding about survivors' disclosure.

As you know, I am in the process of writing up the findings of the study. Once my dissertation is complete, you may access it through college and university libraries by utilizing *Dissertation Abstracts International*. Additionally, sometime next year, I am expecting to write an article for publication in a professional journal. At that time I will no longer have your name and address on file (in compliance with procedures to protect your anonymity) and I will likely have relocated for a job. My forwarding address and telephone number will be available from the Counselor Education and Counseling Psychology Department at Western Michigan University (616-387-5100). Please feel free to contact me by mail or telephone to let me know of your interest in receiving a copy of the article manuscript.

It has been a privilege for me to have had the opportunity to meet with you, to hear your stories, and to learn from your experiences. I wish you all the best.

Sincerely,

Joanne Dodgson

BIBLIOGRAPHY

- Acker, J., Barry, K., & Esseveld, J. (1983). Objectivity and truth: Problems in doing feminist research. Women's Studies International Forum, 6, 423-435.
- Alcoff, L., & Gray, L. (1993). Survivor discourse: Transgression or recuperation? Signs: Journal of Women in Culture and Society, 18, 260-290.
- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47, 1597-1611.
- Bass, E., & Davis, L. (1988). The courage to heal: Women healing from child sexual abuse. New York: Harper & Row.
- Bass, E., & Thornton, L. (Eds.). (1983). I never told anyone: Writings by women survivors of child sexual abuse. New York: Harper Collins.
- Bayer, T., & Connors, R. (1988). The emergence of childhood sexual abuse from the shadow of sexism. Response, 11, 12-15.
- Beitchman, J. H., Zucker, K. J., Hood, J. E., DaCosta, G. A., Akman, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. Child Abuse and Neglect: The International Journal, 16, 101-118.
- Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986). Womens' ways of knowing: The development of self, voice, and mind. New York: Basic Books.
- Ben-Ari A. T. (1995). It's the telling that makes the difference. In R. Josselson & A. Lieblich (Eds.), Interpreting experience: The narrative study of lives (pp. 153-172). Thousand Oaks, CA: Sage.
- Bergen, R. K. (1993). Interviewing survivors of marital rape: Doing feminist research on sensitive topics. In C. M. Renzetti & R. M. Lee (Eds.), Researching sensitive topics (pp. 197-211). Newbury Park, CA: Sage.

- Bogdan, R., & Biklen, S. K. (1982). Qualitative research for education. Boston: Allyn & Bacon.
- Briere, J., & Runtz, M. (1988). Post sexual abuse trauma. In G. E. Wyatt & G. J. Powell (Eds.), Lasting effects of child sexual abuse (pp. 86-99). Newbury Park, CA: Sage.
- Brown, L. S. (1986). From alienation to connection: Feminist therapy with post-traumatic stress disorder. Women and Therapy, 5 (1), 13-26.
- Brown, L. S. (1991). Not outside the range: One feminist perspective on psychic trauma. American Imago, 48, 119-133.
- Brown, L. S. (1994). Subversive dialogues: Theory in feminist therapy. New York: HarperCollins.
- Browne, A. (1991). The victim's experience: Pathways to disclosure. Psychotherapy, 28 (1), 150-156.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the literature. Psychological Bulletin, 99 (1), 66-77.
- Butler, S. (1978). Conspiracy of silence: The trauma of incest. New York: Bantam Books.
- Castor-Lewis, C. (1988). On doing research with adult incest survivors: Some initial thoughts and considerations. Women and Therapy, 7 (1), 73-80.
- Chafe, W. L. (1980). The deployment of consciousness in the production of a narrative. In W. L. Chafe (Ed.), The pear stories: Cognitive, cultural and linguistic aspects of narrative production (pp. 9-50). Norwood, NJ: Ablex.
- Chase, S. E. (1995). Taking narrative seriously. In R. Josselson and A. Lieblich (Eds.), Interpreting experience: The narrative study of lives (pp. 1-26). Thousand Oaks, CA: Sage.
- Cook, J. A., & Fonow, M. M. (1990). Knowledge and women's interests: Issues of epistemology and methodology in feminist sociological research. In J. M. Nielsen (Ed.), Feminist research methods: Exemplary readings in the social sciences (pp. 69-93). Boulder: Westview Press.

- Courtois, C. A. (1980). Studying and counseling women with past incest experience. Victimology, 5, 322-334.
- Courtois, C. A. (1988). Healing the incest wound: Adult survivors in therapy. New York: W.W. Norton.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (1994). Handbook of qualitative research. New York: Sage.
- Derlega, V. J., Margulis, S. T., & Winstead, B. A. (1987). A social-psychological analysis of self-disclosure in psychotherapy. Journal of Social and Clinical Psychology, 5 (2), 205-215.
- DeVault, M. L. (1990). Talking and listening from women's standpoint: Feminist strategies for interviewing and analysis. Social Problems, 37, 96-116.
- Dinsmore, C. (1991). From surviving to thriving: Incest, feminism, and recovery. Albany, NY: State University of New York Press.
- Draucker, C. B. (1992). The healing process of female adult incest survivors: Constructing a personal residence. Image: Journal of Nursing Scholarship, 24(1), 4-8.
- Du Bois, B. (1983). Passionate scholarship: Notes on values, knowing and method in feminist social science. In G. Bowles & R. D. Klein (Eds.), Theories of women's studies (pp. 105-116). London: Routledge & Kegan Paul.
- Edwards, R. (1993). An education in interviewing: Placing the researcher and the research. In C. M. Renzetti & R. M. Lee (Eds.), Researching sensitive topics (pp. 181-196). Newbury Park, CA: Sage.
- Enns, C. Z., McNeilly, C. L., Corkery, J. M., & Gilbert, M. S. (1995). The debate about delayed memories of child sexual abuse: A feminist perspective. The Counseling Psychologist, 23, 181-279.
- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. Child Abuse and Neglect: The International Journal, 14, 19-28.
- Frawley, M. G. (1988). The sexual lives of adult survivors of father-daughter incest. Dissertation Abstracts International, 49, 457. (University Microfilms No. 88-06)

- Frawley, M. G. (1990). From secrecy to self-disclosure: Healing the scars of incest. In G. Stricker & M. Fisher (Eds.), Self-disclosure in the therapeutic relationship (pp. 247-259). New York: Plenum Press.
- Fromuth, M. E. (1986). The relationship of childhood sexual abuse with later psychological and sexual adjustment in a sample of college women. Child Abuse and Neglect: The International Journal, 10, 5-15.
- Geffner, R. (1992). Current issues and future directions in child sexual abuse. Journal of Child Sexual Abuse, 1, 1-13.
- Gelinas, D. J. (1983). The persisting negative effects of incest. Psychiatry, 46, 312-332.
- Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press.
- Hare-Mustin, R. T. (1991). Sex, lies and headaches: The problem is power. In T. J. Goodrich (Ed.), Women and power: Perspectives for family therapy (pp. 63-85). New York: Norton.
- Harvey, J. H., Orbuch, T. L., Chwalisz, K. D., & Garwood, G. (1991). Coping with sexual assault: The roles of account-making and confiding. Journal of Traumatic Stress, 4, 515-531.
- Herman, J. L. (1981). Father-daughter incest. Cambridge, MA: Harvard University Press.
- Herman, J. L. (1992). Trauma and recovery. New York: Basic Books.
- Hodgson, M., & "Phyliss." (1990). Shattering the silence: Working with violence in native communities. In T. A. Laidlaw, C. Malmö, & Associates (Eds.), Healing voices: Feminist approaches to therapy with women (pp. 33-44). San Francisco: Jossey-Bass.
- Hoshmand, L. L. S. T. (1989). Alternate research paradigms: A review and teaching proposal. The Counseling Psychologist, 17, 3-79.
- Hycner, R. H. (1985). Some guidelines for the phenomenological analysis of interview data. Human Studies, 8, 279-303.
- Jack, D. C. (1991). Silencing the self: Women and depression. Cambridge, MA: Harvard University Press.

- Jacobs, J. L. (1993). Victimized daughters: Sexual violence and the empathic female self. Signs: Journal of women in culture and society, 19 (1), 126-141.
- Janoff-Bulman, R., & Frieze, I. H. (1983). A theoretical perspective for understanding reactions to victimization. Journal of Social Issues, 39, 1-17.
- Johnson, J. T. (1992). Mothers of incest survivors: Another side of the story. Bloomington: Indiana University Press.
- Jordan, J. V., Kaplan, A. G., Miller, J. B., Stiver, I. P., & Surrey, J. L. (1991). Women's growth in connection. New York: Guildford Press.
- Josephson, G. S., & Fong-Beyette, M. L. (1987). Factors assisting female clients' disclosure of incest during counseling. Journal of Counseling and Development, 65, 475-478.
- Kaplan, A. G. (1991). The 'self-in-relation': Implications for depression in women. In J. V. Jordan, A. G. Kaplan, J. B. Miller, I. P. Stiver, & J. L. Surrey, Women's growth in connection (pp. 206-222). New York: Guilford Press.
- Kirkwood, C. (1993). Investing ourselves: Use of researcher personal response in feminist methodology. In J. de Groot & M. Maynard (Eds.), Women's studies in the 1990's. Doing things differently? (pp. 18-39). New York: St. Martins.
- Klein, R. D. (1983). How to do what we want to do: Thoughts about feminist methodology. In G. Bowles & R. D. Klein (Eds.), Theories of women's studies (pp. 88-104). London: Routledge & Kegan Paul.
- Laidlaw, T. A., Malmö, C., & Associates. Healing voices: Feminist approaches to therapy with women. San Francisco: Jossey-Bass.
- Lamb, S., & Edgar-Smith, S. (1994). Aspects of disclosure: Mediators of outcome of childhood sexual abuse. Journal of Interpersonal Violence, 9, 307-326.
- Lather, P. (1986). Issues of validity in openly ideological research: Between a rock and a soft place. Interchange, 17, 63-84.
- Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Newbury Park, CA: Sage Publications.

- Lister, E. D. (1982). Forced silence: A neglected dimension of trauma. American Journal of Psychiatry, 139, 872-876.
- MacFarlane, K., & Korbin, J. (1983). Confronting the incest secret long after the fact: A family study of multiple victimization with strategies for intervention. Child Abuse and Neglect: The International Journal, 7, 225-240.
- McCann, I. L., Sakheim, D. K., & Abrahamson, D. J. (1988). Trauma and victimization: A model of psychological adaptation. The Counseling Psychologist, 16, 531-594.
- McNulty, C., & Wardle, J. (1994). Adult disclosure of sexual abuse: A primary cause of psychological distress? Child Abuse & Neglect, 18, 549-555.
- Miles, M. B., & Huberman, A. M. (1984). Drawing valid meaning from qualitative data: Toward a shared craft. Educational Researcher, 13, 20-30.
- Miller, D. (1990). The trauma of interpersonal violence. Smith College Studies in Social Work, 61(1), 5-26.
- Mishler, E. G. (1986). Research interviewing. Cambridge, MA: Harvard University Press.
- Morrow, S. L., & Smith, M. L. (1995). Constructions of survival and coping by women who have survived childhood sexual abuse. Journal of Counseling Psychology, 42, 24-33.
- Oakley, A. (1981). Interviewing women: A contradiction in terms. In H. Roberts (Eds.), Doing feminist research (pp. 30-61). London: Routledge & Kegan Paul.
- Patton, M. Q. (1990). Qualitative evaluation and research methods. Newbury Park, CA: Sage.
- Polkinghorne, D. E. (1991). Two conflicting calls for methodological reform. The Counseling Psychologist, 19, 103-114.
- Reason, P., & Rowan, J. (1981). Issues of validity in new paradigm research. In P. Reason & J. Rowan (Eds.), Human inquiry: A sourcebook of new paradigm research (pp. 239-262). New York: John Wiley.

- Reinharz, S. (1992). Feminist methods in social research. New York: Oxford University Press.
- Riessman, C. K. (1987). When gender is not enough: Women interviewing women. Gender and Society, 1, 172-207.
- Riessman, C. K. (1990). Divorce talk: Women and men make sense of personal relationships. New Brunswick: Rutgers University Press.
- Roesler, T. A., & Wind, T. W. (1994). Telling the secret: Adult women describe their disclosures of incest. Journal of Interpersonal Violence, 9, 327-338.
- Roth, S., & Lebowitz, L. (1988). The experience of sexual trauma. Journal of Traumatic Stress, 1(1), 79-107.
- Rush, F. (1980). The best kept secret: Sexual abuse of children. Englewood Cliffs, NJ: Prentice Hall.
- Russell, D. E. H. (1986). The secret trauma: Incest in the lives of girls and women. New York: Basic Books.
- Schatzow, E., & Herman, J. L. (1989). Breaking secrecy: Adult survivors disclose to their families. Psychiatric Clinics of North America, 12, 337-349.
- Silver, R., Boon, C., & Stones, M. (1983). Searching for meaning in misfortune: Making sense of incest. Journal of Social Issues, 39, 81-102.
- Spradley, J. P. (1979). The ethnographic interview. New York: Holt, Rinehart, & Winston.
- Stanley, L., & Wise, S. (1983). 'Back into the personal' or: Our attempt to construct 'feminist research.' In G. Bowles & R. D. Klein (Eds.), Theories of women's studies (pp. 192-209). London: Routledge & Kegan Paul.
- Stinson, M. H., & Hendrick, S. S. (1992). Reported childhood sexual abuse in university counseling center clients. Journal of Counseling Psychology, 39, 370-374.
- Strauss, A., & Corbin, J. (1990). Basics of qualitative research: 1Grounded theory procedures and techniques. Newbury Park, CA: Sage.

- Surrey, J. L. (1991). The self-in-relation: A theory of women's development. In J. V. Jordan, A. G. Kaplan, J. B. Miller, I. P. Stiver, & J. L. Surrey, Women's growth in connection (p. 51-66). New York: Guilford Press.
- Swink, K. K., & Leveille, A. E. (1986). From victim to survivor: A new look at the issues and recovery process for adult incest survivors. Women and Therapy, 5, 119-141.
- Violato, C., & Genuis, M. (1993). Problems of research in male sexual abuse: A review. Journal of Child Sexual Abuse, 2(3), 33-54.
- Weinberg, S. K. (1955). Incest behavior. New York: Citadel.
- Weiss, R. S. (1994). Learning from strangers: The art and method of qualitative interview studies. New York: Free Press.
- Westerlund, E. (1983). Counseling women with histories of incest. Women and Therapy, 2, 17-30.
- Wyatt, G. E. (1985). The sexual abuse of Afro-American and White women in childhood. Child Abuse and Neglect: The International Journal, 9, 507-519.
- Wyatt, G. E., & Newcomb, M. (1990). Internal and external mediators of women's sexual abuse in childhood. Journal of Consulting and Clinical Psychology, 58, 758-767.
- Wyatt, G. E., & Peters, S. D. (1986a). Issues in the definition of child sexual abuse in prevalence research. Child Abuse and Neglect: The International Journal, 10, 231-240.
- Wyatt, G. E., & Peters, S. D. (1986b). Methodological considerations in research on the prevalence of child sexual abuse. Child Abuse and Neglect: The International Journal, 10, 241-251.