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Through the Eyes of the Wounded: A Narrative Analysis of Children’s Sexual Abuse Experiences and Recovery Process

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Numerous children receive counseling for sexual abuse, yet their personal perspectives related to the abuse, the impact of making the disclosure, and the recovery process are noticeably absent from the scholarly literature. This study addressed this gap by analyzing trauma narratives written by children as part of a counseling intervention. Qualitative analysis revealed three themes: memories of the abuse, the disclosure and subsequent events, and the healing journey. Children’s descriptions of their thoughts, feelings, and beliefs about their experiences are delineated and recommendations are provided for counseling professionals to increase the efficacy of care provided.

KEYWORDS *children, adolescent, intervention, prevention, sexual abuse, treatment, victim, sexual abuse disclosure*

Child sexual abuse (CSA) is estimated to affect one in four girls and one in six boys before the age of 18 (Centers for Disease Control and Prevention, 2005) and results in “wounds [that] penetrate deeply to the core of their spirit” (Crenshaw & Hardy, 2007, p. 162). CSA frequently impacts children socially, cognitively, academically, physically, spiritually, and/or emotionally (Goldfinch, 2009; Tomlinson, 2008), and early intervention is necessary and often successful in preventing the long-term effects of CSA (Cohen,

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Mannarino, & Knudsen, 2005; Green, 2008; Lataster et al., 2006; Parker, Fourt, Langmuir, Dalton, & Classen, 2007).

Children are frequently the sole “eyewitness” to CSA, and their experiences are important to understand (Lyon, Ahern, & Scurich, 2012, p. 20). Yet most studies are limited to adult participants, and, thus, little is known from the perspective of the children (Jones et al., 2013; McGregor, Thomas, & Read, 2006). Given that adults’ memories are (a) based on experiences many years old, (b) influenced by their emotional maturity, and (c) filtered through their ability to think abstractly, current interventions for children based on adults’ recollections may be both flawed and problematic. Consequently, there is a distinct need to understand CSA experiences through the eyes of children to enhance prevention and intervention efforts.

The scant number of published studies with child victims is directly related to the obstacles that limit or prevent research with children who have experienced trauma (Walker, Reid, O’Neill, & Brown, 2009). In fact, only one study (Chu, DePrince, & Weinzierl, 2008) has addressed the potential benefits of conducting research with children who have experienced interpersonal maltreatment. Chu and colleagues (2008) and Walker and colleagues (2009) noted that the challenges of studying child victims include: (a) the risk of causing discomfort or harm to participants, (b) reluctance of Institutional Review Boards to approve studies, (c) the challenges of obtaining parental consent and child assent, and (d) the reluctance of children to discuss their abuse with researchers.

Despite these challenges, research with child victims of CSA is crucial to understanding their experiences. To close the gap in the existing research, the investigators sought to answer the following question: How do children express their thoughts, feelings, and beliefs about their life prior to, during, and after sexual abuse in the form of trauma narratives? Trauma narratives were explored to better understand children’s perceptions with the intent of developing of sound prevention approaches and counseling interventions.

METHOD

The present study utilized narrative analysis to capture the experiences of 21 participants’ accounts of CSA, which were recorded during trauma focused cognitive-behavioral therapy (TF-CBT). The primary goal of the model is to gradually expose children to the trauma to decrease trauma-related symptoms (Cohen et al., 2005). Briefly, when clients engage in the writing of a trauma narrative, they are directed to address specific written prompts that lead to the uncovering of a traumatic event, including thoughts, feelings, and beliefs about the experience. For a detailed description of TF-CBT and the narrative intervention see the National Child Traumatic Stress Network (NCTSN, 2004).

The project was approved by the researchers' and agency's institutional review boards, and they required the removal of all protected health information (PHI) from the narratives to eliminate any potential risk to the children represented in the study. The agency was a large, urban child advocacy center that counsels child victims of sexual abuse and their nonoffending parents or caregivers. All counselors employed at the time of the study received a standardized training in TF-CBT, which included specific guidance in the trauma narrative intervention.

Sample Selection and Characteristics

Children's trauma narratives ($N = 21$) were selected through purposive sampling. It is important to note from this point forward that the term "participants" in this study refers to the written narratives. The researchers determined the study's sample size of 21 through consultation with qualitative research experts and an examination of similar qualitative studies that included between six and 34 child or adult victims of CSA (Grossman, Sorsoli, & Kia-Keating, 2006; McGregor et al., 2006; Mossige, Jensen, Gulbrandsen, Reichelt, & Tjersland, 2005; Nelson-Gardell, 2001; Nkongho, 2006; Pistorius, Feinauer, Harper, Stahmann, & Miller, 2008). The sample was selected to ensure equal representation from each of the agency's age groups (seven in the young child age group, seven in the preadolescent age group, and seven in the adolescent age group). Participants' ages ranged from 6 to 17 (with a mean age of 11), and 18 of the participants were girls. Racial diversity was represented: African American (33%), Hispanic (33%), Caucasian (24%), other (5%), and "more than one race" (5%). Family income ranged from \$7,700 to \$90,000. All records indicated a primary diagnosis related to the CSA; 12 participants (57%) were diagnosed with posttraumatic stress disorder. According to the agency, the participants' characteristics were highly representative of the overall treatment population.

To meet criteria for inclusion in the study, the selected narratives had to be complete. Research assistants at the partnering agency were directed to include several narratives written by boys, as males are consistently underrepresented in both CSA treatment and research. The assistants scanned de-identified narratives and corresponding demographic sheets into a portable document file. Each narrative was assigned a number, thus the participants' direct quotes, which are noted with their age at the time of treatment, correspond to these numbers.

Data Analysis

Upon receiving the de-identified narratives, the researchers transcribed the narratives. Due to the quality of some of the scanned documents and illegible handwriting, 49 words were bracketed as unknown. Adding the eliminated

PHI (172 words) to the unreadable words (49) resulted in less than 1% of the total data. A word count and Flesch-Kincaid readability level analysis were conducted for each narrative, and the mean for each age group was determined: (a) young child group = 495 words/3.1 grade level ($SD = 1.3$); (b) preadolescent group = 856 words/4.6 level ($SD = 1.4$); and (c) adolescent group = 1,160 words/4.8 level ($SD = 1.2$). Although greater text length is generally associated with older children, the particularly low writing levels in the preadolescent and adolescent groups were noted by the researchers. Other studies have indicated that early childhood trauma can hinder neurocognitive development, resulting in developmental delays, lower intelligence quotient (IQ) scores, and poor school performance (De Bellis, Spratt, & Hooper, 2011; Feather & Ronan, 2009; Sandoval, Scott, & Padilla, 2009). Additional research with a larger sample is needed to confirm the impact of CSA on written expression.

Next, a thesaurus and text analysis software (Concordance ©: Watt, 2009) were utilized to examine word frequency in the narratives. Along with enumerative analysis, the researchers analyzed the narratives for themes under the framework of narrative analysis (Clandinin & Connelly, 2000; McLeod, 2011). This process began with immersion into the data and repeated readings of the narratives. The narratives were reduced to meaningful segments and then coded. The researchers started with several narratives each and met to discuss the codes and possible emerging themes. A codebook was created, and the researchers returned to the remaining narratives to complete coding. The team came together again to discuss impressions of the narratives and identify and name the themes. The team agreed to cease data collection because distinct, recurrent themes were identified. During data analysis, several verification strategies were utilized, which are detailed in the following section.

Verification Strategies

In qualitative research studies, the onus of designing and implementing a credible and rigorous study is on the researchers. The trustworthiness is directly related to how accurately the results communicate the lived experiences of the participants. The researchers employed five verification strategies: external audit, peer review, reflexivity, disconfirming evidence, and thick, rich description (Creswell & Miller, 2009). To start, this study was conducted by several investigators. This triangulation of researchers allowed for numerous perspectives on the data. To help establish validity, an external audit and peer review were conducted. The researchers provided an audit trail of the coding and analysis process to a panel of experts. In addition, a colleague who was not involved with the study was consulted. This “disinterested peer” read the narratives, examined the analysis process,

and commented on the preliminary themes. The fidelity of the study was strengthened by the collaborative approach, peer review, and audit.

The practice of reflexivity was also central to the design and implementation of the study. Prior to data collection, the first author wrote a statement of positionality explaining what led her to the research topic and potential biases she held. Once the study began, a reflexive journal was utilized by the researchers to document interactions with the data as well as to include personal reactions, discoveries, and questions. Biases were explored and considered while interpreting the data.

Disconfirming evidence (also referred to as negative case sampling) was utilized as another verification strategy. As themes emerged, the researchers examined the data for exceptions and unique cases. For example, the researchers noted that one account (Participant 21, age 15) was different with regard to the emerging theme titled “concern for personal safety.” The agency categorized Participant 21 as a secondary victim on his demographic sheet as his abuse experience resulted from his observing his sister being sexually abused by their stepfather. It was unclear in the narrative if this child was forced to watch the abusive acts, was asked to participate, or had been sexually abused in other ways that had not been disclosed. Since Participant 21’s narrative did not differ with regard to the other themes, he was included in the study as a victim of sexual abuse. Furthermore, his experience fell within the parameters of CSA, which were defined at the onset of the study (for the CSA definition used see the Keeping Children and Families Safe Act of 2003). In sum, the researchers took turns playing “devil’s advocate” to challenge initial interpretations of the data.

Finally, the data is reported using low inference descriptors. Verbatim quotes from the narratives are used to remain consistent with the participants’ accounts. Thick, rich description allows readers to understand CSA from the vantage point of the participants and determine the transferability of the research to other child victims of sexual abuse. Together the five verification strategies helped establish the trustworthiness and rigor of the study.

FINDINGS

The narrative analysis uncovered one meta-theme, three themes, and nine subthemes (see [Table 1](#)). The themes and their subthemes, which illustrate children’s journeys from the beginning of their sexual abuse through the disclosure and their counseling experiences, are examined in depth for the remainder of this study. For an exploration of the meta-theme, which was titled Fear and Safety, please see Foster and Hagedorn ([in press](#)). Quotes in the following themes are taken from the narratives to capture participants’ voices as they reflect on the memories of the abuse, disclosure and subsequent events, and the healing journey.

TABLE 1 Themes From Children's Narratives About Sexual Abuse

Meta-Theme	Themes	Subthemes
Fear and Safety	1. Memories of the Abuse	1.1 Abuse Descriptions
		1.2 Perpetrators of the Abuse
		1.3 Thoughts and Feelings
	2. The Disclosure and Subsequent Events	2.1 The Disclosure
		2.2 The Investigation
		2.3 The Justice System
	3. The Healing Journey	3.1 Counseling
		3.2 Life Changes
		3.3 The Future

Theme 1: Memories of the Abuse

In the sample of narratives, all 21 participants described sexually abusive acts. This is an important finding given that many children are unable to articulate specifics of their abuse (Mossige et al., 2005). Theme 1 captured participants' memories and was organized into three subthemes: Abuse Descriptions, Perpetrators of the Abuse, and Thoughts and Feelings.

ABUSE DESCRIPTIONS

Participants' narratives recorded the nature of the victimization that they experienced as part of their abuse, which included exposure to pornography, adults having sex in front of a child, touching genitals, oral sex, vaginal penetration, and anal penetration. Age at the onset of the abuse ranged from 5 years to 15 years and was unknown for two participants in the young child age group. The researchers observed that the participants' descriptions were written in a straightforward manner, including specific information regarding when and where the abuse occurred. Only two participants mentioned having difficulty recalling the abuse (e.g., too young to remember the first time they were abused). The following are excerpts from the narratives that lent themselves to the theme Abuse Descriptions: "Daddy bit the front and my bottom two times. It hurt and I cried" (Participant 3, age 7); "He touched me in a way and I did not like it. He touched me [and] sucked my private" (Participant 10, age 11); "What he did was start rubbing me in weird places. There were only two places and the two were my butt and my vagina. I was just squirming around" (Participant 13, age 12); "My dad was laying there. He said he was sick. He told me to come here so I stood next to his bed while he laid there. He put his hand up my shirt. First he rubbed my stomach. Then he moved up" (Participant 15, age 13).

PERPETRATORS OF THE ABUSE

In this subtheme, participants provided firsthand descriptions of their perpetrators, including accounts of their behaviors and feelings about them. Perpetrators were all known to the victims and included parents or parental figures ($n = 12$), adult relatives ($n = 2$), an adult family friend ($n = 1$), and children or adolescents ($n = 9$). Three participants had more than one perpetrator. Only one participant described a single incident of abuse (in a school restroom). Four participants specifically stated that the abuse occurred for several years. Five participants believed that the abuse was premeditated. For example, Participant 20's (age 14) perpetrator (a neighbor boy) asked her to play a game in his room and then locked the door behind her.

Participants recorded perpetrators' statements made to them during and after the abuse. "During the abuse he was telling me it's normal and not to worry, and after that he started licking my vagina and tried to take my virginity" (Participant 9, age 11). "He told me what he would do for me if I just have sex with him and be his girlfriend. . . . He said that he loves me and he wants to be my partner" (Participant 19, age 13). Participant 20's (age 14) perpetrator threatened to harm her and her parents if she told, "He then wipes my tears and tells me to suck it up and leave." Participants' observations seem to support previous research on perpetrators, which asserts a presence of one or more of the following qualities: poor emotional regulation, social skill deficits, abnormal sexual arousal patterns, and distorted cognitions (Ward & Beech, 2005).

Given that all 21 participants knew their perpetrators, it is not surprising to see numerous descriptions of broken trust. Children are naturally trusting of adults, and many perpetrators engage in grooming behaviors (e.g., gifts, individual attention, and special privileges) over an extended period of time to ensure this trust (Lanktree & Briere, 2008). Perpetrators often target vulnerable children and subtly draw them into a relationship. Children are often separated from their peers or siblings and made to feel special. Once trust (and frequently dependence) is established, the perpetrator slowly initiates sexual acts using desensitization and by creating opportunities for abuse. The following statement exemplifies this process, "Before the abuse happened I trusted him a lot and we played games together and he even let me play his PlayStation" (Participant 11, age 11). To understand CSA from the perspective of child victims, it is vital to consider the grooming process and loss of trust.

In addition to reflecting on broken trust, participants shared their feelings about their perpetrators. Feelings ranged from love to hate, sadness to anger, and desiring reunification to never wanting to see the person again. While some participants hoped their perpetrator would receive help, others felt quite the opposite, such as Participant 13 (age 12) who wrote, "Burn to [sic] hell for all I care." Given the different contexts of the abuse,

the participants' discussions of their feelings often corresponded to their previous relationships with their perpetrators.

THOUGHTS AND FEELINGS

The third subtheme uncovered participants' reported cognitions and emotions about their abuse. Many of participants' thoughts centered on the impact of the abuse: "It is the worst thing that can happen to a kid" (Participant 19, age 13). Participants asked difficult questions, such as why the perpetrator hurt them in this way, and nine expressed confusion: "All these thoughts were going through my head. Like why was he touching my chest? Why me? What just happened?" (Participant 15, age 13). Some participants felt responsible for the abuse: "Why was I letting him do this to me?" (Participant 8, age 11). Most participants identified knowing the perpetrators' actions were wrong, "It was not right to be doing that to lil girls" (Participant 14, age 12).

Similar to the wide range of feelings about the perpetrators, participants identified a spectrum of feelings about the abuse. Word counts identified the total number of various feelings in the sample of 21 narratives. Fear was the most prevalent, which was discussed by every child (50 times total; e.g., "I felt scared and worried but he kept doing it to me" [Participant 8, age 11]). The second most common emotion expressed was sadness (40 times; e.g., "I felt so sad when he was touching me" [Participant 11, age 11]), followed by anger (27 times; e.g., "After the abuse I felt mad. After weeks I felt angry." [Participant 1, age 6]), guilt and self-blame (16 times; e.g., "I came down with guilt because I felt very responsible for it. It felt as if I let him in." [Participant 21, age 15]), and confusion (16 times; e.g., "During the abuse I had a feeling that something was wrong but I was too little to understand" [Participant 9, age 11]). Participants also recalled a range of feelings occurring at once (e.g., "I would always feel so dirty, helpless, scared, and angry. I was angry at him but mostly myself. I felt it was my fault" [Participant 15, age 13]).

Descriptions in Theme 1: Memories of the Abuse provide a first-hand look at CSA from the perspective of children. Participants recounted their perpetrators actions and their mix of emotions during the abuse and described their attempts to make sense of something that even adults struggle to understand. They were scared, hurt, confused, and had their trust shattered.

Theme 2: The Disclosure and Subsequent Events

Whereas counselors and nonoffending parents and caregivers tend to view the end of the abuse cycle (which begins with the disclosure) as a move in a positive direction, participants in this study communicated the

complexities, resulting challenges, and personal embarrassments that often accompany such disclosures. The events following disclosure were described as unfamiliar, overwhelming, and frightening. Theme 2 captured participants' disclosure processes (subtheme: The Disclosure) and the ensuing investigations (subthemes: The Investigation and The Justice System). Although not all participants were directly involved with the justice system; those who were explained this experience.

THE DISCLOSURE

Eighteen participants disclosed their abuse to another person. The remaining three participants' abuse was discovered by an adult who reported the discovery. Participant 8 (age 11) wrote about her rationale for not telling: "Then my mom was coming . . . he jumped back and then he started kissing me on my cheek and my mom was like, 'What were you doing to her?' . . . I waited until my mother found out . . . because I wanted her to see what was happening."

The participants' descriptions shed light on the challenges associated with disclosure. Nine participants contemplated telling sooner, with three participants waiting years before they disclosed. Reasons for keeping the secret included guilt and shame, embarrassment, fear of disbelief, and concern about what would happen to them as well as their perpetrator. Many perpetrators use grooming to make disclosure less likely; thus, children who experienced these tactics may have felt especially torn about betraying their offender. "I waited two years until I told my mom and my brother. I felt guilty and like a bad person about waiting. I couldn't take it anymore so I had to tell" (Participant 4, age 9). "I waited practically years to say anything to anybody . . . because I didn't know what to say or how to say it" (Participant 18, age 14).

In their descriptions, many participants said they could not bear the secret any longer. "So yes I did confess because I knew it wasn't good to hold things back for a while things could get very worst" (Participant 12, age 11). "I told him what my father be [sic] doing to me and why I missed so many days of school. I had told my teacher. I just told him everything" (Participant 19, age 13). Following disclosure, seven participants recorded feeling relief, whereas others depicted myriad other feelings including fear, embarrassment, guilt, pride, and sadness.

Participants described the reaction of the person to whom the abuse was disclosed, including shock, sadness, and anger. "Momma felt sad and she cried. She felt angry about daddy because he did a bad thing to me" (Participant 3, age 7). "He kept on saying your father wow. They just had a blanked [sic] look like why would anyone find their own child attractive" (Participant 19, age 13). "My mom was really shocked and scared. She was really mad and she went told him to get out the house" (Participant 8, age

11). While most responses affirmed participants for disclosing and communicated that the abuse was not the child's fault, three participants described how adults blamed them for allowing the abuse or not telling sooner. "She started to be angry . . . started to cry . . . and told me why didn't I told her about what happened" (Participant 1, age 6).

THE INVESTIGATION

Of the 21 narratives explored in the study, 16 participants specifically wrote about the investigation that followed their disclosure. Most descriptions included feelings of frustration (e.g., "The investigation was long, hard, brutal, and seemed like never ending" [Participant 17, age 17]). Several children recalled being interviewed numerous times. For example, one child wrote: "Then I had to go tell the guidance counselor and officer [blacked out name] and a bunch of other people I did not know at all. . . . He [the school resource officer] told me that I had to fill out a statement about all the times that it happened and add ALL the details" (Participant 13, age 12).

In addition to interviews, five participants underwent a forensic exam to collect physical evidence. Whereas a younger child felt positive about the exam (e.g., "The doctor checked where [blacked out perpetrator's name] touched me and I felt happy because I was okay" [Participant 1, age 6]), an older child had a very different perception: "I also did have a physical exam. And it felt like an invasion of privacy and very uncomfortable for me" (Participant 18, age 14).

Several cases did not proceed to court for reasons such as lack of evidence and unknown whereabouts of the perpetrator. The narratives detailed the weight of this injustice (e.g., "He did not get time. It didn't please me. He sexually abused his step-daughter, my sister, me. He should have gotten 40 years in prison. . . . I was shocked and angry" [Participant 14, age 12]).

In sum, the subtheme of The Investigation was described as extremely difficult: "It was a lot to bare, to handle. Questions would be constantly pounding on me. I would have to recite my story countlessly [sic]" (Participant 21, age 15). Counselors, law enforcement, and others in the helping field can learn valuable lessons from these participants' experiences. Although investigations are necessary to impart justice, children's well-being must be considered and their acts of bravery need to be affirmed.

THE JUSTICE SYSTEM

In the third subtheme, The Justice System, participants reported varying experiences in their narratives. For those cases that went to court, participants recalled apprehension and anxiety leading up to their court date. Three children described testifying with their perpetrator in the room, which

evoked fear and frustration: “I do go to court all the time and I hate it. Why? Well because I feel like they are all up in my business all the time and I feel like they make decisions based on what they think is best and don’t consider my opinion” (Participant 18, age 14). “I went to court. I was nervous . . . I was mad when I saw [the perpetrator]” (Participant 1, age 6).

At the time that the narrative intervention was completed in treatment, five participants knew the outcome of their cases, whereas for others their cases were still pending (e.g., “[The perpetrator] took a plea deal of 15 years in prison and in 10 years chance of parole” [Participant 16, age 14]). Given that some perpetrators were not convicted, participants wrestled with the injustice and the ramifications of their perpetrator being “free.” “Court just bounce my abuser from place to place even one time letting him come back home for a year so that he could do the abuse all over again!” (Participant 17, age 17).

Just as participants had diverse feelings about their perpetrators, their views on the consequences for their perpetrators also varied greatly. For example, Participant 1, age 6, wrote, “I would like for [the perpetrator] to stay in jail for 1,000 years!” Participant 8, age 11, shared, “I don’t know how much time should the abuser serve but all I know he should get time in prison so he could learn from the mistakes that he did to me.” Finally, Participant 19, age 13, stated, “I feel that he shouldn’t get any time more than a month then just kill him that’s how I feel.”

Throughout Theme 2, The Disclosure and Subsequent Events, participants shared diverse experiences with the disclosure process and interactions with parents, teachers, police officers, child advocates, and those in the legal system. All of those in the study were eventually believed by a caring adult and actions were taken to stop the abuse. The participants endured significantly difficult circumstances in the aftermath of the disclosure; counselors should thus be cognizant of the perspective of child victims who are vulnerable and are in need of support following the disclosure and/or discovery of CSA.

Theme 3: The Healing Journey

The third theme that emerged was titled The Healing Journey, which consisted of Counseling, Life Changes, and the Future subthemes. Given that there are few studies that have explored children’s perspectives of counseling for CSA (e.g., Nelson-Gardell, 2001), insights gleaned from the current study provide valuable information about children’s healing journeys.

COUNSELING

Participants offered some unique perspectives on the counseling they received. Many made it clear that counseling was not their idea and described

being “brought” to the agency. Participants shared feeling nervous, upset, angry, and distrustful of the counselors and the overall process. They worried about being judged, and some felt like they were in trouble for the abuse. Three specifically said that they were unsure it would be helpful. “When I found out that I had to go to counseling I was worried because I don’t like telling people about my life. I also thought that it would be sort of scary” (Participant 13, age 12), and, “The first time they told me that I had to go to counseling I felt like I was crazy and like if I did something wrong” (Participant 18, age 14).

Participants also shared about the symptoms they experienced, with six describing nightmares, flashbacks, and intrusive thoughts. For example, “My worst memories come to me at night, in nightmares. It’s almost like living through the abuse night after night with no happy ending” (Participant 17, age 17), and, “I’ve been having many flashbacks, many triggers, and intrusive thoughts . . . on the way to [counseling], leaving [counseling], at the store, at Subway, or at the mall. . . . It isn’t easy for me to handle” (Participant 4, age 9).

Although participants expressed initial doubt, fear, and resistance about counseling, they reported that their perceptions changed over time. “I think counseling is very good for me. It really helps me. I have learned from myself and my counselors a lot, I really love this place. This place is always going to be stuck in my head” (Participant 8, age 11). “[The agency] has been so helpful to me without it I might still think it was my fault. I thank [blacked out names of counselors] for everything. They inspired me. This place is wonderful and so glad that I met everyone, and now I know that I’m not the only one who suffered” (Participant 20, age 14).

Participants also shared what they learned in counseling, with the most frequently mentioned being knowledge that the abuse was not their fault. They also wrote about the psychoeducation that they received (e.g., okay and not okay touches, common abuse symptoms) as well as coping skills that they learned (e.g., deep breathing, anger management, thought replacement). Participants discussed learning about their self-worth, how to trust again, and how to form healthy relationships (e.g., “I’ve learned how to open up and know there are people in this world who care for me and want to listen and help me. . . . I’ve also learned to trust people and not block everyone out” [Participant 15, age 13]).

LIFE CHANGES

While in counseling, 11 participants shared how they underwent major life changes (the second subtheme), many of which resulted in a host of losses (e.g., loss of trust, loss of relationships with perpetrators or other family members, loss of friends as a result of moving). They also communicated the instability that they felt during this time.

Some of the changes experienced by the participants were an outcome of the legal actions needed to protect them (e.g., perpetrator was removed from the home by law enforcement or by a nonoffending parent). Additional changes to prevent further abuse included foster care placements ($n = 4$), moving to a new geographic location ($n = 8$), and changing schools ($n = 6$). Whereas adults may understand the logic, benefit, and necessity of such changes, for some children these changes can be excruciating (e.g., “My life was great until the abuse. My life was terrible after what happened” [Participant 10, age 11]). Although each change may have been necessary for increased safety, children may experience further traumatization during this time (Feather & Ronan, 2009). In this study, participants indicated adjustment to their new circumstances. “Yeah being in foster care sucks but at least I have a family or people to call family. I miss my school but I like my new one” (Participant 15, age 13). Some felt a sense of safety that they had not known prior to the abuse: “My life has changed by living with my grandma and grandpa and they take care of us and let us take a bath and giving us food. They do not hurt us because they are good people. They love us” (Participant 5, age 7).

Given that all participants in this study knew their perpetrators, major changes happened in their relationships, which frequently impacted other relationships as well. “Him and his wife has moved, also their daughter and her husband don’t ever talk to my family anymore . . . and [the perpetrator and his family] don’t attend our church anymore” (Participant 13, age 12). This study confirms previous literature that asserts when CSA occurs in the context of families some members align with and support the alleged perpetrators (Oz, 2005).

THE FUTURE

The participants’ narratives communicated an overwhelming sense of optimism and hope. Whereas some narratives focused on the near future, others shared visions of life as an adult. Some participants demonstrated a desire to help, with altruistic desires to foster or adopt children, to provide educational opportunities to underprivileged children, to educate others about CSA, and an intention to enter a helping profession. In sum, narratives reflected a desire and readiness to move forward: “My dreams for my life is to move on and have a better life” (Participant 8, age 11), and “I want to live large and to the fullest” (Participant 19, age 13).

Theme 3 encompassed children’s descriptions of their counseling experiences, the changes that they endured, and their hopes for the future. The narratives revealed resiliency and optimism. Many connected their experience in counseling with their ability to move forward.

Throughout the three themes and accompanying subthemes, each narrative shed light on participants’ journeys. The narratives were examined

to determine if differences existed based on demographic factors (e.g., age, gender, severity of abuse), and no thematic differences were found. Despite their vastly different circumstances, there were distinct commonalities. Narratives provided a firsthand account of this journey from the perspective of children that can help inform the counseling field. The implications of this unique perspective are explored in the following section.

DISCUSSION

The purpose of the study was to explore children's sexual abuse experiences through an analysis of trauma narratives. The three predominant themes have implications for the field of counseling, specifically in the design of CSA prevention efforts and child-focused counseling interventions. Before describing the implications of the findings, we discuss some potential limitations so as to cast an accurate light on our suggestions for helping professionals.

Limitations

There are several methodological limitations with regard to the current study that must be considered when interpreting the findings and making the inferences we share. First, the study was conducted at a single site, and whereas the sample was diverse and reflective of the population served by the agency, it provides a limited understanding of how boys make meaning of their sexual abuse as only three boys were represented in the study. Second, the participants had a wide range of abuse experiences, and although the researchers did not note any differences in the children's response to the abuse, it may have been beneficial to select a more similar sample. Third, we acknowledge that we did not employ every verification strategy suggested for qualitative research (e.g., "verification through the lens of the participants") due to the constraints with the data collection process (Creswell & Miller, 2009). A final consideration is that the narratives themselves were not designed for research purposes, which led to several unknown variables, including: counselor characteristics (e.g., theoretical orientation), the quality of the therapeutic relationship, and length of time in counseling prior to beginning the narrative. Although there were limitations, the study represents one of the first to explore CSA from the vantage point of children, which informs current approaches to CSA prevention and counseling.

Improving Child Sexual Abuse Prevention

CSA prevention initiatives operate within schools, religious organizations, and community centers. In order to be successful, these programs must provide accurate information. There are several myths about CSA that need to

be clarified in many prevention curriculums. In addition, programs primarily target children, and there is a distinct need to include more adult education. The narratives in this study help extinguish these myths and offer new insight into prevention efforts.

To start, the myth that stranger initiated sexual abuse is the most common form of abuse that needs to be addressed. Although abuse by an unknown perpetrator does occur (3–10% according to Finkelhor, Hammer, & Sedlak, 2008), it is far more likely that children will be abused by someone whom they know. In the current study, every child knew their perpetrator prior to the initiation of the abuse. Prevention programs must raise awareness about the prevalence of known perpetrators. Furthermore, they need to provide warning signs of a potential abuser and describe grooming behaviors that are used to earn victims' trust. It is vital that prevention programs communicate that sexual perpetrators are a diverse group, in which most are known by their victims, trusted by their family, and do not have a criminal history (Finkelhor, 2009).

A second myth that is prevalent in prevention curriculums is that offenders are predominantly adults. Experts in the field estimate that juveniles commit approximately one-third of incidents of sexual abuse (Finkelhor, 2009), and the narratives in this study reflect this finding with nine of the 21 children being sexually abused by someone under the age of 18. Adults need to know the warning signs to look for in children and adolescents (such as impulsivity and delinquency). Given that many children who initiate sexual acts have a history of traumatic experiences, it is important to intervene with both offenders and victims (Rasmussen, 2013).

Another common myth communicated in prevention programs is that children are generally able to stop the abuse through tactics that are taught (e.g., saying "stop" or escaping the situation). Finkelhor (2009) discussed this criticism of prevention programs: "[C]hildren cannot reasonably be expected to foil the intentions of motivated and guileful adults bent on molesting them and . . . it is morally misguided and perhaps psychologically harmful to place the responsibility . . . on the shoulders of children" (p. 180). In reality, many children are powerless against their perpetrators. In the current study, six narratives specifically detailed efforts that children made to stop the perpetrator, yet only one believed she was able to temporarily stop her perpetrator by pretending to fall asleep. Other children wrote how they cried, yelled, said stop, and tried to get away, and yet their efforts were in vain. Although some child victims of sexual abuse attempt to stop the abuse, many do not, which may be due to perpetrators' grooming strategies that increase compliance. Convincing children that they unequivocally have the ability to stop abuse may provide them with a false sense of control. Furthermore, if they are unable to escape or stop their perpetrators, children may believe that they were at fault.

Along with asserting these myths, many CSA programs place an overemphasis on educating children while neglecting to include (or only minimally including) parents/caregivers and mandated reporters. Adults need to know the facts about CSA, the signs and symptoms of sexual abuse, grooming behaviors of perpetrators, how to handle a disclosure, and proper abuse reporting protocols. Children in the current study shared the impact of negative reactions to their disclosures and how being questioned by multiple adults made them feel worse.

Adults may feel uncomfortable talking with children about healthy sexuality and appropriate boundaries, yet these conversations are crucial as children will not be able to disclose what they do not have words to explain. Thus, prevention programs must be sensitive to parents' discomfort and uncertainty (Zeuthen & Hagelskjær, 2013) and provide parents with practical tools. Prevention programs should be enhanced through more focus on adult education and creating opportunities for parents to talk with their children about CSA. In addition, prevention programs should provide opportunities to strengthen parent-child relationships (Schönbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2012). If the aforementioned suggestions are implemented in prevention programs, there are several potential benefits that may result to include participants learning concepts about safety and healthy sexuality, increasing the likelihood of disclosure, reducing children's self-blame, and increasing children's self-efficacy (Finkelhor, 2009). It is the hope that the themes of the current study can be used to inform the practical revisions of CSA prevention efforts.

Counseling Interventions for Child Victims of Sexual Abuse

Children's responses to trauma are different than those of adults; therefore, counseling interventions must reflect these distinct differences (Feather & Ronan, 2009; Sandoval et al., 2009; Tomlinson, 2008). In the current study, children openly discussed their thoughts and feelings about counseling. As a field, we can learn from their experiences and tailor our approach to meet children's unique needs.

Children in the current study revealed initial negative thoughts and emotions about counseling. They felt forced to attend, doubtful it would help, and concerned about being judged. Several said that they had no intention of opening up about their abuse. Their resistance in the beginning was high, and their trust in the counselors and counseling process were very low.

Counselors working with children who have experienced CSA must be empathetic to children's initial concerns. Counselors can encourage children to voice their resistance and concerns, provide psychoeducation about counseling, and normalize concerns. Since concerns about judgment surfaced in multiple narratives, demonstrating the core therapeutic conditions (Rogers, 1961) may be especially beneficial. Counselors can improve their

work by understanding child victims' perspectives and taking a proactive approach to their fears.

In addition to dialoging about children's thoughts and feelings about counseling, establishing trust is essential. Many children with a CSA history have had their trust broken. Trust is not quickly formed nor easily earned from child victims (Crenshaw & Hardy, 2007; McGregor et al., 2006). Children may fear that their counselor will betray their trust or abuse them (McGregor et al., 2006), therefore counselors must be sensitive to this fact and take the necessary time to establish trust (Kaminer, 2006). Learning to trust again is an essential component of healing, and counselors serve as a model of a safe adult with healthy boundaries.

Counselors also must educate parents and caregivers about the process of counseling. It is crucial for parents to understand that some symptoms may worsen before they improve and that opposition to attending counseling is normal. Without knowledge of the challenges children face in counseling, parents may remove children from counseling prematurely (Chasson, Vincent, & Harris, 2008). Parents need support so that they can address the challenges that may arise as well as attain the necessary skills for supporting their children while they are at home.

The children represented in this study successfully moved through the arduous early stages of counseling and shared their changed views about the process. They described personal transformations that they linked to the lessons they learned in counseling and their relationship with their counselors. Their words reflected hope and optimism. They expressed knowledge about how the abuse was not their fault and that they are not alone. Counseling was an essential part of their journey toward healing. Through the consideration of children's unique perspectives about counseling, counselors can alter their approaches to meet the needs of child victims, thereby increasing the likelihood of successful outcomes.

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AUTHOR NOTES

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