Exploring trauma causing factors in a group of adult women who experienced childhood sexual abuse

by

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Dissertation submitted in fulfilment of the requirements for the degree Magister Artium in Psychology at the Vaal Triangle Campus of the North-West University

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October 2017
ACKNOWLEDGEMENTS

“For I know the plans I have for you, declares the LORD, plans to prosper you and not to harm you, plans to give you hope and a future”

First and foremost, I thank God for the grace He bestowed upon me. I held on to His promise of strength and guidance in His message to me through my late cousin Barend, on his deathbed: “Tell Marinda she must not be afraid”.

I must express my sincere gratitude to my parents. Thank you for your financial and emotional support during the past two years. Without your support, I would not have been where I am today.

To my son Ivan. Thank you for being the light in my life and the pillar I can lean on. I thank God for blessing me with a lifelong friend. If I could turn back time, I won’t.

I would like to thank my brother Kobus Henning and his family for their constant interest in the progress of my study.

A special thanks to my sister Sonja Havemann and her husband Wynand Havemann for their words of encouragement throughout this journey. You never ceased to believe in me.

I would also like to extend my gratitude to the following people who made it possible for the successful completion of this study:

• A special mention and deep appreciation to my study supervisors, Dr Hayley Walker-Williams and Prof Ansie Fouché, for their unfailing dedication and guidance. You consistently encouraged me during every step I had to take, and steered me in the right direction whenever I wondered off. Your expertise kept me focused on the “golden thread”, which contributed to the success of this dissertation. I could not have asked for better mentors; in the words of this Japanese proverb: “Better than a thousand days of
diligent study is one day with a great mentor”. I also wish to thank you for the financial assistance in the language editing and binding of this dissertation.

- Baaqira Kays Ebrahim for your support and willingness to assist whenever I needed help. It is greatly appreciated.
- Dr Karen van der Merwe for your words of wisdom when you saw the late nights in my eyes. Also, thank you for the many compliments and praise since I became part of the Psychology department.
- Christiaan Bekker for your eager personality and sense of humour that always brightens up my days.
- Prof Ian Rothmann from the OPTENTIA Research Focus Area who afforded me so many opportunities to grow my research skills through the workshops I could attend. Your passion for developing others’ potential is admired.
- Cecilia van der Walt for the language editing of this dissertation.
DECLARATION

I declare that the study “Exploring trauma causing factors in a group of adult women who experienced childhood sexual abuse” is my own work, and that I followed the referencing and editorial style as prescribed by the Publication Manual (6th edition) of the American Psychological Association (APA) to indicate and acknowledge all sources used in this dissertation.

__________________________ ________________
[Signature]
Marinda Henning
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October 2017 Date
PREFACE

The reader is kindly requested to take note that the article format was chosen for writing this dissertation. The researcher, Ms Marinda Henning conducted the research and wrote the manuscripts within this dissertation under the guidance of Dr Hayley Walker-Williams (supervisor) and Prof Ansie Fouché (co-supervisor).

THIS DISSERTATION CONSISTS OF THREE SECTIONS:

SECTION A: Overview of the study

SECTION B: Manuscript 1 (Trauma causing factors of childhood sexual abuse: A scoping review)

Manuscript 2 (Childhood sexual abuse: Emerging trauma causing factors in adult women survivors)

SECTION C: Conclusions, limitations, recommendations and a combined reference list for sections A, B, and C.

Section A provides an overview of this study. Section B consists of two manuscripts. Manuscript one delineates phase I of the study, including a scoping review. Manuscript two covers phase II of the study, and discusses the qualitative secondary analysis conducted on one pre-existing data set of the Survivor to Thriver (S2T) collaborative strengths-based group intervention programme. Each manuscript includes its own research objectives and related methodology used to answer specific research questions. The manuscripts are written in the article format according to the NWU policy related to this method of presentation, and prepared for specific journals of which the author guidelines are provided at the beginning of
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each manuscript. However, the technical style of these manuscripts remains consistent throughout this dissertation.

Finally, Section C provides the conclusions drawn from the study, with specific focus on the contributions and limitations of the study, and recommendations for future research and practice.

Considering the overall purpose of the study, it should be noted that some duplication of content across the three sections can be expected.
18 APRIL 2017

I, Ms Cecilia van der Walt, hereby confirm that I took care of the editing of the dissertation of Ms Marinda Henning titled Exploring trauma-causing factors in adult women who experienced childhood sexual abuse.

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ABSTRACT

The main aim of this study was to explore what is known from literature and practice about trauma causing factors of childhood sexual abuse (CSA) in adult women survivors. This exploratory qualitative research study was conducted in two phases. During phase one, a scoping review of 59 studies was conducted, followed by a focus group discussion and individual interview with four experts working with adult women survivors. Thematic analysis of the data identified traumatic sexualisation, betrayal, stigmatisation, powerlessness, development arrest, and the nature and context of CSA as trauma causing factors in adult women survivors. In phase two, a qualitative secondary analysis (QSA) was conducted using one set of data collected during treatment sessions of the S2T collaborative strengths-based group intervention. Five of these factors were identified in South African women survivors, with the exception of the nature and context of CSA. This study expands on the four traumagenic dynamics of CSA as conceptualised by Finkelhor and Browne in 1985. Future research is recommended to confirm the findings from this study, and to expand the evidence of trauma causing factors of CSA in the South African context.

Keywords: childhood sexual abuse, adult women, survivors, trauma causing factors, qualitative, South Africa.
Die hoofdoel van hierdie studie was om te verken wat reeds in verband met traumaversoorsakende faktore van seksuele misbruik van kinders (SMK) by volwasse vroue wat dit deurgemaak het, in die literatuur opgeteken en in die praktyk vasgestel is. Hierdie verkennende kwalitatiewe navorsingstudie is in twee fases uitgevoer. Tydens fase een is ‘n bestek-oorsig van 59 studies uitgevoer, gevolg deur ‘n fokusgroep-bespreking, met drie deskundiges wat werk aan volwasse vroue wat hierdie trauma in hul verlede ervaar het en ‘n individuele onderhoud met een so ‘n deelnemer wat die groepbespreking nie kon bywoon nie. Tematiese analyse van die data het traumatisiese seksualisering, verraad, stigmatisering, magteloosheid, ontwikkelingstremming, en die aard en erns van SMK as traumaversoorsakende faktore by volwasse vroue wat in hulle kinderjare genoemde ervarings opgedoen het. Tydens fase twee is ‘n kwalitatiewe sekondêre analise (KSA) uitgevoer deur gebruik te maak van een stel data wat tydens behandelingsessies van die S2T saamwerkende sterktegebaseerde groepbespreking ingesamel is. Vyf van hierdie faktore is by Suid-Afrikaanse genoemde kategorie vroue geïdentifiseer, benewens die aard en erns van SMK. Hierdie studie brei uit op die vier traumageniese dinamika soos in 1985 deur Finkelhor en Browne gekonseptualiseer. Toekomstige navorsing word aanbeveel om die bevindinge van hierdie studie te bevestig en die bewyse van trauma-versoorsakende faktore van SMK in die Suid-Afrikaanse konteks uit te brei.

*Sleutelwoorde:* seksuele misbruik van kinders, volwasse vroue, oorlewendes, trauma-versoorsakende faktore, kwalitatiewe, Suid-Afrika.
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SECTION A

OVERVIEW OF THE STUDY

In the following overview the background and rationale for this study, literature overview, conceptual framework, research questions, objectives, and research methodology is discussed. Finally, the ethical considerations, summary of findings, limitations and contributions of this research study are given.

1.1 Background and rationale for the study

The prevalence and long-term impact of childhood sexual abuse (CSA) on victims has been well-documented in literature for decades. Numerous researchers found that the effect of CSA is complex and includes a wide range of negative symptomatology and long-term outcomes in adulthood (Kendall-Tackett, Williams, & Finkelhor, 1993; Ullman, Peter-Hagene, & Relyea, 2014; Webster, 2001). These include mental-health difficulties (depression, anxiety, posttraumatic stress, substance abuse, and personality disorders) (Davis & Petretic-Jackson, 2000; Dolan & Whitworth, 2013; Kendall-Tackett et al., 1993; Mathews, Abrahams, & Jewkes, 2013; Ullman et al., 2014), sexual problems (sexual risk behaviours, intimacy problems, and re-victimisation) (Hodges & Myers, 2010; Penning & Collings, 2014; Walsh, Latzman, & Latzman, 2014), intrapersonal difficulties (low self-esteem and self-concept, guilt, and shame) (Hodges & Myers, 2010; Kerlin, 2013; Singh, Parsekar, & Nair, 2014), as well as interpersonal difficulties (relational problems, and trust and security issues) (Hodges & Myers, 2010; Putnam, 2003; Singh et al., 2014) commonly observed and reported by adult women survivors of CSA (Singh et al., 2014). As such, CSA is acknowledged as a complex trauma due to the inherent presence of unique trauma causing factors, like the power difference between the child and perpetrator; the fact that most perpetrators are known to the child and are to protect instead of betray; the secrecy surrounding CSA; and the traumatic
sexualisation and stigmatisation surrounding incidences of CSA (Finkelhor & Browne, 1985). Consequently, this might cause child victims to develop distorted self-concepts, affective capacities, and cognitive and emotional orientation to the world (Putnam, 2003; Ullman et al., 2014; Webster, 2001).

Due to the long-term impact of CSA, therapeutic intervention is imperative. However, to effectively treat survivors of CSA, these therapeutic interventions need to be based on empirical findings regarding the complex and unique trauma causing factors of this devastating phenomenon. To date, most therapeutic interventions focus on treating symptoms and little attention is given to addressing the unique trauma causing factors of CSA (Walker-Williams & Fouché, 2017).

Several international studies investigated the trauma causing factors of CSA in adult survivors (Finkelhor & Browne, 1985; Makhija, 2014; Revell, Vansteeneugen, Nicholas, & Dumont, 2008). However, limited research has been conducted to investigate the trauma causing factors in the multicultural South African context (Kaminer & Eagle, 2012). As such, the need arises to conduct a literature and empirical study to explore what is known about trauma causing factors of CSA and more specifically within South African adult women survivors of CSA to ultimately inform treatment practice.

However, due to the known secrecy surrounding CSA and underreporting of this phenomenon (Van Niekerk & Makoae, 2014), gaining access to this population is found to be challenging and ethically restricting. Therefore, the empirical part of this current study explored the trauma causing factors of CSA by employing qualitative secondary analysis (QSA) of existing and available transcripts of recordings taken during treatment sessions with one group of adult women survivors of CSA. These women participated in a collaborative strengths-based intervention programme entitled Survivor to Thriver (S2T), developed.
specifically for this vulnerable population (further information on S2T will follow later). The main aim of this study was thus to explore what is known from literature and practice about trauma causing factors of CSA in adult women survivors by conducting a scoping review and employing QSA of an existing data set which was collected during S2T group intervention sessions with female adult survivors of CSA.

1.2 Literature overview

1.2.1 Child sexual abuse defined.

No universal definition for child sexual abuse exists. However, common elements found in the international arena speak of CSA as age inappropriate physical or noncontact sexual activity perceived and/or experienced by a child before the age of 18 years, is unwanted or coercive, with the perpetrator being at least five years older than the child; indicative of a significant power difference between the child and perpetrator (Brown, Reyes, Brown, & Gonzenbach, 2013; Godbout, Sabourin, & Lussier, 2009; Putnam, 2003; Stock, Bell, Boyer, & Connel, 1997; Zinzow, Seth, Jackson, Niehaus, & Fitzgerald, 2010). In South Africa, however, the first formal definition of child sexual abuse appeared in the Children’s Act 38 of 2005 (RSA) as:

(a) sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted; (b) encouraging, inducing or forcing a child to be used for the sexual gratification of another person; (c) using a child in or deliberately exposing a child to sexual activities or pornography; or (d) procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child. (p. 16)
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For the purposes of this study, CSA was understood in terms of the abovementioned definition.

1.2.2 Prevalence.

Several meta-analyses recently investigated the worldwide prevalence of CSA. The findings from these studies are illustrated in Table 1.

As indicated, the global prevalence of CSA among girls is reported to be between 8 and 31%, and for boys between 3 and 17% (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Stoltenborgh, Bakermans-Kranenburg, Alink, & Van IJzendoorn, 2015). The studies on reported CSA in adults is found to be higher amongst women than men, with prevalence rates of 18-22.1% and 7.6-13.8% respectively (Hébert, Tourigny, Cyr, McDuff, & Joly, 2009; Ji, Finkelhor, & Dunne, 2013; Pereda, Guilera, Forns, & Gómez-Benito, 2009; Stoltenborgh, Van IJzendoorn, Euser, & Bakemans-Kranenburg, 2011).

In their meta-analysis, Pereda et al. (2009) predicted that the prevalence rate might be higher in Africa. As such, a recent study in the Eastern Cape Province of South Africa, 39.1% of women and 16.7% men reported CSA (Jewkes, Dunkle, Nduna, Jama, & Puren, 2010). The above findings indicate that South Africa is indeed a part of this global epidemic and that the prevalence might be higher.

Retrospective studies are however not reliable since one has to rely on adult memory (Jewkes & Abrahams, 2002). In South Africa, official statistics are provided by the South African Police Service (SAPS). According to the SAPS, 62 649 cases of sexual crimes were reported for the year 2013/2014, of which 22 781 were committed against children (South African Police Service, 2014). This figure is said to be even higher as only one out of nine cases of CSA is reported to the police (Mathews, Jamieson, Lake, & Smith, 2014). As such, the first
national representative survey on the prevalence of CSA in South Africa found that one in three young people reported a sexually abusive experience in their lifetime (Artz et al., 2016). The United Nations Children’s Fund reported that sexual abuse is more prevalent among girls than among boys (United Nations Children’s Fund [UNICEF], 2012). However, Artz et al. (2016) indicated that boys reported higher lifetime prevalence rates of sexual abuse (36.8%) than girls (33.9%).

In 1996, more than 4 600 cases of sexual crimes against children that were reported to the South African Police Services, were analysed and revealed alarming trends (Pistorius, 2005). In 84% of the cases the perpetrators were known to the child; 35% of the sexual crimes were committed in the child’s home environment, and 24% in the offender’s home. In 75% of the cases the victims were girls (Pistorius, 2005).

This study focussed on women, yet the overall devastating impact on males is not disputed.
### Prevalence of CSA worldwide

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Study</th>
<th>Countries</th>
<th>Studies</th>
<th>Gender distribution</th>
</tr>
</thead>
</table>
| Barth, Bermetz, Heim, Trelle, & Tonia | 2013  | Systematic review and meta-analysis        | 24*       | 55      | 9% girls<sup>a</sup>  
  3% boys<sup>a</sup>  
  15% girls<sup>b</sup>  
  8% boys<sup>b</sup>  
  31% girls<sup>c</sup>  
  17% boys<sup>c</sup>  
  13% girls<sup>d</sup>  
  6% boys<sup>d</sup>  
  0 to 69% girls<sup>e</sup>  
  0 to 47% boys<sup>e</sup> |
| Ji, Finkelhor, & Dunne | 2013  | Meta-analysis                              | 1 (China) | 27      | 15.3% women<sup>e</sup>  
  13.8% men<sup>e</sup> |
| Stoltenborgh, Van IJzendoorn, Euser, and Bakemans-Kranenburg | 2011  | Meta-analysis                              | Not specified* | 217 | 18% women<sup>e</sup>  
  7.6% men<sup>e</sup> |
| Stoltenborgh, Bakermans-Kranenburg, Alink, & Van IJzendoorn. | 2015  | Review of meta-analyses                    | 6*        | 8**     | 0.4%  
  18% girls<sup>e</sup>  
  7.6% boys<sup>e</sup> |
| Pereda, Guiler, Forns, & Gómez-Benito | 2009  | Meta-analysis                              | 22*       | 100     | 19.7% women<sup>e</sup>  
  7.9% men<sup>e</sup> |
| Hébert, Tourigny, Cyr, McDuff, & Joly | 2009  | Multivariate analysis                      | 1         | 1       | 22.1% women<sup>e</sup>  
  9.7% men<sup>e</sup> |

<sup>Note</sup>: * denotes the inclusion of statistics from Africa; ** denotes informant reports; *** denotes self-reports; <sup>a</sup> denotes forced intercourse; <sup>b</sup> denotes mixed sexual abuse; <sup>c</sup> denotes non-contact abuse; <sup>d</sup> denotes contact abuse; <sup>e</sup> denotes total CSA.
1.2.3 Impact of CSA.

As mentioned earlier, the impact of CSA can be categorised under mental-health difficulties, sexual problems and inter-intrapersonal difficulties, as indicated in Table 2. A discussion of these categories follows.

With regards to mental-health difficulties, literature indicates that the most frequent difficulties reported by adult women survivors of CSA are depression (Amado, Arce, & Herraiz, 2015; Dolan & Whitworth, 2013; Kendall-Tackett et al., 1993; Mathews et al., 2013; Walker-Williams & Fouché, 2017), anxiety related disorders (Dolan & Whitworth, 2013; Kendall-Tackett et al., 1993; Mathews et al., 2013; Webster, 2001), and personality disorders (Baird, 2008; Davis & Petretic-Jackson, 2000; Dolan & Whitworth, 2013; Mathews et al., 2013).

Another prominent factor highlighted in literature regarding the impact of CSA is sexual problems. Sexual problems increase into adulthood, evident in sexual risk behaviours (Mathews et al., 2013; Napoli, Gerdes, & DeSouza-Rowland, 2001; Richter et al., 2013; Stock et al., 1997; Walsh et al., 2014), intimacy problems (Davis & Petretic-Jackson, 2000; Hodges & Myers, 2010; Kallstrom-Fuqua, Weston, & Marshall, 2004; Mullen & Fleming, 1998; Pettersen, 2013), and re-victimisation (Cashmore & Shackel, 2013; Kendall-Tackett et al., 1993; Mathews et al., 2013; Penning & Collings, 2014). This could be indicative of adult women survivors’ approach and function in important relationships (Bloom, 2003; Ullman et al., 2014; Webster, 2001; West, 2013).

With regard to intrapersonal difficulties, low self-esteem (Hodges & Myers, 2010; Kendall-Tackett et al., 1993; Sigurdardottir & Halldorsdottir, 2013; Singh et al., 2014) and poor self-concept (Davis & Petretic-Jackson, 2000; Kerlin, 2013; McAlpine & Shanks, 2010; Stock et
al., 1997) are frequently indicated in research as a long-term impact of CSA on the lives of adult women survivors.

Not only does CSA cause difficulties within the individual, it also has a vast impact on interpersonal relationships, evident in the inability to trust others (Briere & Elliot, 1994; Hodges & Myers, 2010; Penning & Collings, 2014; Singh et al., 2014) which ultimately leads to relational problems (Briere & Elliot, 1994; Richter et al., 2013; Shi, 2013; Singh et al., 2014). CSA is a complex trauma accompanied by devastating outcomes with numerous trauma causing factors. It was thus important to further explore models on trauma causing factors.
Table 2

*Mental-health difficulties, sexual problems, and intra-interpersonal difficulties*

<table>
<thead>
<tr>
<th>Category</th>
<th>Findings</th>
<th>Country</th>
<th>Sample</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental-health difficulties</td>
<td>Depression</td>
<td>California</td>
<td>Children</td>
<td>Kendall-Tackett et al., 1993</td>
</tr>
<tr>
<td></td>
<td></td>
<td>South Africa</td>
<td>Women</td>
<td>Mathews et al., 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UK</td>
<td>Women</td>
<td>Dolan &amp; Whitworth, 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spain</td>
<td>Women</td>
<td>Amado et al., 2015</td>
</tr>
<tr>
<td></td>
<td>Anxiety related disorders</td>
<td>California</td>
<td>Children</td>
<td>Kendall-Tackett et al., 1993</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Various</td>
<td>Women</td>
<td>Webster, 2001</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UK</td>
<td>Women</td>
<td>Dolan &amp; Whitworth, 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>South Africa</td>
<td>Women</td>
<td>Mathews et al., 2013</td>
</tr>
<tr>
<td></td>
<td>Personality disorders</td>
<td>USA</td>
<td>Women</td>
<td>Davis &amp; Petretic-Jackson, 2000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>USA</td>
<td>Women</td>
<td>Baird, 2008</td>
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<td>UK</td>
<td>Women</td>
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<td></td>
<td></td>
<td>South Africa</td>
<td>Women</td>
<td>Mathews et al., 2013</td>
</tr>
<tr>
<td>Sexual problems</td>
<td>Sexual risk behaviours</td>
<td>Washington</td>
<td>Children</td>
<td>Stock et al., 1997</td>
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<td>South Africa</td>
<td>Women</td>
<td>Mathews et al., 2013</td>
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<td>Women</td>
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<td></td>
<td>USA</td>
<td>Women</td>
<td>Walsh et al., 2014</td>
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<td>Australia</td>
<td>Women</td>
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<td>Women</td>
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<td>California</td>
<td>Children</td>
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<td>South Africa</td>
<td>Women</td>
<td>Mathews et al., 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Australia</td>
<td>Women</td>
<td>Cashmore &amp; Shackel, 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>South Africa</td>
<td>Children</td>
<td>Penning &amp; Collings, 2014</td>
</tr>
<tr>
<td>Intrapersonal difficulties</td>
<td>Low self-esteem</td>
<td>California</td>
<td>Children</td>
<td>Kendall-Tackett et al., 1993</td>
</tr>
<tr>
<td></td>
<td></td>
<td>USA</td>
<td>Women</td>
<td>Hodges &amp; Myers, 2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Global</td>
<td>Women</td>
<td>Sigurardottir &amp; Halldorsdottir, 2013</td>
</tr>
<tr>
<td></td>
<td>Self-concept</td>
<td>Washington</td>
<td>Children</td>
<td>Stock et al., 1997</td>
</tr>
</tbody>
</table>
1.2.4 Models on trauma causing factors of CSA.

To date, two documented conceptual models which attempt to describe the trauma causing factors of CSA on individuals are cited (Freeman & Morris, 2001), namely the Child Sexual Abuse Accommodation Syndrome (Summit, 1983) and the traumagenic dynamics model of CSA (Finkelhor & Browne, 1985). The child sexual abuse accommodation syndrome model will briefly be discussed, after which the traumagenic model of Finkelhor and Browne (1985) will be explained as the conceptual framework for this study.

1.2.4.1 The Child Sexual Abuse Accommodation Syndrome.

In 1983, the psychologist Roland Summit coined the Child Sexual Abuse Accommodation Syndrome (CSAAS) based on practice experiences with victims of CSA. The CSAAS underpins five categories of dynamics evident in CSA (Summit, 1983). First, the secrecy of the abuse involving self-serving and self-protective reasons given to the child by the perpetrator with regard to the non-disclosure of the abuse. Next, the child is rendered helpless and becomes dependent on the abuser to safeguard the child from blame for the abuse by others (Summit, 1983). Then, in order to regain a sense of control, Summit (1983)
explained that the child would become *entrapped and accommodating* to the on-going sexual abuse. The aforementioned links up with the unique trauma causing factor of powerlessness by which a child had no control during the abuse (Finkelhor & Browne, 1985; Freeman & Morris, 2001; South Eastern Centre Against Sexual Assault [SECASA], 2012). As a result, disclosure of the abuse is *delayed* until adolescence, and even then, can be *conflicted and unconvincing* to the parent (Summit, 1983). Finally, after disclosure of the abuse, the child may also *retract* her complaint about the abuse due to ambivalent feelings of guilt and responsibility to preserve the family (Summit, 1983).

The CSAAS is widely cited with 1,424 Google Scholar citations and this model has been used in several court cases to give testimony of the reasons why CSA victims recant the allegations made against perpetrators (Shiu, 2009). Furthermore, the CSAAS has been used as a rehabilitation tool to describe victim’s behaviour and characteristics and not for diagnostic purposes (Shiu, 2009). Although the CSAAS model explains the impact of CSA as impeding on the child’s cognitive and emotional abilities related to the self and the world, it has been criticised for not being tested empirically, with limited scientific investigation of the theory or evidence (London, Bruck, Wright, & Ceci, 2007).

### 1.3 Conceptual framework: Traumagenic dynamics model of CSA (Finkelhor & Browne, 1985)

Finkelhor and Browne (1985) who coined the term traumagenic dynamics, explain CSA as a unique trauma caused by the interaction of four dynamics (traumatic sexualisation, betrayal, stigmatisation, and powerlessness) in a single act. The model proposed by Finkelhor and Browne (1985) is better known as the traumagenic dynamics model of CSA. This model was formulated after the authors reviewed the literature on clinical observations, where they found that factors associated with sexual abuse were not organised into a specific model to
explain the reasons why CSA leads to such devastating long-term impacts (Finkelhor & Browne, 1985). Thus, the uniqueness of CSA trauma as a co-occurrence of these dynamics in a single context and causing long-term trauma in the lives of CSA survivors is explained by this model (Finkelhor & Browne, 1985). Furthermore, Finkelhor and Browne (1985) also explains how a child’s emotional state and cognitive approach to the world becomes distorted, where CSA alters the child’s self-concept and worldview to the level of causing long-term trauma into adulthood. The psychological and behavioural impact of each factor is illustrated in Table 3.

Over the past few decades, the traumagenic dynamics model of Finkelhor and Browne has survived criticism from many scholars. The main criticism against this model is that it does not consider the social ecology of the child, nor does it explain the trauma from a developmental viewpoint (Mullen & Fleming, 1998). For example, children with a challenging family background (economic and social change) and poor social ecology (immediate residential environment, neighbourhood and community conditions) might experience more severe effects (Holman & Stokols, 1994). Also, children in different developmental age groups may be affected differently (Finkelhor & Kendall-Tackett, 1997). In light of the above, the role of the social ecology and the developmental age of the child at the time of the abuse were also taken into account in this study. However, despite these criticisms, the original article by Finkelhor and Browne (1985) has been cited 2,007 times (Google Scholar), and is well known among professionals. This model was also accepted in a South African Supreme Court of Appeal Case in explaining the impact and trauma causing factors in childhood sexual abuse survivors (Van der Merwe, 2008).
Table 3

Traumagenic dynamics, psychological, and behavioural impact of CSA

<table>
<thead>
<tr>
<th>Traumagenic dynamics</th>
<th>Psychological impact</th>
<th>Behavioural impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traumatic sexualisation</td>
<td>• Heightened awareness of sexual matters</td>
<td>• Promiscuity and sexualised behaviour</td>
</tr>
<tr>
<td></td>
<td>• Misperception about sexual behaviour</td>
<td>• Emotional reactions</td>
</tr>
<tr>
<td></td>
<td>• Flashbacks</td>
<td>• Manipulation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sexual problems</td>
</tr>
<tr>
<td>Betrayal</td>
<td>• Trust issues</td>
<td>• Clinging and dependent behaviour</td>
</tr>
<tr>
<td></td>
<td>• Morality</td>
<td>• Withdrawal and social isolation</td>
</tr>
<tr>
<td></td>
<td>• Impaired judgment</td>
<td>• Marital problems</td>
</tr>
<tr>
<td></td>
<td>• Suspiciousness</td>
<td>• Risk of re-victimisation</td>
</tr>
<tr>
<td>Stigmatisation</td>
<td>• Negative self-concept associated with guilt and shame</td>
<td>• Isolation</td>
</tr>
<tr>
<td></td>
<td>• Low self-esteem</td>
<td>• Maladaptive coping</td>
</tr>
<tr>
<td></td>
<td>• Sense of being different from others</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Secrecy</td>
<td></td>
</tr>
<tr>
<td>Powerlessness</td>
<td>• Hopelessness</td>
<td>• Suicidal behaviour</td>
</tr>
<tr>
<td></td>
<td>• Fear and anxiety</td>
<td>• Lack of control</td>
</tr>
<tr>
<td></td>
<td>• Hypervigilance</td>
<td>• Compensatory behaviour</td>
</tr>
<tr>
<td></td>
<td>• Depression</td>
<td>• Risk of re-victimisation</td>
</tr>
<tr>
<td></td>
<td>• Perceives self as victim</td>
<td></td>
</tr>
</tbody>
</table>


Despite the criticisms and limitations of the traumagenic dynamics model of CSA (Finkelhor & Browne, 1985), it was decided to use this model as the conceptual framework for the study, as it describes the dynamics of CSA in children, and also considers the long-term impact of these trauma causing factors of CSA in adult survivors. This model captures all
dimensions of functioning affected by CSA through four unique dynamics. It further places emphasis on the conditioning process and the consequences of the trauma caused by CSA for survivors of this childhood trauma, and not just simply from the abuse itself (Finkelhor, 1990). These four trauma causing factors thus distinguish sexual abuse from other traumas in childhood, and are discussed in the following section according to the psychological and behavioural impact of each factor.

1.3.1 Traumatic sexualisation.

The first dynamic, traumatic sexualisation, explains a child’s sexual behaviour, concepts and beliefs related to sex that are inappropriately conditioned in relation to her level of development due to the sexual abuse (Finkelhor & Browne, 1985). The psychological impact of traumatic sexualisation is vast and creates a heightened awareness of sexual matters, especially within young children who would otherwise not be troubled with these matters at their developmental stage (Finkelhor & Browne, 1985). This leads to false impressions and misperceptions or distorted meanings about sexual behaviour and sexual morality, conveyed to the child by the offender (Finkelhor & Browne, 1985). Psychologically, the child often re-experiences the traumatic experience through flashbacks due to the lasting impact of CSA (Finkelhor & Browne, 1985). These impairments lead to negative evaluations of their bodies and a distorted self-concept (Finkelhor & Browne, 1985).

The behavioural impact of traumatic sexualisation is widely cited. This is noticeable in promiscuous and compulsive sexual behaviour which can often be observed as sexual themes being the centre of a victimised child’s play, and form part of the characteristic sexualised behaviour among child victims (Finkelhor & Browne, 1985; Finkelhor & Kendall-Tackett, 1997). As a result, children become confused and react to sexual activities in an unusual emotional manner (Finkelhor & Browne, 1985). In addition, it is also indicated that the child
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would come to realise that sexual behaviour can be used to manipulate others to satisfy needs or trade sex for affection, because of rewards given for sexual activities by the abuser, resulting in distorted meanings conveyed to the child about sexual behaviour and decency (Finkelhor & Browne, 1985). It is also explained that these behaviours and other sexual problems are carried into the lives of adult women survivors of CSA, evident in sexual aversion and difficulties with sexual arousal and orgasm (Finkelhor & Browne, 1985).

1.3.2 Betrayal.

Betrayal occurs when the child was not protected during the abuse or is not believed by a trusted adult figure when the abuse is disclosed (Finkelhor, 1994; Finkelhor & Browne, 1985). The early betrayal of trust in childhood psychologically reduces a victim’s sense of trustworthiness of other individuals, stemming from where a nurturing and loving adult becomes the one causing pain and hurt (Finkelhor & Browne, 1985). Also, a victim of CSA develops a misconception of moral standards when a trusted or familiar person betrays and harms the child sexually through manipulation (Finkelhor & Browne, 1985). In relation to the aforementioned, impaired judgment later in life is noted in a victim’s failure to recognise and being vulnerable to abusive intimate relationships (Finkelhor & Browne, 1985). On the other hand, betrayal creates a sense of suspiciousness regarding others’ motives in the victim’s mind (Finkelhor, 1990).

The behavioural expression of the psychological impact of betrayal indicated by Finkelhor and Browne (1985) is seen where young victims of CSA attempt to fill the void of insecurity and trust by displaying excessive clinging and dependent behaviours in their search for a relationship that will re-instil a sense of trust once taken away by the traumatic experience. On the other hand, instead of searching for trusting relationships, adult victims of CSA might
withdraw from intimate relationships, leading to isolation and also marital problems due to mistrust and suspicion of the partner’s motives (Finkelhor & Browne, 1985).

1.3.3 Stigmatisation.

The psychological impact of stigmatisation on CSA victims explains the development of a negative self-image as a result of the abuse, such as being bad and feelings of shame and guilt (Finkelhor & Browne, 1985). Children who keep the abuse secret experience an increase sense of stigma, since it strengthens their views of being different from other children (Finkelhor & Browne, 1985). A low self-esteem forms part of this stigmatised pattern (Finkelhor, 1990), and further stigmatisation occurs once the sexual abuse is known to others, where negative characteristics are assigned to the child, such as loose morals or “spoiled goods” (Finkelhor & Browne, 1985, p. 533).

A shift in behavioural patterns of victims of CSA is observed when individuals view themselves as being different from others, leading to the child feeling isolated, and this might spill over into other stigmatised behaviours such as substance abuse, where they might also steer towards prostitution (Finkelhor, 1990; Finkelhor & Browne, 1985).

1.3.4 Powerlessness.

The last dynamic, powerlessness, is described by Finkelhor and Browne (1985) as a child’s unsuccessful repetitive attempts to avoid or terminate the abuse. Hopelessness as a psychological manifestation of the impact of CSA is instilled in the child’s mind due to the continuous disregarding of the child’s will, hopes, and sense of efficacy (Finkelhor & Browne, 1985). Moreover, this feeling of powerlessness creates fear and anxiety within the child, documented as having nightmares, certain phobias, and being hypervigilant (Finkelhor & Browne, 1985). It is also noted by Finkelhor and Browne (1985) that depression reported
by adult victims of CSA, is linked to the expectation of being re-victimised due to the inability to exert control over adverse circumstances.

Behavioural problems occur as children try to cope with an altered sense of inability to control their own lives (Finkelhor & Browne, 1985). Suicidal behaviour or ideation is a common response as victims experience an impaired sense of self-efficacy to control their environments (Finkelhor & Browne, 1985). A lack of control over circumstances is seen where the perpetrator has an advantage of maturity, is an authoritative figure or uses force to coerce the child into sexual activity (Finkelhor, 1994). A sense of powerlessness is then created for instance, where the child’s personal space is frequently entered against the child’s will (Finkelhor & Browne, 1985). As a result, it has been reported that victims of CSA would make attempts to compensate for the lack of control by having unusual and maladaptive needs to dominate or control others with whom they interact (Finkelhor & Browne, 1985).

1.4 Research questions

In view of the rationale of this study, the following main research question was formulated:

- What is known from literature and practice about trauma causing factors of CSA in adult women survivors?

The following secondary research questions were formulated to aid in answering the primary question:

- What could be learned from previous studies on trauma causing factors of CSA amongst adult women survivors?
- What input or additional issues related to trauma causing factors can be identified by a panel of experts?
• What trauma causing factors of CSA emerged in a group of adult women survivors participating in the S2T collaborative strengths-based group intervention programme?
• What findings could further inform S2T treatment practice for adult women survivors of CSA?

1.5 Aim and objectives of the study

Based on the research questions above, the main aim of this study, to answer the primary research question, was:
• To explore what is known from literature and practice about trauma causing factors of CSA in adult women survivors.

To answer the secondary research questions, the following objectives were set:
• To conduct a systematic scoping review to identify available literature and provide a summary of evidence from a variety of studies on the trauma causing factors of CSA.
• To present the findings from the scoping review to a panel of experts during a focus group discussion for input and/or additional information regarding the trauma causing factors of CSA.
• To explore the trauma causing factors reported by adult women survivors of CSA participating in a S2T collaborative strengths-based group intervention programme by conducting qualitative secondary analysis on one existing data set.
• To contextualise the findings on trauma causing factors in order to inform future S2T treatment practice.
1.6 Research methodology

1.6.1 Paradigmatic perspective.

All research is based on some underlying philosophical assumptions with regard to research methods that are appropriate for the development of new knowledge. A paradigm, therefore, is a philosophical and theoretical framework that encompasses certain theories, laws, generalisations, and experiments related to a scientific school or discipline ("Paradigm", 2017).

A variety of paradigms for psychology have been identified such as, realism, positivism, pragmatism, constructivism etc. Realism posits that only one reality exists, and that the knower and the known of this reality are independent, placing emphasis on theory (Patel, 2012). In the positivist paradigm, emphasis is placed on measuring variables and to test hypotheses, where reality is assumed to be objective and governed by patterned laws (Sarantakos, 2005). The pragmatism paradigm is shaped by individual, social, and cultural settings, and firmly based on practical and applied philosophy (Patel, 2012). In this current study the constructivist paradigm was chosen. Constructivism assumes knowledge is established through the meanings individuals attach to the phenomenon of interest (Krauss, 2005). It assumes that meaning is continually created and modified through social interaction, which is then used to construct realities (Grix, 2002; Sarantakos, 2005). Individuals’ subjective meanings are assumed to be the underlying motivation behind their thoughts and actions (Krauss, 2005). In the constructivist paradigm, the knower and the known are inseparable, where causes cannot be distinguished from effects (Patel, 2012).

In this current study the researcher aimed to explore and understand how trauma causing factors are experienced by female CSA survivors.
1.6.2 Research approach.

An exploratory qualitative research approach was followed in this study. Exploratory qualitative studies are interested in what lies beneath the observable to explore individuals’ understanding of a specific phenomenon, and then describe it in such a way that will capture the true meaning it has for these individuals (Ritchie, 2003; Tracy, 2010). As mentioned in Creswell (2007), the individual meaning of the complexity of a particular situation is best explored through qualitative studies. In this study, qualitative research was conducted to explore and understand how trauma causing factors are experienced by a group of female child sexual abuse survivors.

This exploratory qualitative research study consists of a literature and empirical study, and was conducted in two phases. The first phase entailed a scoping review of existing literature, followed by a focus group discussion and individual interview with experts to answer the first and second research questions. In phase two, a QSA was conducted using one set of data collected during treatment sessions of the S2T collaborative strengths-based group intervention for South African women who experienced CSA.

In the following section, the research design, sampling, data collection and data analysis for both phase 1 (scoping review) and phase 2 (QSA) are given.

1.6.3 Phase 1: Scoping review.

1.6.3.1 Research design.

According to Levac, Colquhoun, and O’Brien (2010), the purpose of conducting a scoping review is to provide a summary of evidence from a variety of studies in order to illustrate the extent and depth of a field of inquiry, which include analytical reinterpretation of the literature. Mashamba-Thompson and Khuzwayo (2015) also indicated that a scoping
review entails an investigation into published research to provide an outline of the extent and quantity of available research on a specific topic of interest. Additionally, a researcher can employ a scoping review to identify gaps in the literature to inform subsequent research (Levac et al., 2010; Mashamba-Thompson & Khuzwayo, 2015).

This current study followed the methodological framework developed by Arksey and O’Malley (2005) for carrying out a scoping study. First, the research question for this study was formulated, which was “What could be learned from previous studies on trauma causing factors of CSA amongst adult women survivors?”. During stage 2 and three, the researcher searched electronic databases, reference lists as well as scientific journals (Levac et al., 2010) for relevant literature to the study. Next, data that explained the trauma causing factors of CSA were extracted and mapped in the data charting form (Addendum E). During stage 5, the research findings were thematically analysed to identify, analyse, and describe themes related to the trauma causing factors of CSA within the selected studies (Braun & Clarke, 2006). The Atlas.ti 7.0 (2012) scientific software programme was used in the analysis process. The process and protocol followed during this scoping review is available at the end of this dissertation (Addendum A), indicating the incorporation of the stages in the framework given by Arksey and O’Malley (2005).

1.6.3.2 Search strategy.

Data bases and journal search

As mentioned earlier, the second and third stages of a scoping review requires the identification of relevant studies according to criteria for inclusion and exclusion for the study (Levac et al., 2010). Databases that were consulted are EbscoHost (Academic Search Premiere; Africa-Wide Information; E-Journals; ERIC; PsycARTICLES; PsycINFO; SocINDEX), SAePublications, and Science Direct (Social Sciences and Humanities).
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Academic journals that were reviewed are Child Abuse & Neglect; Child Abuse Research in South Africa; Child Abuse Review; Journal of Child Sexual Abuse; Sexual Abuse: A Journal of Research and Treatment; and Trauma, Violence and Abuse: A Review Journal. Additional articles were sourced from reference lists as cited in the publications during the first stage of the review, as well as from the final studies selected for this scoping review. During the third stage, post hoc inclusion and exclusion criteria were applied to ensure a consistent search for relevant studies that would answer the research question (Arksey & O’Malley, 2005).

**Inclusion criteria**

Publications between 1983 and 2016 were accepted, where only publications in English were accessed. Studies that report on trauma causing factors in adult women survivors of CSA were eligible for inclusion. Thus, the participants of these studies had to be *adult women survivors*. Other search terms, such as *adult female survivors, adult women sexually abused as children*, and *adult female sexually abused as children* were used to ensure the coverage of terms used by different authors. The initial search terms for the phenomenon of interest were *child sexual abuse or childhood sexual abuse, and trauma causing factors or traumagenic dynamics*. Due to the widely-used terms identified in reviewing the literature, the following terms addressing the phenomenon were added to the search: *child sexual assault or childhood sexual assault, and traumatic sexual abuse experience*. Studies included for review were empirical studies, including published and unpublished doctoral dissertations. Research designs were limited to quantitative designs (quasi-experimental studies, retrospective cohort studies, analytical cross-sectional studies), qualitative designs (phenomenology, grounded theory, ethnography, feminist research, case studies), and mixed method designs.
Exclusion criteria

Studies that reported on males or minors under the age of 18 as victims of the CSA were excluded. Any studies pertaining to sexual offenders were also excluded. Publication types not accepted for inclusion were training manuals or updates, systematic and literature reviews, meta-analyses, secondary analysis of data, book reviews or sections, policy or government documents, summaries of judgments or papers, volume content or table of contents, conference programmes, reference to blogs, reference books, newspaper or magazine articles.

1.6.3.3 Study selection process.

Initially, 15,143 data base and 5,815 journal articles were identified according to the search terms, which amount to 20,958 publications for further analysis. Additional articles were sourced from reference lists of each database and journal article initially identified, which added 330 articles to the total. The process of identifying relevant studies involved several steps, and after screening 885 articles for full-text review, 59 articles were selected for inclusion in the review (see Section B, Figure 1 for flow diagram), which include 28 quantitative, 24 qualitative, and 7 mixed method studies. As recommended by Levac et al. (2010), feasibility for inclusion should be checked by members with context expertise as to assist with the decision-making process. Thus, the researcher consulted regularly with her supervisors who are experts in the field of CSA survivors to assess whether the studies selected are comprehensive to the purpose of the scoping review.

1.6.3.4 Charting the data.

Data collection in scoping reviews involves the extraction of data from the selected studies which forms part of stage four in Arksey and O’Malley’s framework (Levac et al.,
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2010). In this stage, the researcher developed a data charting form (Levac et al., 2010) to determine which data to extract, and for the purpose of the study’s scoping review, only data that explained the trauma causing factors of CSA were mapped in the data charting form. A quality assessment of studies included in this scoping review was not needed, since a scoping review typically do not include a quality appraisal of studies, as in the case of systematic reviews.

1.6.3.5 Data analysis – collating and summarising of results.

Thematic analysis followed the six phases outlined by Braun and Clarke (2006) to identify, analyse, and describe themes related to the trauma causing factors of CSA within the selected studies. The Atlas.ti 7.0 (2012) scientific software programme was also used to assist in the data analysis process (Levac et al., 2010). Initial codes were assigned to key features within the data related to trauma causing factors of CSA. Codes as sub-categories were created and grouped under 10 potential themes. The highlighted segments of each sub-category within the studies were extracted, and presented under each theme within a report drawn from Atlas.ti 7.0 (2012). This report was used to review each theme and the coded data extracts thereof. Next, a written analysis of the data was conducted to assess the core meaning of each theme. During this stage of the analysis, four of the initial 10 themes were re-examined and reviewed by the researcher and the study supervisors. It was concluded that these four themes do not provide valid evidence and substance to be considered as trauma causing factors of CSA. Thus, no additional factors were identified. The last phase entailed the writing of the report.

The challenges related to the methodological framework for scoping reviews were acknowledged (Levac et al., 2010), namely (1) research questions can be too broad, (2) creating a balance between completeness of the study and viability of resources, (3) the
decision making process of which studies to include is unclear, (4) the total of how many studies to extract is unclear, (5) multiple steps are combined as one framework stage, and (6) the integration of stakeholders’ information with study findings.

1.6.4 Focus group and individual interview.

This study also reports on the findings from a focus group discussion with three participants, and an individual interview; all of whom are experts in the field of CSA. The aim of these discussions was to answer the secondary research question of this study, “What input or additional issues related to trauma causing factors can be identified by a panel of experts?”.

This step was included as recommended by Arksey and O’Malley (2005). To successfully conduct a focus group discussion, the researcher should select a minimum of four people on the grounds of shared characteristics relevant to the research question, and whom are not familiar with one another (Marshall & Rossman, 2016). Apart from creating a conducive environment for the discussion, focused questions should be asked to facilitate a discussion where the stakeholders can provide and express opinions and personal views that might differ with regard to experience and/or findings from own studies (Marshall & Rossman, 2016). Thus, the researcher aimed to identify agreements and differing trends in the experts’ opinions related to trauma causing factors of CSA in order to draw comparisons between the findings from the scoping review and those from the focus group discussion.

Certain challenges to this method of inquiry are (1) the researcher should have the skills to facilitate a focus group discussion where power dynamics might be observed between the stakeholders, (2) irrelevant issues might be discussed that could lead to time delay, and (3) the context in which stakeholders’ comments are given is important in order to understand their responses, therefore data analysis could be difficult (Marshall & Rossman, 2016).
1.6.4.1 Sampling and participants.

According to Nieuwenhuis (2011a), the success of a focus group discussion relies on purposeful sampling of group members who will represent the intended target population. In this study, an independent facilitator was used to recruit experts with a minimum of five to eight years’ practice experience in working with childhood sexual abuse survivors, to enquire about their willingness to participate in the group discussion. The initial intention was to select a minimum of six experts for the focus group discussion, however, only four responded to the final communication. Also, one participant was unavailable to attend the focus group discussion on the set date, and an individual interview was conducted to accommodate this participant. Inclusion criteria were (1) a minimum of five to eight years’ practice experience in working with childhood sexual abuse survivors, and (2) be qualified as a registered social worker or psychologist working at trauma clinics, child protection organisations, or in private practice. As the purpose of these discussions was to explore whether experts agree on the findings from the scoping review or are able to identify any additional emerging issues related to CSA, only one focus group discussion was conducted, with the additional individual interview. It is therefore important to note that the aim of these discussions was not similar to that of an entire study that relies on more than one focus group for the collection of data for a primary study (Nieuwenhuis, 2011a).

1.6.4.2 Data collection.

Semi-structured interviews were conducted to collect relevant data for this study. Consent was obtained from the participants to digitally record the discussions. The discussions started with a broad question to actively engage the participants in the discussion (Nieuwenhuis, 2011a). In order to gain insight into the participants’ understanding of the contributing CSA trauma factors, an opening question was posed. In doing so, the researcher
remained objective and did not impose any preconceived ideas onto participants. Then, probing questions were used to steer the discussion in order to achieve the goal of answering the specific research question, where this is explained by Nieuwenhuis (2011a) as the interview having a funnel structure. The aim was to elicit information targeted at the trauma causing factors identified in literature, to obtain expert opinion on whether these factors are also observed in treatment practice (Creswell, 2008). Here, the findings from the scoping review were presented, where they compared it with their practice experience.

1.6.4.3 Data analysis.

The recordings from the focus group discussion and individual interview were transcribed by the researcher, coded and categorised under specific themes (Nieuwenhuis, 2011b). Thematic analysis was conducted where themes were identified, analysed, and reported on (Braun & Clarke, 2006). Data analysis followed the same procedure used in the scoping review; according the six phases as outlined in Braun and Clarke (2006). These phases are (1) familiarisation with the data through the transcription process, making notes while reading and re-reading the data, (2) initial coding to identify features of the data that can be meaningfully assessed concerning the phenomenon, (3) sorting of the code list into potential themes, (4) identifying and refinement of themes against the entire data set, (5) defining and further refining of themes, and a detailed written analysis of the data to identify the core meaning of each theme, and (6) final analysis and writing of the report to provide a summarised, logical, and motivating account of the story central to the data. Data extracts from the focus group discussion and individual interview were used to provide evidence of the trauma causing factors of CSA that emerged in treatment practice.

In writing up the findings from Manuscript 1, the results from the focus group discussion and individual interview were provided after each trauma causing factor as set out in the scoping
review. Data extracts from the focus group discussion and individual interview were used to provide evidence of the trauma causing factors of CSA that emerged in treatment practice. The data illustrated an agreement of the identified trauma causing factors of CSA in the scoping review. The traumagenic dynamics framework by Finkelhor and Browne (1985) was expanded upon after the scoping review so as to develop a coding framework in order to inform the second phase of this study (Addendum F).

1.6.5 Phase 2: Qualitative secondary analysis (QSA).

1.6.5.1 Research design.

This study employed QSA on pre-existing qualitative data, which is also called non-naturalistic data (Heaton, 2008), to answer an emerging research question on concepts not explored in the primary S2T study (Walker-Williams & Fouché, 2017).

Although QSA allows for new insights into existing data by answering new research questions, there has been a few concerns raised with regard to the subsequent researcher’s distance from the original context, necessary contextual information needed to effectively re-use data, as well as some epistemological issues (Irwin & Winterton, 2011). Furthermore, Irwin and Winterton (2011) indicated that the secondary analyst’s relationship to the existing data is not as unique as the primary researcher’s connection with the data. However, the ability of the subsequent researcher to engage with the data without preconceptions, thus being reflexive, is argued to be the key for producing valid secondary analysis, rather than the proximity of the researcher to the original context (Irwin & Winterton, 2011).

According to Heaton (2008) there are five ways in which existing data sets could be analysed in QSA. These are re-analysis (the re-examining of data to confirm and validate findings from a primary study), amplified analysis (comparison or combination of two or more
existing qualitative data sets for purposes of secondary analysis), assorted analysis (secondary data analysis in conjunction with the collection and analysis of primary qualitative data for the same study), supplementary analysis (to get a more in-depth understanding of an aspect or aspects not addressed in the original study), and supra analysis (aim and focus of secondary study exceed those of the original research). The latter form of analysis was used in this study, as it exceeded the original research that examined the efficacy of the S2T collaborative strengths-based intervention programme, by looking at the trauma causing factors of CSA. It therefore went beyond the objective of the original study in answering a new empirical and conceptual question (Heaton, 2008; Leech & Onwuegbuzie, 2008).

1.6.5.2 Background on the S2T collaborative strengths-based group intervention programme.

The S2T group intervention programme follows a strengths-based and supportive approach which focuses on adult women survivors’ strengths in order to facilitate posttraumatic growth from their traumatic childhood experiences (Walker-Williams & Fouché, 2017). This intervention covers four treatment outcomes (Walker-Williams & Fouché, 2017, p. 196):

1. providing a supportive space for sharing the trauma story, experiencing heightened emotional awareness, and validating the group members’ experiences (drawing on CBT and CPT principles of cognitive processing); 2. normalising symptoms (emerging from the psychodynamic approach) and reframing trauma messages (CBT and PTG model); 3. active adaptive coping drawing on psychological inner strengths (psychodynamic and PTG model); and 4. transforming from meaning making to personal growth by re-sharing the trauma story “for a change” from a new perspective (PTG model).
Participants are women who experienced CSA residing in the Vanderbiljpark region and surrounding areas within the larger Gauteng province in South Africa (see table 4). A quasi-experimental design was employed with a group of women during 2014 - 2015 (Walker-Williams & Fouché, 2017). Inclusion criteria for the group was: a minimum age of 18 years; disclosure of the CSA; that the women had received some form of crisis intervention (as child/adult); could understand and respond to English/Afrikaans; and were willing to participate voluntarily and partake in the S2T intervention sessions at a central community location.

Table 4

*Biographical information of the S2T participants*

<table>
<thead>
<tr>
<th>Participants</th>
<th>Total</th>
<th>Nationality</th>
<th>Average age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Initial</td>
<td>Delayed post-test</td>
<td>5 Black</td>
</tr>
<tr>
<td>S2T Group</td>
<td>8</td>
<td>5</td>
<td>3 White</td>
</tr>
</tbody>
</table>

Initially, eight participants commenced with the group sessions, after which three withdrew. The participants experienced contact sexual abuse by a known perpetrator. Overall, nine group intervention sessions were held with between five and eight participants (aged 20 to 36 years), spanning over a six-month period.

1.6.5.3 *Sampling and data collection.*

One of the benefits of conducting QSA is that participant sampling is not required, since exiting data sets are used (Heaton, 2008). This current study used the data set from the S2T collaborative strengths-based group intervention programme which was made available by means of formal data sharing, where the data were previously and independently
collected, and fulfilled all ethical requirements in obtaining consent from participants for the re-use of data for future secondary analysis (Heaton, 2008).

1.6.5.4 Data analysis.

A coding framework (see Addendum F) was developed from the first phase (scoping review) and used to explore reports of trauma causing factors in reports of one data set of S2T treatment sessions (Elo & Kyngäs, 2008). The Atlas.ti 7.0 (2012) scientific software programme was used as a tool in the data analysis process (Levac et al., 2010). Next, the data were inductively analysed to assess whether trauma causing factors additional to those in the coding framework emerged (Elo & Kyngäs, 2008). Thematic analysis conducted in this phase followed the six phases as outlined in Braun and Clarke (2006). During the first phase, notes were made while reading and re-reading the data. In phase two, initial coding identified features of the data that warranted further analysis concerning the phenomenon. After this initial coding, potential themes were developed in phase three, with all the noted data extracts organised under each. During phase four, the validity of each theme was reviewed and discussed during a consultation session with experts in qualitative data analysis. Following the discussion session, consensus was reached that the data extracts did not provide valid evidence and substance to be considered as trauma causing factors of CSA. Thus, no additional factors emerged from this data set.

Thematic analysis of the transcripts was an iterative process where the researcher frequently moved back and forth between the data and the coding framework (Nieuwenhuis, 2011b). As such, transcripts were coded in extensive detail where the focus shifted between the participants’ point of view and the researcher’s interpretation of meanings (Marelli, 2015). Consequently axial coding was done to group concepts together, after which codes were allocated (Sarantakos, 2005). The six phases of thematic analysis of Braun and Clarke (2006)
were followed as with the scoping review and discussions held with experts. The Atlas.ti 7.0 (2012) software programme was used as a tool in the data analysis process, where Marelli (2015) stated that “analysis is more than coding” (para. 1). In writing up the findings, unique extracts from the data were used as evidence of the trauma causing factors of CSA that emerged in adult women survivors who participated in the S2T treatment sessions. An example of the coding process is provided by using segments from the S2T data set (see Addendum G).

1.7 Trustworthiness

Trustworthiness of this study was established by providing a clear description of the methodology used during this study, data collection methods, and data analysis. The researcher also consulted with experts in qualitative data analysis (NWU researchers), and held consensus discussions with experts in the field of CSA (supervisors) to ensure credible and clear data analysis and interpretations of the findings (Marshall & Rossman, 2016). An independent coder (qualitative researcher) reviewed the results of the scoping review, and transcripts and themes of the QSA to verify the data analysis process and meaning of each code assigned to the themes (Burnard, Gill, Stewart, Treasure, & Chadwick, 2008; Merriam, 2009).

The primary researchers obtained written consent from participants in which permission was given to the researcher in this study to observe the process of the S2T collaborative strengths-based group intervention programme. As observer, the researcher learned from participants’ experiences, but maintained “empathic neutrality” (Patton, as cited in Marshall & Rossman, 2016, p. 118). A field journal was kept and reflexive notes were made immediately after each session with the aim to provide insight when commencing with the data analysis (Marshall & Rossman, 2016). Furthermore, with a view to explore the reality experienced by the
participants as evident in the existing data set, this study was conducted in such a manner that the researcher’s own judgment concerning the reality of trauma causing factors amongst adult women survivors of CSA was suspended. This bracketing out or suspension of the researcher’s experiences of a phenomenon is explained in Creswell (2009) as an effective manner to understand individuals’ personal experiences. Considering the aforementioned, this study’s trustworthiness was ensured.
1.8 Design map

Table 5

Design map

<table>
<thead>
<tr>
<th>Primary research question</th>
<th>Secondary research questions</th>
<th>Research design</th>
<th>Sampling, participants and data collection method</th>
<th>Data analysis</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is known from literature and practice about trauma causing factors of CSA in adult women survivors?</td>
<td>Manuscript 1 - Phase I: 1. What could be learned from previous studies on trauma causing factors of CSA amongst adult women survivors? 2. What input or additional issues related to trauma causing factors can be identified by a panel of experts?</td>
<td>Scoping review Focus group &amp; one individual interview</td>
<td>• Data base and journal search 59 studies selected: 28 quantitative, 24 qualitative, and 7 mixed method • Extraction of data on trauma causing factors of CSA onto data extraction form Purposive and snowball sampling • Three Social Workers, one Clinical Psychologist • Semi-structured interviews • Audio-recordings; transcriptions.</td>
<td>• Thematic data analysis • Iterative process • Independent coding • Consensus discussion</td>
<td>Identified 6 trauma causing factors of CSA in adult women survivors and developed a coding framework</td>
</tr>
<tr>
<td></td>
<td>Manuscript 2 - Phase II: 3. What trauma causing factors of CSA emerged in a group of adult women survivors participating in the S2T group intervention programme? 4. What findings could further inform S2T treatment practice for adult women survivors of CSA?</td>
<td></td>
<td>• Data set from the S2T treatment sessions  Between 5 and 8 adult women survivors of CSA</td>
<td></td>
<td>Identifed 5 trauma causing factors of CSA in South African adult women survivors A conceptual framework was developed</td>
</tr>
</tbody>
</table>

1.9 Ethical considerations

One broad ethics application was submitted to the Humanities and Health Research Ethics Committee (HHREC) of the NWU Vaal Triangle Campus, in which the research problem of
this study was identified. Permission and ethical clearance to conduct the study were obtained (Addendum H). Further ethical considerations related to the study are noted as follows.

In agreement with Mendelsohn et al. (2015), the scoping review in phase 1 of the study did not involve first-hand collection of data from participants as in a primary study; thus ethical clearance was not required for the scoping review. However, ethical clearance to conduct a focus group discussion (phase 1) and the QSA in phase 2 was obtained from HHREC.

An independent facilitator (Mrs Baaqira Kays Ebrahim) obtained written informed consent (Addendum J) from the three participants in the focus group and the one participant who was interviewed individually, stating the anonymous and confidential nature of the discussion, as required by the Health Professions Act 56 of 1974 (Department of Health, 2006).

With regard to the QSA in phase 2, the researchers of the primary study (Dr Hayley Walker-Williams & Prof Ansie Fouché) obtained informed consent from the participants which indicated their voluntary participation in the research, and that the data obtained may be used for QSA by other researchers. Regarding secondary analysis of data, Grinyer (2009) stated that whenever consent was obtained from participants in the primary study to use data for future research, further demands on the participants to consent will be eliminated and additional anxiety would not be triggered. This is especially the case where sensitive information was shared by participants. Hence the researcher obtained written consent from the researchers in the primary study (Dr Hayley Walker-Williams & Prof Ansie Fouché) to use one existing data set from the S2T collaborative strengths-based group intervention programme (Addendum K). Anonymity and confidentiality was ensured in the primary study, where a unique number was assigned to each participant. The audio recordings are kept in a secure location as stipulated in the Health Professions Act 56 of 1974 (Department of Health, 2006).
1.10 Summary of findings

Six themes emerged from the scoping review, which were also observed by experts in treatment practice, namely (1) traumatic sexualisation, (2) betrayal, (3) stigmatisation, (4) powerlessness, (5) developmental arrest, and (6) the nature and context of CSA. These themes described the factors associated with the trauma caused by CSA in adult women survivors. The QSA identified five corresponding trauma causing factors to those documented in literature, with the exception of the nature and context of childhood sexual abuse, as this was not explored in the primary study.

1.11 Limitations of this study

1.11.1 Manuscript 1.

- The decision to select only studies that have been published in English might have ignored the possibility of valid research conducted in other languages.
- The unforeseen small number of experts who participated in the discussion on trauma causing factors of CSA they observed in treatment practice, limited the information obtained, where other experts might have identified additional trauma causing factors.

1.11.2 Manuscript 2.

- The researcher is mindful of the limitation of the amount of data available for the QSA, since only one data set was used to explore the trauma causing factors of CSA reported by adult women survivors participating in the S2T collaborative strengths-based group intervention.
- Also, given the age of the women in the group, the traumatic impact of their sexual experiences in childhood on their current lives might have lacked certain aspects and
intensity of the trauma causing factors, as it would possibly be reported by an older age group (Finkelhor & Kendall-Tackett, 1997).

1.12 Contributions of the study

This study provided the first known summary of the factors surrounding CSA which had caused such a large amount of trauma in their lives. Despite the limitations of this study, the results support Finkelhor and Browne’s (1985) traumagenic dynamics of traumatic sexualisation, betrayal, stigmatisation, and powerlessness which link the experience of CSA to the on-going difficulties observed in survivors. However, this study expands on these dynamics in recognising that the trauma caused by CSA might be the result of developmental arrest, and the nature and context of CSA. The findings from the secondary analysis of one set of data emphasise the importance of acknowledging that CSA and the impact of similar factors surrounding this trauma, is as much a reality among South African women as it is in the international arena.

Thus, these additional trauma causing factors of CSA that emerged from this current study, advance the understanding of this devastating childhood phenomenon. It therefore makes a strong case for considering all aspects surrounding CSA to fully comprehend the damaging effect of this traumatic childhood experience in the lives of adult women survivors. Accordingly, this study underscores the importance of informing treatment practice, as well as the wider society.

1.13 Layout of the study

The layout of the study is illustrated in Table 6.
Table 6

Layout of the study

<table>
<thead>
<tr>
<th>Section A</th>
<th>Overview to the study</th>
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<tr>
<td><strong>Section B</strong></td>
<td>Manuscript 1</td>
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<td></td>
<td>Phase 1:</td>
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<td></td>
<td>- Scoping review</td>
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<td>- Focus group</td>
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<td>discussion with</td>
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<td>one individual</td>
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<td>interview with a</td>
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<td>fourth expert</td>
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<td><strong>Journal publication</strong></td>
<td>Journal of Psychology in Africa</td>
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<tr>
<td><strong>Section C</strong></td>
<td>Conclusions,</td>
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<td>limitations,</td>
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<td><strong>Addendums</strong></td>
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doi:10.1016/j.psi.2015.03.002

doi:10.1080/1364557032000119616


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SECTION B

PHASE I
MANUSCRIPT 1 – Trauma causing factors of childhood sexual abuse: A scoping review

This manuscript forms part of a larger study, which consists of two phases:

- Phase I – Scoping review
- Phase II – Qualitative secondary analysis (QSA)

The manuscript which follows, reports on phase I “Trauma causing factors of childhood sexual abuse: A scoping review”, and consists of a scoping review conducted to identify available literature on the trauma causing factors of CSA, with integrated findings from a focus group discussion with three professionals who are experts in the field of CSA and an individual interview with one such expert who were unable to attend the group discussion.

Two secondary research questions were driving this part of the study:

- What could be learned from previous studies on trauma causing factors of CSA amongst adult women survivors?
- What input or additional issues related to trauma causing factors can be identified by a panel of experts?
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Journal of Psychology in Africa – Author guidelines

Manuscripts
Manuscripts should be written in English and conform to the publication guidelines of the latest edition of the American Psychological Association (APA) publication manual of instructions for authors. Manuscripts can be a maximum of 7,000 words.

Submission
Manuscripts should be prepared in MSWord, double spaced with wide margins and submitted via email to the Editor-in-Chief at the following address:
elias.mpofu@sydney.edu.au
Before submitting a manuscript, authors should peruse and consult a recent issue of the Journal of Psychology in Africa for general layout and style.

Manuscript format
All pages must be numbered consecutively, including those containing the references, tables and figures. The typescript of a manuscript should be arranged as follows:

• Title:
this should be brief, sufficiently informative for retrieval by automatic searching techniques and should contain important keywords (preferably <13).

• Author(s) and Address(es) of author(s):
The corresponding author must be indicated. The author’s respective addresses where the work was done must be indicated. An e-mail address, telephone number and fax number for the corresponding author must be provided.

• Abstract:
Articles and abstracts must be in English. Submission of abstracts translated to French, Portuguese and/or Spanish is encouraged. For data-based contributions, the abstract should be structured as follows:
TRAUMA CAUSING FACTORS OF CHILDHOOD SEXUAL ABUSE

Objective – the primary purpose of the paper, Method – data source, participants, design, measures, data analysis, Results – key findings, implications, future directions and Conclusions – in relation to the research questions and theory development. For all other contributions (except editorials, book reviews, special announcements) the abstract must be a concise statement of the content of the paper. Abstracts must not exceed 150 words. The statement of the abstract should summarise the information presented in the paper but should not include references.

• Text:
(1) Per APA guidelines, only one space should follow any punctuation; (2) Do not insert spaces at the beginning or end of paragraphs; (3) Do not use colour in text; and (4) Do not align references using spaces or tabs, use a hanging indent.

• Tables and figures:
These should contain only information directly relevant to the content of the paper. Each table and figure must include a full, stand-alone caption, and each must be sequentially mentioned in the text. Collect tables and figures together at the end of the manuscript or supply as separate files. Indicate the correct placement in the text in this form <insert Table 1 here>. Figures must conform to the journals style. Pay particular attention to line thickness, font and figure proportions, taking into account the journal’s printed page size – plan around one column (82 mm) or two column width (170 mm). For digital photographs or scanned images the resolution should be at least 300 dpi for colour or greyscale artwork and a minimum of 600 dpi for black line drawings. These files can be saved (in order of preference) in PSD, PDF or JPEG format. Graphs, charts or maps can be saved in AI, PDF or EPS format. MS Office files (Word, Powerpoint, Excel) are also acceptable but DO NOT EMBED Excel graphs or Powerpoint slides in a MS Word document.
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Referencing

Referencing style should follow latest edition of the APA manual of instructions for authors.

• References in text:

References in running text should be quoted as follows: (Louw & Mkize, 2012), or (Louw, 2011), or Louw (2000, 2004a, 2004b). All surnames should be cited the first time the reference occurs, e.g., Louw, Mkize, and Naidoo (2009) or (Louw, Mkize, & Naidoo, 2010). Subsequent citations should use et al., e.g. Louw et al. (2004) or (Louw et al., 2004).

‘Unpublished observations’ and ‘personal communications’ may be cited in the text, but not in the reference list. Manuscripts submitted but not yet published can be included as references followed by ‘in press’.

• Reference list:

Full references should be given at the end of the article in alphabetical order, using double spacing. References to journals should include the author’s surnames and initials, the full title of the paper, the full name of the journal, the year of publication, the volume number, and inclusive page numbers. Titles of journals must not be abbreviated. References to books should include the authors’ surnames and initials, the year of publication, full title of the book, the place of publication, and the publisher’s name. References should be cited as per the examples below:

Reference samples:

Journal article

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Book

Edited book

Chapter in a book

Magazine article

Newspaper article (signed)

Unpublished thesis

Conference paper
Abstract

Numerous researchers found that the inherent presence of unique trauma causing factors makes CSA a complex trauma with devastating effects on individuals. This study extended the understanding of this phenomenon by exploring trauma causing factors of childhood sexual abuse (CSA) documented in literature for adult women survivors. A systematic scoping review was conducted on publications between 1983 and 2016, in which data from 59 studies were extracted using Arksey and O’Malley’s framework. Thematic analysis followed the six phases as outlined by Braun and Clarke. The results indicated six factors of CSA in adult women survivors. The first four factors correspond with Finkelhor and Browne’s traumagenic dynamics model of CSA: traumatic sexualisation, betrayal, stigmatisation, and powerlessness. Two additional factors were identified in literature, namely development arrest, and nature and context of CSA. This study therefore expanded on the traumagenic dynamics model of Finkelhor and Browne. It also provides the first known summary of the factors surrounding CSA which caused long-term trauma in the lives of adult women survivors. However, further research is recommended to confirm these findings by replicating the process followed in this study.

Keywords: childhood sexual abuse, adult women, survivors, trauma causing factors, qualitative
2.1 Introduction

Much attention is given in literature to the dynamics emerging from the heinous crime of childhood sexual abuse (CSA). Early researchers, such as Finkelhor and Browne (1985), and Elliott (1999), found the most prominent trauma causing factors to be traumatic sexualisation, powerlessness, stigmatisation, and betrayal. However, a need exists for an integrated summary of the available evidence in literature of trauma causing factors, and to date, no such scoping review has been documented in literature; hence the purpose of this study. Such a study may then increase awareness and knowledge surrounding CSA, and thus inform therapeutic interventions.

The prevalence of CSA worldwide has been well documented (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Hébert, Tourigny, Cyr, McDuff, & Joly, 2009; Jewkes, Dunkle, Nduna, Jama, & Puren, 2010; Ji, Finkelhor, & Dunne, 2013; Pereda, Guilera, Forns, & Gómez-Benito, 2009; Stoltenborgh, Van IJzendoorn, Euser, & Bakemans-Kranenburg, 2011). The global prevalence among females is between 18 and 22.1% and among males from 7.6 to 13.8%, with a number of studies in Africa suggesting that these figures might even be higher (Pereda et al., 2009). As such, the first national representative survey on the prevalence of CSA in South Africa found that one in three young people reported a sexually abusive experience in their lifetime (Artz et al., 2016).

Although studies found that some children show a natural ability to bounce back following a traumatic experience such as sexual abuse (Bonanno, Westphal, & Mancini, 2011; Finkelhor, 1990), a body of research (Kendall-Tackett, Williams, & Finkelhor, 1993; Ullman, Peter-Hagene, & Relyea, 2014; Webster, 2001) found that CSA includes a wide range of negative symptomatology and long-term outcomes in adulthood. A high prevalence of mental-health concerns was found in literature, of which depression (Amado, Arce, & Herraiz, 2015; Dolan
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& Whitworth, 2013; Kendall-Tackett et al., 1993; Mathews, Abrahams, & Jewkes, 2013), anxiety-related disorders (Dolan & Whitworth, 2013; Kendall-Tackett et al., 1993; Mathews et al., 2013; Webster, 2001), and personality disorders (Baird, 2008; Davis & Petretic-Jackson, 2000; Dolan & Whitworth, 2013; Mathews et al., 2013) are among the most frequently reported difficulties.

Intrapersonal difficulties such as low self-esteem (Hodges & Myers, 2010; Kendall-Tackett et al., 1993; Sigurdardottir & Halldorsdottir, 2013; Singh, Parsekar, & Nair, 2014) and poor self-concept (Davis & Petretic-Jackson, 2000; Kerlin, 2013; McAlpine & Shanks, 2010; Stock, Bell, Boyer, & Connel, 1997) are consistently indicated in research. Also, the impact of CSA on interpersonal relationships is noted as the inability to trust others (Briere & Elliot, 1994; Hodges & Myers, 2010; Penning & Collings, 2014; Singh et al., 2014), which precedes relational problems in most cases (Briere & Elliot, 1994; Richter et al., 2013; Shi, 2013; Singh et al., 2014).

Furthermore, sexual problems in adult women survivors of CSA are widely documented in literature as sexual risk behaviours (Mathews et al., 2013; Richter et al., 2013; Stock et al., 1997; Walsh, Latzman, & Latzman, 2014), intimacy problems (Davis & Petretic-Jackson, 2000; Hodges & Myers, 2010; Kallstrom-Fuqua, Weston, & Marshall, 2004; Mullen & Fleming, 1998), and re-victimisation (Cashmore & Shackel, 2013; Kendall-Tackett et al., 1993; Mathews et al., 2013; Penning & Collings, 2014).

Researchers attempted to explain the reason why sexual abuse survivors present with such devastating long-term negative outcomes. From an intrapersonal perspective, Brayden, Deitrich-MacLean, Dietrich, Sherrod, and Altemeier (1995) found that a negative self-esteem and physical self-concept is caused by the sexual violation experienced in childhood. Due to this violation, victims are prone to internalise feelings of shame which leads to the
development of depression in adulthood (Feiring, Taska, & Lewis, 1996). In addition, fear of interpersonal relationships develops and is largely due to the personal exploitation and disappointment experienced during the sexual abuse in childhood (Ramasar, 1997).

A well-known model, the posttraumatic stress disorder model (PTSD) explains the symptoms and behavioural manifestations with which trauma victims present. Studies on PTSD symptoms in children who had experienced CSA are well cited. Wolfe, Sas, and Wekerle (1994) assessed sexually abused children according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) criteria for PTSD. They found that children show symptoms related to the re-experiencing of the abusive event, avoidance of stimuli associated with the abuse, increased arousal (Wolfe et al., 1994). Furthermore, their analysis indicated that the child’s feelings of guilt over the abuse contributed to symptoms of PTSD (Wolfe et al., 1994). In line with these findings, Briere and Runtz (1987) stated that dissociation as an initial coping strategy in CSA becomes a conditioned response to aversive and anxiety provoking sexual stimuli throughout life. They refer to these effects as symptomatic behaviours similar to PTSD, and suggested a common concept of “post sexual abuse trauma” to explain the long-term effects (Briere & Runtz, 1987, p. 374).

In addition, Filipas and Ullman (2006) noticed an increase in PTSD symptoms in cases with greater CSA severity, higher frequency, maladaptive coping, and self-blame in younger children. Furthermore, an increase in PTSD symptomatology was also linked to a closer relationship between the child and the perpetrator (Cantón-Cortés, Cortés, Cantón, & Justicia, 2011; Filipas & Ullman, 2006). With regards to CSA severity, Owens and Chard (2001) indicated that penetration was the only abuse characteristic to predict cognitive distortions related to power, trust and self-worth which, in combination with dissociation and maladaptive coping as reported in other studies play a major role in PTSD symptomatology.
Yet another study (Ullman, Najdowski, & Filipas, 2009) found that numbing symptoms such as an inability to recall certain aspects of the abuse, decreased interest in activities, feeling detached from others, and emotional numbness are frequently reported symptoms in adult women survivors of CSA.

However, to accommodate the specific nature of CSA beyond the narrow PTSD theory of sexual abuse trauma which primarily focuses on the affective realm, led to the conceptualisation of the Traumagenic Dynamics Model of CSA of Finkelhor and Browne (1985). From their research conducted within the Family Violence Research Program of the University of New Hampshire, David Finkelhor and Angela Browne proposed a framework that categorised the effects and main sources of trauma in CSA (1985). Drawing from observations made by clinicians working with young child victims of sexual abuse and a review of the literature, Finkelhor and Browne (1985) theorised that the effects or trauma causing factors of CSA can be described by four themes. Consequently, the traumagenic dynamics model of CSA was developed, which explains traumatic sexualisation, powerlessness, stigmatisation, and betrayal as the factors surrounding the CSA experience that makes it such a devastating trauma (Finkelhor & Browne, 1985). This model captures all dimensions of functioning affected by CSA in a single context (Finkelhor & Browne, 1985), and does not only focus on the abuse itself, but also emphasises the conditioning process and consequences of the trauma caused by CSA (Finkelhor, 1990).

A strong argument was made by Browne and Finkelhor (1986) and Kendall-Tackett et al. (1993) that children are developmentally immature to fully comprehend the devastating impact of the CSA on their lives at the time of experiencing the abuse. Consequently this causes the impact of the CSA to be masked or hidden, and so, traumatic symptoms might only manifest at a later developmental stage (Kendall-Tackett et al., 1993). As such, the so-
called ‘sleeper effect’ occurs, which means that the severity of the impact of the CSA may only be recognised years after the sexual abuse experience, or triggered by other developmental challenges (Finkelhor & Berliner, 1995).

Despite the attention this aspect received in literature, there is no specific study summarising the evidence on this topic. Therefore, the aim of this study was to conduct a scoping review to identify available literature and provide a summary of evidence from a variety of studies on the trauma causing factors of CSA.

First, the methodology is explained, after which the results are presented. Then an in-depth discussion of the results follows. The paper then presents the conclusions reached in this study and the limitations thereof.

2.2 Methodology

Scoping reviews can be used for several reasons across many disciplines (Landa et al., 2011), such as to validate whether a full systematic review should be undertaken or to summarise what is known in the literature regarding a specific phenomenon (Arksey & O’Malley, 2005). This scoping review thus sought to provide a summary of selected publications documenting the current knowledge available on the trauma causing factors experienced by adult women survivors of CSA.

This study followed the five-stage framework of Arksey and O’Malley (2005) in order to obtain a comprehensive summary of the phenomenon being studied. The scoping review was thus conducted in accordance with these stages, namely (1) formulation of the research question, (2) identified relevant studies from the various sources, (3) study selection took place which involved applying the inclusion and exclusion criteria, (4) data was charted after extracting information from the included studies, and (5) data was analysed to provide a
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descriptive thematic analysis (Arksey & O’Malley, 2005).Arksey and O’Malley (2005) prescribed an additional step whereby the researcher would consult with stakeholders or professionals for their input of the findings, and to obtain additional understanding of the phenomenon beyond what was published in the literature. As such, this study also reports on the findings from a focus group discussion with three participants, and an interview with one other participant; all of whom are experts in the field of CSA. The process and protocol followed during this scoping review is available at the end of this dissertation (Addendum A), indicating the incorporation of the stages in the framework given by Arksey and O’Malley (2005).

2.2.1 Research questions.

The research questions for this study were “What could be learned from previous studies on trauma causing factors of CSA amongst adult women survivors?” With regards to the focus group discussion and one individual interview, the question posed by this study was: “What input or additional issues related to trauma causing factors can be identified by a panel of experts?” The next section describes the search strategy, followed by the results after a discussion of each step in identifying relevant studies included in this scoping review.

2.2.2 Search strategy: Scoping review.

Data bases and journal search

Various databases and academic journals were accessed for published evidence-based studies. Databases identified for purposes of this study were: EbscoHost (Academic Search Premiere, Africa-Wide Information, E-Journals, ERIC, PsycARTICLES, PsycINFO, SocINDEX), SAePublications, Science Direct, CrossRef (APA PsycNET), Google scholar (ResearchGate), PubMed Central, and Cochrane Reviews. The following academic journals
were accessed: Child Abuse & Neglect, Child Abuse Research in South Africa, Child Abuse Review, Journal of Child Sexual Abuse, Sexual Abuse: A Journal of Research and Treatment, and Trauma, Violence and Abuse: A Review Journal. Additional articles were sourced from reference lists as cited in the publications during the first stage of the review, as well as from the final studies selected for this scoping review. During the third stage, post hoc inclusion and exclusion criteria were applied to ensure a consistent search for relevant studies that would answer the research question (Arksey & O’Malley, 2005). These criteria are outlined next.

**Inclusion criteria**

All publications from 1983 until 2016 were accepted, but only those published in English were accessed. The inclusion of studies was restricted to outcomes that only report on trauma causing factors in adult women survivors of CSA. Thus, the participants of these studies had to be *adult women survivors*. The researcher also included *adult female survivors, adult women sexually abused as children,* and *adult female sexually abused as children* as search terms to ensure the coverage of terms used by different authors. The initial search terms for the phenomenon of interest were *child sexual abuse* or *childhood sexual abuse,* and *trauma causing factors* or *traumagenic dynamics.* Due to the widely used terms identified in reviewing the literature, the following terms addressing the phenomenon were added to the search: *child sexual assault* or *childhood sexual assault,* and *traumatic sexual abuse experience.* Studies selected for inclusion are empirical studies, including published and unpublished doctoral dissertations. Research designs were limited to quantitative designs (quasi-experimental studies, retrospective cohort studies, analytical cross-sectional studies), qualitative designs (phenomenology, grounded theory, ethnography, feminist research, case studies), and mixed method designs.
Exclusion criteria

Studies were excluded if the victims of the CSA were males or minors under the age of 18. Any studies pertaining to sexual offenders were also excluded. Publication types not accepted for inclusion were training manuals or updates, systematic and literature reviews, meta-analyses, secondary analysis of data, book reviews or sections, policy or government documents, summaries of judgments or papers, volume content or table of contents, conference programmes, reference to blogs, reference books, newspaper or magazine articles.

2.2.3 Study selection process.

The first step in the selection process identified 15,143 data base and 5,815 journal articles according to the search terms, which added up to 20,958 publications for further analysis (Figure 1). Additionally, 330 articles were sourced from reference lists of each database and journal article initially identified using the following Boolean/phrase: (*child sexual abuse* OR *childhood sexual abuse*) AND (trauma causing factors OR traumagenic dynamics) AND (adult women survivors OR adult female survivors). A total of 21,288 articles were exported to EndNote X7.7.1 (2016), grouped together under the database or journal name (see Addendum B for details). Next, 11,974 duplications were eliminated using EndNote X7.7.1 (2016). The remaining 9,314 articles were then evaluated and the exclusion criteria was applied; mentioned earlier as being part of stage three of a scoping review. Consequently 8,456 articles were excluded. Then, the titles and abstracts of 885 articles were screened for relevance, whereby 85 articles were selected for full-text review. After a detailed analysis of the 85 articles, 55 met the inclusion criteria of reporting on trauma causing factors of adult women survivors of CSA, and four additional citations were identified from the full-text review, resulting in 59 articles selected for inclusion in the review.
Figure 1. Flow diagram of study selection process

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15 143 publications identified through data base search using key terms

5 815 publications identified through academic journal search using key terms

20 958

330 additional citations identified from reference lists of publications identified through data base & academic journal searches

21 288

9 314 publications after duplicates removed

885 publications screened by title and abstract after application of exclusion criteria and further duplicates removed

800 publications excluded

85 full text studies assessed for eligibility

30 publications excluded
1. Studies that included female and male participants where results did not differentiate between gender
2. Age of participants not specified in results

55 eligible studies identified

4 additional publications identified

59 studies included in scoping review
Quantitative (n = 28)
Qualitative (n = 24)
Mixed methods (n = 7)
2.2.4 Charting the data.

Data collection in scoping reviews involves the extraction of data from the selected studies which forms part of stage four in Arksey and O’Malley’s framework (Levac, Colquhoun, & O’Brien, 2010). In this stage, the researcher developed a data charting form (Levac et al., 2010) to determine which data to extract, and for purposes of the study’s scoping review, only data that explained the trauma causing factors of CSA were mapped in the data charting form (Addendum E). A quality assessment of studies included in this scoping review was not needed, since a scoping review typically does not include a quality appraisal of studies, as in the case of systematic reviews.

2.2.5 Data analysis – collating and summarising of results.

Thematic analysis followed the six phases outlined by Braun and Clarke (2006) to identify, analyse, and describe themes related to the trauma causing factors of CSA within the selected studies. The Atlas.ti 7.0 (2012) scientific software programme was also used to assist in the data analysis process (Levac et al., 2010). First, notes were made while reading the results and discussion section of each study. Then, initial codes were assigned to key features within the data related to trauma causing factors of CSA. This was followed by creating codes as sub-categories, and these were grouped under 10 potential themes. The highlighted segments of each sub-category within the studies were extracted, and presented under each theme within a report drawn from Atlas.ti 7.0 (2012). This report was used to review each theme and the coded data extracts thereof. Next, a written analysis of the data was created to assess the core meaning of each theme.

During this stage of the analysis, four of the initial 10 themes were re-examined and reviewed. It was established that these four themes did not provide valid evidence and substance to be considered as trauma causing factors of CSA. An independent coder was used
to assess the identified codes and results of the analysis. No additional trauma causing factors were identified. The last phase entailed the writing of the report.

2.2.6 Focus group discussion and one individual interview.

The aim of the focus group discussion and one individual interview was to answer the secondary research question posed in this study, “What input or additional issues related to trauma causing factors can be identified by a panel of experts?” This step was included as recommended by Arksey and O’Malley (2005). To successfully conduct a focus group discussion, the researcher should select a minimum of four people on the grounds of shared characteristics relevant to the research question, and who are not familiar with one another (Marshall & Rossman, 2016). Apart from creating a conducive environment for the discussion, focused questions should be asked to facilitate a discussion whereby the stakeholders can provide and express opinions and personal views that might differ with regards to experience and/or findings from own studies (Marshall & Rossman, 2016). Hence the researcher aimed at identifying agreements and differing trends in the experts’ opinions related to trauma causing factors of CSA so as to draw comparisons between the findings of the scoping review and those from the focus group discussion and individual interview.

Sampling and participants

Nieuwenhuis (2011a) explains that the success of a focus group discussion lies in purposive sampling of group members who will represent the intended target population. In this study, an independent facilitator recruited experts with a minimum of five to eight years’ practice experience in working with childhood sexual abuse survivors, to enquire about their willingness to participate in the group discussion.
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The initial intention was to select a minimum of six experts for the focus group discussion. However, only four responded to the final communication. Also, one participant was unavailable to attend the focus group discussion on the set date, and an individual interview was conducted to accommodate this participant. Inclusion criteria were (1) a minimum of five to eight years’ practice experience in working with childhood sexual abuse survivors, and (2) be qualified as a registered social worker or psychologist working at trauma clinics, child protection organisations, or in private practice.

The final sample included three social workers and one clinical psychologist, of whom two were African, one White, and one Indian. Participants were between 30 and 51 years of age, and had an average of 12 years’ practice experience in working with adult women survivors of CSA. As the purpose of these discussions was to explore whether experts agree on the findings from the scoping review or are able to identify any additional emerging issues related to CSA, only one focus group discussion was held and one additional individual interview was conducted.

It is important to note that the aim of these discussions was not similar to that of an entire study that relies on more than one focus group for the collection of data for a primary study (Nieuwenhuis, 2011a).

Data collection

Semi-structured interviews were conducted in English to collect relevant data for this study, which followed a predetermined interview schedule (Addendum C). Consent was obtained from the participants to digitally record the discussions. The themes explored during the discussions were (1) traumatic sexualisation, (2) betrayal, (3) stigmatisation, (4) powerlessness, (5) developmental arrest, and (6) nature and context of CSA. The discussions started with a broad question to actively engage the participants in the discussion
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(Nieuwenhuis, 2011a). To gain insight into participants’ own understanding of the factors they considered to be contributing CSA being such a devastating trauma, an opening question was posed. In doing so, the researcher remained objective and did not impose any preconceived ideas on the participants pertaining to the question posed. Then, probing questions were used to steer the discussion in order to achieve the goal of answering the specific research question, where this is explained by Nieuwenhuis (2011a) as the interview having a funnel structure. The aim was to elicit information targeted at the trauma causing factors identified in literature, to obtain expert opinion on whether these factors are also observed in treatment practice (Creswell, 2008). Here, the findings from the scoping review were presented, where they compared it with their practice experience. The core findings from each identified trauma causing factor were given, after which a discussion followed that provided significant information regarding the trauma causing factors of CSA that had a severe impact on their clients’ lives. A summary of the focus group and individual discussions is provided under each identified trauma causing factor of CSA to illustrate the comparison between the evidence found in literature and that observed in treatment practice (see Addendum D).

Data analysis

The audio recordings of the focus group discussion and of the individual interview were transcribed by the researcher, coded and categorised under specific themes (Nieuwenhuis, 2011b). Thematic analysis was conducted where themes were identified, analysed, and reported on (Braun & Clarke, 2006). Data analysis followed the same procedure used in the scoping review. Consensus discussions were held with the study supervisors throughout the analysis process for suggestions on thematic re-conceptualisation. The results from the focus group discussion and individual interview are provided after the discussion each trauma
causing factor in the next section. Data extracts from the focus group discussion and individual interview are inserted to illustrate the input and additional issues related to trauma causing factors provided by a panel of experts.

2.2.7 Trustworthiness.

The trustworthiness of this study was established by providing clear guidelines pertaining to the study selection strategy, inclusion and exclusion criteria, and data analysis. Consensus discussions were held with the study supervisors throughout the analysis process for suggestions on thematic re-conceptualisation, and to ensure that data analyses and interpretations are clear and credible (Marshall & Rossman, 2016). An independent coder (qualitative researcher) reviewed the results and themes to verify the data analysis process and meaning of each code assigned to the themes (Burnard, Gill, Stewart, Treasure, & Chadwick, 2008; Merriam, 2009).

2.3 Results

This study reviewed the findings from 59 studies that met the inclusion criteria, and provides evidence of the trauma causing factors of CSA reported in the studies (see Addendum E). The selected studies utilised qualitative ($n = 28$), quantitative ($n = 24$), and mixed method designs ($n = 7$). In the following section, the results of the six trauma causing factors identified in this scoping review are provided, which focus on (1) traumatic sexualisation, (2) betrayal, (3) stigmatisation, (4) powerlessness, (5) developmental arrest, and (6) the nature and context of CSA. These factors describe the trauma caused by CSA in adult women survivors.

2.3.1 Traumatic sexualisation.

A total of 34 studies indicated an association between CSA and traumatic sexualisation (see Addendum E). Traumatic sexualisation is understood to be an abusive sexual violation
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experienced by a child, as well as the physical and psychological trauma caused by the CSA. The contributing factors to this sexualisation process include (1) inappropriate sexualisation, (2) emotional and physical boundary violations, and (3) the objectification of the child’s body.

Studies reported on inappropriate sexualisation whereby the abuser engages a child in sexually intrusive behaviour for which she was at that stage not physically and psychologically prepared (Briere, 1988; Collin-Vézina, De La Sablonnière-Griffin, Palmer, & Milne, 2015; Draucker et al., 2011; Lev-Wiesel & Markus, 2013). More specifically, when sexual abuse involves penetration, the physical trauma to the child’s undeveloped body is undisputable (Ardison, 1997; Lev-Wiesel & Markus, 2013; Wang & Heppner, 2011). However, a study conducted by Baker (2015), indicated that no negative meanings were attached to the sexually exploitive behaviour when it occurred; therefore survivors were unaware of the consequences of their exposure to the abuse. This links to the reported confusion caused by the unpreventable, spontaneous response of the body to the abuser’s sexually exploitive actions during CSA, and therefore speaks to children’s immaturity and lack of understanding of their sexually undeveloped bodies (Jülich, 2005; Schlesinger, 2006). It was evident that the exposure to sexual abuse in childhood disrupted survivors’ development of their sexual identities and perceptions of sexuality (Baker, 2015; Niehaus, Jackson, & Davies, 2010). One cause of this interruption that originated from the CSA experience is the confusion between the attention received from abusers, and a nurturing relationship, which results in an inability to separate the meaning of sex and affection (Schlesinger, 2006).

Additionally, future aspects surrounding sex could be dually impacted based on previous experiences of CSA, and the evidence of sexual problems in the literature was thus not
surprising. Adult women survivors of CSA reported confusion related to sexual feelings and arousal (Noll, Trickett, & Putnam, 2003), and problems with intimacy (Swanson & Mallinckrodt, 2001). Evidence found in the selected studies described the development of women’s negative attitudes towards sex and sexuality due to their CSA experiences. They perceived sex as dirty (Niehaus et al., 2010) and sexuality as immoral and emotionally damaging (Napoli, Gerdes, & DeSouza-Rowland, 2001). However, some sexually ambivalent women reported a need to re-experience sexual arousal related to the sexual exploitation in childhood (Noll et al., 2003), which could be the result of the arrested sexual development at a young age.

Traumatic sexualisation was further evident in studies that reported on the emotional and physical boundary violation experienced by adult women during CSA, and echoes the profound manner in which their bodies, personal space and privacy were violated and disrespected (Human, 2015; Morrow & Smith, 1995). These boundary violations in childhood influence perceptions of what constitutes normal sexual relationships with others, and lead to difficulties within intimate relationships. Common problems reported in the literature include adult women’s avoidance of sex and intimacy, and difficulties with touch (Pettersen, 2013; Swanson & Mallinckrodt, 2001). Contrary to this finding, Napoli et al. (2001) noted a link between CSA boundary violations and increased sexual behaviour, where prostitution recreates the traumatic sexual and interpersonal boundary violations a victim had experienced in childhood.

Further evidence of traumatic sexualisation was found where abusers used survivors’ innocent bodies to satisfy their own sexual needs (Karakurt & Silver, 2014). In this regard, evidence explains the objectification of a child’s body as an indication of the disrespect of
being female, and feeling unworthy of love, as reported by adult women survivors (Hurst, 1999).

The documented evidence of traumatic sexualisation links with professional experience in private practice, as reflected during the focus group discussion. As such, clients, during their childhood, did not understand the true nature and implications of the sexually exploitive behaviour, as some disclosed their experiences as enjoyable. This was due to the clients’ immaturity, and the grooming processes that evoked pleasurable responses during the abuse. Consequently, the impact on clients’ early sexual development was observed in their increased sexual activity to re-experience the pleasure associated with the CSA experience.

The cases of repeated rape and molestation experienced during childhood were linked to the severe boundary violations, and impairment in sexual development. Consequently clients experienced difficulties with closeness and libido in adult intimate relationships.

2.3.2 Betrayal.

A sense of betrayal felt by adult women survivors of CSA was indicated in 44 studies (see Addendum E), and recognised under three categories, namely (1) attachment injury, (2) innate trust being broken, and (3) an inability to recognise future negative situations. These categories describe the impact of different relationship encounters during and after CSA.

The factors that caused an attachment injury were mostly noticed in adult women survivors who were abused by known perpetrators (Ardison, 1997; Frías, Brassard, & Shaver, 2014; Hanna, 2003; Swanson & Mallinckrodt, 2001). In some studies the sexually abusive acts were the only form of social contact for women within the family context, where perpetrators then sexually exploited, and thus betrayed, their attachment and affection needs for their own gratification (MacFarlane & Korbin, 1983; Wang & Heppner, 2011). It was found that being sexually abused by a parental figure where a strong emotional bond existed prior to the abuse,
instilled a fear of being re-traumatised by an intimate partner in adulthood (Kallstrom-Fuqua et al., 2004; Karakurt & Silver, 2014). The development of anxious- and avoidant attachment styles due to childhood interpersonal anxiety were seen in survivors’ fear of exposure to relationships that resemble the sexual abuse in childhood (Feerick & Snow, 2005; Swanson & Mallinckrodt, 2001).

Another factor that equally contributes to an attachment injury relates to a child’s interaction with others in the CSA environment – the failure of others on whom survivors depended on for protection from further harm in childhood (Ardison, 1997; Bautz, 1997; Collin-Vézina et al., 2015; Human, 2015). In this regard, studies have shown that this injury occurs when mothers are aware of the sexual abuse of their daughters, but make no effort to confront the abuser in order to stop the on-going sexual abuse (Ardison, 1997; Karakurt & Silver, 2014). Additionally, a sense of betrayal was also found in relation to the failure or unawareness of others in noticing the sexual abuse (Collin-Vézina et al., 2015; Human, 2015; Jülich, 2005; Pettersen, 2013; Ramasar, 1997). Ardison (1997, p. 100) gave a unique description of the nature of this betrayal, in stating that “A mother failing to notice what was going on and/or looking the other way is a passive crime”.

Evidence suggests that similar injuries occur upon disclosure, where others are approached in the hope of receiving support and validation of the CSA experience (Brand & Alexander, 2003). Survivors’ disclosures in childhood were met with negative responses, such as being blamed for the abuse (Baker, 2015; Draucker et al., 2011), the denial or disbelief regarding the reality of the CSA (Collin-Vézina et al., 2015; Hunter, 2011), including the negation that the perpetrator’s behaviour was sexually abusive. For instance, the abuser’s behaviour was either described by others as a sign of affection, an accident, or not seen as a violent crime (Crowley & Seery, 2001; Taylor & Norma, 2013). These response failures diminish further
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expectations of receiving support from family members or others outside the home environment (Cantón-Cortés, Cantón, & Cortés, 2016; Hurst, 1999). Therefore it was found that no further disclosures were made, and the CSA trauma was borne in silence (Taylor & Norma, 2013; Wang & Heppner, 2011).

Betrayal also causes disruption in a child’s psychological predisposition to trust in the goodwill of others, known as innate trust. This betrayal occurs when sexual abuse was perpetrated by a trusted family member on whom a child depended (Ardison, 1997; Cantón-Cortés et al., 2016; Edwards, 1998), as well as sexual abuse by strangers, friends, acquaintances or relatives not living with the child (O’Rinn, Lishak, Muller, & Classen, 2013; Taylor & Norma, 2013). It is found that this form of betrayal has an effect on victims’ perceptions of their abusers, and also impairs their ability to trust others (Ramasar, 1997). More specifically, sexual abuse in childhood by a male figure with whom a prior emotional and physical attachment was formed, creates a generalised belief that no man can be trusted (DiLillo & Long, 1999; Kallstrom-Fuqua et al., 2004; O’Rinn et al., 2013; Wang & Heppner, 2011). This was evident in claims made by survivors that the intentions of all men are to exploit or harm them, and to satisfy their own needs (Ardison, 1997; Schlesinger, 2006; Valdez, Lim, & Lilly, 2013).

An association was found between betrayal and survivors’ inability to recognise future negative situations, indicated by the mixed messages they received from abusers in childhood. These messages were noted as receiving gifts or special attention in addition to the sexual abuse (Hoagwood, 1990; Jülich, 2005; MacFarlane & Korbin, 1983). Consequently, studies indicated that some adult women survivors unknowingly engaged in situations that resemble the circumstances surrounding the sexual abuse in childhood (Draucker et al., 2011; Hurst, 1999; Wager, 2013). The study executed by Senn, Carey, and Coury-Doniger (2011)
reported that the distorted reality of survivors’ CSA experiences also contributed to their inability to recognise consequences of risky sexual behaviour. Although it is not within the scope of this review to report on coping strategies applied by adult women survivors of CSA, it is worth mentioning that the use of substances also contributed to the aforementioned failure to recognise harmful situations (Brazelton, 2015).

The practice experience of professionals in the focus group reflected similar betrayal experiences in CSA female survivors. Evidence of attachment injuries was found where clients were abused by a trusted parental figure; thus the nature of their pre-abuse attachments changed into relationships built on sexual exploitation. It was also mentioned that clients’ trust in men diminished as a result of the betrayal in CSA, and that the negative responses they received upon disclosure, severely impacted their trust in others for support. This latter form of betrayal was described as “not sexual distortion, it’s love distortion…” (P3, line 111). It was also mentioned that clients tend to engage in high-risk sexual behaviour, as they are unable to anticipate the consequences of their behaviours.

2.3.3 Stigmatisation.

Stigmatisation was a notable factor in 47 studies that caused trauma in the lives of adult women survivors of CSA (see Addendum E). The findings are discussed under three categories, namely (1) self-blame and worthlessness, (2) a negative self-concept with associated feelings of shame, and (3) secrecy surrounding the CSA.

Evidence from the selected studies indicate that stigmatisation, as a result of CSA, causes trauma to a child’s developing self-concept, and belief system. It was found that abusers not only sexually exploit children, but they often hold victims responsible for the abuse, instilling a grave sense of guilt and self-blame in survivors over their assumed complicity in the sexually abusive and shameful acts (Baker, 2015; Collin-Vézina et al., 2015; Flynn, 2008;
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Ramasar, 1997). Abusers’ manipulation before and during CSA might explain the findings related to survivors’ self-blame for failing or making no attempt to end the abuse (Hunter, 2011; Schlesinger, 2006). One study in particular reported on a survivor’s self-blame for not disclosing her sexual abuse experiences in childhood, as permitting the abusers in some way to “commit a crime” (Wang & Heppner, 2011, p. 400).

Several studies reported that stigmatisation and survivors’ negative self-concepts are grounded in their views of being different from others in childhood (Human, 2015; Saha, Chung, & Thorne, 2011), viewing their bodies as “damaged goods” (Baker, 2015, p. 270; Coffey, Leitenberg, Henning, Turner, & Bennett, 1996, p. 453; Colangelo & Keefe-Cooperman, 2012, p. 27), or the assumption that they were inherently bad (Ardison, 1997; Napoli et al., 2001; Schlesinger, 2006; Wang & Heppner, 2011). A link between survivors’ negative sexual self-concepts and immense feelings of sexual guilt and repulsion was found, especially when the abuse had developed over a substantial period of time (Ardison, 1997; Baker, 2015; Collins, O’Neill-Arana, Fontes, & Ossege, 2014; Hunter, 2011). Likewise, studies indicated that survivors’ negative sexual self-concepts are based on stigmatised feelings of guilt and shame regarding sexual stimuli, and found to be the result of their perceived encouragement for the on-going abuse, since their bodies started to respond during the abuse (Human, 2015; Kelley & Gidycz, 2015; Schlesinger, 2006). Survivors’ internalised guilt and shame were further ingrained by negative responses upon disclosure, which contributed to their negative sexual self-schemas (Baker, 2015; Flynn, 2008; Ramasar, 1997).

Evidence further suggests that stigmatised feelings lead to the non-disclosure of CSA, whereby survivors withdrew from others and experienced a sense of isolation (Human, 2015; Schlesinger, 2006; Taylor & Norma, 2013). One study illustrated the cause of this isolation as having “an invisible ‘handicap’…feeling dirty, infected, or alien in comparison to others”
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(Collin-Vézina et al., 2015). However, a contrasting finding to negative attitudes towards sex was documented, namely that survivors’ negative sexual self-concepts caused them to use sex to receive attention from others, and to maintain relationships (Baker, 2015; Frías et al., 2014; Morrow & Smith, 1995; Senn et al., 2011).

Stigmatisation was also evident in studies that reported the secrecy surrounding CSA. The ingrained fear of the consequences of disclosure contributed to the survivors’ enduring sense of stigma. It was found that perpetrators threatened their lives and that of others close to them, should they disclose the sexual abuse (Ardison, 1997; Colangelo & Keefe-Cooperman, 2012; Taylor & Norma, 2013; Valdez et al., 2013), whereas ingrained cultural norms of silence regarding sexual matters within families and communities described the stigma caused by survivors’ secrecy of their CSA experiences (Brazelton, 2015; Collin-Vézina et al., 2015; Crowley & Seery, 2001; Human, 2015). Further disclosure of the sexual abuse was thus not possible, as family members threatened survivors with rejection and withdrawal of support to safeguard themselves and the family from shame (Taylor & Norma, 2013; Wang & Heppner, 2011). A worrying finding was that, although families were aware of the sexual and societal taboo of exposing a child to any sexual behaviour, they seemed adamant that the secret of CSA is kept within the boundaries of the family, and thereby disregarded survivors’ childhood trauma to protect themselves or the family from shame (Baker, 2015; Crowley & Seery, 2001; Fleming & Kruger, 2013).

Relatedly, survivors who kept their CSA experiences secret as a form of self-protection, stemmed from the conditioned fear in childhood that others’ awareness of the CSA might cause them further harm (Ardison, 1997; Collin-Vézina et al., 2015; Draucker et al., 2011), which frustrated survivors’ opportunity of disclosure, since they had to keep the CSA trauma secret to protect themselves from further shame, negative reactions from others, and possible
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rejection (Baker, 2015). Studies indicated that the concealment of the traumatic CSA experience was a childhood reality for survivors, and with early intervention beyond their reach, survivors carried the stigma of the secret trauma throughout their lives (Ardison, 1997; Crowley & Seery, 2001; Ramasar, 1997).

These results were supported by the input provided by professionals in practice. The impact of CSA on negative self-concepts was observed in clients’ perception of themselves as being dirty, which was found to be one of the reasons for non-disclosure. A noteworthy finding was that a client’s parental guilt for failing to prevent the abuse was internalised into her self-concept, and affected her perception of being a good enough parent. Clients not only blamed themselves for the onset of the abuse, but were also shamed into self-blame and guilt over their involvement in the sexual activities. Similar to the scoping review findings, clients in treatment were threatened into secrecy by the perpetrators. It was also reported that many women are reluctant to acknowledge their childhood sexual experiences, which might be due to the belief that others would not validate their trauma, since it is not visible as other forms of trauma. Cultural norms and the taboo of pre-marital sexual activities drove some clients into secrecy to safeguard their marriage. Clients seen in private practice similarly use secrecy to protect themselves from anticipated bodily harm and rejection from their husbands.

2.3.4 Powerlessness.

Within the selected studies, 42 were identified to report on powerlessness (see Addendum E). Four categories were generated to explain the powerlessness caused by the CSA, including (1) power dynamics, (2) entrapment, (3) role reversal, and (4) re-victimisation.

A link was found to exist between powerlessness and power dynamics; the perpetrator’s authority and control over family members caused survivors to comply, while they also felt obligated to allow the sexually abusive behaviour – especially when the abuser was a person
of high standing in the community (Collin-Vézina et al., 2015; Flynn, 2008; Karakurt & Silver, 2014). Moreover, parental or adult authority also enabled the abusers to have complete sexual control and a sense of ownership over these women’s bodies during the CSA (Hurst, 1999; Pettersen, 2013). Studies also indicated that women were rendered powerless by the abuser’s physical coercion, manipulation, and use of force during the sexual abuse (Collin-Vézina et al., 2015; Finkelhor, Hotaling, Lewis, & Smith, 1998; Valdez et al., 2013). Having been sexually controlled in childhood, some women came to associate sex with control (Baker, 2015). One study described the experience of a woman who prostituted her body to regain a sense of sexual control – that of which was traumatically taken away in her childhood (Napoli et al., 2001). This could relate to survivors minimising of additional trauma later in life due to their devastating trauma in childhood. Some studies reported on survivors’ high tolerance of abuse, and therefore re-victimisation in intimate relationships (Napoli et al., 2001; Ramasar, 1997; Valdez et al., 2013).

Experiences were also documented of survivors being unable to physically escape the abuse or to detach themselves from the sexually abusive environment. Feelings of entrapment were reported. Survivors’ dependency on the abuser for care and support in childhood (Jülich, 2005; MacFarlane & Korbin, 1983) caused them to have no choice but to endure the sexual abuse until circumstances allowed some relief from the on-going abuse (Baker, 2015; Human, 2015). Evidence of entrapment was also found in unstable families, where the necessary resources and support, which might have resulted in the termination of the abuse, were not provided (Rudd & Herzberger, 1999). A few studies reported on survivors’ attempts to escape the abuse. Some dissociated during the abuse (Briere, 1988; Flynn, 2008), while others considered or attempted suicide as children, since they believed it would be the only way of escaping their traumatic childhood (Morrow & Smith, 1995). A noteworthy finding related to entrapment and compensatory behaviour was made by Lev-Wiesel (2000); victims
of CSA felt a sense of control over the sexual abuse by blaming themselves, and reasoned that self-blame for the abuse might have been their “reaction to, and denial of, being in a situation of total helplessness” (p. 11). Relatedly, an interesting finding was that the powerlessness felt during CSA might alter victims’ perception of child abuse. In this respect Draucker et al. (2011) indicated that survivors perceived their abuse of their children to be normal, and therefore continue the cycle of abuse started in childhood.

Another factor found to contribute to a sense of powerlessness reported by adult women survivors of CSA was the occurrence of role reversal within families. Some survivors were placed in an unfortunate position to satisfy the sexual needs of their fathers, who otherwise could not depend on their wives for affection (Karakurt & Silver, 2014; MacFarlane & Korbin, 1983; Rudd & Herzberger, 1999). Consequently these women were deprived of having a normal relationship with their fathers, as this relationship involved being a substitute for the mother and not a typical father-child interaction (Rudd & Herzberger, 1999).

Powerlessness was also recognised in survivors who were re-victimised. As such, an association between re-victimisation and a lack of assertiveness was found, where child victims were conditioned to submit to the demands of others to avoid punishment or rejection, and thus took away the opportunity in childhood to build confidence through positive interactions with significant others (Baker, 2015; Hurst, 1999). It was further indicated that survivors’ lack of confidence to assert themselves in stressful situations had stemmed from the internalised fear of the abuser and the negative responses received upon disclosure (Baker, 2015; Bautz, 1997; Fleming & Kruger, 2013; Hanna, 2003; Hurst, 1999; Saha et al., 2011). This paved the way for additional trauma. Niehaus et al. (2010) found that sexual abuse in childhood increased the risk of re-victimisation in the adolescent years. Further to this, a disbelief that circumstances could change for the better can also indicate
powerlessness (Murthi & Espelage, 2005). Literature indicating survivors’ submissive behaviours within abusive relationships accentuated this belief (Fleming & Kruger, 2013; Hurst, 1999; Valdez et al., 2013). It can therefore be argued that powerlessness impaired survivors’ ability to confidently express themselves on a behavioural, emotional, and cognitive level.

The contributing factors to powerlessness found in the literature were reflected by professionals in practice during the focus group discussion. Power differences in CSA were observed in the perpetrators’ authority over their clients, where force and threat were the predominant means used to render clients helpless in the sexual abuse situation. A connection to entrapment was found in arrangements made with relatives to care for clients when family members were not around in childhood. Although it was not explicitly mentioned, indications of entrapment were also evident in clients who endured prolonged CSA by a family member from whom they could not escape. Also, in cases of prostitution, professionals shared that their clients seek to regain a sense of control that was taken from them in childhood. They shared clients’ view that the additional trauma they experienced throughout life is not comparable to the sexual abuse trauma in childhood, and that “They tend to normalise the abnormal situation.” (P2, line 175). A lack of assertiveness was linked to clients’ feelings of vulnerability, and was associated with their adherence to the demands of perpetrators in childhood.

2.3.5 Developmental arrest.

Evidence of developmental arrest was recognised in 30 studies (see Addendum E). Three categories were identified that describe developmental arrest, namely (1) impaired sense of self and perceptions, (2) impaired emotional development and affect regulation, and (3) losses suffered as a result of the CSA.
A disruption of a child’s developing framework was documented in studies that examined adjustment difficulties in adult women survivors of CSA (Baker, 2015; Brand & Alexander, 2003; Coffey et al., 1996). Literature indicates that isolation in childhood by abusers, cultural norms of silence about sexual matters, and negative responses received from others upon disclosure (Brazelton, 2015; Edwards, 1998; Hurst, 1999) deprived survivors of the perspectives of supportive others regarding healthy sex; thus denying them the opportunity of building healthy sexual schemas. Due to their impaired sense of self and perceptions, they reacted to and based all future social and interpersonal situations on the internalised perspectives of their abusers and the insensitive remarks from others (Feerick & Snow, 2005; Hurst, 1999; Jülich, 2005; Ramasar, 1997). A clear indication of a survivor’s impaired sense of self and perceptions was found in Baker’s explanation of one participant who “feels she has to be in tune with others’ feelings and actions as a mechanism for her to know if something is wrong…” (2015, p. 264). Thus, CSA limited survivors’ understanding of the self, others, and the world.

The trauma caused by CSA on a child’s emotional development and affect regulation was recognised in studies that indicated survivors’ inability to explain their emotions and feelings related to the sexual abuse, and a delay in their emotional responses (Ardison, 1997; Morrow & Smith, 1995). One contributing factor to this lack of emotional awareness was found to be the suppression and disconnection of emotions at the time of their CSA experiences (Human, 2015; Leitenberg, Greenwald, & Cado, 1992; Napoli et al., 2001; Pettersen, 2013). Also, dissociation, or mental escape, is commonly reported as strategies used by survivors to survive the reality of the abuse, and also throughout life to manage abuse-related pain (Briere, 1988; Flynn, 2008; Human, 2015; Morrow & Smith, 1995; Saha et al., 2011). This resulted in difficulties with affect regulation. Flynn (2008) and Ramasar (1997) reported on survivors’ impulsivity and inability to control their emotions, where they would react to situations
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unexpectedly and often inappropriately (Baker, 2015). As such, frequent references were made to survivors’ avoidance or denial of emotions, maladaptive strategies such as the use of substances, physical harm to the body, or attempted suicide so as to control emotional conflict and mental distress (Ardison, 1997; Human, 2015; Leitenberg et al., 1992; Morrow & Smith, 1995; Saha et al., 2011).

The most prominent traumatic loss documented in literature is the loss of childhood. Studies reported on childhood innocence abruptly taken away by the abusers (Baker, 2015; Murthi & Espelage, 2005), where Bourdon and Cook (1994), and Ardison (1997) for instance, reported that women were denied the opportunity of fully experiencing their childhood, and progress through life as could their non-abused peers. Similar findings by Murthi and Espelage (2005) and Saha et al. (2011), describe the loss of childhood as growing up too fast, which resulted in missed opportunities for self-exploration and self-empowerment.

In the focus group, professionals in practice reflected the findings from literature that CSA causes developmental arrest. They found that clients lacked a solid foundation to constructively navigate interpersonal relationships, which resulted from their disclosure to the non-abusing parental figure in childhood, who was insensitive or unstable. Clients’ difficulties with emotions are adequately portrayed as an “…emotional dustbin [that] is totally filled up” (P3, line 119), indicating that healthy emotional development and affect regulation were traumatised in childhood. Clients realised their loss of childhood, where they “…missed one step or two steps.” (P2, line 159). Further losses that were reported are, dignity, self-perseverance, and humanity. A noteworthy finding associated with developmental arrest in this scoping review was the effect of CSA on clients’ object relations.

It was found that clients are unable to experience themselves as individuals separate from others’.
The nature and context of CSA was documented in several studies \( n = 37 \) as affecting the degree of trauma experienced by adult survivors of CSA (see Addendum E). These factors were grouped under six categories, being (1) physical intrusion, (2) duration of the abuse, (3) victim-perpetrator dynamics, (4) age at onset of the abuse, (5) family background, and (6) cultural norms.

The nature of CSA focuses on physical contact, specifically penetration. Even though any form of sexual involvement of a child by an adult is a traumatic experience, penetration during CSA causes significant physical trauma to the young child’s undeveloped body (Lev-Wiesel & Markus, 2013; MacFarlane & Korbin, 1983). As such, survivors who experienced more severe CSA, including violent coercion, reported higher levels of traumatic sexualisation and powerlessness than those survivors whose CSA was less physically intrusive (Edwards & Donaldson, 1989; Lev-Wiesel & Markus, 2013). Additionally, results indicated that as sexual activity increased, survivors’ perceptions of being damaged goods increased accordingly, which then led to the higher degrees of stigmatisation reported, due to the negative impact on their sexual self-concepts (Kelley & Gidycz, 2015).

However, Baker (2015) found no differences in negative sexual self-concepts when comparisons were drawn between survivors’ level of CSA severity, indicating that other factors played a more salient role on survivors’ sexual self-concepts. On the other hand, it was found that survivors who did not experience physical intrusion during the sexual abuse, measured higher in self-blame (Cotney, 1997; Noll et al., 2003).

Regarding the duration of the CSA, literature indicates that survivors who were abused by a family member who had unrestricted access to them, endured prolonged abuse (Ardison, 1997; Napoli et al., 2001; Rudd & Herzberger, 1999); therefore reported higher levels of
powerlessness than did non-familial CSA survivors (Edwards, 1998; Lev-Wiesel & Markus, 2013). Studies also found that survivors who were sexually abused over longer periods, reported higher levels of self-blame due to the guilt concerning their complicity in the abuse (Hoagwood, 1990). The study by Rudd and Herzberger (1999) for instance, indicated that if sexual abuse in childhood spanned over several developmental stages, the degree of developmental arrest increased.

Furthermore, the victim-perpetrator dynamic, that is, the relationship between the child and the abuser, contributed to the degree of trauma experienced by survivors. Sexual abuse perpetrated by a parent or other family member, was reported to be less coercive and more emotional in nature; thus increasing the level of betrayal experienced by survivors (Edwards, 1998; Noll et al., 2003; O’Rinn et al., 2013). Also, survivors who were treated with affection within these close relationship contexts, reported more self-blame, since they viewed themselves to be willing participants (Baker, 2015; Human, 2015). Literature further indicated that the abuser’s authority and the accompanied use of threat increased survivors’ feelings of powerlessness (Karakurt & Silver, 2014). On the other hand, studies indicated that survivors who reported low or no intimacy with their abusers, as in stranger abuse or rape, measured higher on stigmatisation and powerlessness, since no coercion was involved (Edwards, 1998; Human, 2015).

Additionally, it was also found that the age at onset of the abuse had different effects on the degree of trauma and negative outcomes experienced in CSA survivors (Brand & Alexander, 2003). Evidence suggests that women who were younger when the CSA had occurred experienced more confusion regarding their complicity in the abuse, since the behaviour was not interpreted as abusive at that stage (Baker, 2015). Due to their cognitive immaturity at that young age, and the subsequent confusion, the abuse continued, which contributed to the
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documented higher levels of self-blame for survivors who were younger when they experienced CSA (Hoagwood, 1990) and therefore might intensify the degree of traumatic sexualisation (Baker, 2015). Besides this, evidence suggests that survivors who were younger at the time of the sexual abuse suffered more losses related to childhood and reported lower self-concepts (Bourdon & Cook, 1994; Brayden et al., 1995; Lev-Wiesel & Markus, 2013; Murthi & Espelage, 2005). However, the study by Kelley and Gidycz (2015) found that survivors who were sexually abused in adolescence, reported high levels of stigmatisation due to the development of sexuality during this phase, and thus experienced more damage to their sexual self-concepts.

Further comparisons of the degree of trauma assessed within the CSA context found that the family background of survivors of intra-familial abuse served as enabling factors for CSA. In families where either one or both parents were physically absent, or emotionally detached from the child, these unsupportive families failed to protect the women from abuse (Crowley & Seery, 2001; Rudd & Herzberger, 1999; Wang & Heppner, 2011). This was found to add weight to feelings of betrayal experienced by adult women survivors of CSA, since the non-abusing parent was not available to provide security for these women in their childhood years (O’Rinn et al., 2013; Schlesinger, 2006). Additionally, when survivors had no social support when the CSA was disclosed, the degree of traumatic sexualisation and stigmatisation increased (Baker, 2015; Edwards & Donaldson, 1989).

Cultural norms were also reported as an enabling factor for CSA. Of these, gender roles and perpetrators’ prescribed or assigned authority, set the stage for CSA in families, ensured the survivors’ compliance, and permitting the on-going abuse to a certain extent (Ardison, 1997; Hurst, 1999; Karakurt & Silver, 2014). In households where females were expected to be submissive and silent, survivors were bound by this cultural norm to submit to the
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perpetrator’s sexual exploitation (Human, 2015; Fleming & Kruger, 2013; Morrow & Smith, 1995). These norms added more pressure on the survivors to keep the sexual abuse secret, which increased their feelings of powerlessness (Collin-Vézina et al., 2015; Morrow & Smith, 1995). Moreover, due to society’s perception of the role of the victim in rape cases, it was found that, upon disclosure, the degree of stigmatisation escalated for survivors who experienced this level of intrusion (Human, 2015).

The above findings on the relationship between the sexual abuse context and the reported degree of trauma experienced by adult women survivors of CSA, were shared in the focus group by professionals in practice. In cases where a parental figure was the abuser, clients did not feel threatened by the abusers’ grooming process, thus minimised feelings of powerlessness. However, abuse by a parental figure from whom survivors could not escape verified the scoping review findings on entrapment as a factor contributing to powerlessness. Interestingly, comparisons between clients who had experienced CSA that involved rape at a very young age, and adolescents who experienced rape by multiple perpetrators, revealed equal levels of powerlessness. Furthermore, lower levels of betrayal were reported when clients had good support systems, especially in stranger-abuse cases.

2.4 Discussion

The intention of this scoping review was to identify what could be learned from previous studies on trauma causing factors of CSA amongst adult women survivors. The results of this study support Finkelhor and Browne’s (1985) traumagenic dynamics of traumatic sexualisation, betrayal, stigmatisation, and powerlessness which link the experience of CSA to the on-going difficulties observed in survivors. However, two additional trauma causing factors, not included in Finkelhor and Browne’s (1985) original framework, were identified namely: developmental arrest, and the nature and context of CSA.
Developmental arrest refers to adjustment difficulties experienced by adult women survivors of CSA as a result of a disruption in the normal psychological and social processes during childhood (Baker, 2015). The fact that CSA occurs in isolation and in most instances over a substantial period, prevents victims from acquiring information regarding the self, others, and the world. Others with whom victims interact equally contribute to the impairment in psychological and social development, especially when they did not acknowledge the trauma experienced by these victims (Bautz, 1997). Hence victims become stuck with the perspectives gained during and after the abuse, which ultimately impairs psychological growth and social development. It was also found that the overwhelming experience of CSA created a barrier to emotional development, evident in the lack of emotional awareness and inappropriate expression of related feelings. Furthermore, this study explained that the premature exposure to sexual activities in childhood by which victims are introduced to sexual behaviour during the most vulnerable and innocent stages of human development certainly prevents normal progression through childhood.

The different contexts and circumstances under which CSA is experienced are found to have caused varying levels of trauma in the lives of adult women survivors. Evidence suggests that the relationship between the victim and perpetrator is linked to the trauma reported. However, several studies argued that the perpetrator’s proximity does not account for the level of trauma experienced, but rather the severity of physical intrusion (Lev-Wiesel & Markus, 2013). Additionally, this study explained that there are other role players in the traumatic CSA experience, where the level of support survivors received during and after the abuse contributed to the long-term impact of this devastating sexual trauma in childhood. Thus, these results mainly explain how the effect of trauma causing factors of CSA are compounded by the complex interplay of several aspects surrounding this traumatic
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childhood event, and therefore validate the recognition of the nature and context of CSA as a separate trauma causing factor of CSA.

2.5 Limitations

The decision to select only those studies published in English might have ignored the possibility of valid research conducted in other languages. Furthermore, the unforeseen small number of experts who participated in the focus group discussion on trauma causing factors of CSA they observed in treatment practice, may have limited the information obtained, whilst other experts might have identified additional trauma causing factors.

2.6 Conclusions and recommendations

This study identified six factors of CSA that caused trauma in the lives of adult women survivors. Four corresponded with Finkelhor and Browne’s (1985) traumagenic dynamics model of CSA, and two additional factors were identified in the literature. A coding framework was developed from the key findings from the scoping review (Addendum F), and used in phase II of this study (Manuscript 2).

Now that we know what factors surrounding CSA caused trauma in the lives of adult women survivors as documented in literature, these factors can further be explored to understand how it manifests in South African adult women survivors of CSA. The next manuscript reports on the findings from a qualitative secondary analysis (QSA) employed on one data set of the Survivor to Thriver (S2T) collaborative strengths-based group intervention programme.
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SECTION B

PHASE II
MANUSCRIPT 2 – Childhood sexual abuse: Emerging trauma causing factors in adult women survivors

This manuscript forms part of a larger study which consists of two phases:

- Phase I – Scoping review
- Phase II – Qualitative secondary analysis (QSA)

The manuscript which follows is a report on phase II, “Childhood sexual abuse: Emerging trauma causing factors in adult women survivors”, and comprises a qualitative secondary analysis (QSA) with a view to explore the trauma causing factors reported by adult women survivors of CSA participating in a S2T collaborative strengths-based group intervention programme.

The third and fourth research question drove this part of the study:

- What trauma causing factors of CSA emerged in a group of adult women survivors participating in the S2T group intervention programme?
- What findings could further inform S2T treatment practice for adult women survivors of CSA?
CHILDHOOD SEXUAL ABUSE: EMERGING TRAUMA CAUSING FACTORS IN ADULT WOMEN SURVIVORS
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Abstract

Internationally, several studies investigated the underlying factors surrounding childhood sexual abuse (CSA) that contributed to the long-term negative outcomes for adult women survivors. Despite the growing interest in this phenomenon, limited research has been conducted to investigate the trauma causing factors in the multicultural South African context. The purpose of this study was to explore trauma causing factors reported by adult survivors of CSA participating in a S2T collaborative strengths-based group intervention programme. Qualitative secondary analysis (QSA) was employed on a data set consisting of nine group sessions with between five and eight adult women survivors of CSA (average age of 25 years). Five trauma causing factors of CSA emerged: traumatic sexualisation, betrayal, stigmatisation, powerlessness, and developmental arrest. Although this current study found that the trauma caused by CSA is as much a reality among South African women as it is in the international arena, further research with a larger sample is recommended.

Keywords: childhood sexual abuse, adult women, survivors, South Africa, trauma causing factors, qualitative, secondary data analysis
3.1 Introduction

Childhood sexual abuse (CSA) as a complex trauma has been studied and documented in literature for decades. These studies focused mainly on the prevalence, negative symptoms, and long-term consequences of CSA (Kendall-Tackett, Williams, & Finkelhor, 1993; Ullman, Peter-Hagene, & Relyea, 2014; Webster, 2001). Research highlighted four commonly reported difficulties experienced by adult women survivors of CSA. Mental-health problems (such as depression, anxiety, post-traumatic stress, substance abuse, and personality disorders) are frequently observed in survivors during therapy (Davis & Petretic-Jackson, 2000; Dolan & Whitworth, 2013; Kendall-Tackett et al., 1993; Mathews, Abrahams, & Jewkes, 2013; Ullman et al., 2014). Sexual problems documented in literature for adult women survivors of CSA include risky sexual behaviour, intimacy, and re-victimisation (Hodges & Myers, 2010; Penning & Collings, 2014; Walsh, Latzman, & Latzman, 2014). Additionally, survivors also reported intrapersonal difficulties which reflect a low self-esteem, self-concept, and feelings of guilt and shame (Kerlin, 2013; Singh, Parsekar, & Nair, 2014), and interpersonal difficulties, including relational problems, and trust and security issues (Hodges & Myers, 2010; Putnam, 2003; Singh et al., 2014).

Internationally, several studies also investigated the underlying factors surrounding CSA that contributed to these long-term negative outcomes for adult women survivors. Some of the documented factors include the relationship and power difference between the child and the perpetrator, the secret nature of the abuse, and the traumatic sexualisation and stigmatisation of victims (Finkelhor & Browne, 1985; Makhija, 2014; Revell, Vansteenwegen, Nicholas, & Dumont, 2008). However, little research has been done on the trauma causing factors in the multicultural South African context (Kaminer & Eagle, 2012). For this reason, current treatment of adult women survivors of CSA mainly focuses on alleviating negative symptoms.
and related difficulties. As such, therapy often continues over many years, since limited knowledge is available pertaining to the underlying trauma causing factors that brought these women to therapy, and thus not considered a crucial part of treatment (Walker-Williams & Fouché, 2017). Therefore, the need exists to empirically explore these factors in South African adult women survivors of CSA to ultimately inform treatment practice. However, gaining access to this population is found to be a challenging task due to the known secrecy surrounding CSA, underreporting of this phenomenon, and high levels of ethical standards in conducting research of this nature (Van Niekerk & Makoae, 2014). In view of these challenges, this study employed qualitative secondary analysis (QSA) on one data set of group intervention sessions held with a group of adult women survivors of CSA in South Africa.

In manuscript one, a scoping review was conducted to summarise and report on existing studies on trauma causing factors of CSA. The conceptual traumagenic dynamics framework created by Finkelhor and Browne (1985) was elaborated on and adapted after the scoping review, and translated into a coding framework so as to conduct the second phase of this study, namely QSA. The current study commences with a literature review, followed by an overview of the coding framework that guided this study. Next, the methodology followed for answering the research question of this study is outlined, after which the findings are presented and discussed. This is followed by the limitations and recommendations of this study.

3.2 Literature review

A few meta-analyses were conducted in the last decade to determine the worldwide prevalence of CSA. These studies found the global prevalence among females to be between 18 and 22.1% and males from 7.6 to 13.8% (Barth, Bermetz, Heim, Trelle, & Tonia, 2013;
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Hébert, Tourigny, Cyr, McDuff, & Joly, 2009; Ji, Finkelhor, & Dunne, 2013; Pereda, Guilera, Forns, & Gómez-Benito, 2009; Stoltenborgh, Van IJzendoorn, Euser, & Bakemans-Kranenburg, 2011). These figures may even be higher in Africa (Pereda et al., 2009), as shown in the latest available Annual Report of the South African Police Service which found that a total of 62,649 cases of child sexual abuse were reported (Burton, Ward, Artz, & Leoschut, 2015). A recent nationally representative study in South Africa reported that in their lifetime, one in three young people experienced some form of sexual abuse (Artz et al., 2016).

Reports from early studies have shown that some children have a natural ability to return to pre-trauma functioning after having endured child sexual abuse. However, evidence of these resilient-promoting factors is limited as research prior to 1985 mainly focussed on the traumatic impact of CSA and the associated risk factors producing poor outcomes (Bonanno, Westphal, & Mancini, 2011; Finkelhor, 1990).

It is argued that the impact of CSA on victims might be delayed, since young children are developmentally immature to understand the impact of the sexual abuse trauma on their lives (Browne & Finkelhor, 1986; Kendall-Tackett et al., 1993), and therefore a sleeper effect may occur where the impact of CSA only manifests later in life or is activated by additional challenges (Finkelhor & Berliner, 1995).

Negative symptomatology and long-term outcomes associated with CSA were reported in literature (Kendall-Tackett et al., 1993; Ullman et al., 2014; Webster, 2001) and can be classified under mental-health concerns, intra- and interpersonal difficulties, and sexual problems. The impact of CSA on mental health points towards depression (Amado, Arce, & Herraiz, 2015; Dolan & Whitworth, 2013; Kendall-Tackett et al., 1993; Mathews et al., 2013), anxiety disorders (Dolan & Whitworth, 2013; Kendall-Tackett et al., 1993; Mathews
et al., 2013; Webster, 2001), and personality disorders (Baird, 2008; Davis & Petretic-Jackson, 2000; Dolan & Whitworth, 2013; Mathews et al., 2013).

Consistently indicated in literature is the intrapersonal difficulties reported by adult survivors of CSA, such as low self-esteem (Hodges & Myers, 2010; Kendall-Tackett et al., 1993; Sigurdardottir & Halldorsdottir, 2013; Singh et al., 2014) and poor self-concept (Davis & Petretic-Jackson, 2000; Kerlin, 2013; McAlpine & Shanks, 2010; Stock, Bell, Boyer, & Connel, 1997). Furthermore, the effect of CSA on interpersonal relationships is explained by an inability to trust others (Briere & Elliot, 1994; Hodges & Myers, 2010; Penning & Collings, 2014; Singh et al., 2014), where such trust issues often impede the development of healthy future relationships (Briere & Elliot, 1994; Richter et al., 2013; Shi, 2013; Singh et al., 2014).

The impact of CSA on sexual health is widely cited, indicating that some adult women survivors engaged in risky sexual behaviours (Mathews et al., 2013; Richter et al., 2013; Stock et al., 1997; Walsh et al., 2014), experienced intimacy problems (Davis & Petretic-Jackson, 2000; Hodges & Myers, 2010; Kallstrom-Fuqua, Weston, & Marshall, 2004; Mullen & Fleming, 1998), and are often re-victimised (Cashmore & Shackel, 2013; Kendall-Tackett et al., 1993; Mathews et al., 2013; Penning & Collings, 2014).

These documented devastating, long-term negative outcomes of CSA set forth attempts by many researchers to explain the reasons for these presentations in sexual abuse survivors. Brayden, Deitrich-MacLean, Dietrich, Sherrod, and Altemeier (1995) found that the sexual violation experienced in childhood impacted survivors on an intrapersonal level and often resulted in a negative self-esteem and physical self-concept. Victims were then likely to internalise feelings of shame which was associated with the development of depression in adulthood (Feiring, Taska, & Lewis, 1996). Additionally, the personal exploitation and
disappointment experienced during childhood sexual abuse creates a sense of insecurity in interpersonal relationships (Knight, 1990).

3.3 Coding framework

A coding framework (Addendum F) was developed from the key findings from the scoping review conducted in manuscript one and used to explore reports of trauma causing factors in one data set of S2T treatment sessions. In total, six factors were identified, of which four corresponded with Finkelhor and Browne’s (1985) traumagenic dynamics model of CSA and two additional factors that were identified in the literature. A brief discussion of these factors will follow.

3.3.1 Traumatic sexualisation.

Traumatic sexualisation as trauma causing factor of CSA occurs when a perpetrator engages a developmentally immature child in sexual behaviour (Lev-Wiesel & Markus, 2013). Psychologically, this creates a heightened awareness of sexual matters, especially within young children who would otherwise not be troubled with these matters at their developmental stage (Finkelhor & Browne, 1985). This behaviour severely violates the child’s physical and emotional boundaries, which indicates disrespect for the child’s personal space and privacy (Human, 2015; Morrow & Smith, 1995). Another indicator of traumatic sexualisation was a situation in which a child’s body is objectified by the perpetrator who, for no other reason than sexual self-gratification, sexually exploits the child who is treated as a sexual object, rather than a female deserving of respect (Hurst, 1999).

3.3.2 Betrayal.

Betrayal occurs when the child was not protected during the abuse or is not believed by a trusted adult figure when the abuse is disclosed (Finkelhor, 1994). Victims then internalise
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the negative perception of others, and the mixed messages received from their abusers, such as receiving attention or affection along with the sexual abuse. Consequently, the early betrayal of trust in childhood reduces a victim’s judgment and sense of trustworthiness of others later in life. As such, survivors often find themselves unable to recognise future negative situations, and would be suspicious of others’ motives (Finkelhor, 1990; Finkelhor & Browne, 1985). Hence the betrayal suffered during CSA is likely to create relational problems in adulthood (Draucker et al, 2011).

3.3.3 Stigmatisation.

The trauma causing factor, stigmatisation, explains the development of a negative self-image resulting from the abuse, such as being bad and feelings of shame and guilt (Finkelhor, 1990). Children who keep the abuse secret experience an increased sense of stigma, since it strengthens their views of being different from other children (Finkelhor & Browne, 1985). Victims of CSA then feel isolated, which might spill over into other stigmatised behaviours such as substance abuse, where they might also steer towards prostitution (Finkelhor, 1990; Finkelhor & Browne, 1985).

3.3.4 Powerlessness.

The trauma causing factor described as powerlessness, refers to a child’s unsuccessful repetitive attempts to avoid or terminate the abuse due to the abuser’s advantage of maturity and authority over the child (Finkelhor & Browne, 1985). Consequently, other traumas in life are minimised when compared to this traumatic and overwhelming event in childhood (Ramasar, 1997; Valdez, Lim, & Lilly, 2013). This feeling of powerlessness creates fear and anxiety within the child, noted as having nightmares, certain phobias, and being hypervigilant; symptoms parallel to posttraumatic stress disorder (Finkelhor & Browne, 1985). This conditioned fear of the abuser, along with the negative responses received upon
disclosure (Baker, 2015; Bautz, 1997; Fleming & Kruger, 2013; Hanna, 2003; Hurst, 1999; Saha, Chung, & Thorne, 2011) leads to a lack of assertiveness in stressful situations, and increases the risk of being re-victimised (Niehaus, Jackson, & Davies, 2010). Ultimately, victims of CSA would attempt to compensate for the lack of control by having unusual and maladaptive needs to dominate or control others with whom they interact (Finkelhor & Browne, 1985).

3.3.5 Developmental arrest.

Developmental arrest was found to be the result of adjustment difficulties in adult women survivors of CSA (Baker, 2015; Brand & Alexander, 2003; Coffey, Leitenberg, Henning, Turner, & Bennett, 1996). Sexual abuse in childhood impairs victims’ sense of self and perceptions. Impairment in emotional development and affect regulation occurs when overwhelming emotions and feelings are suppressed during the CSA (Human, 2015; Leitenberg, Greenwald, & Cado, 1992). This leads to impulsivity and the inappropriate expression of emotions due to the stagnation of emotional development in childhood (Ramasar, 1997). Survivors also suffered the loss of childhood and innocence as a result of CSA, which is described as growing up too fast (Ardison, 1997; Baker, 2015; Brazelton, 2015).

3.3.6 Nature and context of CSA.

The nature and context of CSA is considered another factor that contributed to the degree of trauma experienced by adult women survivors. Several aspects of the CSA context were recognised, which are the level of physical intrusion, duration of the abuse, the victim-perpetrator dynamic, the age at onset of the abuse, family background, and cultural norms (Baker, 2015; Crowley & Seery, 2001; Lev-Wiesel & Markus, 2013; O’Rinn, Lishak, Muller, & Classen, 2013).
3.4 Aim of the current study

The aim of this study was to perform a qualitative secondary analysis of one data set from the Survivor to Thriver (S2T) collaborative strengths-based group intervention programme conducted with a group of CSA survivors over a one-year period (background of S2T, see page 119). Thus this study aimed at answering “What trauma causing factors of CSA emerge in a group of adult women survivors participating in an S2T group intervention programme?” and “What findings could further inform S2T treatment practice for adult women survivors of CSA?”.

3.5 Methodology

Heaton (2008) describes five methods that can be applied for analysing existing data sets in QSA. These are re-analysis (the re-examining of data to confirm and validate findings from a primary study), amplified analysis (comparison or combination of two or more existing qualitative data sets for purposes of secondary analysis), assorted analysis (secondary data analysis in conjunction with the collection and analysis of primary qualitative data for the same study), supplementary analysis (to gain a more in-depth understanding of an aspect or aspects not addressed in the original study), and supra analysis (the aim and focus of the secondary study exceed those of the original research). The latter form of analysis was used in this study, as it exceeded the original research that examined the efficacy of the S2T collaborative strengths-based group intervention programme, by looking into the trauma causing factors of CSA. It therefore went beyond the objective of the original study in answering a new empirical and conceptual question (Heaton, 2008; Leech & Onwuegbuzie, 2008). This study employed QSA on pre-existing qualitative data of one data set of S2T treatment sessions.
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3.5.1 Sampling and data collection.

This study used one data set which was made available by means of formal data sharing, where the data were previously and independently collected, and fulfilled all ethical requirements in obtaining consent from participants for the re-use of data for future secondary analysis (Heaton, 2008). The background to the data set is discussed under 3.5.4.

3.5.2 Data analysis.

Data analysis was conducted in two phases. First, the existing data set from S2T treatment sessions was deductively analysed to assess whether additional trauma causing factors to those in the coding framework emerged (Elo & Kyngäs, 2008). The thematic analysis employed in this study was an iterative process whereby the researcher frequently moved back and forth between the data and the coding framework. Additionally, the Atlas.ti 7.0 (2012) scientific software programme was used as a tool in the data analysis process (Levac, Colquhoun, & O’Brien, 2010). The purpose was to discern whether the data supported the findings documented in the literature or differed from it, as summarised in the conceptual framework of the current study (Nieuwenhuis, 2011b). An independent coder (qualitative researcher) reviewed the transcripts and themes to verify the data analysis process and meaning of each code assigned to the themes (Burnard, Gill, Stewart, Treasure, & Chadwick, 2008; Merriam, 2009). Using an independent coder ensured more rigorous analysis of the data, and reduced researcher bias (Burnard et al., 2008). Consensus discussions were held with the study supervisors throughout the analysis process for suggestions on thematic re-conceptualisation.

The analysis identified five of the six trauma causing factors of CSA as captured in the coding framework, with the exception of the nature and context of CSA. Following the deductive analysis, additional data segments of interest were considered for categorisation.
under separate themes by using inductive analysis principles (Elo & Kyngäs, 2008). Thematic analysis conducted in this phase followed the six phases as outlined in Braun and Clarke (2006). During the first phase, notes were made while reading and re-reading the data. In phase two, initial coding identified features of the data that warranted further analysis concerning the phenomenon. After this initial coding, potential themes were developed in phase three, with all the noted data extracts organised under each theme. During phase four, the validity of each theme was reviewed and discussed during a consultation session with experts in qualitative data analysis. Following the discussion session, consensus was reached that the data extracts did not provide valid evidence and substance to be considered as trauma causing factors of CSA. Thus, no additional factors emerged from this data set. An example of the coding process is provided by using segments from the S2T data set (see Addendum G).

3.5.3 Trustworthiness.

Trustworthiness of a study is established by selecting a research design which follows accepted scientific standards (Merriam, 2009). The QSA research design and procedure followed by this current study ensured the trustworthiness of evidence provided in this manuscript. The primary researchers obtained written consent from participants by means of permission was given to the researcher in this study to observe the process of the S2T collaborative strengths-based group intervention programme. As an observer, the researcher learned from participants’ experiences, but maintained “empathic neutrality” (Patton, as cited in Marshall & Rossman, 2016, p. 118). A field journal was kept and reflexive notes were made immediately after each session with the aim of providing insight at commencement of the data analysis (Marshall & Rossman, 2016).
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To explore the reality experienced by the participants as evident in the existing data set, the researcher strove to be non-judgemental in approaching the data. This ensured reflexivity in the current study, and was considered an important principle in this exploratory qualitative study (Snape & Spencer, 2003). To ensure validity of the analysis process, a systematic approach was followed, which entailed the reading and re-reading of data to obtain a full understanding and meaning of the data (Burnard et al., 2008). Trustworthiness of this study was further increased by using participant quotes to indicate sections of the data from which the categories were created (Patton, 2002).

An independent coder, consensus discussion, and consultation sessions with experts in qualitative data analysis at the North-West University were employed during the coding process to verify the results of this study (Nieuwenhuis, 2011b). Also, regular sessions were held with experts in the field of CSA (supervisors of the current study) so as to ensure that data analysis and interpretations are clear and credible (Marshall & Rossman, 2016).

3.5.4 Background to the data set.

Survivor to Thriver (S2T) is a collaborative strengths-based group intervention programme developed specifically for this vulnerable population to facilitate posttraumatic growth from their struggle with the traumatic sexual abuse ordeal (Fouché & Walker-Williams, 2016; Walker-Williams & Fouché, 2017). This intervention covers four treatment outcomes (Walker-Williams & Fouché, 2017, p. 196):

1. providing a supportive space for sharing the trauma story, experiencing heightened emotional awareness, and validating the group members’ experiences (drawing on CBT and CPT principles of cognitive processing); 2. normalising symptoms (emerging from the psychodynamic approach) and reframing trauma messages (CBT and PTG model); 3. active adaptive coping drawing on psychological inner strengths
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(psychodynamic and PTG model); and (4) transforming from meaning making to personal growth by re-sharing the trauma story “for a change” from a new perspective (PTG model).

Table 4

Biographical information of the S2T participants

<table>
<thead>
<tr>
<th>Participants</th>
<th>Total</th>
<th>Nationality</th>
<th>Average age</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2T Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial</td>
<td>8</td>
<td>5</td>
<td>25 years</td>
</tr>
<tr>
<td>Delayed post-test</td>
<td>5</td>
<td>5 Black 3 White</td>
<td></td>
</tr>
</tbody>
</table>

Participants were eight women (average age of 25 years) residing in the Vanderbiljpark region and surrounding areas within the larger Gauteng province of South Africa, all of whom experienced contact sexual abuse by a known perpetrator before the age of 18. Three of the initial eight participants withdrew and the reasons for their withdrawal are protected by confidentiality. Overall, nine group intervention sessions were held with between five and eight participants over a six-month period, and the transcripts of these sessions were analysed for purposes of this study.

3.6 Ethical considerations

Permission and ethical clearance (NWU-HS-2016-0001, see Addendum H) to conduct this study was obtained from the Human Health Research Ethics Committee (HHREC) of the North-West University, Vaal Triangle Campus, prior to the commencement of this study. Written consent was obtained from the primary researchers to use this one data set of S2T treatment sessions, in which a confidentiality agreement was signed by the researcher for the re-use of these data (Addendum I).
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The primary researchers obtained written consent from participants in which permission was given to the researcher in this study to observe the process of the S2T collaborative strengths-based group intervention programme. A field journal was kept and reflexive notes were made immediately after each session with the aim to provide insight when commencing with the data analysis (Marshall & Rossman, 2016).

Anonymity and confidentiality of participants were ensured by the primary researchers, by assigning a unique number to each participant in the transcripts. The audio recordings are kept in a secure location as stipulated in the Health Professions Act 56 of 1974 (Department of Health, 2006). The obtained data for the current study are kept confidential, and each transcript is stored electronically in an encrypted file, as required by the Health Professions Act 56 of 1974 (Department of Health, 2006).

3.7 Findings

The deductive analysis of this data set identified five trauma causing factors corresponding to those documented in literature, with the exception of the nature and context of CSA. These factors are (1) traumatic sexualisation, (2) betrayal, (3) stigmatisation, (4) powerlessness, and (5) developmental arrest. As mentioned previously, no additional trauma causing factors were identified during the inductive analysis phase. The findings from this study are presented below and organised according to the identified categories under each trauma causing factor of CSA. These factors are further illustrated by unique extracts from the data to substantiate the evidence of the trauma causing factors of CSA that emerged in adult women survivors who participated in the S2T treatment sessions.
3.7.1 Traumatic sexualisation.

Reports on traumatic sexualisation were grouped under three categories, (1) inappropriate sexualisation, (2) boundary violations, and (3) objectification. Regarding age-inappropriate sexualisation, the effect of CSA on normal sexual development is clear from the experience of participant two which reported immaturity at the time of the abuse: “Part of me grew up before it was supposed to” (Participant 2, age 36). This pre-mature exposure to sex resulted in promiscuous behaviour, as one participant mentioned: “…if I sum up all the guys [in high school] that I have slept with, …three out of everybody else was people I was dating, the rest was just sex” (Participant 5, age 20). Her explanation of this behaviour was “because it’s feeling of acceptance” (Participant 5, age 20). Sexual aversion was reported by participant six as: “And maybe I would have had sex which I enjoyed now. Because since then I’ve never had any sexual encounters” (Participant 6, age 21).

The impact of the personal boundary violations during CSA is evident in the words of participant two: “It was always just hide, hide yourself, hide who you are but longing to be loved and longing to be touched, but don’t touch me. …I’d love to have a relationship but I don’t know how to” (Participant 2, age 36).

Objectification was also evident in statements of participants’ perception of their objectified bodies, where this participant said: “I feel like men, some men, see me as a sexual object, because I was like 9 years old and he saw me as a sexual object” (Participant 5, age 20). This perception is also translated to objectified intimate relationships, and explained by participant four as: “…it all comes out and I say things that I don’t understand, and things like feeling like a sex object. I tell him that sometimes, I’m not your sex object” (Participant 4, age 22).
3.7.2 Betrayal.

Three categories were identified that explain betrayal as a trauma causing factor of CSA, and includes (1) attachment injury, (2) innate trust being broken, and (3) an inability to recognise future negative situations. The following statements by participant five indicate an attachment injury as a result of being sexually abused by a known perpetrator, which explains the development of disorganised attachment patterns: “I feel so much detachments from males. ... It’s confusing when I get genuine affection from older men trying to be a father figure to me...the person who I thought was a father figure, actually sexually abused me” (Participant 5, age 20). In a similar vein, participant six explained how her CSA experiences created difficulties to form secure attachments with men: “…if I just stayed home, none of this would have happened to me, I would be a happy person, have normal relationships, not be afraid of men” (Participant 6, age 21).

Participants also suffered attachment injuries in childhood due to significant others’ lack of support, awareness, or failure to intervene during and after their CSA experiences. This betrayal resulted in the internalisation of negative messages, where the women said: “…I told her [grandmother] about it but she didn’t believe me...I don’t feel the need to support her...because she never supported me” (Participant 5, age 20); Participant one mentioned that “…my family they were very busy. We are not close. So we wouldn’t have realised something, or they wouldn’t have” (Participants 1, age 30), and expressed her perception of others as: “they’re selfish and just want to use you, and throw you away. No-one really cares, and like she said, negligent, always” (Participant 1, age 30).

Also, sexual abuse in childhood by a male figure resulted in the overgeneralisation of feelings of betrayal to all men. The following statements provide evidence of participants’ innate trust that has been broken: “I feel sometimes like with men it is that thing, there is a certain line
that I draw and if you come closer then it is just unacceptable” (Participant 4, age 22); “It’s not that I don’t want to be loved, but for me sometimes it’s still that men just want one thing, they don’t genuinely love you” (Participant 5, age 20). Participant two eloquently summarised the group’s perception; that they also felt betrayed by God: “It’s so difficult you know because we view God as a male figure, and a male figure hurt us” (Participant 2, age 36).

Furthermore, the betrayal experienced by participants in childhood resulted in an inability to recognise potential negative situations. The following statements made by participant one illustrate this link as: “because I don’t know if it is right or not but I always took it [the abuse]”, where she then explained that: “I always find myself as a victim…I try to analyse these things because throughout my life I have given hectic situations and then I ask myself how do I get there” (Participant 1, age 30). This inability was also reported by participant two: “It’s kind of I walked into there knowing that he will be an abusive person…I found that I made incorrect decisions because I though[sic] that these were love and they weren’t” (Participant 2, age 36).

3.7.3 Stigmatisation.

Stigmatisation was indicated in this current study by (1) self-blame and worthlessness, (2) a negative self-concept with associated feelings of shame, and (3) secrecy surrounding the CSA. Self-blame as an internalised sense of being responsible for the abuse is evident in the words of the following participants: “...with the molestation, I thought like maybe it’s my fault in a way because living with him, he was the person I was used to, because he was my uncle” (Participant 5, age 20); “…he would walk in and start doing what he did to me. And what, the message I feel about myself is that I’m worthless. I brought it upon myself, maybe I made God angry, that’s why” (Participant 6, age 21). The following statements describe participants’ grave feelings of worthlessness instilled by their CSA experiences: “I’m a
coward. I am worthless…no matter how hard I try, the bad will always be there. I’m not good enough” (Participant 6, age 21); “One thing that gets hurt when you’re abused is your value, you just feel like nothing” (Participant 1, age 30); “When I started this journey I would describe myself as a little rusted piece of steel” (Participant 4, age 22). Participants’ childhood experiences also created a sense that they are unworthy of love, and reflect their negative sexual self-concepts: “I’m not good enough. No-one will ever be attracted to me” (Participant 6, age 21); “I will never be in a place where, I know this, I’m here and I’m accepted and I’m loved…I will never be that person, the bad in me will always sort of overshadow the good” (Participant 4, age 22).

Perpetrator’s demeaning remarks and victim-blaming contributed to shame and subsequent self-blame for negative experiences throughout life, as illustrated by the following statements made by participant two:

...do you know you are dirty, you did this, you know? ... I was ashamed of who I was...I felt guilty of the person that I was. ...I didn’t dress appropriately, didn’t look after myself...if you just see the big baggy clothes, you can’t see who I am underneath. ... then every little thing that went wrong in life I thought was an extra punishment or I deserved it, which is the worthlessness”. (Participant 2, age 36)

Participant five expressed the regret and stigma attached to the disclosure of her CSA experiences as: “...if I could change something, I would, I would choose not to disclose anything to anybody, because ever since the disclosure I can see that they look at me differently” (Participant 5, age 20).

The secret trauma of CSA created an enduring sense of stigma, where this participant was prohibited to disclose her abuse to anyone outside the boundaries of the family: “…the message my grandma gave me was that if word came out, I would actually be destroying my
family...” (Participant 5, age 20), whereas participant six explained that: “my grandmother believed me, but the fact it still remains a family secret till today, still haunts me” (Participant 6, age 21). Statements made by participants who chose not to disclose the abuse in order to protect themselves or others from the perceived negative consequences of disclosure provided evidence of stigma they carried throughout life. In this regard, a participants said: “I think it is the fear, you don’t want to disclose because you are going to create hell and it is your fault” (Participant 2, age 36).

3.7.4 Powerlessness.

Evidence of powerlessness is categorised under (1) power dynamics, (2) entrapment, and (3) re-victimisation. Participants reported feeling powerless during their traumatic CSA experiences, where a lack of control over the abuse as a child is clear in the words of these participants: “…the next thing I remembered he was on top of me, he was touching me inappropriately and all these things, it was very painful. It was painful, I didn’t know what to think, I didn’t know what to do…” (Participant 4, age 22); “…they were older and imposed that on you” (Participant 2, age 36).

Due to the powerlessness experienced during CSA, participants attempted to regain a sense of control in unusual and often maladaptive ways. In this regard, participant two said: “Controlling where you go, what step you would go to emotionally, what step you would go to physically…when I say physically I mean interaction with other people. In a group. So you’re basically trying to control and confine yourself” (Participant 2, age 36). Participant five reflected on her promiscuous behaviour, stating that: “…I did it because I wanted to take control… I set the rules...you don’t call me, you don’t text, you come on this day and you stay this long. Like the guy wasn’t in control” (Participant 5, age 20). A statement made by participant one explains the link between her powerlessness during the CSA and maladaptive
behaviour as: “...I was in a situation, I was violated and then I became the abuser... they [parents] know about me taking it out on my brother” (Participant 1, age 30). The following metaphor used by participant six illustrates how feelings of powerlessness during and after CSA can lead to hypervigilance and suspicion of others: “…our shells have been cracked, so we’re very alert on certain things that’s why we always tend to push people away, we always have that red – it’s like a robot, the red light is always on” (Participant 6, age 21).

It is further evident in the following statement by participant five that the repeated negative messages she received in childhood rendered her helpless, and consequently desensitised her to additional trauma. She reported that: “they stole my laptop and instead of being sad and angry, I was okay...I think that’s why it didn’t really hurt, because I saw it as my fault” (Participant 5, age 20).

Feelings of entrapment during the CSA are evident in the following statements by participants five and two. An inability to prevent or escape the abusive environment due to the relationship with her perpetrators is evident in the words of participant two who said: “If [sic] was of five different people. Close family friends, neighbours basically” (Participant 2, age 36). Participant five was also trapped by her circumstances, where evidence of additional feelings of entrapment was found in the failure of others to safeguard her from further abuse. In this regard, she mentioned that:

“If she [mom] didn’t die then that wouldn’t have happened ...my grandmother said it is best if I live with my uncle. ...so I lived with them. And then I moved back home after everything [sexual abuse]. ...I think maybe she [aunt] realised what was happening, but she didn’t do anything about it”. (Participant 5, age 20)

Re-victimisation was also evident in survivors’ lack of assertiveness, as evident in the following statement by participant two who received threats from her perpetrators, where she
said: “...I grew up having a lot of self-confidence issues...I think maybe my parents suspected something at some stage, they did ask something and I lied...” (Participant 2, age 36). A link between the negative messages received from others and a lack of assertiveness is evident in the words of participant six: “It's like you're not even living your own life. You're living a life to please others...I've kept a lot of unhealthy relationships in my life. Like there was a point where friends would use me for their own benefit” (Participant 6, age 21). The following statement by participant five whose CSA experiences were denied by her grandmother, illustrates how this contributed to a lack of assertiveness to express her opinion at a later stage: “Because I am a child, I can't back chat, I can't say anything to her, I just have to keep quiet and take everything in” (Participant 5, age 20).

3.7.5 Developmental arrest.

The findings on developmental arrest are described by (1) impaired sense of self and perceptions, (2) impaired emotional development, and (3) losses suffered. The effect of CSA on survivors’ psychosocial functioning was reported by participants as having limited information to draw from as they navigated throughout life, which indicates their impaired sense of self and perceptions. In this regard, participant six reported on what seemed to be a divided self which created difficulties throughout her life: “There are certain things that I could have experienced differently...certain things I could have done, certain ways I could have done things, and the victim was always the one taking decisions, always” (Participant 6, age 21).

Participants further expressed their difficulties with affect regulation, which indicates impairment in their emotional development resulting from the CSA experiences. In this regard, participant six said: “...at times I reacted in a manner that the victim wanted me to react in, not the manner I should have reacted in” (Participant 6, age 21). Participant two
reflected on the cause of her own and the group’s impaired emotional awareness as: “my emotions was not at the right level to cope with that, to cope with that adult moment. …I just tend to move away from emotions…I think what happened with us, your emotional intelligence was impaired as well” (Participant 2, age 36). A related statement was made by participant five who explained:

…it’s like an emotional disability. It’s like I’m on an emotional wheelchair. If something happens and we are all in the same room with people who didn’t have the same experience as me, it’s going to take me the longer route to get to see it the way that other people see it. (Participant 5, age 20)

An interesting finding regarding the damage caused by CSA on survivors’ emotional development is that of reality detachment. This was evident in the following statement: “…I realised that I don’t see men as emotional beings. Not at all. They don’t have emotions, they don’t feel” (Participant 1, age 30).

Some participants reverted to unusual or maladaptive strategies to control their overwhelming emotions. The use of dissociation of affect as coping mechanism when confronted with thoughts regarding the abuse is evident in the following statement made by participant two during one treatment session: “I don’t feel it, I just actually feel like I’m not sitting here…Ja, I’m disassociated from it” (Participant 2, age 36). Other participants reported on the use of maladaptive coping strategies: “It was destructive coping mechanisms, uhm, I used drugs, where I was on heroin five years ago and I drank a lot” (Participant 1, age 30); “…I have had had more than one emotional breakdown as well as physical. I have been through the same sort of thing that you did, suicidal stuff…” (Participant 2, age 36).

The developmental arrest caused by CSA is further evident in the losses that participants suffered as a result of their traumatic childhood experiences. The loss of childhood and
innocence was explained in various ways: “...you lost your childhood and you lost your growing up years...you were robbed of it...I lost a lot of happiness, a lot of freedom...It’s like your innocence is taken away, in a very rude manner” (Participant 2, age 36); “I was not a happy child, I isolated myself from everything, almost everything I could” (Participant 6, age 21); “I couldn’t have a normal childhood, like other children had” (Participant 5, age 20).

Due to the loss of childhood, participants experienced difficulties to connect with their inner child. In this regard, the participants said: “I wasn’t really feeling anything but I could see the child playing around and all that...it was hard to relate that to me and comforting the child and actually realizing that it’s actually me” (Participant 4, age 22); “…it’s a more of a big problem for me accepting the fact that there is the inner child...[because] my childhood was stopped, taken away and a lot of what children do was taken away at that age” (Participant 2, age 36).

3.8 Discussion

The objective of this QSA was to explore the trauma causing factors of CSA that emerged in adult women survivors who participated in the S2T collaborative strengths-based group intervention programme. Results from the deductive analysis corresponded with those identified in literature, with the exception of the nature and context of CSA. This current study not only emphasised the reality of this devastating childhood trauma, but also highlighted CSA as a global phenomenon which caused difficulties in the lives of adult women survivors – during and after the abuse. The results of this study yielded indicators of the factors that caused trauma in the lives of adult women survivors of CSA similar to those evident in literature.

However, it appeared that in some instances these factors manifested slightly differently in
this group of South African survivors, as reported by the participants in the S2T collaborative strengths-based group intervention programme. The researcher acknowledges the limitations of the current study. However, this study identified all trauma causing factors of CSA in accordance with those found in the scoping review during phase I of this dissertation, with the exception of the nature and context of CSA. Since the data set used for this study provided no information on the degree of trauma caused by the nature and context of CSA in South African adult women survivors, it was clear that this was not explored in the primary study. Also, no additional trauma causing factors emerged from this data set.

The discussion that follows provides an understanding of the trauma causing factors of CSA as formulated in the conceptual framework developed for this study (Figure 2). This conceptual framework answers the fourth research question, and could possibly inform S2T treatment practice.
Figure 2. Conceptual framework: Trauma causing factors in adult women survivors who experienced CSA
In line with literature, the age-inappropriate sexualisation of participants in childhood was evident in their physical and psychological immaturity at the time of the abuse. This distorted their perception of sexuality and the meaning of sex, where they engaged in promiscuous sexual activities in order to obtain affection (Schlesinger, 2006). Sexual difficulties reported by participants in this study correspond with literature (Napoli, Gerdes, & DeSouza-Rowland, 2001) and are noted as aversion to sex and problems with intimacy. Additionally, participants in this study experienced difficulties related to intimate relationships and discomfort with touch due to the sexual boundary violations in childhood, similar to those documented for survivors in literature (Pettersen, 2013). However, the link between boundary violations and prostitution evident in literature was not found in this study. Evidence describing the objectification of survivors’ bodies during the CSA in this study was found in participants’ perception of their bodies as sexual objects, whereas literature documented this objectification as the disrespect of being female (Hurst, 1999). These findings are consistent with Finkelhor and Browne’ (1985) concept of traumatic sexualisation in describing the effect of CSA on a child’s thoughts, behaviour, and beliefs regarding sex, and the negative impact on adult women survivors’ sexual lives.

Several factors during and after CSA contributed to the betrayal and consequent attachment difficulties experienced by participants in this study and those who participated in previous research (e.g. Human, 2015; Kallstrom-Fuqua et al., 2004; Swanson & Mallinckrodt, 2001). Results from this study, and evidence in literature, describe this early betrayal in childhood as an attachment injury suffered by survivors who were sexually abused by a known perpetrator, and did not receive support from significant others during their CSA experiences. This had a severe impact on survivors’ ability to form secure attachments in adulthood due to the internalised fear of intimate relationships with men, and the distrust in others to provide support. Further evidence of betrayal was found in mixed messages of attention and abuse.
survivors received from their abusers, and negative responses upon disclosure from significant others during and after the CSA. This resulted in survivors’ inability to recognise future negative situations. These results agree with betrayal as conceptualised by Finkelhor and Browne (1985), who indicated that betrayal resulting from CSA significantly impaired survivors’ need for attachment, ability to trust others, and ability to judge situations.

This current study confirms that the trauma caused by CSA is due to stigmatised feelings of self-blame and worthlessness. Given the evidence of several negative messages participants received from their perpetrators and significant others upon disclosure, self-blame for the abuse and feelings of worthlessness reported in this study correspond with findings from previous research (e.g. Collin-Vézina, De La Sablonnière-Griffin, Palmer, & Milne, 2015; Hunter, 2011). This study reported on the tendency of participants to attribute all negative experiences in life to the perception that they were at fault, which stemmed from the internalised self-blame for the sexual abuse in childhood. No evidence in literature was found which relates to this finding. The thoughts shared by the participants in this study therefore reflect that the experience of CSA can have devastating effects on victims’ developing self-concepts, and sexual schemas, which echoes the lack of self-worth commonly reported by survivors of CSA (Baker, 2015; Finkelhor & Browne, 1985; Wang & Heppner, 2011). Furthermore, analysis of participant statements agrees with the documented evidence in literature which indicated that the secret trauma of survivors’ CSA experiences increased the stigmatisation caused by perpetrators and others who forced them into secrecy regarding the abuse (e.g. Colangelo & Keefe-Cooperman, 2012; Taylor & Norma, 2013). This finding concurs with that of Finkelhor and Browne (1985) by highlighting the fact that stigmatisation is not exclusively indicated by the experience of CSA, but also by the secrecy surrounding the CSA.
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Powerlessness as a trauma causing factor of CSA was verified by this study, and aligns with literature, by explaining perpetrators’ advantage of power and maturity over victims during CSA. This rendered survivors unable to prevent or end the abuse, which translated into maladaptive sexual behaviour later in life. Similar to the findings in literature, participants in this study used sex to reclaim a sense of personal control over men, which was abruptly taken away by perpetrators during the CSA (e.g. Baker, 2015; Hurst, 1999). However, literature explained this need for control in terms of survivors who engaged in prostitution (Napoli et al., 2001), whereas this study gave evidence of participants’ promiscuous behaviour as means to regain control, with no reference to prostitution. Yet, this study found that participants also had an unusual need to control others or situations as indicated by Finkelhor and Browne (1985), whereas no evidence was found in other studies regarding this finding. Another difference between the findings in this study and literature was also observed in the minimisation of additional trauma due to the severe powerlessness of survivors during CSA. For instance, Napoli et al. (2001) and Valdez et al. (2013) explained that survivors remained in abusive relationships, whereas no evidence was found in this study that participants who were abused by their partners. Nonetheless, minimisation of additional trauma was evident in this study where a participant perceived an unrelated trauma to the CSA as insignificant and tolerable. Although the possibility of victims of CSA to divert their sense of powerlessness onto others was evident in this study and in literature, it manifested slightly different. This study reported on a participant who abused her younger brother, while literature described survivors’ perception of their abuse of their own children as being normal (e.g. Draucker et al., 2011).

Collaboration on evidence of powerlessness between this study and literature was found in survivors who were trapped in the sexually abusive environment due to circumstances that made it difficult to escape their perpetrators, as well as the failure of others to intervene (e.g.
MacFarlane & Korbin, 1983). No evidence of role reversal was found in this study, since none of the participants were sexually exploited by a parental figure to fulfil his unmet sexual needs.

This study concurs with previous research on survivors’ lack of assertiveness due to feelings of powerlessness during and after the CSA (Bautz, 1997). Threats made by perpetrators and the negative responses to sexual abuse disclosures in childhood conditioned participants into the fear of rejection. It is evident from this study and others that a lack of assertiveness increased survivors’ risk of being re-victimised. However, literature indicated re-victimisation of survivors in abusive intimate relationships (e.g. Fleming & Kruger, 2013; MacFarlane & Kobin, 1983), whereas the evidence in this study points to survivors’ lack of confidence to express their concerns and an inability to direct their own lives.

The traumatic experience of CSA is found to cause immense impairment in victims’ development. Evidence of developmental arrest in this study corresponds to literature, indicating that the experience of sexual abuse during important developmental stages in childhood might inhibit victims’ acquisition of important information needed to guide them throughout life. This was evident in participants’ impaired sense of self and perceptions, which resulted from the internalised perspectives of perpetrators and the negative responses they received upon disclosure. As indicated by previous research, this study found that participants experienced difficulties to navigate romantic relationships due to the lack of healthy perspectives from others, including perpetrators (e.g. Brazelton, 2015). Thus a suggestion is put forward by this study that unmet childhood needs for love and support during CSA, deprived adult women survivors of opportunity to build a healthy sense of self and perceptions of others and the world. As noted in previous studies (e.g. Feerick & Snow, 2005), survivors seemed to have based their decisions in life on a stagnated mind-set;
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described as a divided or disconnected sense of self. Bourdon and Cook’s (1994) explanation of the impact of CSA on a victim’s important psychological and interpersonal foundation necessary for healthy adult functioning provides valid support for this finding.

Developmental arrest as a trauma causing factor of CSA was further evident in survivors’ impaired emotional development and affect regulation. This study, and evidence in literature, confirms that sexual abuse in childhood was such an overwhelming experience for survivors who were emotionally immature at the time of the abuse, that they were unable to develop a healthy understanding and expression of their emotions. In line with previous studies, this study found that the disconnection or denial of emotions during and after CSA was the reason behind participants’ emotional unawareness (Human, 2015; Leitenberg et al., 1992; Pettersen, 2013). Evidence provided in this current study suggests that the lack of emotional awareness might impair survivors’ ability to acknowledge one of the most basic human characteristic of emotion in others, a finding not observed in literature. The question raised here that warrants further investigation is whether a possibility exists for survivors to unconsciously project their own impaired emotional development onto others as a form of denial of their own emotional limitations. Nonetheless, this corresponds with the findings of Schwartz, Galperin, and Masters (1995), namely that the dissociation of affect caused by early childhood trauma could result in the depersonalisation of others.

The documented evidence in literature of dissociation, substance abuse, and self-harm as methods applied by survivors of CSA to manage uncontrollable emotions and the psychological pain related to this childhood trauma, also rung true for participants in this study (Briere, 1988; Morrow & Smith, 1995; Saha et al., 2011).

The loss of childhood and innocence suffered by participants in this study attest to developmental arrest, and is consistent with the existing literature in acknowledging that this
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loss denied survivors an uninterrupted childhood, as they were exposed to adult sexual behaviour early in life (Ardison, 1997; Bourdon & Cook, 1994; Murthi & Espelage, 2005). This study found that the difficulties experienced by participants to acknowledge the existence of an inner child might be related to the loss of childhood; a concept not explicitly mentioned in literature. However, the study by Bourdon and Cook (1994) might relate to this finding, where they explained that CSA had a traumatic impact on survivors’ self-love and self-acceptance. These findings on developmental arrest imply that the impact of CSA could most certainly account for the many obstacles with which survivors were confronted throughout life.

3.9 Limitations of this current study

A limitation of this study is the small sample size and number of participants in this S2T group. This certainly influenced the amount of data available for conducting this QSA. Also, given the age of the women in this group, the traumatic impact of their sexual experiences in childhood on their current lives could lack certain aspects and intensity of the trauma causing factors, which might have emerged in an older age group (Finkelhor & Kendall-Tackett, 1997).

3.10 Recommendations

Given the findings and limitations of this study, it is recommended that a larger study be conducted to expand the evidence on trauma causing factors of CSA in the South African context.
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SECTION C

CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

Figure 3. Unfolding of the study
4.1 Introduction

The main aim of this exploratory qualitative research study was to explore what is known from literature and practice about trauma causing factors of CSA in adult women survivors. This was achieved by the secondary objectives set for this current study, namely (1) to conduct a systematic scoping review to identify available literature and provide a summary of evidence from a variety of studies on the trauma causing factors of CSA, (2) to present the findings from the scoping review to a panel of experts during a focus group discussion for input and/or additional information regarding the trauma causing factors of CSA, (3) to explore the trauma causing factors reported by adult women survivors of CSA participating in a S2T collaborative strengths-based group intervention programme by conducting qualitative secondary analysis on one existing data set, and (4) to contextualise the findings on trauma causing factors in order to inform future S2T treatment practice.

The scoping review and discussion with experts formed part of phase I of this study, which fulfilled the purposes of the first manuscript. A coding framework was then developed from these findings, and used as guideline in phase II of the study. The main objective of this dissertation was achieved in phase I (Manuscript 1) by conducting a scoping review and in phase II (Manuscript 2) by conducting a qualitative secondary analysis (QSA) on one data set from the S2T collaborative strengths-based group intervention programme.

The scoping review identified and summarised evidence on trauma causing factors documented in literature. Next, discussions were held with experts who have practice experience in working with adult women survivors of CSA. As suggested by Arksey and O’Malley (2005), these discussions formed part of the final step of a scoping review study. The factors they observed in their clients to have caused trauma were first assessed. Then, the findings from the scoping review were presented to the participants for input and to
determine whether they could provide additional information on trauma causing factors of CSA as observed in treatment practice.

The QSA on one data set explored the trauma causing factors of CSA that emerged in adult women survivors who participated in the S2T collaborative strengths-based group intervention programme. The purpose was to discern whether the data supported or differed from the findings documented in the literature, as summarised in the conceptual framework of the current study.

The following sections provide an overview of the conclusions, limitations, and recommendations that originated from the study. First, the research questions are reconsidered, followed by the conclusions that have been drawn from this study to provide an integrated understanding of this phenomenon. Then, the limitations to the study’s findings are outlined, after which recommendations for future research and practice are offered, based on the conclusions and limitations of the study.

4.2 Research questions reconsidered

The current study was guided by a primary research question and four secondary research questions. Please find a schematic representation of how the research questions were explored, as depicted in Figure 4.
What is known from literature and practice about trauma causing factors of CSA in a group of adult women survivors?

What could be learned from previous studies on trauma causing factors of CSA amongst adult women survivors?

What input or additional issues related to trauma causing factors can be identified by a panel of experts?

What trauma causing factors of CSA emerged in a group of adult women survivors participating in the S2T group intervention programme?

What findings could further inform S2T treatment practice for adult women survivors of CSA?

MANUSCRIPT 1:
A scoping review was conducted on publications in databases in journals between 1983 until 2016. 59 studies that reported on trauma causing factors in adult women survivors of CSA were selected. The scoping review identified six trauma causing factors of CSA. A coding framework was developed and served as a conceptual guide in phase II of this study (Manuscript 2).

One focus group discussion and one individual interview was conducted with professionals who had an average of 12 years’ practice experience in working with adult women survivors of CSA. Semi-structured interviews were conducted to obtain expert opinion on whether these factors are also observed in treatment practice.

It was established that the six trauma causing factors of CSA identified in literature were also observed in treatment practice.

MANUSCRIPT 2:
Qualitative secondary analysis was conducted on one data set of S2T group intervention session. The transcripts were deductively analysed to explore how the identified trauma causing factors of CSA in literature manifests in South African adult women survivors of CSA.

The analysis identified five of the six trauma causing factors of CSA as captured in the coding framework, except for the nature and severity of CSA.

A conceptual framework is proposed that could inform S2T treatment practice guidelines.

Figure 4. A schematic representation of how the research questions were explored
4.3 Conclusions emanating from this study

4.3.1 Manuscript 1.

Manuscript 1 reported on the results of a scoping review that was conducted to identify and summarise the findings from available literature on trauma causing factors of CSA (see Addendum E). The researcher was able to identify six factors surrounding CSA that caused trauma in the lives of adult women survivors, namely (1) traumatic sexualisation, (2) betrayal, (3) stigmatisation, (4) powerlessness, (5) developmental arrest, and (6) the nature and context of CSA. The first four factors concur with Finkelhor and Browne’s (1985) traumagenic dynamics of CSA, while two additional factors were identified in the literature.

A total of 34 studies of those identified in literature ($N = 59$) speak to the impact of CSA on victims’ natural sexual maturity, where age-inappropriate sexualisation of a child by the perpetrator introduces her to sexual matters for which she is psychologically, physically, and emotionally not prepared. Sexual difficulties documented for adult women survivors of CSA were mainly attributed to their immaturity at the time of the abuse, which caused severe damage to survivors’ perceptions of themselves as sexual beings, violation of their personal boundaries by the perpetrator, and the way their innocent bodies were objectified by the perpetrators to satisfy their obscure sexual needs. Thus traumatic sexualisation is understood as an abusive sexual violation experienced by a child, as well as the physical and psychological trauma caused by the CSA experience.

Forty four of the 59 identified studies also confirmed that the trauma experienced by survivors of CSA originated from significant others’ betrayal of their childhood needs of affection, safety and support. Children who are sexually abused by known perpetrators, and receive negative responses upon disclosure of their CSA experiences, lose important childhood relationships with attachment figures. These attachment injuries impact children’s
ability to trust others. Several references have been made to survivors’ inability to form secure attachments with others due to the negative messages they derived from their encounters with significant others during and after CSA. This childhood betrayal seemed to have impaired survivors’ natural instincts of distinguishing between relationships that are conducive to their well-being and those that are not. This finding is understood as a desensitisation process that had occurred during CSA. Matsumoto (2009) defined this as “the process of lessening physical or emotional reactivity to a stimulus which may be through repeated exposure, antithetical response learning, psychological insight, or any other means” (Matsumoto, 2009, p. 157).

Furthermore, several studies ($n = 47$) indicated that the experience of CSA left survivors feeling stigmatised, as they perceived themselves as being different and isolated from their peers in childhood. This study recognised that internalised victim-blaming, received from perpetrators and significant others alike, and self-blame for the CSA, contribute to victims’ negative self-concepts. Sadly, this ingrained stigmatisation leads to the non-disclosure of their childhood sexual trauma to others, where the secrecy surrounding the sexual abuse increases the stigma they carry throughout life. This deep-seated trauma is caused by the secret nature of sexual exploitation by an adult figure, and society’s containment of sexual discussions amongst its members. Although secrecy might be a temporary protective factor against further harm to the self and the family, this study found that it extended survivors’ initial trauma by prolonging their suffering. Summit’s explanation of secrecy as “both the source of fear and the promise of safety” by the perpetrator (1983, p. 181) lends partial support to this finding. However, Summit (1983) does not explain how cultural norms and secrecy as self-protection norms inhibit alleviation of victims’ trauma, and neither accounts for the additional trauma caused by carrying the family’s secret upon themselves. This enforced secrecy by perpetrators and significant others of survivors’ CSA experiences might
have instilled a sense of helplessness during and shortly after the abuse; the long-term impact of keeping this shame-related secret was evidently damaging to survivors’ self-concept.

Moreover, this study reported on powerlessness as a trauma causing factor of CSA, evidenced by 42 studies. Several aspects were identified as having the potential of rendering child victims powerless during and after the sexual abuse. Of note, the power dynamics that exist between an adult perpetrator and child, which includes the perpetrator’s advantage of maturity and authority, makes it difficult for the child to avoid or end the abuse. The reality of child victims’ inability to escape the abusive environment due to their dependence on the perpetrator and, in many cases, insensitive non-abusing family members, was confirmed. A disturbing finding was that in some unstable families, children might be sexually exploited to accommodate absence of mothers who do not satisfy the sexual needs of their husbands or partners. This study also attests to the possibility of future re-victimisation as a result of perceiving oneself as powerless and helpless to exert control over situations. As such, a link between a lack of assertiveness and the demands made by perpetrators, and significant others’ negative messages was established as contributing to re-victimisation. Consequently this study confirmed that survivors of CSA not only lost control over their bodies, but also perceived themselves as having no freedom of choice in other aspects of their lives.

The presence of two other trauma causing factors of CSA was also confirmed by this study; the impact on a child victim’s psychological and social development was determined, as well as the degree of trauma caused by the nature and context of CSA. Evidence of developmental arrest was found in 30 studies, and mostly documented as adjustment difficulties in adult women survivors. Specifically, sexual abuse in childhood is found to impair victims’ frame of reference and to limit their self-understanding. Embedded in evidence of developmental arrest, is the damage to victims’ emotional development. Survivors’ difficulties with
emotional awareness and affect regulation, stemming from the suppression of emotions and feelings during and after CSA, were also confirmed. In most cases, it can be expected that survivors would adopt maladaptive strategies in an attempt to control overwhelming abuse-related emotions. This study further draws attention to the loss of childhood specifically, in describing developmental arrest. This loss often goes unnoticed in society since survivors grew up to be mature adults. Unfortunately, the trauma experienced in childhood cost survivors the most innocent and valuable experience of growing up.

Regarding the nature and context of CSA, this study reported on evidence found in 37 studies, and confirmed that the degree of trauma experienced by survivors depends on a combination of several interrelated contextual circumstances under which CSA occurs. It was established that the varying levels of trauma reported in this study can be explained by and are rooted in the relationship between the victim and perpetrator, whether the victims experienced physical intrusion, and the level of support they received during and after the sexual abuse, especially upon disclosure. Hence this study found that the way victims are treated by perpetrators and significant others can minimise the presence of one trauma causing factor of CSA, but it may increase the level of trauma caused by other factors.

Considering the trauma caused by the mentioned factors surrounding CSA, this study found that although survivors were immensely traumatised by the CSA experience, they tend to compensate for the impact it had on their lives by engaging in abnormal, and perhaps destructive behaviours, which add to the initial trauma caused by the CSA experience.

During the discussions held with experts, a comparison between the identified trauma causing factors of CSA in literature, and those factors observed in treatment practice, confirmed the findings from the scoping review. It is important to mention that the nature and context of CSA were explicitly highlighted by the participants, in that they recommended that these be
considered as first and foremost contributing factors of the trauma caused by this devastating trauma.

A conceptual framework was developed from the key findings from the scoping review conducted in manuscript one, and served as a conceptual guide in Manuscript 2. It offers an organised understanding of the trauma causing factors of CSA documented in literature. An understanding was gained of the factors surrounding CSA that caused trauma in the lives of adult women survivors, and these factors were further explored to understand how it manifests in South African adult women survivors of CSA.

4.3.2 Manuscript 2.

Manuscript 2 aimed at exploring trauma causing factors that emerged in a group of adult women survivors participating in the S2T collaborative strengths-based group intervention programme. Due to the challenges inherent in gaining access to this vulnerable population, and survivors’ secrecy surrounding their CSA experiences, the researcher employed QSA on one data set of the S2T collaborative strengths-based group intervention programme. A coding framework (Addendum F) developed from the findings from Manuscript 1, was used to deductively analyse the data from the S2T treatment sessions against the identified categories from the scoping review (Elo & Kyngäs, 2008).

This analysis identified five trauma causing factors that corresponded to those documented in literature, with the exception of the nature and context of CSA. These factors are (1) traumatic sexualisation, (2) betrayal, (3) stigmatisation, (4) powerlessness, and (5) developmental arrest. No additional trauma causing factors were identified during the inductive analysis phase. During the analysis process, the researcher noted that in some instances, these factors manifested slightly different in the group of South African survivors,
as reported by the participants in the S2T collaborative strengths-based group intervention programme.

4.3.3 **Overall conclusion.**

The overall conclusion drawn from this study is that the traumatic experience of sexual abuse in childhood caused enduring trauma in the lives of adult women survivors. Thus the main objective of this dissertation was achieved by exploring what is known from literature and practice about trauma causing factors of CSA in adult women survivors. This study provides rich evidence of the factors surrounding CSA that impaired adult women survivors’ sexual development, trust, perception of the self, sense of personal control, and psychosocial development. It therefore offers a deep understanding of the complex nature of CSA, and of the trauma caused by CSA which remains hidden and unresolved until survivors are afforded an opportunity of disclosing their experiences in a safe and supportive environment (e.g. Allnock & Miller, 2013; Eagle, 1998; Walker-Williams & Fouché, 2017).

4.4 **Personal reflection**

My interest in this study was sparked by the work of Dr Hayley Walker-Williams and Prof Ansie Fouché in their collaborative strengths-based group intervention programme (S2T) for adult women survivors of CSA. The contribution this programme makes to the lives of this vulnerable population is much admired. After the pilot study in 2013, the effectiveness of the S2T collaborative strengths-based group intervention programme was tested, and a recommendation for future research was made to look into the factors that cause trauma in the lives of adult women survivors. I therefore decided to focus my study on exploring trauma causing factors of CSA that emerge in adult women survivors in South Africa.
However, during my research I came across certain expected and unexpected findings. Given the sexual nature of this devastating childhood trauma, the sexual difficulties reported by adult women survivors in literature and in the S2T collaborative strengths-based group intervention programme were not surprising. I must admit that the reasons provided in literature for women who resolved to prostitution challenged my main belief that those who trade their bodies for sex only do so for monetary gain. This study therefore broadened my understanding, and made me realise that I should look at these women from a different perspective, in considering the possibility that their actions might be the consequence of having been sexually abused in childhood.

Additionally, this study made me aware that although humans are born as social beings who have an inherent need to connect, to receive and give love unconditionally, a traumatic incident such as CSA most certainly separates the ‘human’ from the ‘being’.

In conclusion, as a novice researcher, I came to appreciate the tremendous dedication and perseverance of other well-established researchers. I realised that perseverance is not only needed to reach your end goal in a set time, but also when you come across obstacles on your research journey. In conducting this research, my increased understanding of this devastating phenomenon enforced the already burning need to create awareness of this childhood reality. I am therefore confident in suggesting that this can only be accomplished through knowledge exchange that cuts across academic borders to make early intervention possible, and minimise the trauma associated with being a victim of CSA.
4.5 Limitations of this current study

The limitations presented by each manuscript are as follows:

4.5.1 Manuscript 1.

- The inclusion criteria used to identify relevant studies for the scoping review is acknowledged. The decision to select only studies that have been published in English might have ignored the possibility of valid research conducted in other languages. This study also restricted the search for relevant studies to specific search engines and journals, and therefore limited the scope of identifying other valuable resources.
- The unforeseen small number of experts who participated in the discussion on trauma causing factors of CSA they had observed in treatment practice, limited the information obtained, where other experts might have identified additional trauma causing factors.

4.5.2 Manuscript 2.

- The researcher is mindful of the limitation of the amount of data available for the QSA, since only one data set was used to explore the trauma causing factors of CSA reported by adult women survivors participating in the S2T collaborative strengths-based group intervention.
- Also, given the age of the women in the group, the traumatic impact of their sexual experiences in childhood on their current lives might have lacked certain aspects and intensity of the trauma causing factors, as it would possibly be reported by an older age group (Finkelhor & Kendall-Tacket, 1997).
4.6 Contributions of this study

This study provided the first known summary of the factors surrounding CSA which caused so much trauma in the lives of adult women survivors. Despite the limitations of this study, the results support Finkelhor and Browne’s (1985) traumagenic dynamics of traumatic sexualisation, betrayal, stigmatisation, and powerlessness which link the experience of CSA to the on-going difficulties observed in survivors. However, this study expands on these dynamics in recognising that the trauma caused by CSA might be the result of developmental arrest, and the nature and context of CSA. Thus the additional trauma causing factors of CSA that emerged from this study advance the understanding of this devastating childhood phenomenon; therefore it contributes to the existing knowledge base in providing further evidence of the underlying factors that might steer survivors in seeking treatment. Moreover, the findings from the secondary analysis of the data set emphasise the importance of acknowledging that the trauma causing factors of CSA identified in literature is as much a reality among South African women as it is in the international arena.

This study therefore makes a strong case for considering all aspects surrounding CSA to fully comprehend the damaging effect of this traumatic childhood experience in the lives of adult women survivors. Accordingly, this study underscores the importance of informing treatment practice, as well as the wider society. As such, these findings can be incorporated into the S2T practice guidelines.

4.7 Recommendations for future research and practice

Although this study identified other trauma causing factors of CSA, it recommends that more research be undertaken to confirm the findings presented within this dissertation, and to explore new factors emerging in adult women survivors. The documented findings in this study should therefore not be considered set in stone, but should serve as guideline and
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motivation for future research to continue the process of uncovering the root of the long-term trauma experienced by survivors. Given the limitations of the scoping review of this study, it is strongly recommended that future research address these limitations by expanding the inclusion criteria in identifying relevant studies.

This study also recommends that a larger study be conducted to expand the evidence of trauma causing factors of CSA in the South African context. Comparative studies could also prove valuable to evaluate trauma causing factors of CSA across ethnic and religious groups, especially in a multicultural country such as South Africa.

Furthermore, since this study only focused on trauma causing factors of CSA in adult women survivors, future research exploring these factors in adult male survivors is recommended. Such studies could certainly identify factors that are unique to this population.

Finally, it is recommended that the findings from this study be incorporated into existing treatment modalities and interventions, such as the S2T collaborative strengths-based group intervention programme, to address the underlying causes of survivors’ current difficulties, and to not only minimise the symptoms presented in therapy.
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TRAUMA CAUSING FACTORS OF CHILDHOOD SEXUAL ABUSE

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TRAUMA CAUSING FACTORS OF CHILDHOOD SEXUAL ABUSE


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ADDENDUM A

Scoping review process and protocol

(Adapted from the five-stage framework of Arksey and O’Malley)

1 Research question

What could be learned from previous studies on trauma causing factors of CSA amongst adult women survivors?

2 Search strategy

Inclusion criteria

Population: Adult women survivors of childhood sexual abuse

Phenomenon of interest: - Child or childhood sexual abuse
- Trauma causing factors or traumagenic dynamics

Type of outcome: Studies that indicate trauma causing factors in adult women survivors of childhood sexual abuse

Type of studies: - Empirical studies
- Quantitative designs (quasi-experimental studies, retrospective cohort studies, analytical cross-sectional studies)
- Qualitative designs (phenomenology, grounded theory, ethnography, feminist research, case studies)
- Mixed method designs
- Dissertations

Publication dates of studies: Until 2016

Publication language: English

Search terms: - (*child sexual assault* OR *childhood sexual assault*) AND (trauma causing factors OR traumagenic dynamics)
- (*child sexual abuse* OR *childhood sexual abuse*) AND (trauma causing factors OR traumagenic dynamics)
- (*child sexual abuse* OR *childhood sexual abuse*) AND (adult women survivors OR adult female survivors)
- (*adult women OR adult female* AND *sexually abused as children*)
TRAUMA CAUSING FACTORS OF CHILDHOOD SEXUAL ABUSE

- (*child sexual abuse OR *childhood sexual abuse*) AND (trauma causing factors OR traumagenic dynamics) AND (adult women survivors OR adult female survivors)
- (*child sexual abuse* OR *childhood sexual abuse*) AND (*traumatic sexual abuse experience*)
- (*child sexual abuse* OR *childhood sexual abuse*) AND (*traumatic sexual abuse experience*) AND (adult women survivors OR adult female survivors)

Sources: Data bases
EbscoHost: Academic Search Premiere
      Africa-Wide Information
      E-Journals
      ERIC
      PsycARTICLES
      PsycINFO
      SocINDEX
SAePublications: Science Direct (Social Sciences and Psychology)
CrossRef (APA PsycNET)
Google scholar (ResearchGate)
PubMed Central
Cochrane Reviews

Academic journals
Child Abuse & Neglect
Child Abuse Research in South Africa
Child Abuse Review
Journal of Child Sexual Abuse
Sexual Abuse: A Journal of Research and Treatment
Trauma, Violence and Abuse: A Review Journal

Articles cited in reference lists after duplicate studies have been removed

Additional articles as cited by the included studies
Exclusion criteria

Population:  - Adult male survivors of childhood sexual abuse
- Children
- Adult women survivors of sibling incest
- Sex offenders
- Non-offending caretakers or professionals

Publications:  - Training manuals / updates
- Systematic reviews
- Literature reviews
- Meta-analyses
- Secondary data analyses
- Book reviews
- Book sections
- Policy documents
- Government documents
- Summaries of judgments
- Summaries of papers
- Volume content / table of contents
- Conference programmes
- Reference to blogs
- Reference books
- Newspaper articles
- Magazine articles

3 Study selection process

a) Identify publications through database searches using key terms
b) Identify publications through academic journal searches using key terms
c) Identify additional citations from reference lists of publications found through searches

Remove duplicates

d) Application of exclusion criteria
e) Screen titles and abstracts for eligibility

Remove publications

f) Access and assess full text studies for eligibility
Exclude studies that do not meet inclusion criteria
Exclude studies that do not answer the research question

g) Independent reviewers apply inclusion and exclusion criteria to full text studies to validate eligibility

h) Indicate studies for inclusion in scoping review

i) Identify and include additional articles as cited by the included studies

Thematic analysis

4 Charting the data

Extraction and mapping of data from the selected studies in the data charting form.

5 Data analysis – collating and summarising of results

a) Thematic analysis according to the six phases outlined by Braun and Clark (2006).

b) Consensus discussions with experts in qualitative research throughout the analysis process.

c) Independent coder to assess identified codes and results of the analysis.

d) Writing up of findings.

6 Consultation with experts

Consultation with stakeholders or professionals with practice experience in working with childhood sexual abuse survivors to answer the question “What input or additional issues related to trauma causing factors can be identified by a panel of experts?”
**ADDENDUM B**

Identified database and journal studies

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**Exclusion criteria:**  
Adult male survivors  
Book review  
Adolescents  
Sex offenders

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FOCUS GROUP DISCUSSION

“Exploring trauma causing factors in a group of adult women who experienced childhood sexual abuse”

Phase 1 (Section B) of a research study for the degree MA in Psychology
Marinda Henning (NWU-HS-2016-0001)

PROGRAMME

Welcoming:
Introduction principle investigator and research assistant
Focus group panel introduction
Signing of attendance register

Schedule:
Discussion of ground rules
Overview of the research project
Aim of focus group discussion
Role of the researcher and research assistant

Opening question
Presenting scoping review findings
Panel reflect on findings from practical experience

Closing:
Summary of discussion
Review of the purpose of the study
Closing statements

Thank you for your valuable input and time

Marinda Henning
Contact numbers: 016-910 3413 / 082 490 4130
Email: Marinda.henning@nwu.ac.za
FOCUS GROUP INTERVIEW QUESTIONS

“Exploring trauma causing factors in a group of adult women who experienced childhood sexual abuse”

PRINCIPAL INVESTIGATOR: Ms Marinda Henning

RESEARCH QUESTION

What input or additional issues related to trauma causing factors can be identified by a panel of experts?

RESEARCH STUDY OBJECTIVE

To present the findings of the scoping review to a panel of experts during a focus group discussion for input and/or additional information regarding the trauma causing factors of CSA.

INTERVIEW QUESTIONS

Please take some time and reflect on the findings of the scoping review presented to you.

1. Please indicate whether you agree or disagree with the trauma causing factors of CSA as found in previous studies.

2. Could you please point to the trauma causing factors of CSA you agree with?

3. From these factors, could you please share how it links to your practice experience in working with survivors of CSA?

4. Could you please share any additional trauma causing factors of CSA you observed in working with survivors of CSA, other than those found in previous studies?

5. Could you please share any other practice experience working with survivors of CSA you think might be valuable for interventions specifically developed for this vulnerable population?
## ADDENDUM D

Summary of the focus group discussion and individual interview

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<td>Traumatic sexualisation</td>
<td>Inappropriate sexualisation</td>
<td>“I had an adult who was sexually molested when she was still young by a relative…it becomes difficult to have sexual you know, contact with her husband…and I’m unable to attend to my husband.” (P1, line 18)</td>
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<td>“But a lot of them in court is been raped and raped…They never repair this gaps in their lives.” (P3, line 86)</td>
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<td>“They can’t understand that it is abuse then.” (P2, line 120)</td>
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<td>“And the child do not understand the implication it has for him for the rest of life.” (P3, line 167)</td>
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<td>“…this client was repeatedly raped by her grandfather…I was so shocked when she told me I enjoyed it.” (P1, line 181)</td>
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<td>“…there’s a grooming process that go on to such an extent where the child would say, in fact I’m the one. In reality they will end up demanding.” (P2, line 186)</td>
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<td>“It could also be the denial that how good that experience was. And yes, it was good, yet it was wrong, and now, how can I find that again. Ja, it can be complicating.” (P4, individual interview, line 18)</td>
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<td>Emotional and physical boundary violations</td>
<td>“But she was molested as a child by an older person. He was a family friend and he would come and look after her when her parents were away, and he would sexually abuse her. And now she has this very deviant sexual behaviour.” (P4, individual interview, line 14)</td>
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<td>Emotional and physical boundary violations</td>
<td>“You are a girl, don’t change your lifestyle and we will proof that to you to say you’re a girl. And one day she was raped by the three men” (P1, line 201)</td>
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<td>“When she was an adult and she came to me, she couldn’t touch, she couldn’t let anyone come into her personal space.” (P4, individual interview, line 40)</td>
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<td>Attachment injuries</td>
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<td>“The relationship [with the uncle] was ok [before the abuse], because the parents would leave her with the uncle whenever they go somewhere…the mother and the uncle betraying you. Because when the mother leaves me with the uncles always when she goes for church services.” (P1, line 34, 97)</td>
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<td>“They will believe, because their parents whatever, did not believe me. So then it’s not sexual distortion, it’s love distortion…” (P3, line 111)</td>
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<td>Innate trust broken</td>
<td>“What bothers you is trust. You can trust nobody, because the one that I was supposed to trust I cannot trust.” (P3, line 74)</td>
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<td>“The trust. They lose the trust in the family, of the opposite sex.” (P2, line 149)</td>
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<td>Inability to recognise future negative situations</td>
<td>“A typical battered woman syndrome. They will keep saying because he loves me, and he said he is sorry and he won’t do it again. But it happened fifty other times also, what’s different now?&quot;</td>
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“Usually some parents where children report, because it’s a family or a trusted friend, they will just say you have started with your sexual activities, now you are practicing prostitution here. You now want to entice all men.” (P2, line 203)

“If you had a secure attachment and then the abuse happens, your attachment is so disrupted.” (P4, individual interview, line 44)

“When she was abused, she told her family and they didn’t believe her.” (P4, individual interview, line 22)

“I can’t trust anyone. And if someone so close to me doesn’t believe me, who else will. And that’s when in later relationships we have this push-pull. I want to believe you, I want to trust you, but I can’t.” (P4, individual interview, line 22)
<table>
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<td>“But then the parents have this guilty feeling. I should not have you walk to school…She grows up with this, my parents feel they did not do enough, so how can I do enough for my own child. It’s been carried over.” (P3, line 115)</td>
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<td>“So the issue of stigma, you know, our community members not understanding different lifestyles.” (P1, line 201)</td>
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<td>“And then also you get this guilt, that I shouldn’t have let it happen to me.” (P4, individual interview, line 28)</td>
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<td>“There is no hope for them, and they are not worthy.” (P4, individual interview, line 26)</td>
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<td>Negative self-concept with associated feelings of shame</td>
<td>“They believe they are dirty, because they feel dirty. That’s why they don’t tell anybody because they don’t want to share their dirtiness.” (P3, line 109)</td>
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<td>“Negative self-image, that they are such a bad person.” (P4, individual interview, line 26)</td>
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<td>Secrecy surrounding CSA</td>
<td>“Is still thinks it’s one of the things that’s not out there, because it’s not physical visible…There’s a lot of women out there that will not</td>
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<td>Powerlessness</td>
<td>Power dynamics</td>
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<td>“It was done forcefully without somebody else’s consent.” (P1, line 16)</td>
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<td>“She felt suffocated and I, to my thinking, you are scared and somebody is holding you down and also closing your mouth that you don’t shout. I think that’s where the suffocation comes from.” (Participant 2, line 66)</td>
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<td>“With the prostitution you are in control. The guy is paying you, so you are the one who is taking the control with the hope of getting the control back because it was broken here...” (P3, line 104)</td>
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<td>“...those who are raped by people in authority, the teachers...” (P2, line 121)</td>
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<td>“There was always a threat connecting to the rape. Because that makes a person weak”</td>
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immediately, then he can rape without struggle.” (P3, line 135)

“Even if it’s not a family member, but somebody who is known to this child. You don’t tell anybody, otherwise I will kill everybody.” (P2, line 132)

“Either I’m killing you now or I’m killing your mother or whatever. But everyone I had, there was something that say, you do something or tell somebody, this will happen.” (P3, line 135)

“…the trauma that they had at that time, there’s nothing to match that trauma. So this is just something less. So maybe their perception shifted to say, at that time this happened. But now this is just child’s play.” (P2, line 171)

“They tend to normalize the abnormal situation.” (P2, line 175)

“That’s the only thing they know. And although it’s not good, they feel comfortable because they know it…where the husband is harassing her. Although it started good, she knows it, she’s got knowledge about it. She feels okay, I am in control. (P3, line 177)

<table>
<thead>
<tr>
<th>Entrapment</th>
<th>“…the parents would leave her with the uncle whenever they go somewhere, church services over night.” (P1, line 34)</th>
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<tbody>
<tr>
<td>Role reversal</td>
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<tr>
<td>Developmental arrest</td>
<td>Impaired sense of self and perceptions</td>
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<tr>
<td>Impaired emotional development and affect regulation</td>
<td>“…everything that comes on is actually worse that it should have been because the dustbin is full. So their emotional dustbin is totally filled up.” (P3, line 119) “Impulsivity. Ja, because they don’t know how. They haven’t been taught that it’s ok to feel this way. It’s ok for me to feel angry, it’s ok for me to communicate this anger. It’s going to be either too much or too little.” (P4, individual interview, line 46)</td>
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<tr>
<td>Losses suffered</td>
<td>“It’s as if they never build up that, I don’t know what, against don’t touch me. Because it’s as if they are vulnerable.” (P3, line 86)</td>
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</table>
| Nature and context of CSA | Physical intrusion | “Dignity.” (P1, line 144)  
“At a later stage, when the child is grown up, they realise I missed one step or two steps.” (P2, line 159) |
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<tr>
<td>Duration of the abuse</td>
<td>Physical intrusion</td>
<td>“It differs because it depends on the severity and the impact it had on their lives.” (P3, line 162)</td>
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<tr>
<td>Victim-perpetrator dynamics</td>
<td>Physical intrusion</td>
<td>“It’s really situation, time, everything related to how it impacts on the person. The duration, the force that was used, the circumstances, the support structure they had, everything.” (P3, line 192)</td>
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</tbody>
</table>
| Age at onset of abuse | Physical intrusion | “And then, what I’ve also picked up what influence it had, was if it was a family member or if it was a stranger. The others would say it happened it the field, so I would never go near a field. So it depends where it happens. If it was a family member, it happened everywhere.” (P3, line 72)  
“…if there was a grooming process, then the child don’t feel threatened by what’s going to happen.” (P3, 183) |
| | | “The older you are, I won’t say less, but less trauma it had on you…So my women, if they were raped very young but still could understand, six to seven years, it’s as if they carry more baggage with them in life.” (P3, line 72)  
“Even if you are a teenage girl you feel powerless, because this six boys come and they rape you. It’s, they don’t, they can’t handle it. I
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<tr>
<th>Family background</th>
<th>“Because when it was a once off incident where a guy comes in and the family stand around her and say, you know what, we support you. Then the betrayal part does not exist. Not exist, but it’s less. So she don’t feel my parents betrayed me, because they were not the reason it happened.” (P 3, line 113)</th>
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</table>

can’t say because you are younger you’ve got the least power. It depends on the circumstances.” (P3, line 122)
## ADDENDUM E

Data charting form

<table>
<thead>
<tr>
<th>Nr</th>
<th>Author; publication year; Title</th>
<th>Country</th>
<th>Research approach; method; participants</th>
<th>Contextual factors of sample background</th>
<th>Themes</th>
<th>Sub-themes</th>
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</thead>
</table>
| 1  | Ardison, A. R. (1997) *Feminist therapy and the grief process: Case study of an adult survivor of childhood sexual abuse* | Chicago | Qualitative; Case study design; Female ($N = 1$) age (34) | • Abused during early and middle childhood  
• Abused by known perpetrator  
• Negative responses received upon disclosure | **Traumatic sexualisation**  
Betrayal  
**Stigmatisation** | *Inappropriate sexualisation*  
- Immaturity at time of the abuse  
- Penetration during CSA is physical trauma  
**Attachment injury**  
- Abused by trusted parental figure  
- Relationship with non-abusive parent disrupted due to insensitivity and neglect  
- Significant others did not provide safety  
- Negative responses upon disclosure  
**Innate trust broken**  
- Abused by trusted male figure  
- Men are exploitive to satisfy their own needs  
**Self-blame and worthlessness**  
- See self us worthless  
- Sense of inefficacy |
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|    |                                |         |                                          |                                        |        | - Feelings of guilt and self-blame over abuse  
Developmental arrest | Nature and context of CSA                  | - Negative self-concept with associated feelings of shame  
- Ashamed of damaged body  
- Sexual guilt when abuse developed over a period  
Secrecy surrounding CSA  
- Keep abuse secret to protect self from rejection and further harm  
- Secrecy created a lifelong burden  
- Delayed disclosure  
Impaired emotional development and affect regulation  
- Inability to control emotions  
- Delayed emotional responses  
Losses suffered  
- Normal childhood taken away by perpetrator  
Duration of CSA  
- Systematic abuse by father  
Cultural norms  
- Father’s authority as enabling factor for abuse |
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<tbody>
<tr>
<td>2</td>
<td>Baker, C. M. (2015) <em>Exploring the sexual self-schemas of adult female survivors of childhood incest</em></td>
<td>Nebraska</td>
<td>Qualitative; Narrative design; Female ($N = 9$) age ($M = 37.89$)</td>
<td>- Abused between early childhood and adolescence  - Abused by known perpetrator  - Negative responses received upon disclosure</td>
<td><em>Traumatic sexualisation</em>  <em>Betrayal</em>  <em>Stigmatisation</em></td>
<td>- <em>Inappropriate sexualisation</em>  - Immaturity at time of the abuse  - Penetration during CSA is physical trauma  - Unaware of consequences of CSA  - Disrupted perception of sexuality  - <em>Attachment injury</em>  - Need for affection betrayed  - Negative responses upon disclosure  - Significant others did not provide support  - <em>Innate trust broken</em>  - Abused by trusted male figure  - <em>Self-blame and worthlessness</em>  - Internalised victim-blaming  - Treated with affection and abuse, perceived self as willing participant  - <em>Negative self-concept with associated feelings of shame</em>  - Feeling ashamed of damaged body  - Sexual guilt, abuse</td>
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<td>- Keep abuse secret to protect self from rejection and further harm</td>
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<td>- Forceful coercion to engage victim in abuse</td>
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<td>- Endured abuse until circumstances changed</td>
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<td>- Mother encouraged abuse to minimise her own pressure</td>
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<td>- Conditioned fear of perpetrator and negative responses from others in childhood leads to a lack of assertiveness in intimate</td>
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<td>- Rely on others’ feelings and actions to assess situations</td>
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<td>Physical intrusion</td>
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<td>- Varying findings on effect of physical intrusion and duration on sexual self-concepts</td>
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<td>- Treated with affection by abusive parental figure increase self-blame</td>
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<td>- Lower self-concept when abused by family member</td>
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**Developmental arrest**

**Nature and context of CSA**
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<tbody>
<tr>
<td>3</td>
<td>Bautz, G. (1997) The impact of long-term group therapy on adult female survivors of childhood sexual abuse</td>
<td>Toronto</td>
<td>Mixed method; Pre-test/post-test design; Female (N = 59) age (M = 34.5)</td>
<td>• Abused between early childhood and adolescence  • Abused by known perpetrator  • Negative responses received upon disclosure</td>
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<td>Age at onset of the abuse  - Younger victims are more confused, might intensify traumatic sexualisation  Family background  - Lack of support upon disclosure increased stigmatisation</td>
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<td>Traumatic sexualisation</td>
<td>Inappropriate sexualisation  - Immaturity at time of the abuse  - Penetration during CSA is physical trauma  - Disrupted perception of sexuality</td>
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<td>Stigmatisation</td>
<td>Negative self-concept with associated feelings of shame  - Feeling ashamed over abuse</td>
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<td>Betrayal</td>
<td>Attachment injury  - Abused by trusted parental figure  - Significant others did not provide support  - Disturbance in relatedness</td>
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<td>Powerlessness</td>
<td>Power dynamics  - Perpetrator authority enabled compliance to</td>
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<td>4</td>
<td>Bourdon, L. (1994) &lt;br&gt;Losses associated with sexual abuse</td>
<td>Colorado</td>
<td>Quantitative; Survey design; &lt;br&gt; $N=110$ &lt;br&gt; Female ($n=52$) &lt;br&gt; age ($&gt;18$) &lt;br&gt; Therapists ($n=58$)</td>
<td>Abused between infancy and adolescence &lt;br&gt; Abused by known perpetrator &lt;br&gt; Negative responses received upon disclosure</td>
<td>Developmental arrest</td>
<td>Abuse - Abuse instilled sense of fear &lt;br&gt; Re-victimisation - Powerlessness led to lack of assertiveness to control situations &lt;br&gt; Fear of confrontation</td>
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<td>Impaired sense of self and perceptions</td>
<td>- Impaired perceptions of relationships &lt;br&gt; - View relationships in terms of power and control</td>
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<td>Losses suffered</td>
<td>- Sense of self</td>
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<td>Traumatic sexualisation</td>
<td>Inappropriate sexualisation - Immaturity at time of the abuse &lt;br&gt; - Difficulties with sexuality</td>
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<td>Stigmatisation</td>
<td>Negative self-concept - Negative perception of body &lt;br&gt; - Impaired self-love</td>
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| 5  | Brand, B. L., & Alexander, P. C. (2003)  
   *Coping with incest: The relationship between recollections of childhood coping and adult functioning in female* | Maryland | Mixed method; Descriptive-correlational design; Female ($N = 101$) age ($M = 36.9$) | • Abused between infancy and adolescence  
• Abused by known perpetrator  
• Negative responses received upon disclosure | **Powerlessness**  
- Use of physical force during abuse  
**Developmental arrest**  
- Sense of wholeness impaired  
- Inability to trust oneself  
**Nature and severity of CSA**  
- Normal childhood taken away by perpetrator  
**Traumatic sexualisation**  
- Age at onset of the abuse  
- More losses reported when abuse occurred at a young age  
**Betrayal**  
- Emotional and physical boundary violations  
- Abuse was physically intrusive  
**Stigmatisation**  
- Attachment injury  
- Negative responses upon disclosure  
- Self-blame and worthlessness  
- Negative self-criticism about the abuse |
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<td>Developmental arrest</td>
<td>Impaired emotional development and affect regulations - Suppressed emotions and feelings during and after the abuse</td>
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<td>Nature and context of CSA</td>
<td>Duration of abuse - Frequent and chronic abuse have more negative outcomes Victim-perpetrator dynamics - Abuse by family member had more negative outcomes</td>
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<td>Emotional and physical boundary violations - Unwanted sexual experiences</td>
<td>Negative self-concept and associated shame - Due to sexual violation and society’s negative perception of early female sexual behaviour</td>
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<td>7</td>
<td>Brazelton, J. F. (2015) <em>The secret storm: Exploring the disclosure process of African American women survivors of child sexual abuse across the life course</em></td>
<td>Tennessee</td>
<td>Qualitative: Collective case study design and narrative design; Female ($N = 17$) age ($M = 51.5$)</td>
<td>• Abused between early childhood and adolescence • Abused by known perpetrator • Negative responses received upon disclosure</td>
<td>Nature and context of CSA</td>
<td>Age at onset of abuse - Negative self-concept associated with abuse that occurred at a younger age</td>
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<td>Traumatic sexualisation</td>
<td>Inappropriate sexualisation - Immaturity at time of the abuse - Physical response to abuse created confusion</td>
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<td>Betrayal</td>
<td>Attachment injury - Negative responses upon disclosure - Delayed disclosure</td>
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<td>Stigmatisation</td>
<td>Negative self-concept with associated shame - Perceives self as bad person</td>
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<td>Secrecy surrounding CSA - Cultural norms of silence of sexual matters - Abuse was normalised - Keep abuse secret to protect self from rejection and further harm - Delayed disclosure</td>
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<tr>
<td>Nr</td>
<td>Author; publication year; Title</td>
<td>Country</td>
<td>Research approach; method; participants</td>
<td>Contextual factors of sample background</td>
<td>Themes</td>
<td>Sub-themes</td>
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<td>8</td>
<td>Briere, J. (1988) <em>The long-term clinical correlates of childhood sexual victimization</em></td>
<td>California</td>
<td>Quantitative; Causal-comparative / Cause-effect / Correlational research design; ( N = 194 ) age (( M = 27 )) Female: abused (( n = 133 )) non-abused (( n = 61 ))</td>
<td>Abused until adolescence, Abused by known perpetrator, Negative responses received upon disclosure</td>
<td>Developmental arrest</td>
<td>Impaired sense of self and perceptions - Lacked role models of communication about sexuality due to negative responses upon disclosure</td>
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<td>Impaired emotional development and affect regulation - Suppressed emotions and during and after the abuse - Described as being emotionally bankrupt</td>
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<td>Losses suffered - Normal childhood taken away by perpetrator - Perception that one grew up too fast</td>
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<td>Inappropriate sexualisation - Immaturity at time of the abuse - Penetration during CSA is physical trauma</td>
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<td>Negative self-concept with associated feelings of shame - Bizarre CSA (rituals or multiple perpetrators) might contribute to stigmatisation</td>
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<tr>
<td>Nr</td>
<td>Author; publication year; Title</td>
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**Themes**

- **Powerlessness**
  - Entrapment
    - Dissociation as only means of escaping the abuse

- **Developmental arrest**
  - Impaired emotional development and affect regulation
    - Escaped sensory input during abuse
    - Difficulties with anger, substance abuse, self-harm, suicidality

- **Nature and context of CSA**
  - Physical intrusion
    - Penetration during abuse had more negative outcomes related to emotional development
    - Higher levels of dissociation during aversive situations
    - Bizarreness increased trauma
  - Duration of the abuse
    - Increased trauma when abused over extended period
| 9 | Cantón-Cortés, D., Cantón, J., & Cortés, M. R. (2016) | Spain | Quantitative; Causal-comparative / Cause-effect/Correlational survey design; Female (N = 167) age (M = 21.21) | - Abused before the age of 18  
- Abused by known perpetrator  
- Negative responses received upon disclosure | Betrayal | Attachment injury  
- Abused by trusted parental figure  
- Significant others did not provide support  
- Impact on emotional attachment to family  
**Innate trust broken**  
- Interpersonal sensitivity |  
**Nature and context of CSA**  
- Duration of the abuse  
- On-going abuse increased sense of betrayal due to diminished expectations of security and support  
**Victim-perpetrator dynamics**  
- Abuse by family member increased sense of betrayal  
- Higher levels of betrayal due to emotional insecurity  
**Family background**  
- Lack of support upon disclosure increased stigmatisation |
|---|---|---|---|---|---|---|
| 10 | Cantón-Cortés, D., Cortés, M. R., Cantón, J., & Justicia, F. (2011) | Spain | Quantitative; Experimental design; Female (N = 163) age (M = 19.69) | - Abused before the age of 14  
- Abused by known perpetrator  
- Negative responses received upon disclosure | Betrayal | Attachment injury  
- Abused by trusted parental figure  
**Self-blame and worthlessness**  
- Guilt over abuse impairs the sense of self-worth  
**Negative self-concept with associated feelings of shame** |  
**Stigmatisation** |
| disclosure on the relationship between feelings provoked by child sexual abuse and posttraumatic stress | Nature and context of CSA | - Shame over abuse
Family background
- Increased sense of betrayal when abuse was disclosed |
|---|---|---|
| Chunis, M. L. (2009) Psychological implications of adult women ages 35-50 with a childhood sexual abuse history | Massachusetts Qualitative; Grounded theory approach; Female ($N = 17$) age ($M = 42.5$) | - Abused between infancy and middle childhood
- Abused by known perpetrator
- Negative responses received upon disclosure

Traumatic sexualisation

Inappropriate sexualisation
- Immaturity at time of the abuse
- Abuse created confusion between sex and attention
- Negative perception of sex
Emotional and physical boundary violations
- Difficulties to set boundaries in interpersonal relationships
- Difficulties with touch and intimacy

Stigmatisation

Self-blame and worthlessness
- Did something wrong
- Feel worthless and not deserving of good treatment
- Self-blame due to abuse extended to other areas in life

Negative self-concept with associated feelings of shame
- Alter body image to
<table>
<thead>
<tr>
<th>Source</th>
<th>Powerlessness</th>
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<tr>
<td></td>
<td>minimise attention from others</td>
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<td>- Hiding the shame</td>
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<td>Secrecy surrounding CSA</td>
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<td>- Keep abuse secret to protect self from rejection and further harm</td>
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<td>- Delayed disclosure</td>
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</table>

| Power dynamics         | - Associated sex with control                                                 |
|                        | Re-victimisation                                                              |
|                        | - Conditioned fear during abuse increased the risk of remaining in abusive adult relationships |
|                        | - Lack confidence to express dissatisfaction with initiated sexual acts of partner |

<p>| Developmental arrest   | Impaired emotional development and affect regulation                          |
|                        | - Self-harm as coping with overwhelming emotions and feelings related to the abuse |</p>
<table>
<thead>
<tr>
<th></th>
<th>Authors</th>
<th>Location</th>
<th>Study Design</th>
<th>Sample Details</th>
<th>Findings and Concepts</th>
</tr>
</thead>
</table>
| 12| Classen, C., Field, N. P., Atkinson, A., & Spiegel, D. (1998) | California | Quantitative; Exploratory, Cross-sectional design; Female (N = 27) age (M = 44.5) | • Abused between infancy and adolescence  
• Abused by known perpetrator  
• Negative responses received upon disclosure | Developmental arrest  
Impaired sense of self and perceptions  
- Damaged self-integration between the past self and ideal self |
|   |                                             |          |                                   |                                                                                                                                                    |                                                                                       |
| 13| Coffey, P., Leitenberg, H., Henning, K., Turner, T., & Bennett, R. T. (1996) | New England | Quantitative; Survey design; N = 666 Female: abused (n = 192) age (M = 40.39) non-abused (n = 474) age (M = 43.70) | • Abused during middle childhood  
• Abused by known perpetrator  
• Negative responses received upon disclosure | Stigmatisation  
Self-blame and worthlessness  
- Experienced self-blame when abuse continued over a period  
- Opportunities to end the abuse should have been taken  
Negative self-concepts with associated feelings of shame  
- Perception of self as damaged goods  
- Personal and societal violation  
Physical intrusion  
- Increase in sexual activity during the abuse increased stigmatisation |

Note: CSA = Child Sexual Abuse

| 14 | Colangelo, J. J., & Keefe-Cooperman, K. (2012) | America | Qualitative; Case study design, phase-oriented approach; Female ($N = 1$) Female ($> 26$) | - Abused between early childhood and adolescence  
- Abused by known perpetrator  
- Negative responses received upon disclosure | **Traumatic sexualisation** | **Inappropriate sexualisation**  
- Immaturity at time of the abuse  
- Physical response to abuse created confusion  
*Emotional and physical boundary violations*  
- Intense fear of intimacy  
**Stigmatisation**  
- Blame self for breaking up family when abuse was disclosed  
*Negative self-concept with associated feelings of shame*  
- Perceives self as damaged goods  
**Powerlessness**  
- Threatened into silence by the perpetrator  
- Delayed disclosure  
**Entrapment**  
- Endured abuse until circumstances changed  
**Developmental arrest**  
- Future interactions based on internalised fear  
*Impaired emotional development and affect regulation* |
<table>
<thead>
<tr>
<th></th>
<th>Author(s)</th>
<th>Location</th>
<th>Methodology</th>
<th>Participants</th>
<th>Themes</th>
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</thead>
<tbody>
<tr>
<td>15</td>
<td>Collins, C. M., O’Neill-Arana, M. R., Fontes, L. A., &amp; Ossege, J. M. (2014)</td>
<td>Ohio</td>
<td>Qualitative; Phenomenology and narrative theory approach; Female (N = 9) age (&gt; 30)</td>
<td>Abused during childhood, Abused by known perpetrator, Abuse was not noticed</td>
<td>Betrayal, Stigmatisation, Powerlessness</td>
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<td>Innate trust broken, Abused by trusted figure, spiritual leader, Failure of others to notice abuse due to patriarchy</td>
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<td>Self-blame and worthlessness, Internalised victim-blaming for the abuse, Perceived self as a worthless sinner</td>
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<td>Negative self-concept with associated feelings of shame, Felt shame over the abuse in front of God</td>
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<td>Power dynamics, Perpetrator authority enabled compliance to abuse, Men had control over women in family</td>
</tr>
<tr>
<td>16</td>
<td>Collin-Vézina, D., De La Sablonnière-Griffin, M., Palmer, A. M., &amp; Milne, L. (2015)</td>
<td>Canada</td>
<td>Qualitative; Grounded theory approach; telephone interviews; N = 67 age (M = 44.9) Female (n = 51) Male (n = 16)</td>
<td>Abused during childhood, Abused by known perpetrator, Negative responses received upon disclosure</td>
<td>Traumatic sexualisation, Betrayal</td>
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<td>Inappropriate sexualisation, Immaturity at time of the abuse</td>
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<td>Attachment injury, Disbelief that parental figure abused them, Significant others did not provide support</td>
</tr>
<tr>
<td>mapping of individual, relational, and social factors that impede disclosure of childhood sexual abuse</td>
<td>Stigmatisation</td>
<td>mapping of individual, relational, and social factors that impede disclosure of childhood sexual abuse</td>
<td>mapping of individual, relational, and social factors that impede disclosure of childhood sexual abuse</td>
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</tbody>
</table>
| - Negative responses upon disclosure  
- Failure of significant others to notice the abuse  
Self-blame and worthlessness  
- Internalised victim-blaming  
- Felt responsible for the abuse  
- Guilt over abuse impairs the sense of self-worth  
Negative self-concept with associated feelings of shame  
- Feelings of isolation  
- Having an invisible handicap, feeling dirty  
Secrecy surrounding CSA  
- Keep abuse secret to protect self from rejection and further harm  
- Delayed disclosure | Powerlessness | Power dynamics  
- Perpetrator used threat to engage the child in the abuse  
- Compliance due to perpetrator high standing in the community | Developmental arrest | Impaired sense of self and perceptions  
- Damage to self-identity |
<table>
<thead>
<tr>
<th>Nature and context of CSA</th>
<th>Cultural norms</th>
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<tr>
<td>Impaired emotional development and affect regulation</td>
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- Suppressed emotions and feelings during and after the abuse |
| Cultural norms |
- Norms of silence about sex and sexuality impeded disclosure |

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<tr>
<td>Child sexual abuse and learned helplessness as predictors of revictimization of young adult women</td>
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<tr>
<td>Quantitative; Between-group comparative design; N = 459 age (M = 19.76) Female: abused (n = 147) non-abused (n = 312)</td>
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</table>
- Abused before the age of 15 |
- Abused by known perpetrator |
- Negative responses received upon disclosure |
| Stigmatisation |
| Powerlessness |
| Nature and context of CSA |
| Self-blame and worthlessness |
- Experienced self-blame when abuse continued over a period |
| Re-victimisation |
- Powerlessness led to lack of assertiveness to control situations |
| Physical intrusion |
- Increased risk for revictimisation |
- No physical intrusion increased self-blame |
- Chronic physical coercion decreased self-blame |
| 18 | Crowley, M. S., & Seery, B. L. (2001) | New York | Mixed method; Descriptive, exploratory design; Female (N = 88) age (M = 36) | • Abused between early childhood and adolescence  
• Abused by known perpetrator  
• Negative responses received upon disclosure | Betrayal  
| Stigmatisation  
| Nature and context of CSA | Attachment injury  
- Significant others did not provide support  
- Negative responses upon disclosure  
- Significant others seemed to have colluded with abuse  
- Inability to trust others  
- Could not rely on others for future support | Secrecy surrounding CSA  
- Stigmatised by others’ negative responses that abuse should not be revealed  
- Cultural norm of silence regarding intergenerational incest  
- Shamed into silence  
- Keep abuse secret to protect self from rejection and further harm  
- Secrecy created a lifelong burden  
- Delayed disclosure | Family background  
- Exposed to multiple perpetrators in single-parent households  
- Unstable families set the stage for abuse and on- |
| 19 | DiLillo, D., & Long, P. J. (1999) | Columbia | Quantitative; Controlled study;  
Female: abused ($n = 51$) age ($M = 20.8$)  
non-abused ($n = 91$) age ($M = 19.6$) | - Abused in childhood  
- Abused by known perpetrator  
- Negative responses received upon disclosure | Betrayal | Attachment injury  
- Negative responses upon disclosure  
- Impaired interpersonal trust  
Innate trust broken  
- Abused by trusted male figure  
- Perceived all men as exploitive and harmful  
Powerlessness  
Power dynamics  
- Use of force during abuse |
$N = 95$ age (18-62)  
Female ($n = 48$)  
Male ($n = 47$) | - Abused between childhood and adolescence  
- Abused by known perpetrator  
- Negative responses received upon disclosure | Traumatic sexualisation  
Betrayal  
Stigmatisation | Inappropriate sexualisation  
- Immaturity at time of the abuse  
- Abuse created confusion between sex and attention  
Attachment injury  
- Negative responses upon disclosure  
Inability to recognise future negative situations  
- Unable to determine whether others are safe  
Self-blame and worthlessness  
- Childhood beliefs of responsibility for abuse  
Secrecy surrounding CSA  
- Secrecy to protect family |
<table>
<thead>
<tr>
<th>Year</th>
<th>Author</th>
<th>Study Title</th>
<th>Design</th>
<th>Sample Details</th>
<th>CSA Dynamics</th>
<th>Findings</th>
</tr>
</thead>
</table>
| 1998 | Edwards, C. E. | *A test of theory: Four traumagenic dynamics of sexual abuse in a population of Kansas* | Quantitative; Experimental design; Test of theory; Female ($N = 120$) age ($M = 34.38$) | - Abused before the age of 18  
- Abused by known perpetrator  
- Negative responses received upon disclosure | **Powerlessness**  
- Keep abuse secret to protect self from rejection and further harm  
- Secrecy created a lifelong burden  
- Delayed disclosure  
**Entrapment**  
- Endured abuse until circumstances changed  
- Abuse of own children seen as normal  
**Impaired sense of self and perceptions**  
- Was not provided with healthy perspectives regarding parenting and relationships  
**Family background**  
- Unstable families set the stage for abuse and ongoing abuse | **Inappropriate sexualisation**  
- Immaturity at time of the abuse  
- Perpetrator manipulated victim into compliance  
- Instilled a fear of sexual stimuli  
- Abuse created confusion between sex and attention |
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<tr>
<th>adult female sexual abuse survivors</th>
<th>Betrayal</th>
<th>Attachment injury</th>
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<tbody>
<tr>
<td></td>
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<td>- Perpetrator betrayed emotional bond between victim</td>
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<td>- Difficulties with trust</td>
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<td>- Significant others did not provide support</td>
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<tr>
<td>Stigmatisation</td>
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<td>Self-blame and worthlessness</td>
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<tr>
<td></td>
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<td>- Blamed self for abuse due to intimate relationship with perpetrator</td>
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<td>Powerlessness</td>
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<td>Re-victimisation</td>
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<tr>
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<td>- On-going abuse contributed to a lack of confidence and assertiveness</td>
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<tr>
<td>Developmental arrest</td>
<td></td>
<td>Impaired sense of self and perceptions</td>
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<td>- Impaired perceptions of relationships</td>
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<td></td>
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<td>- Perceived intimate relationships as based on sex</td>
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<tr>
<td>Nature and context of CSA</td>
<td></td>
<td>Physical intrusion</td>
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<tr>
<td></td>
<td></td>
<td>- Violent coercion increased sense of traumatic sexualisation and powerlessness</td>
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<td>Duration of abuse</td>
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<tr>
<td></td>
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<td>- Prolonged abuse increased</td>
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<td></td>
<td>Edwards, P. W., &amp; Donaldson, M. A. (1989)</td>
<td>South Carolina</td>
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<td>* Assessment of symptoms in adult survivors of incest: A factor analytic study of the responses to childhood incest questionnaire</td>
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</table>
| Feerick, M., & Snow, K. (2005) | New York | Quantitative; Experimental study; 
$N = 313$
age ($M = 20$) 
Female: 
abused ($n = 98$) 
age ($M = 20.46$) 
non-abused ($n = 215$) 
age ($M = 20.08$) | - Abused between infancy and adolescence 
- Abused by known perpetrator 
- Negative responses received upon disclosure | Betrayal 
Powerlessness 
Developmental arrest 
Nature and context of CSA | Attachment injury 
Power dynamics 
Impaired sense of self and perceptions 
Age at onset of abuse 
Family background | - Described as difficulty to express emotions 
- Feeling emotionally numb 
- Described as strong emotional reactions to people and places 
*Losses suffered* 
- Not having the family one wanted in childhood |
| 24 | Finkelhor, D., Hotaling, G. T., Lewis, I. A., & Smith, C. (1989) | Los Angeles | Quantitative; Survey design; $N = 2,617$ age ($> 18$) Female: abused ($n = 401$) non-abused ($n = 1,060$) Male: abused ($n = 183$) non-abused ($n = 973$) | - Abused in childhood • Abused by known perpetrator • Negative responses received upon disclosure | - Impact of abuse buffered by supportive family

|   | Sexual abuse and its relationship to later sexual satisfaction, marital status, religion, and attitudes |   |   | Traumatic sexualisation | Inappropriate sexualisation

| | | | | Powerlessness | - Immaturity at time of the abuse - Disrupted perception of sexuality - Difficulties with sexuality - Increased sensitivity regarding sexual matters

| | | | | Stigmatisation | Power dynamics

| | | | | Nature and context of CSA | Negative self-concept with associated feelings of shame

| | | | | Family background | Physical intrusion

| | | | | Physical intrusion | - Intercourse or attempted intercourse during abuse increased marital and sexual problems

| | | | | - Absence of parental figure set stage for abuse |
| 25 | Fleming, K., & Kruger, L.-M. (2013) | South Africa | Qualitative; Case study design; Female ($N = 1$) age (53) | Abused during early childhood and adolescence • Abused by known perpetrator • Negative responses received upon disclosure | Traumatic sexualisation Stigmatisation Powerlessness Nature and context of CSA | Inappropriate sexualisation - Immaturity at time of the abuse Negative self-concept with associated feelings of shame - Experienced feelings of shame due to society’s perception of females who had been raped Secrecy surrounding CSA - Cultural norms of silence of sexual matters - Keep abuse secret to protect self from rejection and further harm - Delayed disclosure Entrapment - Endured abuse until circumstances changed Re-victimisation - Conditioned fear of perpetrator and negative responses from others in childhood leads to a lack of assertiveness in intimate relationship Cultural norms - Passive role assigned to females in families ensured compliance with abuse |
|Flynn, K. A. (2008) | In their own voices: Women who were sexually abused by members of the clergy | California Qualitative; Narrative design; N = 25  
Female: 
CSA (n = 7)  
ASA\(^1\) (n = 18) | - Abused during childhood  
- Abused by known perpetrator  
- Negative responses received upon disclosure | Traumatic sexualisation  
- Inappropriate sexualisation  
- Immaturity at time of the abuse  
- Perpetrator manipulated victim into compliance | Emotional and physical boundary violation  
- Perpetrator sexually exploited the close relationship with the victim |

**Betrayal**  
- Difficulty to develop trusting relationships with others  
*Innate trust broken*  
- Abused by a trusted male figure  
- Perceives all men as having ulterior motives

**Stigmatisation**  
- Self-blame and worthlessness  
- Felt responsible for the abuse  
- Assumed personal responsibility for abuse  
*Negative self-concept with associated feelings of shame*  
- Experienced social stigmatisation and shame when others became aware of the abuse
<table>
<thead>
<tr>
<th>Powerlessness</th>
<th>Secrecy surrounding CSA</th>
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<td>- Keep abuse secret to protect self from rejection and further harm</td>
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<td>- Delayed disclosure</td>
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<td><strong>Power dynamics</strong></td>
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<td>- Compliance due to perpetrator high standing in the community</td>
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<td><strong>Entrapment</strong></td>
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<td>- Endured abuse until circumstances changed</td>
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<td>- Dissociation as only means of escaping the abuse</td>
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<td></td>
<td><strong>Impaired sense of self and perceptions</strong></td>
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<td></td>
<td>- Traumatic experience of abuse caused a divide of the self in order to survive</td>
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<td><strong>Impaired emotional development and affect regulation</strong></td>
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<td>- Inability to control emotions</td>
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<td>- Inappropriate expression of emotions and feelings</td>
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<td>- Dissociation to escape overwhelming emotions</td>
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<td>Childhood sexual abuse and attachment insecurities as predictors of women's own and perceived-partner extra- dyadic involvement</td>
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<td>Canada</td>
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<td>Quantitative; Correlational design; Female (N = 807) age (M = 22.83)</td>
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<td>• Abused during childhood • Abused by known perpetrator • Negative responses received upon disclosure</td>
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<td>Traumatic sexualisation</td>
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<td>• Immaturity at time of the abuse • Sexualisation of interpersonal relationships • Sex is perceived as method used to gain interpersonal closeness</td>
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<td>Attachment injury</td>
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<td>Negative self-concept with associated feelings of shame</td>
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<td>• Use sex to fill emptiness due to negative sexual self-concept</td>
<td>• Use sex to fill emptiness due to negative sexual self-concept</td>
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<td>Self-blame and worthlessness</td>
<td>Self-blame and worthlessness</td>
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<td>• Felt responsible for the abuse</td>
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<td>maltreatment</td>
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<td>30</td>
<td>Hoagwood, K.</td>
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<td>31</td>
<td>Human, H.</td>
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</table>
| female adult survivors of childhood sexual abuse | Emotional and physical boundary violations  
- Personal space sexually violated by perpetrator  
- Difficulties with touch in general |
|---|---|
| Betrayal | Attachment injury  
- Significant others failed to notice abuse  
- Felt betrayed by God for not intervening |
| Stigmatisation | Self-blame and worthlessness  
- Blamed self for encouraging abuser when body responded to the abuse |
| | Negative self-concept with associated feelings of shame  
- Felt isolated and different from peers in childhood  
- Felt ashamed due to religious identity |
| | Secrecy surrounding CSA  
- Inability to disclose the abuse due to religious norms that women do not talk about sex and sexuality  
- Delayed disclosure |
| Powerlessness | Power dynamics  
- Compliance due to perpetrator high standing in |
| 32 | Hunter, S. V. (2011) | Australia | Qualitative; Narrative inquiry; *N = 22* age (25-70) Female (*n = 13*) Male (*n = 9*) | Abused between early childhood and adolescence | Inappropriate sexualisation | Inappropriately sexualised * | Immaturity at time of the abuse | - Resulted in sexualised behaviour, masturbation at a young age |
| 32 | Hunter, S. V. (2011) | Australia | Qualitative; Narrative inquiry; *N = 22* age (25-70) Female (*n = 13*) Male (*n = 9*) | Abused by known perpetrator | Inappropriately sexualised * | Immaturity at time of the abuse | - Resulted in sexualised behaviour, masturbation at a young age |
| 32 | Hunter, S. V. (2011) | Australia | Qualitative; Narrative inquiry; *N = 22* age (25-70) Female (*n = 13*) Male (*n = 9*) | Negative responses received upon disclosure | Inappropriately sexualised * | Immaturity at time of the abuse | - Resulted in sexualised behaviour, masturbation at a young age |
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**Developmental arrest**

- **Impaired sense of self and perceptions**
  - Endured abuse until circumstances changed
  - Abuse caused discontinuity and fragmentation of the self

- **Impaired emotional development and affect regulation**
  - Suppression of emotions during the abuse
  - Inability to acknowledge own emotions

**Nature and context of CSA**

- **Entrapment**
  - Increased sense of stigmatisation and secrecy

- **Betrayal**
  - Inappropriate sexualisation
  - Immaturity at time of the abuse
  - Resulted in sexualised behaviour, masturbation at a young age
  - Attached injury
  - Significant others did not provide support
  - Sexualised behaviour not recognised by mother as
<table>
<thead>
<tr>
<th>33</th>
<th>Hurst, S. A. (1999)</th>
<th>Legacy of betrayal: A grounded theory of becoming demoralized from the perspective of women who have been depressed</th>
<th>Canada</th>
<th>Qualitative; Grounded theory; Female (N = 7) age (late teens-early fifties)</th>
<th>Abused between early childhood and adolescence</th>
<th>Abused by known perpetrator</th>
<th>Negative responses received upon disclosure</th>
<th>Traumatic sexualisation</th>
<th>Objectification of the child’s body</th>
<th>Innocent body used as sex object by perpetrator</th>
<th>Attachment injury</th>
<th>Abused by trusted parental figure</th>
<th>Failed expectations that others would be able to provide support</th>
<th>Expectations of future betrayals</th>
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<td>consequence of abuse</td>
<td>- Negative responses upon disclosure</td>
<td>Self-blame and worthlessness</td>
<td>- Perceived self as bad and dirty</td>
<td>Negative self-concept with associated feelings of shame</td>
<td>- Shame related to later understanding of the abuse</td>
<td>Secrecy surrounding CSA</td>
<td>- Keep abuse secret to protect self from rejection and further harm</td>
<td>- Delayed disclosure</td>
<td>Entrapment</td>
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<td>Nature and context of CSA</td>
<td>Inability to recognise future negative situations</td>
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<td>- Engaged in adult relationships that resembled childhood betrayal</td>
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<td>- Perceives self as unworthy of love due to abuse</td>
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<td>- Perpetrator had advantage of power over victim</td>
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<td>Developmental arrest</td>
<td>Re-victimisation</td>
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<td>- Powerlessness led to lack of assertiveness to control situations</td>
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<td>Impaired sense of self and perceptions</td>
<td>Victim-perpetrator dynamics</td>
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<td>- Abused by authoritative parental figure increased sense of powerlessness</td>
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<td>Family background</td>
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<td>- Unstable families set the stage for abuse and ongoing abuse</td>
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</table>
| 34 | Julich, S. (2005) | New Zealand | Qualitative; Individual interviews; N = 2 age (26-52) Female (n = 18) Male (n = 3) | • Abused between early childhood and adolescence  
• Abused by known perpetrator  
• Unawareness of others  

**Traumatic sexualisation**  
- Inappropriate sexualisation  
  - Immaturity at time of the abuse  
  - Physical response to abuse created confusion  

**Betrayal**  
- Attachment injury  
  - Abused by trusted parental figure with whom an emotional bond existed  
  - Significant others did not provide support  

**Stigmatisation**  
- Self-blame and worthlessness  
  - Internalised victim-blaming by perpetrator  

**Powerlessness**  
- Secrecy surrounding CSA  
  - Keep abuse secret to protect self from rejection and further harm  
  - Delayed disclosure  

**Power dynamics**  
- Entrapment  
  - Endured abuse until circumstances changed |
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<td>35</td>
<td><em>Childhood and adolescent sexual abuse of community women: Mediated effects on psychological</em></td>
<td><em>Childhood and adolescent sexual abuse of community women: Mediated effects on psychological</em></td>
<td><em>Childhood and adolescent sexual abuse of community women: Mediated effects on psychological</em></td>
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<tr>
<td>35</td>
<td><strong>Texas</strong></td>
<td><strong>Quantitative; Structured interviews; Female (N = 187) age (M = 33.5)</strong></td>
<td><strong>Betrayal</strong></td>
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<td>35</td>
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<td><strong>Stigmatisation</strong></td>
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<td><strong>Innate trust broken</strong></td>
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<td><strong>Abused by a trusted male figure</strong></td>
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<td><strong>Suspicion of men in general</strong></td>
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<td><strong>Negative self-concept with associated feelings of shame</strong></td>
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<td><strong>Feelings of shame regarding the abuse</strong></td>
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</table>

**Developmental arrest**
- Impaired sense of self and perceptions
  - Being isolated by perpetrators diminished opportunity to gain healthy perspectives from others
  - Others who might have provided support were seen as bad, based on the perpetrator’s perspective

**Nature and context of CSA**
- Duration of the abuse
  - Compliance to on-going abuse due to fear of perpetrator

**Family background**
- Unstable families set the stage for abuse and on-going abuse


- Abused before the age of 18
- Abused by known perpetrator
- Negative responses received upon disclosure
<table>
<thead>
<tr>
<th>Nature and context of CSA</th>
<th>Emotional and physical boundary violations</th>
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<tbody>
<tr>
<td>Betrayal</td>
<td>- Perpetrators violated personal boundaries</td>
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<td>- Fear of interpersonal intimacy</td>
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<td>Powerlessness</td>
<td>Attachment injury</td>
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<td>- Significant others did not provide support</td>
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<td>Power dynamics</td>
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<td>- Perpetrator authority enabled compliance to abuse</td>
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<td>- Powerlessness led to maladaptive need for control in life</td>
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<td>Entrapment</td>
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<td></td>
<td>- Endured abuse until circumstances changed</td>
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<td>Role reversal</td>
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<td>- Victim had to attend to father’s sexual needs not fulfilled by the mother</td>
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<td></td>
<td>Family background</td>
</tr>
<tr>
<td></td>
<td>- Increased sense of betrayal when abuse was disclosed</td>
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</table>

Karakurt, G., & Silver, K. (2014). *Therapy for childhood sexual abuse survivors using attachment and family systems theory orientations*. Ohio Qualitative; Case study examples; Attachment and Systems theory conceptualisation; Female ($N = 4$) age (37-61)

- Abused before the age of 18
- Abused by known perpetrator
- Negative responses received upon disclosure

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<tr>
<th>Traumatic sexualisation</th>
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- Perpetrator authority enabled compliance to abuse
- Powerlessness led to maladaptive need for control in life

- Endured abuse until circumstances changed

- Victim had to attend to father’s sexual needs not fulfilled by the mother

- Increased sense of betrayal when abuse was disclosed
<table>
<thead>
<tr>
<th>Reference</th>
<th>Study Title</th>
<th>Methodology</th>
<th>Sample Size</th>
<th>Key Findings</th>
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<tbody>
<tr>
<td>Kelley, E. L., &amp; Gidycz, C. A. (2015)</td>
<td>Differential relationships between childhood and adolescent sexual victimization and cognitive-affective sexual appraisals</td>
<td>Quantitative; Survey design; N = 710 age (M = 18.93) Female: CSA (n = 34) non-abused (n = 664) ASA¹ (n = 283) non-abused (n = 416) CSA &amp; ASA¹ (n = 29)</td>
<td>• Abused before the age of 18 • Abused by known perpetrator</td>
<td>Traumatic sexualisation Stigmatisation Nature and context of CSA</td>
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<tr>
<td>Leitenberg, H., Greenwald, E., &amp; Cado, S. (1992)</td>
<td>A retrospective study of long-term methods of coping with having been sexually abused</td>
<td>Quantitative; Survey design; Female (N = 54) age (M = 35)</td>
<td>• Abused between early and middle childhood • Abused by known perpetrator • Negative responses received upon disclosure</td>
<td>Developmental arrest Inappropriate sexualisation - Immaturity at time of the abuse - Inability to control sexual thoughts - Abuse created confusion between sex and attention Negative self-concept with associated feelings of shame - Shame and guilt over abuse led to the development of a negative sexual self-concept Age at onset of the abuse - Increased sense of stigmatisation when abused during adolescence when sexuality started to develop</td>
</tr>
</tbody>
</table>
| 39 | Lev-Wiesel, R. (2000) | Israel | Mixed method; Exploratory-narrative approach; N = 52 | • Abused in childhood  
• Abused by known perpetrator  
• Negative responses received upon disclosure | Betrayal  
Stigmatisation  
Powerlessness  
Attachment injury  
Self-blame and worthlessness  
Entrapment  
Family background  
Inappropriate sexualisation  
Physical intrusion | Quality of life in adult survivors of childhood sexual abuse who have undergone therapy  
Female (n = 37)  
Male (n = 15) |
|---|---|---|---|---|---|---|
| 40 | Lev-Wiesel, R., & Markus, L. (2013) | Israel | Quantitative; Experimental, exploratory; Female (N = 225) | • Abused in childhood  
• Abused by known perpetrator  
• Negative responses received upon disclosure | Traumatic sexualisation  
Nature and context of CSA  
Inappropriate sexualisation  
Physical intrusion | Perception vs. circumstances of the child sexual abuse event in relation to depression and post-traumatic stress symptomatology  
Age (M = 30) |
| MacFarlane, K., & Korbin, J. (1983) | California | Quantitative; Family case study; Female (N = 11) age not specified | • Abused in childhood  
• Abused by known perpetrator  
• Negative responses received upon disclosure | Betrayal | Attachment injury  
- Abused by trusted parental figure who was only social contact and source of nurturance  
Inability to recognise future negative situations  
- Engaged in adult relationships that resembled childhood betrayal |  |
|  |  |  | Stigmatisation |  |
|  |  |  | Powerlessness |  |
|  |  |  | Power dynamics  
- Perpetrator had advantage of power over victim  
Role reversal  
- Victim had to attend to father’s sexual needs not |  |
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<th>Nature and context of CSA</th>
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<td>Distorted family expectations</td>
<td>Penetration and physical force increase severity of trauma</td>
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<td>Constructions of survival and coping by women who have survived childhood sexual abuse</td>
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<td>Qualitative; Grounded theory; Female ($N = 11$) age (25-72)</td>
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<td>Negative responses received upon disclosure</td>
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<td>Immaturity at time of the abuse</td>
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<td>Abuse created confusion between sex and attention</td>
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<td>Emotional and physical boundary violations</td>
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<td>Negative self-concept with associated feelings of shame</td>
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<td>Used sex to obtain attention due to low sexual self-concept</td>
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<td>Perpetrator had advantage of power over victim</td>
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<td>Endured abuse until circumstances changed</td>
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<td>Dissociation as only means of escaping the abuse</td>
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</table>
| 43 | Murthi, M., & Espelage, D. L. (2005) | Chicago | Quantitative; Survey design; Female (N = 116) age (M = 21.3) | Abused between infancy and adolescence  
Abused by known perpetrator  
Lack of support | Developmental arrest | Impaired emotional development and affect regulation  
- Dissociation to escape overwhelming emotions  
- Emotions are perceived as least trustworthy in the absence of other evidence |
|——|——|——|——|——|——|——|
| Nature and context of CSA | Family background  
- Unsupportive families could not provide intervention  
Cultural norms  
- Male dominance and female submission set stage for onset and on-going of abuse  
- Norms that condone incest  
- Cultural norms of silence regarding abuse increased feelings of powerlessness  
- Norms of silence about sex and sexuality impeded disclosure |
| Powerlessness | Re-victimisation  
- Belief that circumstances can change might indicate powerlessness and possible re-victimisation |
| Developmental arrest | Impaired sense of self and perceptions  
- Abuse might alter victims’ thoughts, emotions and |
### Loss Framework

**Nature and context of CSA**

- Inability to recognise and describe feelings
- Losses suffered
  - Normal childhood taken away by perpetrator
  - Perception that one grew up too fast

**Age at onset of abuse**
- Greater loss of childhood when abused at a young age

**Family background**
- Less support during and after the abuse is associated with greater feelings of helplessness

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<tr>
<th>44</th>
<th>Napoli, M., Gerdes, K., &amp; DeSouza-Rowland, S. (2001)</th>
<th>Arizona</th>
<th>Qualitative; Case study design; Female ($N = 1$) age (25)</th>
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<td>Perpetrator manipulated victim into compliance</td>
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<td>Prostitution as recreation of childhood personal boundary violation</td>
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<td>- Used sex and prostitution to regain sense of control</td>
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<td>- Perpetrator had advantage of power over victim</td>
<td>- Abuse minimised the trauma inherent in prostitution</td>
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<td>45</td>
<td>Niehaus, A. F., Jackson, J., &amp; Davies, S. (2010)</td>
<td>Georgia</td>
<td>Quantitative; Correlational design; Study 1: Female ($N = 774$) age ($M = 18.9$) Study 2: Female ($N = 1,150$) age ($M = 19.4$) abused ($n = 238$) non-abused ($n = 912$)</td>
<td>Abused between early childhood and adolescence Abused by known perpetrator</td>
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<td>Inappropriate sexualisation - Immaturity at time of the abuse - Disrupted perception of sexuality - Negative perception of sex</td>
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<td>Re-victimisation - Powerlessness led to lack of assertiveness to control situations</td>
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<td>Physical intrusion - Severity of abuse increased risk for re-victimisation</td>
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<td>46</td>
<td>Noll, J. G., Trickett, P. K., &amp; Putnam, F. W. (2003)</td>
<td>Washington</td>
<td>Quantitative; Longitudinal, prospective study; $N = 166$ age ($M = 20.41$) Female: abused ($n = 77$) non-abused ($n = 890$)</td>
<td>Abused between infancy and adolescence Abused by known perpetrator Negative messages related to sex received from perpetrator</td>
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<td>Innate trust broken - Abused by a trusted male</td>
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<td>Self-blame and worthlessness</td>
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<td>Absence of physical coercion increased self-blame</td>
<td>See self as willing participant in abuse when no physical coercion was used by perpetrator</td>
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<td>Victim-perpetrator dynamics</td>
<td>- Absence of physical coercion increased self-blame</td>
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<td>- Abuse by a family member increased sense of betrayal and sexual ambivalence</td>
<td>- Stigma of being a victim of abuse may lead to avoidance of sexual feelings and thoughts</td>
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<td>Age at onset of the abuse</td>
<td>- Increased stigma and sexual preoccupation when abused in adolescence</td>
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**Stigmatisation**

- Avoidance of men in general
- Self-blame and worthlessness
  - See self as willing participant in abuse when no physical coercion was used by perpetrator
  - Negative self-concept with associated feelings of shame
    - Stigma of being a victim of abuse may lead to avoidance of sexual feelings and thoughts

"figure"
| 47 | O’Rinn, S., Lishak, V., Muller, R. T., & Classen, C. C. (2013) | Canada | Quantitative; Female (N = 113) age (M = 41.40) | Abused between infancy and adolescence • Abused by known perpetrator • Lack of support | Betrayal | Attachment injury - Abused by trusted parental figure - Significant others did not provide support

**Innate trust broken** - Abused by trusted parent where an emotional bond existed - Inability to trust men

**Victim-perpetrator dynamics** - Abuse by family member increased sense of betrayal

**Family background** - Increased sense of betrayal when abuse was disclosed

| 48 | Pettersen, K. T. (2013) | Norway | Qualitative; Focus group design; N = 19 age (not specified) Female (n = 16) Male (n = 3) | Abused in childhood • Abused by known perpetrator • Lack of support | Traumatic sexualisation Betrayal Stigmatisation | Emotional and physical boundary violations - Abuse led to difficulties with physical touch

**Attachment injury** - Significant others did not provide support - Emotional bond between victim and perpetrator broken

**Self-blame and worthlessness** - Perceives self as not good enough |
| 49 | Ramasar, A. D. (1997) | South Africa | Qualitative; Nomothetic, descriptive empirical study; Female ($N = 16$) age (18-50) | - Abused between early childhood and adolescence  
- Abused by known perpetrator  
- Negative responses received upon disclosure | **Powerlessness**  
- Negative self-concept with associated feelings of shame  
- Perceives body as shameful due to abuse  
- Power dynamics  
- Perpetrator had complete sexual control over the victim’s body  
- Developmental arrest  
- Impaired emotional development and affect regulation  
- Suppression of emotions due to shame  
- Betrayal  
- Attachment injury  
- Significant others did not provide support  
- Negative responses upon disclosure  
- Innate trust broken  
- Abuse by a trusted male figure  
- Inability to trust men  
- Difficulty to form trusting interpersonal relationships  
- Stigmatisation  
- Self-blame and worthlessness  
- Internalised victim-blaming  
- Guilt over abuse impairs the sense of self-worth |
Powerlessness

Negative self-concept with associated feelings of shame
- Feelings of shame over the abuse are internalised into sexual self-concept

Secrecy surrounding CSA
- Secret trauma increased feelings of guilt
- Keep abuse secret to protect self from rejection and further harm
- Delayed disclosure

Power dynamics
- Victims felt defenceless during the abuse
- Recurrent abuse led to minimisation and tolerance of additional abuse later in life
- Powerlessness led to maladaptive need for control in life

Developmental arrest

Impaired sense of self and perceptions
- Current perceptions are based on feedback received during and after the abuse

Impaired emotional development and affect regulation
- Lack of communication
<table>
<thead>
<tr>
<th>50</th>
<th>Roche, D. N., Runtz, M. G., &amp; Hunter, M. A. (1999)</th>
<th>Canada</th>
<th>Quantitative; Survey design; $N = 307$ age ($M = 21.9$) Female: abused (n = 85) non-abused (n = 222)</th>
<th>Abused between early childhood and adolescence • Abused by known perpetrator</th>
<th>Betrayal</th>
<th>Attachment injury - Betrayal of trust by a parental figure - Develop fearful and avoidant attachment styles Innate trust broken - Abuse by a trusted male figure led to avoidance of intimacy</th>
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<td>Stigmatisation</td>
<td>Self-blame and worthlessness - Perceives self as underserving of love</td>
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<td>Developmental arrest</td>
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<td>during childhood led to misunderstanding of feelings - Impulsivity and inappropriate expression of feelings</td>
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<td>Rudd, J. M., &amp; Herzberger, S. D. (1999)</td>
<td>Connecticut</td>
<td>Quantitative; Survey design; Female ($N = 62$) age ($M = 31$)</td>
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<td>Role reversal</td>
<td>Impaired sense of self and perceptions</td>
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<tr>
<td>Saha, S., Chung, M. C., &amp; Thorne, L. (2011)</td>
<td>UK</td>
<td>Qualitative; Narrative life story approach; Female (N = 4) age (34-61)</td>
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<td>Developmental arrest</td>
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<td></td>
<td></td>
<td>Impaired emotional development and affect regulation</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Losses suffered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53 Schlesinger, N. J. (2006)</td>
<td>Qualitative; Case study design; Female ($N=1$) age (42)</td>
<td>Abused between early childhood and adolescence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment implications of a female incest survivor’s misplaced guilt</td>
<td></td>
<td>Abused by known perpetrator</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Negative responses</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Traumatic sexualisation</td>
<td></td>
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<td></td>
<td></td>
<td>Inappropriate sexualisation</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Immaturity at time of the abuse</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Physical response to abuse created confusion</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Abuse created confusion between sex and attention</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Used sex to gain attention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nature and context of CSA</td>
<td>Betrayal</td>
<td>Attachment injury</td>
<td></td>
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<td>--------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Innate trust broken</td>
<td></td>
<td>- Abused by trusted male figure</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Need for attention betrayed</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Perceives all men as exploitive</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stigmatisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-blame and worthlessness</td>
</tr>
<tr>
<td>- Feelings of guilt over body’s response to abuse</td>
</tr>
<tr>
<td>- Internalised victim-blaming</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secrecy surrounding CSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Threatened into silence by the perpetrator</td>
</tr>
<tr>
<td>- Cultural norms of silence of sexual matters</td>
</tr>
<tr>
<td>- Delayed disclosure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family background</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Absence of parental figure set stage for abuse and increased sense of betrayal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>54</th>
<th>Senn, T., Carey, M., &amp; Coury-Doniger, P. (2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Self-defining as sexually abused and adult</em>*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New York</th>
<th>Quantitative; Cross-sectional survey design; Female ($N = 481$) age ($M = 27.5$) abused ($n = 206$) non-abused ($n = 275$)</th>
<th>Abused between early childhood and adolescence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- Abused by known perpetrator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Traumatic sexualisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Immaturity at time of the abuse</td>
</tr>
<tr>
<td>- Abuse created confusion between sex and attention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Betrayal</th>
<th>Inappropriate sexualisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innate trust broken</td>
<td></td>
</tr>
<tr>
<td>- Abused by trusted male</td>
<td></td>
</tr>
<tr>
<td>sexual risk behavior: Results from a cross-sectional survey of women attending an STD clinic</td>
<td></td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Stigmatisation</td>
<td>Powerlessness</td>
</tr>
<tr>
<td>- Inability to trust men</td>
<td>- Inability to recognise future negative situations</td>
</tr>
<tr>
<td>- Did not recognise risk of engaging in sexual activities</td>
<td>Negative self-concept with associated feelings of shame</td>
</tr>
<tr>
<td>- Used sex to start and maintain relationships due to negative sexual self-concept</td>
<td>Power dynamics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>55 Swanson, B., &amp; Mallinckrodt, B. (2001)</th>
<th>USA</th>
<th>Quantitative; Survey design; ( N = 125 ) age (( M = 22.40 )) Female (( n = 65 )) Male (( n = 60 ))</th>
<th>Quantitative; Survey design; ( N = 125 ) age (( M = 22.40 )) Female (( n = 65 )) Male (( n = 60 ))</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Abused between early childhood and adolescence</td>
<td>- Traumatic sexualisation</td>
<td>Emotional and boundary violations</td>
<td></td>
</tr>
<tr>
<td>- Abused by known perpetrator</td>
<td>- Betrayal</td>
<td>- Violation of personal boundaries</td>
<td></td>
</tr>
<tr>
<td>- Negative responses received upon disclosure</td>
<td>- Powerlessness</td>
<td>- Avoidance of intimacy</td>
<td></td>
</tr>
<tr>
<td>- Biological and psychological effects</td>
<td>- Attachment injury</td>
<td>- Perpetrator betrayed pre-abuse emotional bond</td>
<td></td>
</tr>
<tr>
<td>- Development of avoidant attachment style</td>
<td>- Entrapment</td>
<td>- Developed avoidant attachment style</td>
<td></td>
</tr>
<tr>
<td>- Victim depended on perpetrator for survival</td>
<td></td>
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</tr>
</tbody>
</table>

Family environment, love withdrawal, childhood sexual abuse, and adult attachment
<table>
<thead>
<tr>
<th>Page</th>
<th>Source</th>
<th>Participants</th>
<th>Methodology</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>Taylor, S. C., &amp; Norma, C. (2013) <em>The ties that bind: Family barriers for adult women seeking to report childhood sexual assault in Australia</em></td>
<td>Australia</td>
<td>Qualitative; Online survey; in-depth interviews / focus groups; N = 336 Female (n = 296) Male (n = 40) age (not specified) Interview (n = 47) Focus group (n = 17)</td>
<td>• Abused in childhood • Abused by known perpetrator • Negative responses received upon disclosure</td>
</tr>
<tr>
<td></td>
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<td></td>
<td><strong>Betrayal</strong></td>
</tr>
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<td><strong>Stigmatisation</strong></td>
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<td></td>
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<td></td>
<td><strong>Powerlessness</strong></td>
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<td></td>
<td></td>
<td><strong>Attachment injury</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Significant other did not provide support - Negative responses upon disclosure - Delayed disclosure</td>
</tr>
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<td></td>
<td><strong>Negative self-concept with associated feelings of shame</strong></td>
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<td></td>
<td>- Shame over the abuse led to non-disclosure</td>
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<td><strong>Secrecy surrounding CSA</strong></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>- Victims expected to protect well-being of family - Non-disclosure due to fear of bringing family to shame - Keep abuse secret to protect self from rejection and further harm - Delayed disclosure</td>
</tr>
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<td></td>
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<td></td>
<td><strong>Power dynamics</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Forceful coercion to engage victim in abuse</td>
</tr>
<tr>
<td>57</td>
<td>Valdez, C. E., Lim, B. K., &amp; Lilly, M. M. (2013) <em>“It’s going to make the whole tower crooked”:</em></td>
<td>Chicago</td>
<td>Qualitative; Interview; Female (N = 23) age (M = 32)</td>
<td>• Abused during childhood • Abused by known perpetrator • Lack of support</td>
</tr>
<tr>
<td></td>
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<td></td>
<td><strong>Traumatic sexualisation</strong></td>
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<td></td>
<td><strong>Betrayal</strong></td>
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<td></td>
<td><strong>Inappropriate sexualisation</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Immaturity at time of the abuse - Exposed to inappropriate sexual suggestions and actions by perpetrator</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td><strong>Attachment injury</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Emotional neglect and abuse</td>
</tr>
<tr>
<td>Victimization trajectories in IPV</td>
<td>Stigmatisation</td>
<td>Powerlessness</td>
<td>Nature and context of CSA</td>
<td>Family background</td>
</tr>
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</tr>
<tr>
<td>Innate trust broken</td>
<td>Secrecy surrounding CSA</td>
<td>Power dynamics</td>
<td>Nature and context of CSA</td>
<td>Family background</td>
</tr>
<tr>
<td>Abused by trusted male figure</td>
<td>Threatened into silence by the perpetrator</td>
<td>Recurrent abuse led to minimisation and tolerance of additional abuse later in life</td>
<td>- Absence of parental figure set stage for abuse</td>
<td></td>
</tr>
</tbody>
</table>
N = 481
age (M = 31.2)
CSA (n = 183)
Female: (n = 154)
age (M = 34.5)
Male: (n = 29) | • Abused between early childhood and adolescence
• Abused by known perpetrator
• Negative responses received upon disclosure | Betrayal | Attachment injury
- Negative responses upon disclosure
Inability to recognise future negative situations
- Betrayal by perpetrator and non-abusing parent created inability to recognise additional risk for victimisation
Innate trust broken
- Abused by trusted male figure
- Inability to trust others and |
| 59 | Wang, Y.-W., & Heppner, P. P. (2011) | Taiwan | Consensual qualitative method; 
Female (N = 10)
age (20-39) | • Abused between early childhood and adolescence
• Abused by known perpetrator
• Negative responses received upon disclosure | Traumatic sexualisation | Inappropriate sexualisation
- Immaturity at time of the abuse
- Penetration during CSA is physical trauma
- Sexual norms became distorted
Attachment injury
- Abuse by trusted parental figure is violation of trust
- Negative responses upon disclosure
Innate trust broken
- Abused by trusted male figure
- Inability to trust others and |
<table>
<thead>
<tr>
<th>Stigmatisation</th>
<th>Powerlessness</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>men in general</em></td>
<td><em>Power dynamics</em></td>
</tr>
<tr>
<td>- Fear of being re-traumatised by intimate partner</td>
<td>- Forceful coercion to engage victim in abuse</td>
</tr>
<tr>
<td><em>Self-blame and worthlessness</em></td>
<td><em>Entrapment</em></td>
</tr>
<tr>
<td>- Felt responsible for the abuse</td>
<td>- Endured abuse until circumstances changed</td>
</tr>
<tr>
<td>- Self-blame for not disclosing abuse, which led to ongoing abuse</td>
<td></td>
</tr>
<tr>
<td>- Internalised cultural myths of victim-blaming</td>
<td></td>
</tr>
<tr>
<td><em>Negative self-concept with associated feelings of shame</em></td>
<td></td>
</tr>
<tr>
<td>- Feelings ashamed for being a victim of CSA</td>
<td></td>
</tr>
<tr>
<td><em>Secrecy surrounding CSA</em></td>
<td></td>
</tr>
<tr>
<td>- Secrecy as self-protection against cultural stigma and embarrassment</td>
<td></td>
</tr>
<tr>
<td>- Demanded to keep secret of abuse within family</td>
<td></td>
</tr>
<tr>
<td>- Delayed disclosure</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Entrapment</em></td>
<td></td>
</tr>
<tr>
<td>- Endured abuse until circumstances changed</td>
<td></td>
</tr>
<tr>
<td>Nature and context of CSA</td>
<td>Developmental arrest</td>
</tr>
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<td>--------------------------</td>
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</tbody>
</table>

**Note.** ¹ denotes Adult sexual assault. ² denotes Clergy perpetrated abuse.
## ADDENDUM F

Coding framework

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Traumatic sexualisation</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Inappropriate sexualisation       | Any referral to:  
  - Sexualised behaviour / promiscuity  
  - The use of sex to obtain attention or affection  
  - Negative perception of sex / sexuality |
| Boundary violations                | Any referral to:  
  - Difficulties with intimacy (sexual contact)  
  - Difficulties with touch (physical contact with men) |
| Objectification                    | Any referral to:  
  - Being disrespected as a female  
  - Feeling unworthy of love  
  - Perceiving the body as a sexual object |
| **Betrayal**                       |                                                                                                                                             |
| Attachment injury                 | Any referral to:  
  - Negative perception of intimate relationships  
  - Fear of being re-traumatised in romantic relationships  
  - Lack of support from significant others during and after the abuse |
| Innate trust broken               | Any referral to:  
  - Trust issues related to male authoritative figures  
  - Negative perception of men (stereotyping men)  
  - Trust issues with people in general |
| Inability to recognise negative situations | Any referral to:  
  - Negative decisions regarding intimate relationships due to mixed messages received during the abuse (excluding sexual issues)  
  - Inability to recognise consequences of behaviour due to immaturity at the time of the abuse |
| **Stigmatisation**                |                                                                                                                                             |
| Self-blame and worthlessness      | Any referral to:  
  - Internalised victim-blaming  
  - Negative responses upon disclosure (minimisation, disbelief)  
  - Internalised guilt and self-blame for the abuse |
| Negative self-concept with associated feelings of shame | Any referral to:  
  - Negative perception of the self  
  - Internalised shame related to the CSA |
| Secrecy surrounding the CSA       | Any referral to:  
  - Family secret  
  - Unable to disclose the abuse  
  - To avoid further harm to the self and others |
<table>
<thead>
<tr>
<th><strong>Powerlessness</strong></th>
<th>Any referral to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power dynamics</td>
<td>• Power position of the perpetrator</td>
</tr>
<tr>
<td></td>
<td>• Inability to prevent the abuse (helplessness)</td>
</tr>
<tr>
<td></td>
<td>• Negative situations having limited or no effect on survivors in comparison to CSA trauma</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Entrapment</strong></th>
<th>Any referral to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Accommodated abuse due to the relationship with the perpetrator</td>
</tr>
<tr>
<td></td>
<td>• Unable to escape abusive environment</td>
</tr>
<tr>
<td></td>
<td>• Enforced secrecy by perpetrator and/or significant others (family secret)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Role reversal</strong></th>
<th>Any referral to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Being a substitute for an adult to fulfil perpetrator’s sexual needs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Re-victimisation</strong></th>
<th>Any referral to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Lack of assertiveness due to threats made by perpetrator</td>
</tr>
<tr>
<td></td>
<td>• Lack of assertiveness due to negative messages received upon disclosure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Developmental arrest</strong></th>
<th>Any referral to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impaired sense of self and perceptions</td>
<td>• A divided self</td>
</tr>
<tr>
<td></td>
<td>• Abuse impaired understanding of healthy relationships</td>
</tr>
<tr>
<td></td>
<td>• Based situations on the internalised perceptions of perpetrators and negative messages from significant others</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impaired motional development and affect regulation</th>
<th>Any referral to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Suppression of overwhelming emotions during and after the abuse</td>
</tr>
<tr>
<td></td>
<td>• Lack of emotional awareness</td>
</tr>
<tr>
<td></td>
<td>• Inability to acknowledge emotions in others due to reality detachment</td>
</tr>
<tr>
<td></td>
<td>• Impulsivity and inappropriate expression of emotions</td>
</tr>
<tr>
<td></td>
<td>• Maladaptive strategies to control emotional conflict</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Losses suffered</th>
<th>Any referral to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• The loss of childhood or innocence</td>
</tr>
<tr>
<td></td>
<td>• Grew up too fast</td>
</tr>
<tr>
<td></td>
<td>• Inability to connect to inner child</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Nature and context of CSA</strong></th>
<th>Any referral to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical intrusion</td>
<td>• The effect of the level of intrusion during the abuse on the degree of trauma</td>
</tr>
<tr>
<td>Duration of the abuse</td>
<td>• The effect of the duration of the abuse on the degree of trauma</td>
</tr>
<tr>
<td>Victim-perpetrator dynamic</td>
<td>Any referral to:</td>
</tr>
<tr>
<td>Age at onset of CSA</td>
<td>• The effect of perpetrator status on the degree of trauma</td>
</tr>
<tr>
<td>Family background</td>
<td>Any referral to:</td>
</tr>
<tr>
<td></td>
<td>• The effect of family characteristics and environment on degree of trauma</td>
</tr>
<tr>
<td>Cultural norms</td>
<td>Any referral to:</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td></td>
<td>• Gender roles in family</td>
</tr>
<tr>
<td></td>
<td>• Perpetrator’s assigned authority</td>
</tr>
<tr>
<td></td>
<td>• Cultural norm of silence regarding sexual matters</td>
</tr>
</tbody>
</table>

- Degree of secrecy intensified by cultural norms of silence about sexual matters
## ADDENDUM G

Example of the coding process

<table>
<thead>
<tr>
<th>Data segments from S2T treatment sessions</th>
<th>Open codes</th>
<th>Axial codes</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P2</strong> I feel like I also lost my childhood, I was always protecting myself more than playing, more than trying – more than growing up. Part of me grew up before it was supposed to, and I couldn’t – my emotions was not at the right level to cope with that, to cope with that adult moment. So now I feel like I lost my childhood. I lost a lot of happiness, a lot of freedom and most definitely trust.</td>
<td>Loss of childhood</td>
<td>Losses suffered</td>
<td>Developmental arrest</td>
</tr>
<tr>
<td></td>
<td>Immature sexual exposure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Happiness, freedom lost</td>
<td>Innate trust broken</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trust impaired</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>P5</strong> My mom passed away last time, so she is cremated but I have the father, but he moved to Johannesburg but I am still in school so I had to live my grandmother. Then my grandmother said it is best if I live with my uncle. So and my aunt, so I lived with them. And then I moved back home after everything. And when I, I didn’t tell my grandmother at first and then, I don’t know what happened at school but something kind of made me remember it and then I told my teacher, told my grandmother and I told her about it but she didn’t believe me because my uncle was like the (unclear).</td>
<td>Unable to escape abusive environment</td>
<td>Entrapment</td>
<td>Powerlessness</td>
</tr>
<tr>
<td></td>
<td>Denial of CSA disclosure</td>
<td>Inappropriate sexualisation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Traumatic sexualisation</td>
<td></td>
</tr>
<tr>
<td><strong>P5</strong> Actually like even when I went home it still went on but he kind of touched me inappropriately and stuff like that but I didn’t see it as, I just forgot about it. Sort of passed it.</td>
<td>Inappropriate touch</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>P5</strong> I feel so much detachments from males. I don’t want to feel used. I would rather use them than to feel used. My other issue is towards older men…my pastor is a very hands-on person, he wants to know how are you. The other time he called and we spoke, and he told me I must know that no matter what, he still loves me. It’s confusing when I get genuine affection from older men trying to be a father figure to me, because I never had a father figure before. And the person who I thought was a father figure, actually sexually abused me.</td>
<td>Ability to form attachments impaired</td>
<td>Attachment injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abused by a trusted parental figure</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>P2</strong> …you see the family member a lot with you when they have braai’s and every weekend you would be there. So you don’t want fights between, I think it is that fear of conflict. You don’t want that. So then it is going to create chaos and maybe my dad will kill him or when you think about this. I think it is the fear, you don’t want to disclose because you are going to create hell and it is your fault.</td>
<td>Did not disclose abuse to family out of fear of consequences</td>
<td>Secrecy surrounding the CSA</td>
<td>Stigmatisation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>P6</strong> While I was reading this it took me back to that place where it all happened … how it happened from just cleaning the bathtub, he would walk in and start doing what he did to me. And what, the message I feel about myself is that I’m worthless. I brought it upon myself, maybe I made God angry, that’s why. The message about others is that they like God and people can see what has happened to me and there is no good person. And then the message about the world is that it’s a bad world, the environment lets things like that happen to me, because I believe that if I wasn’t exposed to that person, if I didn’t visit my aunt, he wouldn’t have done that to me. If I just would have stayed home with my grandmother he wouldn’t have had access to me, and that there will never be peace in the world.</td>
<td>Feel responsible for the CSA</td>
<td>Self-blame and worthlessness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blame self for abuser’s access to her</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ADDENDUM H

Ethics approval certificate

Private Bag X6001, Potchefstroom, South Africa, 2520
Tel: (018) 299-4900
Faks: (018) 299-4910
Web: http://www.nwu.ac.za

Institutional Research Ethics Regulatory Committee
Tel: +27 18 299 4549
Email: Ethics@nwu.ac.za

2016-05-06

ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by the Humanities and Health Research Ethics Committee (HHREC) on 06/05/2016, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby approves your project as indicated below. This implies that the NWU-IRERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

| Project title: Exploring trauma causing factors in a group of adult women who experienced childhood sexual abuse. |
| Project Leader/Supervisor: Dr H Walker-Williams |
| Student: M Henning |
| NWU - HS - 2016 - 00001 |
| Ethics number: |
| Application Type: NIA |
| Commencement date: 2016-05-06 |
| Expiry date: 2019-05-06 |
| Risk: N/A |

Special conditions of the approval (if applicable):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HHREC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HHREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principal investigator) must report in the prescribed format to the NWU-IRERC via HHREC:
  - annually (or as otherwise requested) on the progress of the project; and upon completion of the project.
  - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the HHREC. Would there be deviations from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC via HHREC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-IRERC and HHREC retains the right to:
  - request access to any information or data at any time during the course or after completion of the project.
  - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if
    - any unethical principles or practices of the project are revealed or suspected.
    - it becomes apparent that any relevant information was withheld from the HHREC or that information has been false or misrepresented.
    - the required annual report and reporting of adverse events was not done timely and accurately,
    - new institutional rules, national legislation or international conventions deem it necessary.
- HHREC can be contacted for further information via Daljean.Claassen@nwu.ac.za or 018 210 3441

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the IRERC or HHREC for any further enquiries or requests for assistance.

Yours sincerely

Prof LA Du Plessis

Prof Linda du Plessis
Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

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ADDENDUM I

Confidentiality agreement

Dear Ms Marinda Henning

MA Student Confidentiality Agreement

This study, The Benefit of a Survivor to Thriver (S2T) Strengths-Based Group Intervention Programme for Women Who Experienced Childhood Sexual Abuse (Ethical Clearance Number: NWU-00041-08-A1), is being undertaken by Drs Hayley Walker-Williams and Ansie Fouché at North-West University, Vanderbijlpark Campus.

The study consisted of the implementation of a strengths-based group intervention programme for women who experienced childhood sexual abuse. You will have access to the transcriptions of the recorded S2T group treatment sessions (group two) once your proposal has been approved by the Optentia’s committee for advanced degrees and ethical clearance has been obtained.

I, Marinda Henning (name of MA student), agree to:

1. Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g. transcripts) with anyone other than Drs Hayley Walker-Williams and Ansie Fouché;
2. Keep all research information (biographical questionnaires and transcripts) in any form or format secure while it is in my possession;
3. Return all research information in any form or format to Drs Hayley Walker-Williams and Ansie Fouché when I have completed the research tasks;

MA student:

Ms Marinda Henning (signature) 01/11/2014 (date)
If you have any questions or concerns about this study, please contact:
Dr Hayley Walker-Williams
Psychology Subject Group
School of Behavioural Sciences
North-West University, Vanderbijlpark Campus
Building 7-119
Hayley.williams@nwu.ac.za
016-910 3416

Dr Ansie Fouché
Social Work Subject Group
School of Behavioural Sciences
North-West University, Vanderbijlpark Campus
Building 9A- G19.5
Ansie.fouche@nwu.ac.za
016-910 3428
ADDENDUM J

Focus group informed consent

DATE

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM FOR FOCUS GROUP

TITLE OF THE RESEARCH PROJECT: Exploring trauma causing factors in a group of adult women who experienced childhood sexual abuse

REFERENCE NUMBER: NWU-HS-2016-0001

RESEARCHER: Marinda Henning

ADDRESS: North-West University, P.O. Box 1174, Vanderbijlpark, 1900

CONTACT NUMBER: 016-910 3413 / 082 490 4130

SUPERVISOR: Dr Hayley Walker-Williams

CO-SUPERVISOR: Prof Ansie Fouché

This study forms part of a larger research project on a newly developed strengths-based group intervention (group therapy programme), for female adult survivors of childhood sexual abuse (CSA) called Survivor to Thriver (S2T).

You are invited to participate in a focus group pertaining to the findings of a research study exploring trauma causing factors in adult women who experienced CSA.

This letter is to inform you about the purpose of the study and what the expectations would be if you should agree to participate. If you have any questions, please feel free to direct them.
to the researcher. It is important that you understand what this research is about and what your involvement would entail prior to giving your informed consent.

Your participation in this study is voluntary and you are free to withdraw from the study at any time.

This study has been approved by the Humanities and Health Research Ethics Committee (HHRSC) of the Faculty of Humanities of the North-West University (NWU-HS-2016-0061) and will be conducted according to the ethical guidelines and principles of the International Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council.

It might be necessary for the research ethics committee members or relevant authorities to inspect the research records to make sure that the researcher is conducting the research in an ethical manner.

**What is this research study all about?**

The main aim of the study is to obtain the views of experienced professionals working within the field of CSA, with regards to the trauma causing factors of CSA emerging in adult women survivors in South Africa.

This study has five objectives:

- To conduct a systematic scoping review to identify available literature and provide a summary of evidence from a variety of studies on the trauma causing factors of CSA.
- To explore if a panel of professionals working within the scope of CSA agree on the findings of the scoping review.
- To explore if a panel of professionals working within the scope of CSA can identify any additional trauma causing factors of CSA.
- To perform qualitative secondary analysis (QSA) of one data set from an SZT group intervention session conducted with a group of CSA survivors over a one year period, aiming to explore emerging trauma causing factors of CSA.
- To conduct thematic content analysis of transcriptions from a focus group discussion with experts and SZT treatment sessions.
- To contextualise findings on trauma causing factors in order to inform future SZT treatment practice.

**Why have you been invited to participate?**

You were nominated to participate in this study by Dr Hayley Walker-Williams and Prof. Ankie Fouché. You are invited because you have a minimum of three to five years practice experience in working with CSA survivors, are a qualified clinical psychologist or registered social worker working in private practice, and can communicate in English.
What will your participation entail?

The focus group discussion will be held around August 2016. Only one focus group discussion of approximately two hours will be held at a secure location and at a convenient time.

The focus group will be conducted in English. You will be presented with the finding of a scoping review (literature study) and asked for your opinion on whether the literature correlates with your practice experience. You will also be requested to consent to the discussion being digitally recorded.

Group rules will be discussed and encouraged. You will also be requested not to divulge any personal details of your clients. Although confidentiality will be encouraged during the sharing of sensitive information from your practice experience with others in the group, the limits to confidentiality and anonymity outside the group discussion cannot be guaranteed but will be strongly encouraged. You will be asked to indicate your agreement with these rules in writing.

Will you benefit from taking part in this research?

You will be provided with a summary of the findings upon completion of the study. These may contribute towards your knowledge base on CSA trauma causing factors.

Are there risks involved in your taking part in this research and how will these be managed?

There are no known risks to your involvement in this research study, however should you feel the need to debrief, kindly indicate this to the researcher in person or via email and one session will be arranged at no cost to you with a qualified trauma therapist.

Who will have access to the data?

Only the researcher and her supervisors will have access to the audio recordings and transcriptions which will be stored in a locked filing cabinet. All data will be stored electronically in an encrypted file. The findings of the research may be published but your name will not appear in the publication.

What will happen to the data?

All data and identifying information will be kept confidential, as required by the Health Professions Act 56 of 1974 (Department of Health, 2006). Your participation and identity will be kept confidential. Your name and any identifying information will be removed from the transcript of the focus group and your contributions will be identified by a numbered code.

Will you be paid/compensated to take part in this study and are there any costs involved?

You will receive reimbursement of travel costs according to Automobile Association (AA) rates. You will also receive a book for professionals working with CSA in the South African context, entitled: ‘Sexual abuse – Dynamics, assessment & healing’. Refreshments and snacks will be provided on the day of the focus group discussion.

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How will you know about the findings?

You will receive a written summary of the results of the research upon its completion. Kindly provide a mailing address at the bottom of this form.

Is there anything else that you should know or do?

- If you have any questions or would like more information, you may contact me at 016-910 3413 / 082 490 4130 or via email at Marinda.henning@nwu.ac.za
- You can contact the chair of the Humanities and Health Research Ethics Committee (Prof Tumi Khumalo) at 016 910 3397 or Tumi.khumalo@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher. You can also contact the co-chair (Prof Werner Nell) at 016 910 3427 or Werner.nell@nwu.ac.za. You can leave a message for either Tumi or Werner with Ms Daleen Claasens (016 910 30441)
- You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I ........................................... agree to take part in a research study entitled:

I declare that:

- I have read and understood this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher (if this is a different person), and all my questions have been adequately answered.
- I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- I hereby consent that the focus group discussion may be digitally recorded.
- I understand that what I contribute (what I report/say) could be reproduced publicly and/or quoted, but without reference to my personal identity.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I understand the importance of not divulging any personal information of my clients during the focus group.
- I endorse the importance of confidentiality during my participation in the focus group discussion.

Signed at (place) ........................................... on (date) .............................. 20...

Signature of participant

Signature of witness

This document is an adapted version of the one used by HREC, Potchefstroom Campus (HREC General WICF Version 2, August 2014).
• You may contact me again □ Yes □ No
• I would like a summary of the findings of this research □ Yes □ No

The best way to reach me is:
Name & Surname: ________________________________
Postal Address: __________________________________
Email: _________________________________________
Phone Number: _________________________________
Cell Phone Number: _____________________________

In case the above details change, please contact the following person who knows me well and who does not live with me and who will help you to contact me:

Name & Surname

Phone/Cell Phone Number/Email

Declaration by person obtaining consent

I (name) ________________________________ declare that:

• I explained the information in this document to ____________________________.
• I encouraged him/her to ask questions and took adequate time to answer them.
• I am satisfied that he/she adequately understands all aspects of the research, as discussed above.
• I did/did not use an interpreter.

Signed at (place) ____________________________ on (date) ____________ 20________.

__________________________________________  __________________________________________
Signature of person obtaining consent     Signature of witness

This document is an adapted version of the one used by HREC, Potchefstroom Campus (HREC General WICF Version 2, August 2014).
ADDENDUM K

Consent to use the S2T data

Dear Ms Marinda Henning

CONSENT TO USE TRANSCRIPTIONS OF S2T TREATMENT SESSIONS (GROUP TWO):

RESEARCH PROJECT: The Benefit of a Survivor to Thriver (S2T) Strengths-Based Group Intervention Programme for Women Who Experienced Childhood Sexual Abuse

NWU ETHICAL CLEARANCE NUMBER: NWU 00041-08-A1

PRINCIPAL INVESTIGATOR: Dr Hayley Walker-Williams

CO-INVESTIGATOR: Dr Ansie Fouché

ADDRESS: North-West University, School of Behavioural Sciences, Hendrik Van Eck Blvd, Vanderbijlpark, 1900

CONTACT NUMBER: 016 9103416 / 0169103428

We hereby grant permission to Ms Marinda Henning (identity number: 7308200054088) a prospective MA student in the above research project and consent to the following:

- To have access to the transcriptions of the recorded S2T group treatment sessions (group two) once her proposal has been approved by the Optentia’s committee for advanced degrees and ethical clearance has been obtained.

- To make use of the above transcriptions for qualitative secondary data analysis for the purpose of her proposed MA study.

Conditions for consent:
• Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g. transcripts) with anyone other than Drs Hayley Walker-Williams and Ansie Fouché;

• Keep all research information (biographical questionnaires and transcripts) in any form or format secure while it is in my possession;

• Return all research information in any form or format to Drs Hayley Walker-Williams and Ansie Fouché when I have completed the research tasks.

• The data should be treated confidentially and kept in a lock up facility.

• The data should be treated with sensitivity

Dr H. Walker-Williams

Dr H.J. Walker-Williams

Dr A. Fouché

Signature

Signature

01/11/2014

DD MM YYYY

01/11/2014

DD MM YYYY