

**Experiences of women survivors of childhood  
sexual abuse in relation to non-supportive  
significant adults**

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the degree *Master of Health Sciences in Psychology* at  
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## **DEDICATION**

This dissertation is dedicated to my beloved parents and husband, who have always encouraged me to pursue my education. Thank you for the unconditional love and continuous support in all my endeavours.

I also dedicate this dissertation to all the brave survivors of childhood sexual abuse, without whom this study would not have been possible.

*Educating the mind without educating the heart is no education at all – Aristotle*

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- A special mention to and deep admiration for my study supervisors, Prof Hayley Walker-Williams and Prof Ansie Fouché, for your guidance and unfailing dedication. Your encouragement and counsel made all this possible. Thank you for trusting me to bring about this study. It was truly a gift. *Many people have gone further than they thought possible because someone else thought they could.*
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- To the Survivor to Thriver family. You make it easy to love research.
- Mrs Cecilia van der Walt for the language editing of this dissertation.

## DECLARATION

I declare that the study “Experiences of women survivors of childhood sexual abuse in relation to non-supportive significant adults” is my own work, and that I followed the referencing and editorial style as prescribed by the Publication Manual (6<sup>th</sup> Edition) of the American Psychological Association (APA) to indicate and acknowledge all sources used in this dissertation.

A handwritten signature in black ink, appearing to read "B. Brits.", with a large, stylized initial "B" and "B" that overlap.

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## PREFACE

The reader of this dissertation is kindly requested to take note that the article format was chosen to write this dissertation. Mrs Bianca Brits conducted the research and wrote the manuscripts under the guidance of Prof Hayley Walker-Williams (supervisor) and Prof Ansie Fouché (co-supervisor).

### **THIS DISSERTATION COMPRISES THREE SECTIONS:**

SECTION A: Overview of the study

SECTION B: Manuscript 1 (Experiences of childhood sexual abuse in relation to non-supportive significant adults: A Scoping Review)

Manuscript 2 (Non-supportive significant adults: Experiences of adult childhood sexual abuse 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. Phase I of the study is described in manuscript one, which includes a scoping review. Manuscript two delineates phase II of the study, and discusses the qualitative secondary analysis conducted on three pre-existing data sets of the Survivor to Thriver (S2T) collaborative strengths-based group intervention programme treatment sessions for women who had experienced childhood sexual abuse (CSA). Each manuscript includes its own research objectives and related methodology used to answer the specific research questions. The manuscripts are written in the article format according to the North-West University policy related to this method of presentation and prepared for specific journals of which the author guidelines are provided at the beginning of 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 contributions and limitations of the study, as well as recommendations for future research.

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

## EDITOR DECLARATION



2 November 2019

I, **Ms Cecilia van der Walt**, hereby declare that I took care of the **editing** of the thesis of **Ms Bianca Brits** titled *Experiences of women survivors of childhood sexual abuse in relation to non-supportive significant adults*.

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## ABSTRACT

The aim of this study is to explore what is known from literature and women survivors about non-supportive significant adults in relation to their childhood sexual abuse (CSA) experiences. The concept of the *non-supportive significant adult* refers to adults who were in a position to protect the CSA victims but failed to do so. Their failure was caused by the fact that they did not prevent the abuse from happening, did not believe the children who disclosed information about sexual abuse, did not make any attempt to stop further abuse, offered no or insufficient support in the recovery process, or passively or intentionally discouraged disclosure.

The study is conducted in two phases by means of exploratory qualitative research by applying Freyd's (1994, 1996) betrayal trauma theory and Bowlby's (1969) attachment theory as theoretical frameworks. During phase one, three themes and seven sub-themes are identified through a thematic analysis and a scoping review is conducted of 56 studies. The three themes entail the following: non-supportive behaviours experienced before disclosure or discovery of abuse, non-supportive behaviours experienced during or after disclosure or discovery of abuse, and the long-term negative consequences of non-supportive experiences. The scoping review reports that most studies have been conducted in developed countries and that no South African studies have been carried out yet.

In order to honour diversity and context, the findings of the scoping review cannot be translated from developed countries to developing countries, like South Africa. As such, there is motivation for the second phase of the study. Phase two aims to contribute to the ongoing conversation about the experiences of women survivors of CSA in relation to non-supportive significant adults. It also aims to improve our knowledge as to how these experiences are manifested in South African women survivors of CSA to inform viable treatment interventions. Due to the sensitivity of the topic and the vulnerability of the participants, phase two conducts a qualitative secondary analysis. This analysis uses three data sets collected during treatment sessions ( $N = 26$ ) of the

Survivor-to-Thriver collaborative strengths-based group intervention programme for women survivors of CSA. All themes identified during the scoping review are found in these data sets.

The study contributes to literature with its finding of one additional sub-theme, namely *double betrayal attachment injury*, which is categorised under the main theme of long-term negative consequences of non-supportive experiences. Further research is suggested to verify and expand on the findings of this study to inform treatment interventions for CSA survivors, especially within the South African context.

*Keywords:* childhood sexual abuse, women, qualitative, South Africa, non-supportive significant adults, survivors

## OPSOMMING

Die doel van die studie is om te verken wat in die literatuur opgeteken is en inligting te ondersoek wat deur vroue as oorlewendes verskaf is oor hulle seksuele misbruik as kind (SMK) in verband met belangrike volwassenes wat hulle nie ondersteun het nie. Die begrip van die *nie-ondersteunende belangrike volwassene* verwys na volwassenes wat in 'n posisie was om die SMK-slagoffers te beskerm het, maar nagelaat het om beskerming te bied. Hulle nalating was veroorsaak deur die feit dat hulle nie verhoed dat die misbruik plaasvind nie, dat hulle nie die kinders geglo wat inligting omtrent die seksuele misbruik onthul het nie, dat hulle geen poging aangewend om verdere misbruik te verhoed nie, dat hulle onvoldoende tot geen ondersteuning in die herstelproses gebied het nie, of dat hulle passief of opsetlik kinders se openbaring van die seksuele misbruik ontmoedig het.

Die studie is in twee fases as verkennende kwalitatiewe navorsing uitgevoer deur Freyd (1994, 1996) se traumateorie van verraad en Bowlby (1969) se gehegtheidsteorie as teoretiese raamwerke te gebruik. Tydens fase een is drie temas en sewe subtemas met 'n tematiese ondersoek geïdentifiseer en 'n bestek-oorsig van 56 studies is uitgevoer. Die drie temas behels die volgende: nie-ondersteunde gedrag wat voor die onthulling of met die ontdekking van misbruik ondervind is, nie-ondersteunende gedrag wat gedurende of ná die onthulling van misbruik ervaar is, en die nagevolge oor die langtermyn van nie-ondersteunende ervarings. Die bestek-oorsig toon aan dat meeste navorsing in ontwikkelde lande uitgevoer is en dat geen Suid-Afrikaanse navorsing nog uitgevoer is nie.

Om diversiteit en konteks na te kom kan die bevindinge van die bestek-oorsig nie van ontwikkelde lande na ontwikkelende lande, soos Suid-Afrika, herlei word nie. Om hierdie rede is daar motivering vir die tweede fase van die studie. Fase twee het die doelwit om by te dra tot die deurlopende diskoers van vroue as SMK-oorlewendes se ervarings in verband met nie-ondersteunende belangrike volwassenes. Verder poog dit ook om ons kennis te verbeter omtrent hoe hierdie ondervindings in Suid-Afrikaanse vroue geopenbaar word wat SMK ondervind het om

tot uitvoerbare behandelings by te dra. As gevolg van die sensitiewe aard van die onderwerp en die weerloosheid van die deelnemers voer fase twee 'n kwalitatiewe sekondêre ontleding uit. Die ontleding gebruik drie datastelle wat ingesamel is tydens die behandelingsessies ( $N = 26$ ) van die Survivor-to-Thriver saamwerkende sterktegebaseerde groepingrypingprogram vir vroue as SMK-oorlewendes. Alle temas wat gedurende die bestek-oorsig geïdentifiseer is, word in hierdie datastelle bevat.

Hierdie studie dra by tot bestaande literatuur met die bevinding van 'n bykomende subtema, naamlik *dubbelverraadgehegtheidsbesering* wat onder die hooftema van die nagevolge oor die langtermyn van nie-ondersteunde ondervindings geklassifiseer word. Verdere navorsing word aanbeveel om die bevindinge van hierdie studie te bevestig en daarop uit te brei om by te dra tot behandelingsingryping vir slagoffers van SMK – veral in die Suid-Afrikaanse konteks.

*Sleutelwoorde:* Seksuele misbruik van kinders, vroue, kwalitatief, nie-ondersteunende belangrike volwassenes, oorlewendes

## TABLE OF CONTENTS

<b>DEDICATION</b> .....	<b>I</b>
<b>ACKNOWLEDGEMENTS</b> .....	<b>II</b>
<b>DECLARATION</b> .....	<b>III</b>
<b>PREFACE</b> .....	<b>IV</b>
<b>EDITOR DECLARATION</b> .....	<b>VI</b>
<b>ABSTRACT</b> .....	<b>VII</b>
<b>OPSOMMING</b> .....	<b>IX</b>
<b>TABLE OF CONTENTS</b> .....	<b>XI</b>
<b>SECTION A</b> .....	<b>1</b>
<b>OVERVIEW OF THE STUDY</b> .....	<b>1</b>
<b>1.1 Background and rationale for the study</b> .....	<b>1</b>
<b>1.2 Literature Overview</b> .....	<b>10</b>
1.2.1 Childhood sexual abuse defined .....	10
1.2.2 Prevalence .....	11
1.2.3 Effects of Childhood Sexual Abuse .....	12
1.2.4 Theoretical Framework .....	15
1.2.4.1 Freyd's (1994) Betrayal Trauma .....	15
1.2.4.2 Bowlby's (1969) Attachment Theory .....	16
<b>1.3 Experiences of non-supportive significant adults</b> .....	<b>18</b>
<b>1.4 Research Questions</b> .....	<b>19</b>
<b>1.5 Research Methodology</b> .....	<b>22</b>
1.5.1 Phase I: Scoping Review .....	23
1.5.1.1 Research Design .....	23
1.5.1.2 Search Strategy .....	24

1.5.1.3	Study selection process.....	25
1.5.1.4	Charting the data.....	26
1.5.1.5	Data analysis.....	26
1.5.2	Phase II: Qualitative secondary analysis (QSA).....	27
1.5.2.1	Research design.....	27
1.5.2.2	Background on the S2T collaborative strength-based group intervention programme.....	29
1.5.2.3	Data Collection.....	34
1.5.2.4	Data Analysis.....	35
<b>1.6</b>	<b>Trustworthiness.....</b>	<b>35</b>
<b>1.7</b>	<b>Ethical Considerations.....</b>	<b>37</b>
<b>1.8</b>	<b>Summary of Findings.....</b>	<b>37</b>
1.8.1	Manuscript 1.....	37
1.8.2	Manuscript 2.....	38
<b>1.9</b>	<b>Limitations of the study.....</b>	<b>39</b>
<b>1.10</b>	<b>Contributions of the study.....</b>	<b>40</b>
<b>1.11</b>	<b>Layout of the study.....</b>	<b>41</b>
	<b>REFERENCES.....</b>	<b>42</b>
	<b>SECTION B.....</b>	<b>56</b>
	<b>PHASE I.....</b>	<b>56</b>
	<b>PREFACE.....</b>	<b>57</b>
	<b>MANUSCRIPT 1.....</b>	<b>58</b>
	<b>EXPERIENCES OF WOMEN SURVIVORS OF CHILDHOOD SEXUAL ABUSE IN RELATION TO NON-SUPPORTIVE SIGNIFICANT ADULTS: A SCOPING REVIEW.....</b>	<b>58</b>
<b>2.1</b>	<b>Introduction.....</b>	<b>62</b>

<b>2.2</b>	<b>Theoretical framework .....</b>	<b>66</b>
<b>2.3</b>	<b>Research question.....</b>	<b>67</b>
<b>2.4</b>	<b>Methodology .....</b>	<b>67</b>
2.4.1	Search Strategy: Scoping Review.....	68
2.4.2	Study Selection Process.....	70
2.4.3	Charting the data .....	72
2.4.4	Data Analysis: Collating and Summarising results .....	73
2.4.5	Trustworthiness .....	74
<b>2.5</b>	<b>Findings .....</b>	<b>75</b>
2.5.1	Theme 1: Non-supportive behaviours experienced <i>before</i> disclosure or discovery of abuse.....	77
2.5.1.1	Barriers/ Impediments to disclosure perceived as non-supportive behaviours.....	78
2.5.1.2	Disengaged Parenting perceived by women survivors of CSA as non- supportive behaviours by non-offending significant adults .....	80
2.5.2	Theme 2: Non-supportive behaviours experienced during or after disclosure or discovery of sexual abuse .....	85
2.5.2.1	Collusion/ coercion behaviours of non-supportive significant adults reported by women survivors of CSA.....	85
2.5.2.2	Entrapment or enablement behaviours of non-supportive significant adults reported by women survivors of CSA.....	89
2.5.3	Theme 3: Long-Term Negative Consequences of non-supportive experiences reported by women survivors after CSA.....	95
2.5.3.1	Psychological Functioning .....	96
2.5.3.2	Re-victimisation .....	98
2.5.3.3	Negative adult attachment outcomes.....	98

2.6	<b>Discussion</b> .....	99
2.7	<b>Limitations</b> .....	102
2.8	<b>Conclusions and Recommendations</b> .....	103
	<b>REFERENCES</b> .....	104
	<b>SECTION B</b> .....	119
	<b>PHASE II</b> .....	119
	<b>PREFACE</b> .....	120
	<b>MANUSCRIPT 2</b> .....	121
	<b>CHILDHOOD SEXUAL ABUSE: EXPERIENCES OF WOMEN SURVIVORS IN RELATION TO NON-SUPPORTIVE SIGNIFICANT ADULTS</b> .....	121
3.1	<b>Introduction</b> .....	125
3.2	<b>Literature review</b> .....	128
3.3	<b>Conceptual framework</b> .....	129
3.3.1	Non-supportive experiences reported by women survivors <i>before</i> disclosure or discovery of CSA.....	131
3.3.2	Non-supportive experiences reported by women survivors <i>during or after</i> disclosure or discovery of CSA .....	131
3.3.3	Long-Term negative consequences of non-supportive experiences.....	132
3.4	<b>Aim of the current study</b> .....	133
3.5	<b>Methodology</b> .....	133
3.5.1	Sampling and data collection .....	134
3.5.2	Data analysis .....	134
3.6	<b>Trustworthiness</b> .....	136
3.7	<b>Background of the data sets</b> .....	136
3.8	<b>Ethical Considerations</b> .....	139

<b>3.9</b>	<b>Findings .....</b>	<b>140</b>
3.9.1	Theme One: Non- Supportive behaviours experienced <i>before</i> disclosure or discovery of abuse.....	140
3.9.1.1	Barriers to disclosure .....	140
3.9.1.2	Detached Parenting .....	141
3.9.2	Theme 2: Non-supportive behaviours experienced <i>during or after</i> disclosure or discovery of sexual abuse .....	145
3.9.2.1	Conspiring with perpetrator.....	145
3.9.2.1	Enablement of perpetrator .....	147
3.9.3	Theme 3: Long-Term devastating outcomes.....	149
<b>3.10</b>	<b>Discussion .....</b>	<b>156</b>
<b>3.11</b>	<b>Limitations .....</b>	<b>159</b>
<b>3.12</b>	<b>Conclusion.....</b>	<b>159</b>
<b>3.13</b>	<b>Recommendations.....</b>	<b>160</b>
	<b>REFERENCES.....</b>	<b>161</b>
	<b>SECTION C.....</b>	<b>173</b>
	<b>CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS.....</b>	<b>173</b>
<b>4.1</b>	<b>Introduction .....</b>	<b>175</b>
<b>4.2</b>	<b>Research Questions Reconsidered.....</b>	<b>176</b>
<b>4.3</b>	<b>Conclusions emanating from the study.....</b>	<b>177</b>
4.3.1	Manuscript 1 .....	177
4.3.2	Manuscript 2.....	177
4.3.3	Overall Conclusion .....	178
<b>4.4</b>	<b>Limitations of the current study .....</b>	<b>178</b>
4.4.1	Manuscript 1 .....	179

4.4.2	Manuscript 2.....	179
4.5	<b>Contributions of the study .....</b>	<b>179</b>
4.6	<b>Recommendations for future research .....</b>	<b>180</b>
4.7	<b>Personal Reflection .....</b>	<b>180</b>
	<b>REFERENCES.....</b>	<b>182</b>
	<b>ADDENDUM A.....</b>	<b>205</b>
	<b>ADDENDUM B.....</b>	<b>209</b>
	<b>ADDENDUM C.....</b>	<b>222</b>
	<b>ADDENDUM D.....</b>	<b>251</b>
	<b>ADDENDUM E.....</b>	<b>253</b>
	<b>ADDENDUM F .....</b>	<b>257</b>
	<b>ADDENDUM G .....</b>	<b>259</b>
	<b>ADDENDUM H.....</b>	<b>261</b>

## LIST OF TABLES

### Section A

Table 1:	Mental health difficulties, sexual problems and inter-intrapersonal difficulties .....	13
Table 2:	Design map.....	21
Table 3:	Demographic Characteristics of participants .....	31
Table 4:	Biographical information of S2T group members.....	32
Table 5:	Layout of the study.....	41

### Section B

Table 6:	Bolean/Phrases.....	71
Table 7:	Studies reporting on barriers/ impediments to disclosure.....	78
Table 8:	Studies reporting on disengaged parenting reported by survivors of CSA.....	81
Table 9:	Studies reporting on collusion and coercion behaviours reported by survivors of CSA.....	86
Table 10:	Studies reporting on entrapment and enablement behaviours reported by survivors of CSA .....	90
Table 11:	Studies reporting on long-term negative consequences of non-supportive experiences perceived by women survivors of CSA .....	95

### Section C

Table 12:	Demographic Characteristics of participants.....	138
Table 13:	Biographical information of S2T group members.....	139

## LIST OF FIGURES

### Section B

Figure 1:	Study selection process- flow diagram .....	72
Figure 2:	Studies on experiences of women survivors of CSA in relation to non-supportive significant adults per theme and per country.....	76
Figure 3:	Framework for reported experiences of women survivors of CSA, pertaining to behaviours of non-supportive significant adults, before, during, and after abuse .....	77
Figure 4:	Conceptual framework of non-supportive experiences in women survivors of CSA as reported in literature .....	100
Figure 5:	Conceptual framework of non-supportive experiences in women survivors of CSA as reported in literature .....	130
Figure 6:	Conceptual framework of women survivors of CSA participating in S2T in relation to non-supportive significant adult experiences.....	158

### Section C

Figure 7:	Unfolding of the study .....	174
Figure 6:	A schematic representation of how research questions were explored.....	176

## **SECTION A**

### **OVERVIEW OF THE STUDY**

The following section includes an overview of the background and rationale for this study, the literature review, conceptual framework, research questions, aims and objectives, and the research methodology is discussed. Secondly, the ethical considerations, summary of findings, limitations and contributions of the study are also provided, and lastly the layout of the study is presented.

#### **1.1 Background and rationale for the study**

Childhood sexual abuse (CSA) is a widespread global crisis and can be seen as a unique and complex trauma due to the: (1) inherent presence of unique trauma-causing factors such as the power difference between the child and perpetrator; (2) the fact that most perpetrators are known to the child and are to protect instead of betray; (3) the secrecy surrounding CSA; and (4) the traumatic sexualisation and stigmatisation surrounding incidences of CSA (Finkelhor & Browne, 1985; Webster, 2001). The seminal work of Finkelhor and Browne (1985) explains that four-trauma causing factors distinguish sexual abuse from other childhood traumas. These four trauma causing factors are: (1) betrayal (trust and vulnerability manipulated), (2) traumatic sexualisation (sexuality is shaped in developmentally inappropriate and dysfunctional ways), (3) powerlessness (child feels unable to protect self and halt the abuse) and (4) stigmatisation (shame, guilt and self-blame surrounding the abuse). The authors coined this The Traumagenic Dynamics Model of CSA. In this model the authors further explain that the uniqueness of CSA trauma is as a result of the co-occurrence of these four dynamics in a single act or context, manifesting in long-term trauma in the lives of CSA survivors (Finkelhor & Browne, 1985).

Another influential model, The Child Sexual Abuse Accommodation Syndrome (CSAAS) Model also attempts to explain the complexity of how children respond and cope with CSA (Summit, 1983). The main purpose of this model is to serve clinicians with an outline of why child victims

of interfamilial abuse may be reluctant to disclose their abuse (London, Bruck, Ceci, & Shuman, 2005). The CSAAS model consists of five categories which include: (1) secrecy (the measures taken by a perpetrator to secure secrecy by means of threat, manipulation or bribes, creates in the child fear and the false promise of security); (2) helplessness (whereby children are required to show affection and obedience to entrusted caretakers, which in many cases are the perpetrators themselves, which renders the child helpless); (3) entrapment and accommodation (whereby the child believes they have no other option than to attempt to accept or accommodate the abuse as they try to figure out the situation and survive); (4) delayed, unconvincing disclosure (in many cases the ongoing sexual abuse is rarely disclosed, and if it is triggered by family conflict, it is usually done so years after); and lastly (5) retraction (when the child finally discloses the sexual abuse they are likely to retract the disclosure due to guilt or family dynamics) (O'Donohue & Benuto, 2012; Summit, 1983; Weiss & Alexander, 2013).

Literature over decades, found that CSA may have a devastating short and long-term impact on survivors (Adams, 1994; Bolen, Dessel, & Sutter, 2015). Adult survivors of CSA are likely to present with negative mental health outcomes such as depression, anxiety and posttraumatic stress disorder; sexual problems (for example, sexual dysfunctions and intimacy disturbances); and intra- and interpersonal difficulties such as relationship conflict, low self-esteem, trust and security issues (Singh, Parsekar & Nair, 2014; Jumper, 1995; Dorahy & Clearwater, 2012). Furthermore, Finkelhor and Browne (1985) also explain how a child's affective state and cognitive approach to the world becomes distorted during developmental stages, and that long-term trauma within adulthood develops as a result of the child's slanted self-concept and altered worldview.

In 1992, Alexander (1992) reported that the long-term effects of sexual abuse appear to be judged by the level of support received from significant others. She further explains that although the effects of CSA are related to the nature and context of abuse, it can be better understood in correlation with the importance of attachment relationships that occur concurrent with the abuse (Alexander, 1992). As such, John Bowlby's theory of attachment explains the increased vulnerability to a range of psychological and social difficulties as a result of poor parent-child

attachment, especially when characterised by an attachment trauma such as CSA (Fergusson & Mullen, 1999). From this perspective, a secure attachment is developed between parent and child as the child seeks protection and safety from their caregiver, when early parental or caretaker relationships are characterised by threat, deprivation, loss, rejection, unavailability, betrayal or detachment, it leads to insecure attachment, which is in turn related to numerous other long-term negative outcomes (Alexander, 1992; Briere, Runtz, Eadie, Bigras & Godbout, 2017; Fergusson, & Mullen, 1999; Hooper, Koprowska & McCluskey, 1997). Similarly, Richardson and Bacon (2001) suggest that the child protection outcomes are based on the presence or absence of a protective parent or primary caregiver.

According to Bussey (1995) the categories of the CSAAS model was drawn from clinical accounts of victimisation associated with disclosure of sexual abuse, where the children's allegations were disbelieved. This victimisation can also be introduced by other important parties other than non-offending family members when it comes to CSA, such as community members and helping professionals. London and colleagues (2005) state that some professionals will go as far as to suggest that children who readily disclose sexual abuse (suggesting that they do not follow the CSAAS model of disclosure, especially delayed, unconvincing disclosure, and retraction) would be considered suspects of false allegations. However, according to Summit (1983) the CSAAS was not intended to be used as a diagnostic model of abuse, although many professionals have adopted it as such, which remains a concern for the re-victimisation that can be brought on by clinicians when a child is an outlier in regards to the CSAAS model.

Many victims of CSA face additional victimisation when disclosure is viewed as false allegations by key individuals (James & Gilliland, 2013; O'Donohue & Benuto, 2012). The child who is not believed during disclosure continues to be victimised and their trust in the significant adult's ability to protect and support them may be violated (Quinn, 1988). In this regard, research has demonstrated that the amount of support the child receives during disclosure is an important factor in minimising the impact of CSA (Collings, 2005, 2007; Cummings, 2018; Elliot & Carnes, 2001).

Notwithstanding individual differences, impacts of CSA can be a result of the nature of the sexual victimisation, the relationship between the child-victim and the perpetrator, the ability of significant others to prevent and protect the child against the sexual abuse and for the purpose of this study, the way in which significant adults react to the sexual abuse (Barker-Collo & Read, 2003; Collings, 2005, 2006; Edwards, Freyd, Dube, Anda, & Felitti, 2012; Finkelhor, 1994; Ricker, 2006; Summit, 1983). A growing body of literature suggests that the severity of the long-term effects of CSA appear to be mediated by the support received from the non-offending adult (Corcoran, 1998; Cummings, 2018; Elliott & Canres, 2001; Howard, 1993; Peters, 1988; Yancey & Hansen, 2010). The non-offending adult refers to the individual who is a primary caregiver of the child and who does not deliberately participate in the sexual abuse of the child and is a primary caregiver of the child. The pivotal role of the non-offending adult (usually the mother) is documented in the future long-term mental and emotional outcomes of the sexually abused child (Cummings, 2018; Howard, 1993).

Such support received from non-offending significant adults is trilateral and consists of agency in preventing CSA (i.e. knowing the warning signs of CSA, awareness, and protection), support during disclosure (i.e. believing the child when she discloses; not blaming; and protecting from further abuse), and offering the relevant assistance to aid in the recovery process (i.e. therapy and protection services). As such, the non-offending adult plays a crucial role in CSA trauma. The non-supportive manner in which the CSA is approached either enables the abuse to continue or stops the abuse from recurring (Adams, 1994; Ahrens, 2006; Bolen & Lamb, 2008; Ricker, 2006). They are primarily expected to respond to CSA in a sincere and protective manner (Ricker, 2006) to prevent sexual abuse, and care for and protect the child against sexual abuse. However, when failing to do so they indirectly enable the abuse to continue and are sometimes referred to as “enablers” (Ricker, 2006). From a provisional literature search it seems that mothers or grandparents are mostly such enablers (Collings, 2005; Cummings, 2018; Howard, 1993; Ricker, 2006, Summit, 1983). Furthermore, a study conducted by Collings and Wiles (2004), on CSA survivors seen in a crisis centre in KwaZulu-Natal, South Africa, reported that only 43% of confidants at the time of initial disclosure were attributed to a non-offending adult. According to

Feigenbaum (1997) there are three common views in which the mother or non-offending caregiver of CSA victims are portrayed: the helpless dependent, the victim, or the colluder. The helpless dependent is aware of the abuse but is powerless to stop it. They are overly dependent on the spouse and fear his/her withdrawal from the family or are economically unable to support their own withdrawal. There might also be a presence of psychological difficulties that prevent them from dealing with the situation (Feigenbaum, 1997; Myers, 1985). The second prevalent view is that of the victim, where the mother who is a victim of her own abuse, and when confronted with the abuse of her child, relives her own abuse and falls into an overwhelmed state and is unable to accept or cope with the circumstances (Jacobs, 1994; Johnson, 1992). Lastly, the colluder is described as the non-offender or mother who is aware of the abuse but chooses to ignore it, by condoning the abuse and turning away, and when confronted with disclosure, disbelieves or blames the child victim (Feigenbaum, 1997; Hooper, 1992; Ricker, 2006).

The significant adults' lack of appropriate responsiveness may increase the risk of the abuse, prolong its duration, provide insufficient support during disclosure, and/or prevent disclosure, processing and healing, contributing to psychological consequences such as self-blame, hopelessness, helplessness and isolation (Summit, 1983; Winnett, 2012). The absence of protection from parents or primary caregivers can in turn lead to a sense of abandonment in the child.

In agreement to the previously mentioned, Summit (1983) further states that such abandonment (be it unawareness, non-responsiveness, or non-supportive behaviour) by the very adults most crucial to the child's protection and recovery (family and professionals alike) drives the child deeper into self-blame, self-hate, alienation and victimisation. Many parents confront the abuse upon discovery, although many engage in denial and helplessness allowing the abuse to continue, and when confronted with the reality of the situation, victimise the child physically or verbally (James & Gilliland, 2013). Non-supportiveness from significant adults can have lasting negative outcomes on adult survivors, and in some cases the lack of support is even more detrimental than the abuse itself (Elliot & Carnes, 2001).

To date, many studies have been conducted to explore the role of non-offending caregiver(s) or other significant adults who were in a position to, but neglected to prevent or protect the child CSA victim (Adams, 1994; Bolen, 2002; Bolen & Lamb, 2008; Bolen et al., 2015; Cyr, McDuff, & Herbert, 2013; Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989). Most studies on non-supportiveness has mostly focused on non-supportive disclosure (i.e. Alaggiam, 2004; Collings, 2005, 2006; DeYoung, 1994; Everson et al., 1989; Gries, Goh, Andrews, Gilbert, Praver, & Stelzer, 2000), reactions to CSA from non-offenders (i.e. Adams, 1994; Avery, Massat, & Lundy, 1998; Bolen & Lamb, 2004, 2008; Elliot & Carnes, 2001; Godbout, Brier, Sabourin, & Lussier, 2014; Strydom & Vermeulen, 2012), with very little research conducted on the unawareness (failure to detect) by significant others (Godbout et al., 2014). As non-supportiveness still presents many limitations in terms of conceptualisation and inconsistent findings (Collings, 2005; Elliot & Carnes, 2001; Godbout et al., 2014) it is important to explore all possibilities of non-supportiveness, focusing on reactions in detection (before), disclosure (during), and protection (after), and the possible effects that non-supportive significant others may induce in women survivors of CSA.

Thus, the role of the mother or non-offending caregiver is recognised in their capacity to prevent, support, and protect the child against CSA which is important for the short and ongoing long-term well-being of the victim. This knowledge may contribute towards enhancing the understanding of the recovery needs of women survivors of CSA and in doing so inform viable treatment interventions. In a recent study by Hunter (2015), it was astonishing to note that out of 20 participants, only one participant reported feeling supported and believed by her non-offending mother, although the disclosure of the CSA to her mother was received with shock the mother was still described as unhelpful in further proceedings of reporting and protecting the child. In addition, several participants felt betrayed and unprotected; others suffered abandonment; some experienced feeling smothered or blamed by their mothers; in some cases they were forced by their mothers to choose between their own well-being and that of the family; and as adults many participants reported feeling anger or hatred toward these mothers (Hunter, 2015). Hunter (2015,

p. 903) states that “for some participants, the betrayal of not being protected by their mothers seemed as hard, if not harder, to cope with than the sexual assault itself”.

Overall, disclosures (accidental or intentional) that are met with negative reactions, disbelief, discouragement, or in some cases aggression, from significant adults close to the survivor may result in further victimisation which appears to continue long after the CSA ends (Ahrens, 2006). Ahrens (2006) further states that such an experience of additional victimisation from significant others may lead to the survivor doubting the importance of the recovery process and this may impede on future disclosures and thus result in long term harm and devastation. As such, this suggests that any person, who is in a care giving role and/or in a position to either prevent the CSA or protect the child from ongoing victimisation or who responds inappropriately to the disclosure, is enabling the CSA effects to continue. Ricker (2006) refers to this as the ultimate betrayal by the enabler.

Therefore, as derived from the above perspectives, the non-supportive significant adult are those who are in a position to protect the CSA victim but fail to do so, by not preventing the abuse from happening, not believing the child who discloses, not making any attempt to stop further abuse, passively or intentionally discouraging disclosure, or offering no or insufficient support in the recovery process. James and Gilliland (2013) state that non-offending adults, who fail to confront the abuse, or engage in helplessness and denial, do not confront the reality, or dismiss accounts of CSA, may re-victimise the child. Moreover, victimisation may further be caused by significant adults who fail to provide adequate caregiving resulting in the child being at risk of sexual abuse; or prolonging the duration of the CSA, and/or preventing the healing process (Winnett, 2012). Studies have shown that sexually abused children who receive no support develop far more emotional and behavioural disturbances than those who reported some level of support (Adams, 1994; Bolen & Lamb, 2008; Bolen et al., 2015). Thus, the trauma caused by significant adults who fail to prevent or protect the child from the abuse can account for more damaging psychological effects than the CSA itself (Adams, 1994; Bolen et al., 2015). The impact of CSA on women survivors of CSA is thus, mammoth, not only do survivors experience mental, sexual, as well as

inter- and intrapersonal problems as result of CSA, but alongside these struggles, one of the other most disturbing consequences of CSA is the increased likelihood of further victimisation.

As such, adequate support from significant others is pivotal in the prevention, disclosure, and recovery of CSA (Cummings, 2018; Howard, 1993; Ricker, 2006, Summit, 1983). Therefore, there is a growing body of evidence that suggests the effects of CSA may be mediated by the support received from significant caregivers or others, and that such a lack of support could be more detrimental than the abuse itself (Cummings, 2018; Elliot & Carnes, 2001; Howard, 1993; Yancey & Hansen, 2010).

Although several international studies have investigated the effects of non-supportive significant adults, most have focused on the experiences of selected samples of abused children (Collings, 2005, 2007; Gries et al., 2000; Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005; Malloy, Lyon, & Quas, 2007) and the non-supportive reactions of non-offending significant adults (Adams, 1994; Bolen et al., 2015; Bolen & Lamb, 2004; Bux, Cartwright, & Collings, 2016; De Jong, 1988; Everson et al., 1989). Overall, little is known about adult women survivors of CSA and their experiences in relation to non-supportive significant adults.

Recently Fouché and Walker-Williams (2016) and Walker-Williams and Fouché (2017) identified that most participants in an intervention for South African women survivors of CSA, identified short and/or long-term effects caused by the lack of appropriate responsiveness of significant adults in preventing and/or protecting them prior to, during and after the CSA. As such it initiated this study in order to investigate the experiences of adult women survivors of CSA in relation to non-supportive significant adults.

Although some authors have previously explored this phenomenon, a summary of all literature specifically focusing on the adult women survivors of CSA's experiences in relation to non-supportive significant adults is not available. Such a summary will allow us to gain information on what is already known in literature. In addition, it will also identify the gaps in literature and specifically indicate where this phenomenon requires further investigation. To date no such

summary has been reported in literature. As such, a summary of literature, also known as a scoping review, will not only expand the knowledge base in this regard but also identify further research requiring exploration in order to enhance the understanding of this phenomenon. Therefore, the first manuscript reports on a scoping review summarising the experiences of women survivors of CSA in relation to non-supportive significant adults. A significant finding from this scoping review was that no South African studies were identified on this phenomenon. Furthermore, the majority of empirical studies exploring this phenomenon were conducted in developed countries and were conducted with clinical samples. Thus, the need arises to conduct an empirical study to explore South African adult women survivors of CSA's experiences in relation to non-supportive significant adults so as to enhance the understanding and ultimately contribute to and expand the global knowledge base in this area of research.

Gaining access to this population may be challenging and ethically restricting due to the known secrecy surrounding this phenomenon, as well as the personal and sensitive nature of exploring the experiences of non-supportive significant adults. It thus, raises several ethical dilemmas when a research study aims to solely explore the CSA survivor's experiences in relation to the trauma. Nevertheless, this should not stop researchers from exploring this sensitive phenomenon, as such, alternative research methods have been considered in this regard. One such method is qualitative secondary data analysis (QSA), whereby existing data is used to provide valuable information.

Hence, the empirical part of this study documented in Manuscript two explored the experiences in relation to non-supportive significant adults reported by three groups of adult survivors of CSA who attended the Survivor to Thrive (S2T) collaborative strengths-based group intervention programme by employing QSA of existing and available transcripts of recordings taken during these group treatment sessions. These treatment sessions were only attended by women, and this S2T collaborative strengths-based group intervention programme was empirically developed specifically for this vulnerable female population. However, the devastating impact on male survivors is not discounted and should receive urgent attention in future research studies. By

conducting QSA, any possible harm, secondary trauma, or over-research of this secluded and vulnerable population could be counteracted (Irwin & Winterton, 2011; Tripathy, 2013).

The aim of this study is therefore twofold: firstly, to identify what could be learned from literature about women survivors of CSA's experiences in relation to non-supportive significant adults by conducting a scoping review, and secondly, to conduct QSA of the data obtained from S2T treatment sessions in order to explore the experiences of a group of South African women survivors of CSA in relation to non-supportive significant adults. The findings of this study will expand the existing knowledge base in this regard and also highlight further research gaps that require exploration.

## **1.2 Literature Overview**

### **1.2.1 Childhood sexual abuse defined**

It is well documented that there exists no universal definition for CSA. Internationally there appears to be consensus that CSA can be defined as an unwarranted and inappropriate act(s) of sexual nature, which includes: touching parts of the child under or over clothing, kissing, fondling, penetrating, and/or oral or genital contact experienced by any child before the age of 18 with the perpetrator being at least five years older than the child and the relationship being indicative of a significant power difference between child and perpetrator (Brown et al, 2013; Finkelhor, 1994; Godbout et al., 2014; Zinzow, Seth, Jackson, Niehaus, & Fitzgerald, 2010). The World Health Organisation (WHO) (2017) further defines CSA as sexual activity involving a child or adolescent in sexual activity that violates the laws of society or seen as taboo, these acts are furthermore not fully understood by the child or adolescent, or the victim is unable to consent or is not developmentally prepared for such. Furthermore, the WHO (2017) identifies three types of CSA which includes: (a) non-contact sexual abuse (e.g. verbal sexual harassment, indecent exposure, exposing the child to pornography); (b) contact sexual abuse involving intercourse (e.g. sexual assault or rape which includes physically forced or coerced penetration); (c) contact sexual abuse excluding sexual intercourse (involves other sexual acts such as fondling and kissing). These

acts of sexual abuse are carried out with intention to gratify or satisfy the needs of the perpetrator or that of a third party.

However, in South Africa, childhood sexual abuse has been defined for the first time in 2005 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)

For the purpose of this study, CSA will be understood in terms of the abovementioned definition taken from the South African Children's Act.

### **1.2.2 Prevalence**

Extensive studies on the prevalence of CSA have been reported in several countries, hereby emphasising the importance of understanding the scope and nature of this traumatic phenomenon. The results of most of these studies vary considerably and cannot always be directly compared or generalised mostly due to the lack of a universal definition of CSA as well as the documented differences in methodology. However, all suggest that CSA remains an international problem (Pereda, Guilera, Forns, & Gómez-Benoto, 2009).

Several meta-analyses have been conducted in order to determine the world-wide prevalence of CSA. Barth, Bermetz, Heim, Trelle, and Tonia (2013) found the global prevalence of CSA amongst girls to be between 8 - 31% and for boys to be between 3 - 17%. Other retrospective studies found the prevalence rates to be 18 - 22.1% for women and 7.6 - 13.8% for men (Hébert, Tourigny, Cyr, McDuff, & Joly, 2009; Pereda et al., 2009; Stoltenborgh, Van IJzendoorn, Euser, & Bakemans-Kranenburg, 2011). However, retrospective studies are not reliable as they rely on

adult memory (Jewkes & Abrahams, 2002). Recently, the World Health Organisation (WHO) predicted that the CSA prevalence rate among boys and girls is the highest in Africa (Behere & Mulmule, 2013; Pereda et al., 2009). As such, according to Ige, Ilesanmi, and Adebayo (2012) the prevalence in Nigeria is at 25.5% for girls and 43.1% for boys. Similar statistics have been reported in Tanzania indicating at least one incident of sexual abuse before the age of 18 reported by one in seven boys and one in three girls. Furthermore, on average 26% of reported rape cases in Zimbabwe involved children aged between 12 and 15 years and 59% for children older than 16 years of age (Meursing et al., 1995).

A study in the Eastern Cape Province of South Africa reported the prevalence to be 39.1% for women and 16.7% for men (Jewkes, Dunkle, Nduna, Jama, & Puren, 2010). Furthermore, Jewkes and Abrahams (2002) provided evidence that 44.4% of children experienced rape and 52% experienced indecent assault during 2007/08 in South Africa. In a more recent study by the Optimus Foundation (Artz et al., 2016) it was reported that in South Africa between 18,000 and 20,000 CSA cases are reported to the police annually, yet still many go unreported which makes it clear that the data rates reported are quite possibly under-estimated. By recognising the need for nationally representative data the Optimus Study conducted the first nationally representative study and found that a total of at least 784 967 young people in South Africa have been the victims of CSA by the age of 17 years (Artz et al., 2016). This study further found that the difference between males' and females' reported rates of abuse were not as stark as previously reported in other studies, but rather that boys (36.8%) were slightly more likely to report some form of CSA than girls (33.9%) (Artz et al., 2016). Thus, from the above it seems that males and females are equally vulnerable although previous research almost unfailingly reports the particular susceptibility of females. Although this study will focus only on women it in no way disputes the impact on men.

### **1.2.3 Effects of Childhood Sexual Abuse**

As mentioned previously the impact of CSA has long-term devastating effects on the adult survivors functioning. According to James and Gilliland (2013) CSA is responsible for lasting

damaging consequences in the lives of survivors and their adult functioning which is negatively affected in numerous ways. As such, CSA is associated with a wide range of mental health problems, sexual and intra and inter-intrapersonal difficulties. These are depicted in Table 1 and followed by a brief discussion of each.

Table 1

*Mental health difficulties, sexual problems and inter-intrapersonal difficulties*

<b>Category</b>	<b>Findings</b>	<b>Country</b>	<b>Sample</b>	<b>Author</b>
Mental health difficulties	Depression	Canada	Women	Kealy et al., 2018
		USA	Children	Kendall-Tackett et al., 1993
		South Africa	Women	Mathews et al., 2013
	Anxiety	USA	Children	Kendall-Tackett et al., 1993
Various		Women	Webster, 2001	
South Africa		Women	Mathews et al., 2013	
Personality disorders	USA	Women	Davis & Petretic-Jackson, 2000	
	UK	Women	Dolan & Whitworth, 2013	
	South Africa	Women	Mathews et al., 2013	
Post-Traumatic Stress Disorder	Germany	Women	Priebe et al., 2013	
	South Africa	University Students	McGowan & Kagee, 2013	
Sexual problems	Sexual risk behaviours	USA	Children	Stock et al., 1997
		South Africa	Women	Mathews et al., 2013
		Africa	Women	Richter et al., 2013
		Canada	Women	Lacelle et al., 2012
	Intimacy problems	Australia	Women	Mullen & Fleming, 1998
		USA	Women	Hodges & Myers, 2010
USA		Women	Pulverman et al., 2018	
Re-victimisation	USA	Children	Kendall-Tackett et al., 1993	
	Australia	Women	Cashmore & Shackel, 2013	
	South Africa	Women	Mathews et al., 2013	
	South Africa	Children	Penning & Collings, 2014	
Intrapersonal difficulties	Low self-esteem	USA	Children	Kendall-Tackett et al., 1993

Category	Findings	Country	Sample	Author
		Global South Africa	Women University Students	Hodges & Myers, 2010 Singh et al., 2014 Defferary & Nicholas, 2012
	Self-concept	USA UK South Africa	Children Women Young Adults	Stock et al., 1997 McAlpine & Shanks, 2010 Phasma, 2008
Interpersonal difficulties	Lack of trust	USA South Africa Global	Women Children Women	Hodges & Myers, 2010 Penning & Collings, 2014 Singh et al., 2014
	Relational problems	USA Africa Global	Women Women Women	Briere & Elliot, 1994 Richter et al., 2013 Singh et al., 2014

The negative consequences associated with CSA have been consistently linked with but not limited to poor mental and psychological health and wellbeing. In regards to mental health problems, it is indicated that the most common difficulties reported by adult women survivors are depression (Kendall-Tackett, Williams, & Finkelhor, 1993; Mathews, Abrahams, & Jeweks, 2013), anxiety (Kendall-Tackett et al., 1993; Mathews et al. 2013; Webster, 2001), personality disorders (Davis & Petretic-Jackson, 2000; Dolan & Whithworth, 2013; Mathews et al., 2013), posttraumatic stress disorder (PTSD) (McGowan & Kagee, 2013; Priebe et al., 2013), and a recent study indicated that survivors of CSA are prone to higher levels of self-conscious emotions and suicidal ideation (Kealy, Rice, Spidel, & Ogradniczuk, 2018).

Literature suggests that sexual functioning is another prominent issue associated with CSA. Substantial studies have documented the impact of sexual victimisation on sexual difficulties which appear to increase into adulthood. These problems include among others sexual risk taking behaviour (Lacelle, Hébert, Lavoie, Vitaro, & Tremblay, 2012; Mathews et al., 2013; Richter et al., 2013; Stock, Bell, Boyer, & Connel, 1997), problems with intimacy (Hodges & Myers, 2010; Mullen

& Fleming, 1998; Pulverman, Kilimnik, & Meston, 2018), and re-victimisation (Kendall-Tackett et al., 1993; Cashmore & Shackel, 2013; Mathews et al., 2013; Penning & Collings, 2014).

With regards to intrapersonal difficulties, low self-esteem (Defferary & Nicholas, 2012; Hodges & Myers, 2010; Kendall-Tackett et al., 1993; Singh et al., 2014), and a poor self-concept (Kerlin, 2013; McAlpine & Shanks, 2010; Phasma, 2008; Stock et al., 1997) are frequently indicated in literature as a long-term impact of CSA in the lives of adult women survivors. Not only does CSA have a negative impact on the individual, but also impacts interpersonal relationships evident in the inability to trust others (Hodges & Myers, 2010; Penning & Collings, 2014; Singh et al., 2014) which ultimately leads to relational and other interpersonal problems (Briere & Elliot, 1994; Richter et al., 2013; Singh et al., 2014).

As seen above CSA is a complex trauma accompanied by devastating long-term outcomes. The previously documented information mainly considers the impact of CSA on adult functioning. Few studies, however, focus on the impact of significant adults who fail to prevent and/or protect women survivors of CSA.

#### **1.2.4 Theoretical Framework**

In exploring the experiences and effects of non-supportive significant adults in the context of CSA, the following theories explaining attachment and betrayal in the context of CSA will be used as a lens in executing this study.

##### **1.2.4.1 Freyd's (1994) Betrayal Trauma**

Freyd (1994, 1996) explains that betrayal is the violation of implied or explicit trust, and the closer and more necessary the relationship, the greater the degree of betrayal. When traumas involving abuse are perpetrated by a caregiver or someone close to the victim, betrayal trauma theory suggests that it results in heightened distress in comparison to abuse perpetrated by someone less central to the victim (Edwards et al., 2012). In most cases when the victim of CSA chooses to disclose, they would do so to someone they trust, and who they believe can stop or prevent the abuse (Wager, 2013). According to Wager (2013), double betrayal may occur when the

victim's disclosure is met with a negative response and where the significant adults who are in a position to protect and prevent further abuse fail to do so. Betrayal trauma theory suggests that violation perpetrated by someone significant is characterised as a trauma high in betrayal and is remembered less than traumas low in betrayal as a form of survival mechanism (Gobin & Freyd, 2009).

Wager (2013) proposes that when the victim experiences betrayal trauma, and later receives a negative response to disclosure, it constitutes double betrayal, which may ultimately lead to amnesic memories of the abuse and an increased risk for re-victimisation, as victims are unaware of the abuse. Furthermore, Gobin and Freyd (2009) state that the unawareness damage to trust due to betrayal trauma may lead the survivor to be overly trusting, insufficiently trusting, or unable to accurately identify betrayal. According to Freyd, Kelst, and Allard (2005) betrayal trauma can have damaging effects on the victim's well-being, and can impact the victim's sense of trust, relationships, self-concept, and beliefs about others and the world. In a recent qualitative study by Crabbe, Ball, and Hall (2016), the following themes emerged from the participants' trauma narratives: 1) *Primary Betrayal* which referred to the direct victimisation by the perpetrator, 2) *Secondary Betrayal* which referred to the complicity, denial, or indifference of significant adults, 3) *Tertiary Betrayal* that referred to the individuals in community settings that failed to protect the child, and 4) *Quaternary Betrayal* referring to betrayals of self. Freyd's theory on Betrayal Trauma guides understanding of resulting betrayal caused by the non-supportive significant others, who failed to protect or prevent the CSA.

#### **1.2.4.2 Bowlby's (1969) Attachment Theory**

Attachment is defined by Bowlby (1969) as a biological bond between the child and caregiver, thus in theory states that the child's expectation of availability and responsiveness from an adult are developed during infancy and childhood, and the bond is created through interactions perceived by child and primary attachment figures or caregivers. Bowlby (1973) further states that the bond serves a protective function which the child uses as means to safely explore his or her environment. If the child's communication of their negative emotions obtains a successful

response from the caregiver, the child will develop a secure attachment strategy in dealing with any anxieties surrounding their attachment, but if communication surrounding their negative emotional experiences is received with conflict or rejection the child will develop an insecure attachment strategy (Alexander et al., 1998). Insecure attachments can result from CSA as the attachment bond is damaged by the mistreatment or neglect, and so the child develops a loss of protection or security (Bowlby, 1982). This attachment style created during childhood is believed to continue into adulthood and is thus responsible for moulding the way future interpersonal relationships are perceived and experienced (Ainsworth, 1989). Such early perceptions and experiences of their interpersonal relationships are then seen to form the basis of the child's personality by which the child will then identify themselves as deserving or undeserving of future attention; this process is defined as the Internal Working Model (IWM) (Bowlby, 1973).

According to Alexander and colleagues (1998) the IWM represents both a cognitive framework of relationships and a strategy of affect regulation. Cole and Putman (1992) suggest that traumatic life events, such as CSA, has an impact on the IWM of the self and others; with regards to defining, regulating, adjusting and coordinating aspects of the self, alongside the deviation in the ability to experience a sense of trust and confidence in others (Liem & Boudewyn, 1999). It is thus this disruption in the IWM of the self and social functioning that can assist in understanding the multitude of challenges experienced by survivors of CSA. Peters (1988) states that secure attachment is a stronger predictor of adjustment in adulthood than abuse variables. As such, Bowlby (1973) found that attachment behaviours are activated during times of crises, which speaks to the impression that the reaction and support received from the significant others can contribute to the survivor's ability to cope with the abuse experience, and therefore reduce the chance of further victimisation. Many researchers (Alexander et al., 1998; Brier et al., 2017; Cummings, 2018; Godbout et al., 2014) have focused on the attachment theory when researching CSA. However there still appears to be a lack of research in this area in South-Africa and other underdeveloped countries.

### **1.3 Experiences of non-supportive significant adults**

In summary, the lack of support from the non-supportive significant adult as seen in literature focuses on clinical samples, consequences, attachment relationships, and characteristics of non-supportive behaviours

It is imperative to gain insight into this phenomenon by conducting a scoping review and reporting on the experiences of South African adult women survivors in relation to non-supportive significant adults. This knowledge could contribute to the ongoing literary conversation on this topic and thus expand on the global pool of literature hereby providing insight on this phenomenon as experienced by a sample of South African women manifests. Furthermore, it could inform viable treatment interventions so as to equip helping professionals with better insight in terms of CSA survivors' recovery needs. The researcher is of the opinion that practitioners need to understand the experiences of their clients so that survivors can better engage in the therapeutic recovery, but also to make meaning of their experiences resulting from CSA. This can only be achieved by those who seek to understand the experiences of CSA histories in relation to non-supportive significant adults within the South African context containing many diverse cultures.

Identifying the experiences of non-supportive significant adults by survivors of CSA is invaluable. When these experiences are not worked through, or made meaning of, it could lead to serious implications for the individual and society. Understanding and identifying the experiences within CSA could have implications for intervention services enabling survivors to recover from the effects of CSA more effectively. As such, the problem remains that limited research and no documented studies exist within the South African context about the experiences of adult female survivors of CSA in relation to their non-supportive significant adults; therefore, the need arose for the current study and for conducting a scoping review and in doing so, provide a summary of what is known in the literature and to subsequently link this to practice, by conducting a QSA of three data sets of the S2T collaborative strength-

based intervention programme treatment sessions. The findings of this study could potentially contribute to the global knowledge base on non-supportive significant adult experiences and ultimately inform treatment practice.

#### **1.4 Research Questions**

The main research question driving this study is:

**What is known from literature and women survivors about non-supportive significant adults in relation to their childhood sexual abuse experiences?**

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

- What could be learned from literature about women survivors of CSA's experiences in relation to non-supportive significant adults?
- What experiences in relation to non-supportive significant adults were reported by women survivors of CSA participating in three Survivor to Thriver (S2T) collaborative strengths-based group intervention treatment sessions?
- What findings relating to adult women survivors of CSA's experiences in relation to non-supportive significant adults could further inform the drafting of a conceptual framework in order to enhance the global knowledge base on this topic?

In view of the rationale of the study, the main objective of this study is twofold: firstly, to identify what has been written in literature on women survivors of CSA's experiences in relation to non-supportive significant adults, and secondly, to conduct qualitative secondary analysis of the data obtained from three sets of data of Survivor to Thriver (S2T) collaborative strength-based group intervention programme treatment sessions to explore a group of South Africa women survivor's experiences of non-supportive significant adults.

To achieve this goal, the following objectives are identified:

- To conduct a scoping review to identify literature and provide a summary of women survivors of CSA's experiences in relation to non-supportive significant adults.
- To conduct qualitative secondary analysis on three data sets of the Survivor to Thriver (S2T) collaborative strengths-based group intervention programme treatment sessions, to explore women survivors of CSA's experiences in relation to non-supportive significant adults.
- To conduct thematic analysis, deductively and inductively, of three Survivor to Thriver (S2T) collaborative strengths-based group intervention treatment sessions, using a coding book developed from the scoping review.
- To contextualise findings by means of drafting a conceptual framework to enhance the understanding of women's survivors of CSA experiences in relation to non-supportive significant adults with a view to expand the knowledge base on this research topic.

To assist in answering the research questions and achieving the overall objective of the study, the following design map was formulated:

Table 2

*Design map*

<b>Primary research question</b>	What is known from literature and women survivors about non-supportive significant adults in relation to their childhood sexual abuse experiences?	
<b>Secondary research questions</b>	Manuscript 1- Phase I <ul style="list-style-type: none"> <li>• What could be learned from literature about women survivors of CSA's experiences in relation to non-supportive significant adults?</li> </ul>	Manuscript 2- Phase II <ul style="list-style-type: none"> <li>• What experiences in relation to non-supportive significant adults were reported by women survivors of CSA participating in three S2T collaborative strengths-based group intervention treatment sessions?</li> <li>• What findings relating to adult women survivors of CSA's experiences in relation to non-supportive significant adults could further inform the drafting of a conceptual framework in order to enhance the global knowledge base on this topic?</li> </ul>
<b>Objective</b>	<ul style="list-style-type: none"> <li>• To conduct a scoping review to identify literature and provide a summary of women survivors of CSA's experiences in relation to non-supportive significant adults.</li> </ul>	<ul style="list-style-type: none"> <li>• To conduct qualitative secondary analysis, on three data sets of the S2T collaborative strengths-based group intervention programme treatment sessions, to explore women survivors of CSA's experiences in relation to non-supportive significant adults.</li> </ul>
<b>Research design</b>	<ul style="list-style-type: none"> <li>• Scoping review</li> </ul>	<ul style="list-style-type: none"> <li>• Qualitative secondary analysis</li> </ul>
<b>Sampling, participants and data collection method</b>	<ul style="list-style-type: none"> <li>• Data base and journal search</li> <li>• Extraction of data</li> </ul>	<ul style="list-style-type: none"> <li>• Utilise 3 data sets of S2T treatment sessions</li> <li>• In total 26 treatment sessions of women (N=25) survivors of CSA</li> </ul>
<b>Data analysis</b>	<ul style="list-style-type: none"> <li>• Thematic analysis</li> <li>• Inductive coding</li> <li>• Independent coding</li> <li>• Consensus discussions</li> </ul>	<ul style="list-style-type: none"> <li>• Thematic analysis</li> <li>• Deductive using a coding framework based on literature</li> <li>• Inductive coding</li> <li>• Iterative process</li> <li>• Independent coding</li> <li>• Co-coder</li> <li>• Consensus discussions</li> </ul>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Summarise what is known</li> <li>• Identify gaps</li> <li>• Develop a coding book</li> </ul>	<ul style="list-style-type: none"> <li>• Developing a conceptual framework to contribute to the knowledge base of this topic.</li> </ul>

## **1.5 Research Methodology**

The research methodology was informed by the research paradigm. A paradigm is described as a philosophical and theoretical framework that integrates specific theories, relating to a scientific school or discipline and is composed out of a collection of belief categories such as ontological, epistemological, and methodological assumptions (Labonte & Robertson, 1996; “Paradigm”, 2017). This study makes use of the constructivist paradigm which argues that human beings construct their own social realities through social interaction and that this reality is subjective and experiential (Grix, 2002; Labonte & Robertson, 1996; Sarantakos, 2005). Constructivist methodology focuses on the lived experiences of people and focusses on subjective meaning through knowledge as understanding. In constructivist methodology, the researcher forms an essential part of the inquiry (Krauss, 2005; Labonte & Robertson, 1996; Patel, 2012). The individual meaning of the complexity of a particular situation is best explored through qualitative studies (Creswell, 2007). According to Denzin and Lincoln (2000), qualitative research has five major characteristics which includes: (1) concern with the richness of descriptions; (2) capturing the individual’s perspective; (3) the rejection of positivism and the use of postmodern perspective; (4) adherence to the postmodern sensibility; and 5) examination of the constraints of everyday life. Therefore, the proposed exploratory qualitative research design was conducted in two phases. Phase one of the study entails a scoping review of existing literature in order to answer the first secondary research question. In phase two, QSA was conducted (using a coding book developed from the scoping review), on data collected during three groups of S2T collaborative strengths-based treatment intervention sessions for South African women who experienced CSA. This will answer the second and third secondary research questions. In the following section the methodology of phase I (scoping review) will be discussed, after which phase II (an explanation of the QSA) will be given.

## **1.5.1 Phase I: Scoping Review**

### **1.5.1.1 Research Design**

#### **Research design Phase I: Scoping Review**

In order to provide a summary of evidence from an array of studies so as to illustrate the extent and depth of a field of enquiry, a literature review can be conducted (Levac, Colquhoun, & O'Brien, 2010). According to Mashamba-Thompson and Khuzwayo (2015) a scoping review involves an investigation into published research so as to provide an outline of the extent and quantity of available research on a specific research topic, this then identifies gaps in literature so as to gather subsequent research inquiries.

In order to provide guidelines for researchers on carrying out a scoping review, Arksey and O'Malley (2007) developed a methodological framework with six stages. These six stages consist of: (1) identifying the research question in order to cover the extent of the literature; (2) identifying relevant studies from various sources; (3) study selection which involves inclusion and exclusion criteria; (4) charting the data by extracting it from the included studies (Addendum C); (5) analysis of the data by providing a descriptive thematic analysis (during this phase Atlas.ti 8 (2017) was utilised and the analysis process and protocol followed is attached in Addendum A); and lastly in phase (6) consultation with stakeholders to obtain additional understandings beyond those in the literature used in conducting the scoping review (Levac et al., 2010). According to Levac et al. (2010) the insight and depth of knowledge that each professional brings to the study, its time efficiency, and the ability to provide a clear and apparent outline that allows the researcher to identify gaps, is what characterises this framework's key strengths.

Alongside these strengths the following challenges are reported that relate to the methodological framework for scoping reviews: (1) research questions that 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 (Levac et al., 2010). In relation to the proposed study, the strengths far exceed the limitations, which make this framework ideal for this study.

### **1.5.1.2 Search Strategy**

#### *Database and journal search*

Identifying relevant studies according to criteria for inclusion and exclusion for the study is required in the second and third stages of a scoping review (Levac et al., 2010). The researcher searched electronic databases which included EbscoHost (Academic Search Premiere; Africa-Wide Information; E-Journals; ERIC; PsycARTICLES; PsycINFO; SocINDEX), African Journals (previously SAePublications), and Science Direct (Social Sciences and Humanities). Academic journals that were reviewed are: *Journal of Child Sexual Abuse*; *Sexual Abuse: A Journal of Research and Treatment*; and *Trauma, Violence and Abuse: A Review Journal* (*Child Abuse Review*, *Journal of Child Abuse and Neglect*, and *Child abuse research in South Africa* were screened, and ultimately excluded due to their correlation with database searches).

#### *Inclusion criteria*

Studies that reported on the experiences of adult women survivors of CSA in relation to non-supportive significant adults qualified for inclusion. Studies had to be English, peer reviewed and publication dates between 1980 and January 2019 were accepted. The inclusion criteria for studies to be selected for the proposed study's scoping review was based on a keyword search which included *non-supportiveness*, *non-supportive caregiver/ parent/ mother/ family*, *non-supportive disclosure*, *support*, *response*, *betray\**, *protect\**, *non-offender*, *non-offending caregiver/ parent/ mother/ family*, *child sexual abuse*, *survivors*, and *adult women*. 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 experienced in the field of CSA and qualitative research, in order to assess whether the studies selected were comprehensive to the purpose of the scoping review.

Studies included for review were empirical studies, including published and unpublished doctoral dissertations. Research designs accessed were 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, children under the age of 18 as victims of the CSA, and sexual offenders were excluded. Studies that reported from the perspective of the non-offending caregiver, and those that exclusively addressed adult disclosures were also excluded. Publication types not accepted for this scoping review were training manuals or updates, 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.

#### **1.5.1.3 Study selection process**

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 (2007) framework. Initially 23 284 database articles and 1 696 journal articles were identified in accordance with the search terms. Altogether 24 980 publications were identified for further analysis. After duplicates were removed and exclusion criteria were applied 985 were screened for possible inclusion by reading through the abstracts. A total of 145 were screened for full text review. Another 117 articles were sourced from reference lists of each full text that was screened. Eventually, 56 articles were selected for inclusion in the review (see Section B, Figure 1, p. 72 for flow diagram) which include thirty-one quantitative ( $n = 31$ ), eighteen qualitative ( $n = 18$ ), six mixed method ( $n = 6$ ) and one meta-analysis ( $n = 1$ ) studies. It is noteworthy that although a critical appraisal is not necessary when conducting a scoping review as with a systematic review the researcher opted to include this step to enhance the reliability of the review. According to Porritt, Gomersall, and Lockwood (2014) a quality appraisal has a dual-purpose, firstly to exclude low quality articles that may compromise the

validity of the review, and secondly, to identify strengths and limitations of the included study. Critical appraisal tools provide analytical evaluations of the quality of the study, in particular the methods applied to minimise biases in a research project (Katrak, Bialocerkowski, Massy-Westropp, Kumar, & Grimmer, 2004). The researcher employed the Joanna Briggs Institute's (JBI) (2017) critical appraisal tools to ensure the reliability of the scoping review and to safeguard that selected articles, in which themes emerged, were not low quality articles (Addendum C). The quality appraisal did not lead to the exclusion of any articles. As recommended by Levac et al. (2010), feasibility inclusion should be checked by members with context expertise so as to assist with the decision-making process. Thus, the researcher consulted regularly with her supervisors who are experienced in the field of CSA and qualitative research as well as an independent coder who has a Master's degree in psychology and is an experienced qualitative researcher to assess whether the studies selected are comprehensive to the purpose of the scoping review.

#### **1.5.1.4 Charting the data**

In this stage, the researcher developed a data-charting form (Addendum C) (Levac et al., 2010) which determined which data to extract, and for the purpose of the study's scoping review, only data that explores experiences of women survivors of CSA in relation to non-supportive significant adults were mapped in the data-charting form. The following headings were included: author, publication year, title, country, research approach, method, participants, and contextual factors of sample background, themes, sub-themes, open-ended coding, and findings from these said sources (Levac et al., 2010).

#### **1.5.1.5 Data analysis**

Thematic analysis was employed by the researcher in order to explore and analyse the themes to identify significant data on adult women survivors' experiences relating to non-supporting adults (Nieuwenhuis, 2011a). The six phases of thematic analysis of Braun and Clarke (2006) was followed accordingly. Phase 1: the researcher familiarised herself with the data through immersing herself in the data, and making notes while reading and re-reading the data; phase 2: initial coding was generated to identify interesting features of the data that were meaningfully assessed

concerning the phenomenon; phase 3: the list of codes was sorted into potential themes, where all the significant coded data extracts were organised within each identified theme; phase 4: the identified themes were reviewed and refined to consider whether the coded data extracted formed a clear pattern, this was also done to assess the validity of each theme to the entire data set; phase 5: the researcher defined and further refined the themes in order to identify the core meaning of each theme and lastly, phase 6: the final analysis and writing of the report to provide a summarised, logical, and motivating account of the story central to the data (Braun & Clarke, 2006). For the purpose of this study, data related to experiences of women survivors with histories of CSA in relation to non-supporting significant adults were coded and grouped together in themes. The Atlas.ti 8 (2017) software programme was used as an assistive tool in the data analysis process (Levac et al., 2010). Codes were assigned to key features within the data that related to non-supportive significant adults, codes were then created into sub-themes, and then grouped under potential overall themes. Atlas.ti 8 (2017) was used to draw up a report and extract the themes present. Each theme was reviewed and coded in accordance with the written investigation of data to assess the significance of each theme. An independent coder who has a Masters Degree in psychology and is an experienced qualitative researcher was used to assess the eligibility of the included studies for inclusion and helped to verify the codes of the analysis. The researcher identified five themes with eighteen sub-themes. After a consensus discussion with the supervisors and the independent coder the number of themes were reduced to three main themes and seven sub-themes. The scoping review reported no South African studies, which motivated for the second phase of this study. The coding framework developed in phase one of the study were used for deductive coding in phase two of the study.

## **1.5.2 Phase II: Qualitative secondary analysis (QSA)**

### **1.5.2.1 Research design**

QSA was employed using data sets from three S2T collaborative strengths-based group intervention treatment sessions for South African women who experienced CSA. Also called non-naturalistic data, QSA is the re-use of pre-existing qualitative data (Heaton, 2008). Heaton (2008)

indicates that there are five styles in which existing data sets could be analysed in QSA, that is reanalysis (re-examining data findings of primary study to validate and confirm findings), amplified analysis (comparing or combining two or more existing qualitative data sets), assorted analysis (secondary data analysis in combination with the collection and analysis of primary data for the same study), supplementary analysis (to get more in-depth understanding of an aspect(s) not addressed in the original study), and supra analysis (aim and focus of secondary study that exceeds those of the primary study). The researcher used the latter form of analysis in the study as the objectives and aims exceeds the original research which examined the efficacy of the S2T strength-based group intervention programme, by looking at the experiences of these women in relation to non-supportive significant adults. This is where data is collected in previous studies to answer new research questions or emerging questions (Heaton, 2008; Irwin, 2013) and concepts not explored in the primary S2T study (Walker-Williams & Fouché, 2015) or to obtain a different perspective on the primary research question (Heaton, 1998, 2008). Secondary analysis is to reuse pre-existing qualitative data collected from previous studies (Heaton, 2008). This data comprises of material such as semi-structured interviews, responses to open-ended questions in questionnaires, field notes and research diaries (Heaton, 2008). Thus, QSA entails the use of already produced data to develop new questions (Heaton, 2008; Irwin & Winterton, 2011) and can be used for two key purposes: it can be used to study new or additional research questions, or it can be used to confirm the findings of former research (Heaton, 2008). This study will attempt to answer additional questions to that of the primary S2T study. The researcher asked the following secondary research questions when conducting QSA: What experiences in relation to non-supportive significant adults were reported by women survivors of CSA participating in three S2T collaborative strengths-based group intervention treatment sessions? Additionally, what findings relating to adult women survivors of CSA's experiences in relation to non-supportive significant adults could further inform the drafting of a conceptual framework in order to enhance the global knowledge base on this topic? The primary study focused on evaluating the efficacy of the S2T collaborative strength-based group intervention programme, to evaluate whether the programme was successful in promoting resilience processes and post-traumatic growth (PTG)

enabling outcomes in women survivors of CSA. Thus, by conducting QSA, the researcher is posing a new research question stemming from the pre-existing data.

Although QSA allows for new insights into existing data by answering new research questions, there have been a few concerns raised with regards 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. While these limitations are acknowledged the strengths of QSA outweigh the limitations. These strengths include: (1) QSA eliminates sample selection and data collection so more effort can be placed on analysis and interpretation of findings, (2) QSA is cost-effective and convenient, (3) it is a credible method of generating knowledge that will contribute to the study, (4) it allows for research to continue on an area without having to find additional participants therefore making maximum use of data, (5) analysts have the chance to view the data set from an unbiased viewpoint (Camfield & Palmer-Jones, 2013). However, the ability of the subsequent researcher to engage with the data without preconceptions, thus being reflexive, is argued to be key in producing valid secondary analysis, rather than the proximity of the researcher to the original context (Irwin & Winterton, 2011).

#### **1.5.2.2 Background on the S2T collaborative strength-based group intervention programme**

##### *The purpose of the primary study*

The S2T collaborative strengths-based group intervention programme follows a strengths-based and supportive approach and thus focuses on women survivors of CSA strengths in order to facilitate resilience processes and posttraumatic growth enabling outcomes from their traumatic CSA experiences (Fouché & Walker-Williams, 2016). This intervention covers four treatment outcomes (Fouché & Walker-Williams, 2016):

- 1) providing a supportive space for sharing the trauma story, experiencing heightened emotional awareness, and validating the group members' experiences (drawing on

cognitive-behavioural therapy (CBT) and cognitive-processing therapy (CPT) principles; 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).

The participants of the S2T were women who experienced CSA residing in the Vanderbiljpark region and surrounding areas within the larger Gauteng province in South Africa. A quasi-experimental design was employed during a pilot study conducted in 2013/2014 (Walker-Williams & Fouché, 2017). To further test the benefits of this collaborative strengths-based group intervention programme, the researchers recommended longitudinal research over a four-year period. A second group commenced in 2014/2015 and a third group in 2017/2018, the data from groups one to three were analysed for the study. Initially, twenty-five participants commenced with the group sessions, after which eight withdrew. The participants all experienced contact sexual abuse and the perpetrator was known to them. Overall, this manual-based intervention comprised 26 group treatment sessions which were held with 25 participants (ages ranging from 18 to 57 years), spanning over a five-year period. Table 3 below indicates the demographic information and table 4 the biographical information of the groups and research procedure of the S2T intervention programme of Walker-Williams and Fouché (2017). Ethical clearance was obtained for the primary study (NWU 00041-08-A1 - Group 1-3, 2013-2018). All 26 sessions were approximately 2 – 3 hours in duration and professionally transcribed and were checked for accuracy by the two study leaders who facilitated the S2T sessions.

Table 3

*Demographic Characteristics of Participants (N=25)*

Characteristic	No.	Characteristic	No.
<b>Age group</b>		<b>Children</b>	
18-25	9	No	17
26-30	3	Yes	8
31-45	10	<b>Type of abuse</b>	
46-50	3	Contact	25
<b>Nationality</b>		Noncontact	0
South African	25	<b>Perpetrator</b>	
Foreign	0	Known	25
<b>Race</b>		Unknown	0
White	14	<b>Age of CSA onset in years</b>	
African	11	3	2
<b>Level of education</b>		4	1
Higher	19	5	3
Secondary	6	6	9
<b>Occupation</b>		8	3
Employed	15	9	4
Student	8	10	2
Unemployed	2	13	1
<b>Relationship status</b>		<b>Duration of abuse in years</b>	
Single	12	1 - 2	7
Married	10	3 - 4	10
Cohabiting	2	5 - 6	4
In a relationship	1	7 - 10	4

Table 4

*Biographical Information of S2T Group Members*

Participants	Total			Race	Average Age
	Initial	Post-Test	Delayed post-test		
Group 1 (pilot study, 2013/2014)	10	7	5	5 African, 5 White	36 years
Group 2 (2014/2015)	8	5	5	5 African, 3 White	25 years
Group 3 (2017/2018)	7	4	4	2 African, 5 White	39 years
<b>Research Procedure</b>					
Ethics number	NWU 00041-08-A1 (Group 1, Pilot study, 2013/2014)				
	NWU 00041-08-A1 (Group 2, 2014/2015)				
	NWU 00041-08-A1 (Group 3, 2017/2018)				
Ethics	Informed consent (Group 1, Pilot study, 2013/2014)				
	Informed consent (Group 2, 2014/2015)				
	Informed consent (Group 3, 2017/2018)				

*Research Integrity of primary study*

The recruitment process for this primary study was as follows: The researchers contacted psychologists in private practice and social workers employed at Welfare Organisations, Trauma Centres or private practice as gatekeepers. These professionals were required to have experience in working with women survivors of CSA. As gatekeepers they were requested to identify women survivors who complied with the inclusion criteria of the primary study. The inclusion criteria were: 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. The gatekeepers were requested to obtain permission from these prospective participants in order to release their personal details to the researchers.

Once the gatekeepers had obtained permission the researchers were emailed with the identifying details of the prospective participants. The researchers then contacted these participants telephonically and explained the research and invited them to an information session. During the information the researchers explained the informed consent form and administered the consent process. There was no cooling off period as the consent was obtained during the information session. However, the participants were afforded the opportunity of withdrawing from the research at any time without reprisal. The consent forms for groups 2 and 3 included consenting for the transcriptions of the recorded group sessions to be used for qualitative secondary data analysis which included female post-graduate students (working under the supervision (supervisors) of the researcher) having access to the transcriptions (where all names would be removed) for research data purposes.

However, for group 1 this was not the case and so re-consent was sought. During the delayed post-test session, the group 1 participants were requested to consider consenting to the following request: “the transcriptions of the recorded group sessions may be used for qualitative secondary data analysis. This means that female post-graduate students working under our supervision may have access to the transcriptions for research data purposes. Your names will be removed from the transcripts and a number will be allocated to identify you, for example P1 for participant 1”.

Confidentiality was encouraged in the group setting by means of group commitments, and the voice recordings were transferred from the recording device to the computer of the researchers of primary S2T. These audio files were shared with a postgraduate student and an external professional transcriber via a password-protected drop box file. Once the completed transcriptions were received by the primary researchers they were checked for accuracy and then anonymised. The audio files were then deleted from all computers. The data consisted of three to four-hour-long transcripts of three S2T groups from 26 intervention sessions in total. The transcriptions and consent forms were stored separately in securely locked cabinets in a locked venue in the Social Work building of North-West University Vaal Campus.

Risks posed to participants were reduced by including only women who had already disclosed their CSA experience and undergone some form of primary therapeutic intervention. However, participating in the S2T could elicit strong emotional reaction and as such the primary S2T study researchers were adequately qualified (clinical psychologist and social worker) to contain and manage such reactions. In addition, externally arranged psychological counselling services were available for any participant who might have experienced abnormal emotional reactions during their participation. Facilitators offered extra support outside the group and group members were also given the telephone numbers of the two facilitators with a view to make contact if a discussion of any difficulties could not wait until the next group session. Participants were also requested to consent to a support WhatsApp group where communal support discussions could take place between sessions. This group was administered by the primary researchers.

Two publications to date reported on positive resilience enabling processes and posttraumatic growth outcomes in groups 1 and 2 (Walker-Williams & Fouché, 2017; 2018). Preliminary analysis of the qualitative data of group 3 point to similar findings.

#### *The purpose of this study*

The purpose of this study is to conduct QSA on data collected on three data sets of S2T group intervention treatment sessions comprising 26 transcriptions in order to investigate the research questions concerning women survivors of CSA and non-supportive significant adults in relation to these CSA experiences.

#### **1.5.2.3 Data Collection**

Three modes of data collection can be used by QSA researchers, namely formal data sharing, informal data sharing, and self-collected data (Heaton, 2008). In this study formal data sharing was used, mentioned in Heaton (2008) as a method by means of which previous data were collected independently and which fulfilled all ethical requirements, such as obtaining consent for the re-use of data for secondary analysis. One of the benefits of conducting QSA is that participant sampling is not required, since existing data sets are used (Heaton, 2008). All 26

transcriptions of the S2T collaborative strengths-based group intervention programme were included for analysis. Ethical clearance has been obtained from the Health Research Ethics Committee (HREC) of North-West University, and the student was provided with three files containing the anonymised transcriptions of the three data sets of the S2T group intervention treatment sessions. The student signed a confidentiality agreement and was requested to keep the data files in a secure location, i.e. a lock-up cabinet, within her workspace (office at Student Counselling and Development). The student was informed to return these files to the primary researchers after data completion after which they once again were stored in a locked office in a secure cabinet.

#### **1.5.2.4 Data Analysis**

The QSA was conducted in two phases. Initially, deductive thematic analysis was conducted using a coding framework developed from the scoping review in phase I of the study, to guide this process (Elo & Kyngäs, 2008). Secondly, any aspects that did not fit the categories were then coded into their own themes by applying inductive principles (Elo & Kyngäs, 2008). Since the theoretical framework used in this study was Freyd's (1994) betrayal trauma theory and Bowlby's (1969) theory of attachment, the thematic analysis of the transcripts was an iterative process whereby the researcher frequently moved back and forth between the data and the models of Freyd (1994) and Bowlby (1969) to gain insight into the data and to also identify whether the data supports or differs from the theoretical framework (Nieuwenhuis, 2011a). The six phases of thematic analysis of Braun and Clarke (2006) were followed accordingly as with the scoping review. Similarly, the Atlas.ti 8 (2017) software programme was used as a tool during the data analysis process.

### **1.6 Trustworthiness**

According to Connelly (2016) "trustworthiness or rigor of a study refers to the degree of confidence in data, interpretation, and methods used to ensure the quality of a study" (p. 435). Thus, if research presents trustworthy interpretation of data then it is more likely to contribute usefully to

the field of research. The trustworthiness of a research study is judged on its credibility, dependability, confirmability, and transferability (Anney, 2014; Connelly, 2016; Guba, 1981).

Credibility is the first and most important criterium for establishing trustworthiness, it can be defined as the confidence that can be placed in the truth of research findings (Anney, 2014). The researcher ensured the trustworthiness of this study by allowing the results to be scrutinised by the study leaders who are experienced in the field of CSA (Connelly, 2016) to verify the results of the QSA and to assert that interpretations were clear and credible. In addition, a co-coder (an experienced qualitative researcher) also coded the data after receiving training on thematic analysis by the supervisors. A consensus discussion was held before finalisation of the themes.

Transferability refers to the extent to which the results of qualitative research can be transferred to other contexts with other respondents (Anney, 2014). This was enhanced in this study by providing a detailed description of the research topic, methodology and procedure in order to provide other researchers with the necessary information to be able to evaluate transferability of the findings to other settings. Also aiding in transferability to other contexts is the detailed description of the characteristics of the participants.

According to Anney (2014), dependability is established by using, amongst others, an audit trail, stepwise replication and peer examinations. With regard to dependability, the researcher kept process notes and a detailed research journal, she involved the two study leaders in the screening of the information collected during the analysis (Connelly, 2016). The research followed a stepwise process (two or more researchers analysed the same data and compared their results) (Anney, 2014). Conformability refers to the degree to which the results of an inquiry could be confirmed or corroborated by other researchers (Anney, 2014). For conformability, the findings were peer-reviewed by the study leaders, who are experts in the field of CSA, which enhanced the credibility of the inquiry (Anney, 2014).

The researcher consulted with her supervisors, who are experienced in the field of CSA, regarding the coding of the qualitative data to verify the results of the study (Nieuwenhuis, 2011a). Also,

peer debriefing sessions were held with these supervisors who were also the facilitators in the primary S2T study to assert that data interpretations were clear and credible (Marshall & Rossman, 2016). Considering all of the above, the study's trustworthiness was ensured.

## **1.7 Ethical Considerations**

Prior to commencement of the research, ethical approval was gained from the Health Research Ethics Committee (HREC) of the North-West University (NWU) to obtain permission and ethical clearance to conduct this study (NWU-00025-19-S1: Addendum F).

With regard to the QSA in phase two, the researchers of the primary study obtained informed consent from the participants in the three S2T groups (2013-2018). Internal and external anonymity and confidentiality was assured in the primary study of S2T (2013-2018), in which the names of participants were not mentioned in the transcripts, and the audio recordings were kept in a secure location as stipulated in the Health Professions Act 56 of 1974 (Department of Health, 2006). These women also indicated their voluntary participation in the primary research study and consented to the data being used for QSA by other researchers. As such, in regard to such secondary analysis of data, Grinyer (2009) states that whenever consent has been obtained from participants in the primary study to use data for future research, further demands on these participants and anxiety triggers will be avoided or eliminated. This is especially the case where sensitive information had been shared by participants. The researcher obtained written consent from the primary researchers for the use of the existing data sets from three groups of S2T intervention sessions in order to conduct the secondary analysis of existing data (Addendum H).

## **1.8 Summary of Findings**

### **1.8.1 Manuscript 1**

The findings from the 56 studies that met the inclusion criteria and provided evidence of experiences of women survivors of CSA in relation to non-supportive significant adults were used. Of the selected studies, 31 studies were quantitative ( $n = 31$ ), 18 were qualitative ( $n = 18$ ), six were mixed-method studies ( $n = 6$ ), and one was a systematic review ( $n = 1$ ). The non-supportive

experiences reported by women survivors of CSA were identified in terms of a framework which consists of three themes and seven sub-themes. Theme one identified non-supportive behaviours experienced before disclosure or discovery of abuse and included the following sub-themes: (1) Barriers/Impediments to disclosure, and (2) Disengaged Parenting. Theme two identified non-supportive behaviours experienced during or after disclosure or discovery of abuse and included two sub-themes: (1) Colluding/Coercing, and (2) Entrapment/Enabling. Theme three identified the long-term negative consequences of non-supportive experiences and included: (1) Psychological functioning, (2) Re-victimisation, and (3) Negative adult attachment.

The findings of the scoping review reported no South African studies, with most studies conducted in developed countries. In order to honour diversity and context, these findings could not be translated from one group to another. As such, this motivated for the second phase of this study, with the aim of contributing towards the ongoing conversation on the experiences of women survivors of CSA in relation to non-supportive significant adults, as well as to informing the knowledge base of how these experiences manifest in a South African population of women survivors of CSA, so as to inform viable treatment interventions. In addition, a conceptual framework was developed in order to enhance understanding of experiences of women survivors of CSA in relation to non-supportive significant adults. Furthermore, the conceptual framework was translated into a coding framework to inform the deductive coding process in the next phase of the study. The limitations of this study include studies published in English as this could have excluded any other important research conducted in other languages and limitations regarding conceptualisation of non-supportive experiences.

### **1.8.2 Manuscript 2**

Guided by a coding framework developed in manuscript one, deductive and inductive coding took place. The QSA identified three themes and eight sub-themes of non-supportive experiences of women survivors of CSA that corresponded with literature and ultimately adapted to give true accounts of experiences of South African women survivors of CSA. Theme one identified non-supportive behaviour experienced before disclosure or discovery of abuse and included the

following sub-themes: (1) Barriers to disclosure, and (2) Detached Parenting. Theme two identified non-supportive behaviours experienced during or after disclosure or discovery of abuse, and included two sub-themes: (1) Conspiring with perpetrator, and (2) Enabling the perpetrator. Theme three identified the long-term devastating outcomes of non-supportive experiences and included: (1) Victims internalising messages of not being good enough, (2) Victims being vulnerable, causing re-victimisation, (3) distrust, and (4) double betrayal attachment injury. An additional sub-theme, not identified in literature, was identified in theme three as Double Betrayal Attachment Injury. This additional factor could perhaps influence how helping professionals treat women adult survivors of CSA. This manuscript opens conversation on the experiences of women survivors of CSA in relation to non-supportive significant adults in South Africa and also expands on the global pool of literature in this regard.

## **1.9 Limitations of the study**

### *Scoping Review*

Only studies published in English were included for the scoping review and this might have excluded important research done in other languages. According to Tricco et al. (2016) scoping reviews have inherent limitations because their focus is on providing the range rather than depth of information on a specific topic. However, to answer the primary research question, this method was appropriate, given that the objective was to determine what is said in literature about experiences of women survivors of CSA in relation to non-supportive significant adults in order to compare this with the experiences of participants of the S2T intervention programme. The researcher acknowledges that the search strategy utilised in this study may have overlooked some studies. During the scoping review, there were articles that indicated valuable data in the abstract, but after unsuccessful assistance from the research librarians and contacting the authors to gain access, these articles were excluded since no full-text access could be gained.

### *Qualitative Secondary Analysis*

Due to the vulnerable population and small sample size of women, the amount of data available for QSA might not have been representative. This contributed to the limitations of the study. However, the in-depth nature of the data collected from these participants via repeated engagements with them would likely moderate this limitation to some extent. The researcher was not directly involved in collecting the data and was thus not instrumental in terms of questions posed and observations made. Another limitation could result due to the research being conducted by QSA; the researcher is distant from the data but could also assist in the process since the researcher is unbiased in looking at the data. Also, given the age of the women in the group, the traumatic impact of their sexual experiences in childhood on their current lives might lack certain aspects and intensity of their losses, as it would be in an older age group (Coltart, Henwood, & Shirani, 2013; Finkelhor & Kendall-Tackett, 1997).

#### **1.10 Contributions of the study**

This study provided the first known summary of experiences of adult women survivors of CSA in relation to non-supportive significant adults, and further identified that the majority of studies were conducted in developed countries with no such studies identified within a South African context. As such, this study contributes to South African literature as well as to the global knowledge base. Despite the limitations of this study, the results support and extend on Freyd's (1994, 1996) betrayal trauma theory and Bowlby's (1969) theory of attachment. However, in order to honour diversity and context it is important to gain a better understanding of the experiences of women survivors of CSA in relation to non-supportive significant adults in the South African context. As such, the second phase of this study was warranted. The findings from the QSA in phase two, on the data sets from three sets of the S2T collaborative strengths-based group intervention programme treatment sessions, emphasises the importance of acknowledging that CSA and the associated experiences of non-supportiveness are realities for South African female survivors of CSA as depicted in the international arena.

Hence these additional experiences of women survivors of CSA in relation to non-supportive significant adults, which emerged in this study, advance the understanding of this devastating childhood phenomenon and the treatment process required for such survivors. Consequently, this study could potentially inform helping professionals in private practice working with this vulnerable population as to the specific scope to be utilised in treating these experiences in adult women survivors of CSA; thus providing them with hope for the future. Additionally, as this study focuses on South African women, it is expected to highlight the fact that CSA is indeed a societal problem and that South African adult women survivors of CSA are not excluded from the international arena regarding the trauma and impact caused by CSA. These findings could further inform treatment practice of the S2T intervention programme.

**1.11 Layout of the study**

Table 5

*Layout of the study*

<b>Section A</b>	Overview of the study	
<b>Section B</b>	Manuscript 1	Manuscript 2
	Phase I: Scoping review	Phase II: Qualitative secondary analysis
<b>Journal publication</b>	Sexual Abuse: A journal of research and treatment	Journal of Child Sexual Abuse
<b>Section C</b>	Conclusions, Limitations, Recommendations, and Combined Reference List	
<b>Addenda</b>		

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**SECTION B**

**PHASE I**

## PREFACE

### **MANUSCRIPT 1- Experiences of women survivors of Childhood sexual abuse in relation to non-supportive significant adults: A scoping review**

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

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

The manuscript that follows reports on phase I: “Experiences of women survivors of Childhood sexual abuse in relation to non-supportive significant adults: A scoping review” and consists of a scoping review conducted to identify and summarise available literature on the experiences of women survivors of CSA in relation to non-supportive significant adults. This manuscript was written in article format, following the guidelines as set out by: *Sexual Abuse: A Journal of Research and Treatment*.

The following secondary research question drove this part of the study:

What could be learned from literature about women survivors of CSA experiences in relation to non-supportive significant adults?

**MANUSCRIPT 1**

**EXPERIENCES OF WOMEN SURVIVORS OF CHILDHOOD SEXUAL ABUSE IN  
RELATION TO NON-SUPPORTIVE SIGNIFICANT ADULTS: A SCOPING REVIEW**

## **Sexual Abuse: A Journal of Research and Treatment - Instructions to contributors**

### **Manuscript style**

**Type double-spaced** using generous margins on all sides. The entire manuscript, including quotations, references, figure-caption list, and tables, should be double-spaced. Number all pages consecutively with Arabic numerals, with the title page being page 1. In order to facilitate masked (previously termed "double-blind") review, leave all identifying information off the manuscript, including the title page and the electronic file name. Appropriate identifying information is attached automatically to the electronic file. Upon initial submission, the title page should include only the title of the article.

**An additional title page should be uploaded** as a separate submission item and should include the title of the article, author's name (no degrees), and author's affiliation. Academic affiliations of all authors should be included. The affiliation should comprise the department, institution (usually university or company), city, and state (or nation) and should be typed as a footnote to the author's name. This title page should also include the complete mailing address, telephone number, fax number, and e-mail address of the one author designated to review proofs.

**An abstract** is to be provided, preferably no more than 250 words.

**A list of 4–5 key words** is to be provided directly below the abstract. Key words should express the precise content of the manuscript, as they are used for indexing purposes.

**Illustrations** (photographs, drawings, diagrams, and charts) are to be numbered in one consecutive series of Arabic numerals and cited in numerical order in the text. Photographs should be high-contrast and drawings should be dark, sharp, and clear. Artwork for each figure should be provided on a separate page. Each figure should have an accompanying caption. The captions for illustrations should be listed on a separate page.

**Tables** should be numbered (with Roman numerals) and referred to by number in the text. Each table should be typed on a separate page. Center the title above the table, and type explanatory footnotes (indicated by superscript lowercase letters) below the table.

**List references** alphabetically at the end of the paper and refer to them in the text by name and year in parentheses. References should include (in this order): last names and initials of all authors, year published, title of article, name of publication, volume number, and inclusive pages. The style and punctuation of the references should conform to strict APA style.

## Abstract

Childhood sexual abuse (CSA) is a complex trauma with devastating long-term, negative effects on survivors. Non-supportive reactions to disclosure are reported in literature. This study extended the understanding of experiences of women survivors of CSA in relation to non-supportive significant adults documented in literature. To date, there exists no summary in literature on what is known on the experiences of women survivors of CSA in relation to non-supportive significant adults. As such, a scoping review was conducted on publications between 1980 and 2019 (January), 23 284 database articles and 1 696 journal articles were selected for the scoping review in accordance with the search terms, this added up to 24 980 publications for further analysis. After duplicates were removed and the exclusion criteria were applied, 985 articles were screened for possible inclusion by reading through the abstracts. A total of 145 were screened for full text review. Another 117 articles were sourced from reference lists of each full text that was screened. Finally, 56 articles were selected for inclusion in the review. Thematic analysis was conducted on the studies included. The results of this scoping review found three main themes describing the experiences of women survivors of CSA in relation to non-supportive significant adults. Theme one identified non-supportive behaviours experienced *before* disclosure or discovery of abuse. Theme two identified non-supportive behaviours experienced *during or after* disclosure or discovery of abuse. Theme three identified the long-term negative consequences of non-supportive experiences. These three themes support the findings of Freyd's (1994, 1996) betrayal trauma theory and Bowlby's (1969) attachment theory, extend on the global knowledge base of this topic and identify gaps for further exploration. It is recommended that further research be conducted to confirm these findings so as to ultimately inform viable interventions.

*Keywords: childhood sexual abuse, women adult, scoping review, South Africa, non-supportive significant adults, survivors*

## 2.1 Introduction

The aim of this study was to conduct a scoping review in order to identify and summarise available literature on the experiences of women survivors of CSA in relation to non-supportive significant adults, in order to expand the global knowledge base in this regard, and identify gaps to inform further research studies.

Childhood sexual abuse (CSA) is a widespread global crisis and is described as a unique and complex trauma. The global prevalence of CSA among girls is between 8 and 31% and for boys between 3 and 17% (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Hébert, Tourigny, Cyr, McDuff, & Joly, 2009; Ji, Finkelhor, & Dunne, 2013; Pereda, Guilera, Forns, & Gómez-Benito, 2009; Stoltenborgh, Van IJzendoorn, Euser, & Bakemans-Kranenburg, 2011). Further retrospective studies found the prevalence rates to be 18 to 22.1% for women and 7.6 to 13.8% for men (Hébert et al., 2009; Pereda et al., 2009; Stoltenborgh et al., 2011). Recently, the World Health Organisation (WHO) predicted that the CSA prevalence rate among boys and girls is the highest in Africa (Behere & Mulmule, 2013; Pereda et al., 2009).

In a recent study conducted by the Optimus Foundation (Artz et al., 2016) it was reported that in South Africa between 18,000 and 20,000 CSA cases are reported to the police annually. However, statistics provided by the South African Police Services are not deemed an accurate source, as many studies rely on retrospective reports, which are not reliable due to the fact that they rely solely on adult memory (Jewkes & Abrahams, 2002). As such, some authors argue that the data rates of reported CSA in South Africa are quite possibly under-estimated (Artz et al., 2016).

By recognising the need for nationally representative data the Optimus Study conducted the first nationally representative study in all nine provinces of South Africa, including a total of 9,717 young people (4,086 school participants and 5,631 household participants) and found the prevalence of sexual abuse to be 33.9% in girls and 36.8% in boys, by the age of 17 years (Artz et al., 2016). The above-mentioned findings thus strongly corroborate that CSA is indeed a

devastating social crisis for South Africa, leaving the survivor with long-term devastating outcomes.

According to James and Gilliland (2013) CSA is responsible for lasting damaging consequences in the lives of survivors and their adult functioning which is negatively affected in numerous ways. As such, CSA is associated with a wide range of mental health issues, sexual problems, and inter- and intrapersonal difficulties (Briere & Elliot, 1994; Cashmore & Shackel, 2013; Kealy, Rice, Spidel, & Ogrodniczuk 2018; Mathews, Abrahams, & Jeweks, 2013; Palverman et al., 2018; Ullman, Peter-Hagene, & Relyea, 2014). The above-mentioned findings are indicative of the devastating social crisis of CSA. In meta-analysis conducted by Paulucci, Genuis, and Violato (2001), clear evidence of the negative short and long-term effects of CSA were presented, although no statistically significant differences were reported when controlling for various potentially mediating variables such as gender. Similarly, a retrospective cohort study conducted by Dube and colleagues (2005) found that CSA significantly increased the risk of negative long-term consequences, where the magnitude of the increase was similar for men and women. However, women are more likely to have disclosed their abuse, report greater PTSD symptom severity, and were more likely to receive negative reactions upon disclosure than were men (Ullman & Filipas, 2005).

The ground-breaking paper of Finkelhor and Browne's (1985) reports on the Traumagenic Dynamics model of CSA explain that the unique CSA trauma is caused by the interaction of four dynamics in a sexual act. These are: (1) betrayal, (2) traumatic sexualisation, (3) powerlessness and (4) stigmatisation (Finkelhor & Brown, 1985). Another earlier researcher, Summit (1983), lay claim to The Child Sexual Abuse Accommodation Syndrome (CSAAS), in which he explained the trauma-causing factors of CSA. The CSAAS model consists of five themes which include: (1) secrecy; (2) helplessness; (3) entrapment and accommodation; (4) delayed, unconvincing disclosure; and lastly (5) retraction (O'Donohue & Benuto, 2012; Summit, 1983; Weiss & Alexander, 2013). According to Bussey (1995) the themes of the CSAAS model were drawn from the clinical accounts of victimisation associated with disclosure of sexual abuse, where the child's

allegations were disbelieved. Although these models explain the impact of CSA on the child's cognitive and emotional development related to the self, others and the world, it has been criticised for not being tested empirically (London, Buck, Wright, & Ceci, 2007). However, despite these limitations, these two models have been used widely in practice, and are cited by researchers globally to enhance the understanding of the trauma-causing factors of CSA and also with regard to the role of the non-offending adult. As such, the non-offending adult plays a crucial role in the long-term impact of CSA trauma.

The non-offending adult refers to an individual who is a primary caregiver of the child and does not deliberately participate in the sexual abuse (Cyr, McDuff, & Herbert, 2013). The pivotal role of the non-offending adult, is identified in literature as the: biological mother, stepmother, aunt, grandmother, father, or legal guardian. In most cases however, the mother is documented in the future long-term mental and emotional outcomes of the sexually abused child (Cohen, Deblinger, Mannarino, & Steer, 2004; Cummings, 2018; Cyr et al., 2013; Howard, 1993; Valle & Silovsky, 2002). When traumas involving abuse are perpetrated by a caregiver or someone close to the victim, the betrayal trauma theory (Freyd, 1994, 1996) suggests that it results in heightened distress when compared to abuse perpetrated by someone less central to the victim (Edwards, Freyd, Dube, Anda, & Felitti, 2012). In most cases when the victim of CSA chooses to disclose, they would do so to someone they trust, and who they believe can stop or prevent the abuse (Allnock & Miller, 2013; Lovett, 2004; Wager, 2013). According to Wager (2013) double betrayal may occur when the victim's disclosure is met with a negative response and where the significant adult(s) who is in a position to protect and/or prevent further abuse, fails to do so.

To date, many studies have been conducted to explore the role of such non-offending caregiver(s) or other significant adults who were in a position to, but neglected to prevent or protect the CSA victim (Adams, 1994; Bolen, 2002; Bolen & Lamb, 2008; Bolen, Dessel, & Sutter, 2015; Cyr, McDuff, & Herbert, 2013; Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989). Most studies on non-supportiveness have mostly focused on non-supportive disclosure (Alaggiam, 2004; Collings, 2005, 2006; DeYoung, 1994; Everson et al., 1989; Gries, Goh, Andrews, Gilbert, Praver, &

Stelzer, 2000), reactions to CSA from non-offenders (i.e. Adams, 1994; Avery, Massat, & Lundy, 1998; Bolen & Lamb, 2004, 2008; Elliot & Carnes, 2001; Godbout, Brier, Sabourin, & Lussier 2014; Strydom & Vermeulen, 2012), with very little research done on unawareness (failure to detect) by significant others (Godbout et al., 2014). As non-supportiveness still presents many limitations in terms of conceptualisation and inconsistent findings (Collings, 2005; Elliot & Carnes, 2001; Godbout et al., 2014) it is important to explore all possibilities of non-supportiveness, focusing on reactions in detection (before), disclosure (during), and protection (after), and the possible effects thereof, that such non-supportive significant others may have on women survivors of CSA.

Recently Fouché and Walker-Williams (2016) and Walker-Williams and Fouché (2017) recognised that many participants in an intervention for South African women survivors of CSA reported short and/or long-term effects caused by the lack of appropriate responsiveness of significant adults in protecting them prior to, during and after the CSA and/or preventing CSA. Due to the documented differences in terms of the short and long-term negative outcomes between women and men (Alexander, 1992; Briere, Runtz, Eadie, Bigras & Godbout, 2017; Fergusson, & Mullen, 1999; Hooper, Koprowska & McCluskey, 1997) and observations made by Fouché and Walker-Williams (2017) with regard to women survivors of CSA, the focus of this study is on women survivors of CSA.

To date no scoping review has been conducted to summarise what is known about this topic with a view to enhancing our understanding of the experiences of women survivors of CSA in relation to non-supportive significant adults. As such, the need was identified to conduct a scoping review to provide a summary of what is known from literature about non-supportiveness as experienced by female survivors of CSA, in order to expand the global knowledge base in this regard and to identify gaps so as to inform further research studies. The findings ultimately may contribute to theory and treatment practice and will also inform a coding framework for the qualitative secondary analysis of data transcripts from an intervention for South African women survivors of CSA, in manuscript two.

## 2.2 Theoretical framework

Non-supportive significant adults in the context of female survivors of CSA could be understood in relation to the betrayal trauma theory coined by Freyd (1994, 1996) and Bowlby's attachment theory (Bowlby, 1969). According to Freyd, Kelst, and Allard (2005) betrayal trauma can have damaging effects on the victim's well-being, and can impact the victim's sense of trust, relationships, self-concept, and beliefs about themselves, others and the world. Furthermore, Aspelmeier, Elliott, and Smith (2007) found that attachment security in peer and parent relationships protect against negative effects of CSA. Alexander (1992) states that long-term effects of sexual abuse appear to be judged by the level of support received from significant others. She further explains that although the effects of CSA are related to the nature and context of the abuse, it can be better understood in correlation with the importance of attachment relationships that occur concurrent with the abuse (Alexander, 1992). Thus the absence of protection from parents or primary caregivers at this time can in turn lead to a sense of abandonment as perceived by the child. In agreement to the previously mentioned, Summit (1983) further states that such abandonment (be it unawareness, non-responsive, or non-supportive behaviour) by the very adults most crucial to the child's protection and recovery (family and professionals alike), may drive the child into deeper self-blame, self-hate, alienation and victimisation. It appears that although parents confront the abuse upon discovery many react with denial and/or helplessness, hereby allowing the abuse to continue, and thus when confronted with the reality of the situation tend to victimise the child physically or verbally (James & Gilliland, 2013). Non-supportiveness from significant adults can thus have lasting negative outcomes on adult survivors, and in some cases the lack of such support is even more detrimental to the survivor than the sexual abuse itself (Adams, 1994; Bolen et al., 2015; Elliot & Carnes, 2001).

Bowlby (1969) defines attachment as a biological bond between the child and caregiver and states that the child's expectation of availability and responsiveness from an adult are developed during infancy and childhood. This bond serves as a protective function which the child uses as a means to safely explore his or her environment. The child identifies themselves as deserving and undeserving which is created through interactions perceived by the child and primary

attachment figures or caregivers, this process is also identified as the Internal Working Model (IWM) (Bowlby, 1973; Alexander, 1998). Hence it is this disruption in the IWM of the self and social functioning in the child which can assist in understanding the multitude of challenges experienced by survivors of CSA. As such, Bowlby (1973) found that attachment behaviours are activated during times of crises, which speaks to the impression that the reaction and support received from significant others during traumatic abuse can indeed contribute to the survivor's ability to cope with the abuse experience, and therefore reduce the chance of further victimisation.

In summary, the above-mentioned theoretical frameworks of betrayal trauma (Freyd, 1994, 1996) and attachment (Bowlby, 1973), suggest that responses from those closest to the victim in times of crises (usually the primary non-offending parental figure), play a pivotal role in how the victim will make sense of the emotional and cognitive effects of the abuse trauma (Alexander, 1992; Bowlby, 1973; Freyd et al., 2005; Summit, 1983; Wagner, 2003). As such, it assists us in understanding the non-supportive experiences of women survivors of CSA in relation to non-offending significant adults when attempting to recover from child sexual abuse.

### **2.3 Research question**

This study was guided by the following secondary research question: What could be learned from literature about women survivors of CSA's experiences in relation to non-supportive significant adults?

### **2.4 Methodology**

To answer the research question, the researcher conducted a scoping review in order to provide a summary of evidence from a range of studies and to investigate the extent of published research on women survivors' experiences of non-supportive significant adults. This was done by creating an outline to clarify the extent and quantity of available research on this specific topic of interest, identifying the gaps in literature and gathering subsequent research inquiries (Levac, Colquhoun, & O'Brien, 2010; Mashamba-Thompson & Khuzwayo, 2015).

Arksey and O'Malley (2005) developed a methodological framework with six stages as a guideline for conducting a scoping review. These six stages consist of: (1) identifying the research question in order to cover the extent of the literature, (2) identifying relevant studies from various sources, (3) study selection which involves inclusion and exclusion criteria, (4) charting the data by extracting it from the included studies, (5) analysis of the data by providing a descriptive thematic analysis, and (6) consultation with stakeholders to obtain additional understandings beyond those in the literature which will be used while conducting the scoping review (Levac et al., 2010). The analysis process and the protocol followed is available in Addendum A.

According to Levac et al. (2010) the insight and depth of knowledge that each professional brings to the study, its time efficiency, and the ability to provide a clear and apparent outline that allows the researcher to identify gaps, is what characterises the key strengths of this framework. Alongside these strengths the following challenges are reported that relate to the methodological framework for scoping reviews: (1) research questions that 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 (Levac et al., 2010). In relation to the proposed study, the strengths far exceed the limitations, which makes this framework ideal for use in this proposed study.

#### **2.4.1 Search Strategy: Scoping Review**

##### *Database and journal search*

According to Levac and colleagues (2010) electronic databases, reference lists as well as scientific journals are used to search for appropriate literature for the scoping review. The researcher consulted electronic databases which included EbscoHost (Academic Search Premiere; Africa-Wide Information; E-Journals; ERIC; PsycARTICLES; PsycINFO; SocINDEX), African Journals (previously SAePublications), and Science Direct (Social Sciences and Humanities). Academic journals that were reviewed are: *Journal of Child Sexual Abuse*; *Sexual*

*Abuse: A Journal of Research and Treatment*; and *Trauma, Violence and Abuse: A Review Journal* (*Child Abuse Review, Journal of Child Abuse and Neglect, and Child abuse research in South Africa* were screened, and ultimately excluded due to their correlation with database searches). Studies that reported on non-supportive experiences by significant adults reported by survivors of CSA were retrieved and thus qualified for inclusion.

In this scoping review, non-supportive significant adults are defined by the researcher as any non-offending adult or caregiver significant to the CSA survivor who:

- Is in a position to protect the CSA survivor but fails to do so, by not preventing the abuse from happening;
- Actively participates in the abuse or encourages the abuse;
- Does not believe the child who discloses (purposefully or accidentally), or who responds negatively to the disclosure or who passively or intentionally discourages disclosure;
- Does not make any attempt to stop further abuse or victimisation, and offers no or insufficient support in the recovery process;
- Acts or behaves in any manner that actively impedes the victim from disclosing the sexual abuse.

### *Inclusion Criteria*

The inclusion criteria for studies to be selected for this scoping review were based on a keyword search which included *non-supportiveness, non-supportive caregiver/ parent/ mother/ family, non-supportive disclosure, support, response, betray\*, protect\*, non-offender, non-offending caregiver/ parent/ mother/ family, child sexual abuse, survivors, and adult women*. Studies that were accepted for inclusion had to be English, peer reviewed and published between 1980 and January 2019. As recommended by Levac et al. (2010), the researcher consulted regularly with her supervisors, who are experts in the field of CSA, in order to assess whether the studies selected were suited to the purpose of the scoping review.

### *Exclusion criteria*

Any studies that reported on males (or did not clearly distinguish between genders), children under the age of 18 as victims of the CSA, and sexual offenders were excluded. Furthermore, studies that reported from the perspective of the non-offending caregiver, and those that exclusively addressed adult disclosures were also excluded. Publication types not accepted for this scoping review were training manuals or updates, 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.

### **2.4.2 Study Selection Process**

During the analysis 23,284 database articles and 1,696 journal articles were selected for the scoping review in accordance with the search terms. This added up to 24 980 publications for further analysis. Articles sourced from databases and journals were identified using the Boolean/phrases presented in Table 6. The articles sourced were exported to EndNote X8 (2016) and grouped together under the database or journal name. Once duplicates were removed and the exclusion criteria were applied, 985 articles were screened for possible inclusion by reading through the abstracts. A total of 145 were screened for full text review. Another 117 articles were sourced from reference lists of each full text that was screened. After a thorough analysis of 262 full text articles, 56 articles were selected for inclusion in the review (see Section B, Figure 1, p. 72 for flow diagram) which included quantitative ( $n = 31$ ), qualitative ( $n = 18$ ), mixed method ( $n = 6$ ) and meta-analysis ( $n = 1$ ) studies. It is noteworthy that although a critical appraisal is not necessary when conducting a scoping review (as with a systematic review), the researcher opted to conduct such an appraisal to improve the reliability of the scoping review.

Table 6

*Boolean/Phrases*

(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-offending caregiver OR non-offender OR non-offending parent)
(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (response) AND (non-offender OR non-offending caregiver OR parent OR mother OR family)
(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (support*) AND (non-offender OR non-offending caregiver OR non-offending parent OR mother OR family)
(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-supportive OR unsupportive) AND (disclosure)
(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (betray*) AND (non-offending caregiver OR non-offending parent OR mother OR Family)
(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (protect*) AND (non-offending caregiver OR non-offender OR non-offending parent OR mother OR family)
(women OR female OR woman OR females) AND (sexually abused as children)
(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (“adult women survivors” OR “adult female survivors”)

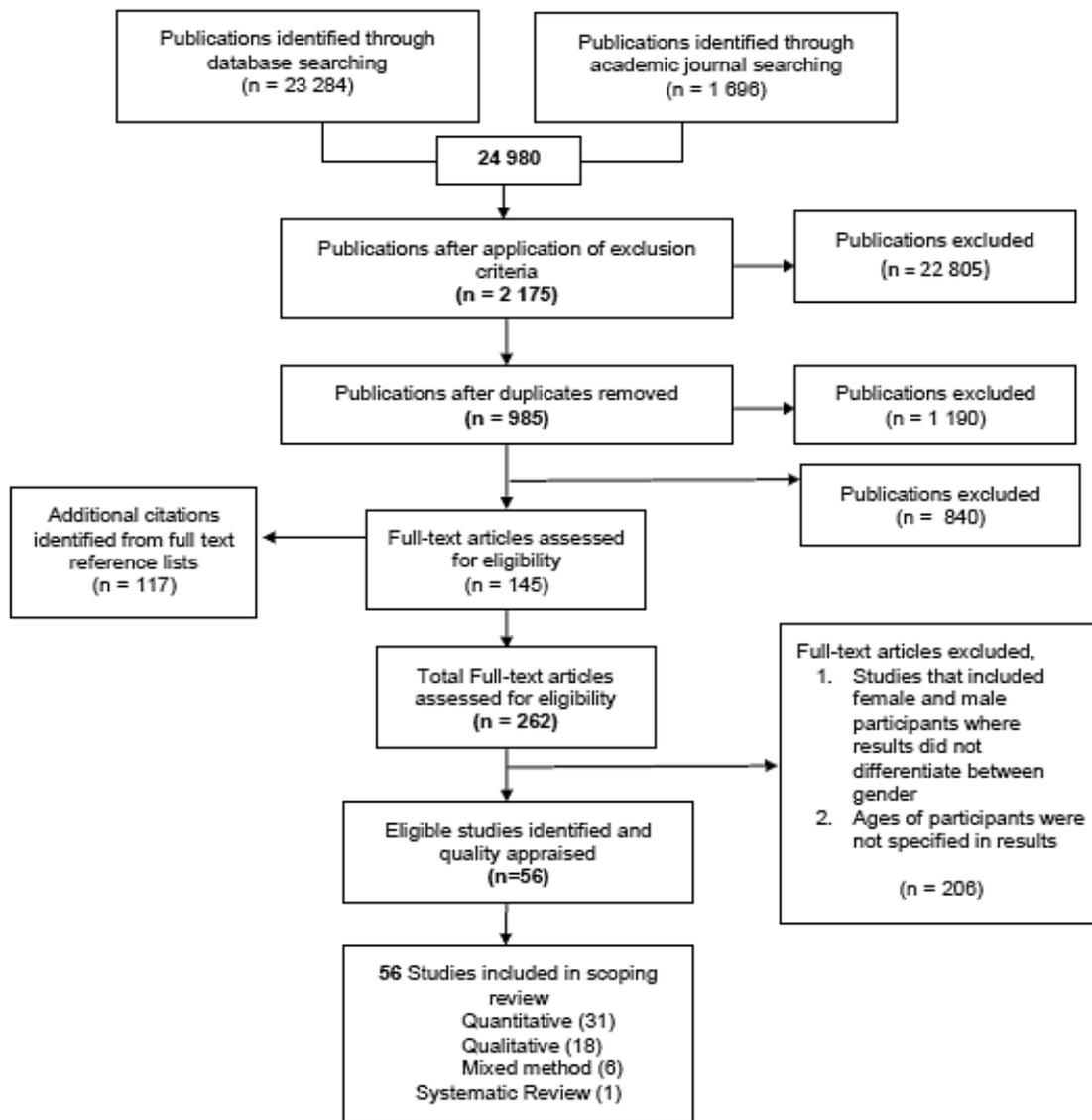


Figure 1. Study selection process - flow diagram

### 2.4.3 Charting the data

A data-charting form (Addendum C) was developed which determined what data to extract, only data that explored experiences of women survivors of CSA in relation to non-supportive significant adults were included in the data-charting form (Levac et al., 2010). The data-charting form included the following headings: author, publication year, title, country, research approach, method, participants, contextual factors of sample background, themes, sub-themes and open-ended coding and only findings and conclusions were extracted from these sources (Levac et al., 2010). Thematic analysis was employed in this study to focus on exploring themes

and discovering extensive descriptions of the data set. Coding was used to develop themes which were then interpreted to capture the complexities of meaning contained within the data sets (Nieuwenhuis, 2011a). The Atlas.ti 8 (2017) software programme was used as a tool in the data analysis process.

### *Critical Appraisal*

Critical appraisal tools provide analytical evaluations of the quality of the study, in particular the methods applied to minimise biases in a research project (Katrak, Bialocerkowski, Massy-Westropp, Kumar, & Grimmer, 2004). The researcher chose to conduct such an appraisal using Joanna Briggs Institute (JBI) (2017) critical appraisal tools to ensure the reliability of this scoping review and to ensure that articles in which themes emerged were not too heavily reliant on low-quality articles as indicated in Addendum C. Thus the appraisal did not lead to any exclusion of articles but was conducted to ensure reliability and quality assurance for the scoping review.

#### **2.4.4 Data Analysis: Collating and Summarising results**

In the studies selected for the scoping review, Braun and Clarke's (2006) six phases of thematic analysis was used to identify and analyse the themes related to non-supportive significant adults experienced by women survivors of CSA. Firstly, the researcher familiarised herself with the data by immersing herself in the literature and noting down initial codes. Codes were assigned to primary features within the data that related to experiences of CSA survivors in relation to non-supportive significant adults. Preliminary codes were then identified, followed by an interpretive analysis of the codes. These codes were then created as sub-categories, and then developed into potential themes. The themes were then reviewed by refining the initial themes. An ongoing analysis was done in order to further enhance the themes and finally, the analysis was converted into an interpretable report. Atlas.ti 8 (2017) was used as an assistive tool during this process as recommended by Levac and colleagues (2010). A report was then drawn up using Atlas.ti 8 (2017) to extract the presented themes. Reviewing and coding accordingly, with a written

investigation of the data, allowed for each theme's significance to be assessed. To assist in verifying the codes and themes, and performing the analysis, an independent coder with a Masters Degree in Psychology and experience in qualitative research, assessed the eligibility of the articles for inclusion. After a consensus discussion with the supervisors and the independent coder, three themes and five sub-themes were identified.

#### **2.4.5 Trustworthiness**

During the scoping review process clear guidelines were followed, pertaining to the study selection strategy, inclusion and exclusion criteria, and data analysis with a view to establish trustworthiness. To establish credibility, the researcher held consensus discussions with her supervisors and the independent coder in order to verify the results obtained and validate that the data analysis was clear (Marshall & Rossman, 2016; Nieuwenhuis, 2011b). By conducting a quality appraisal, reliability was also ensured within the study. Although it is not a requirement in a scoping review, the researcher was of the opinion that this would increase trustworthiness, and ensure that the chosen studies included and analysed were of good quality (O'Brien et al., 2016). To improve the transferability during the study, the researcher provided a thorough account of the researched topic and methodology, by consulting with experts in the field of CSA (supervisors) who examined the findings. Supervisors also ensured that the chosen studies met the inclusion and exclusion criteria, that the data collected was valid and that the research followed a stepwise process (Anney, 2014). Consultations with study supervisors were constantly held throughout the process to finalise the themes, and an independent coder (an experienced qualitative researcher with a Masters Degree in Psychology) verified the data analysis process so as to confirm that the interpretations were clear (Burnard, Gill, Stewart, Treasure, & Chadwick, 2008; Marshall & Rossman, 2016; Merriam, 2009). To improve the reliability of the study, the researcher opted to conduct a quality appraisal using the Joanna Briggs Institute's (JBI) (2017) critical appraisal tools. The independent coder also conducted an independent appraisal in this regard.

## 2.5 Findings

The findings from this scoping review are depicted in the diagrams that follow. The findings from the 56 studies that met the inclusion criteria and provided evidence of experiences in relation to non-supportive significant adults in women survivors of CSA were used. Of the selected studies, 31 were quantitative ( $n = 31$ ), 18 were qualitative ( $n = 18$ ), six were mixed-method studies ( $n = 6$ ), and one was a systematic review ( $n = 1$ ). The aim of this scoping review was to identify literature and provide a summary of women survivors of CSA's experiences in relation to non-supportive significant adults. Figure 2 depicts that the majority of studies were from developed countries such as the United States of America ( $n = 35$ ), Canada ( $n = 6$ ), UK ( $n = 3$ ), Australia ( $n = 3$ ), Sweden ( $n = 3$ ), Netherlands ( $n = 1$ ), Norway ( $n = 1$ ), and Hong Kong ( $n = 1$ ) with few studies arising from developing countries such as Taiwan ( $n = 2$ ), and Israel ( $n = 2$ ). No such studies were identified within a South African context. The number of studies for each sub-theme is visually represented in Figure 2 below.

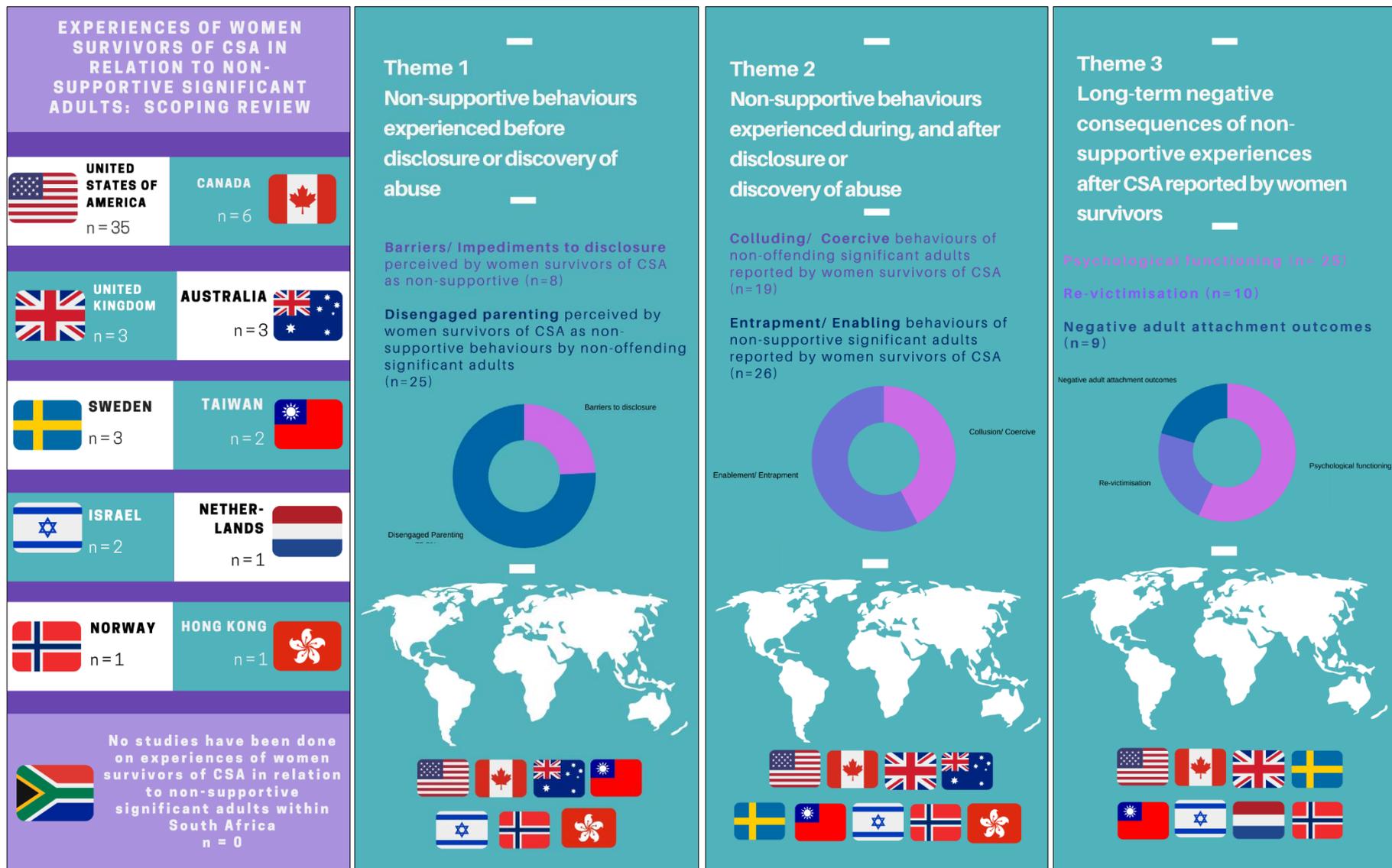


Figure 2: Studies on experiences of women survivors of CSA in relation to non-supportive significant adults per theme and per country

A framework depicting the non-supportive experiences reported by women survivors of CSA can be seen in Figure 3 below. This framework consists of three themes and seven sub-themes. Theme one identified non-supportive behaviours experienced *before* disclosure or discovery of abuse and included the following sub-themes: (1) Barriers/Impediments to disclosure, and (2) Disengaged Parenting. Theme two identified non-supportive behaviours experienced *during or after* disclosure or discovery of abuse and included two sub-themes: (1) Colluding/Coercing, and (2) Entrapment/ Enabling. Theme three identified the long-term negative consequences of non-supportive experiences and included: (1) Psychological functioning, (2) Re-victimisation, and (3) Negative adult attachment outcomes.

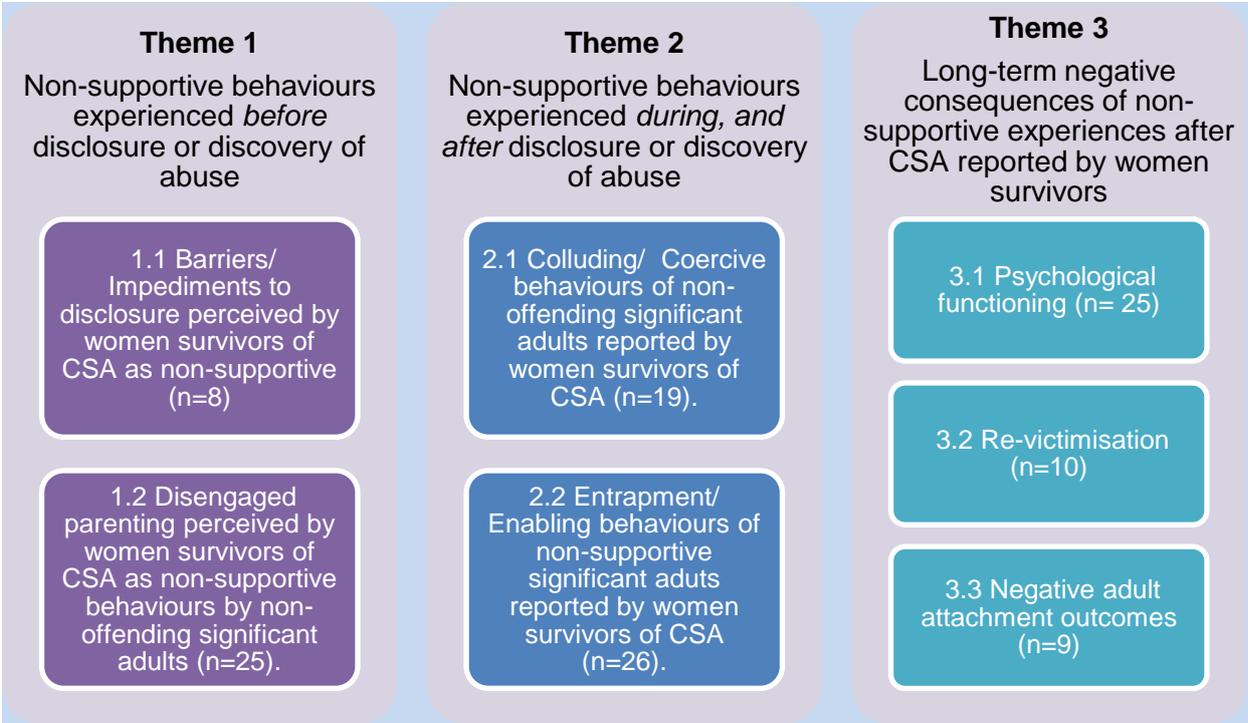


Figure 3. Framework for reported experiences of women survivors of CSA, pertaining to behaviours of non-supportive significant adults, before, during, and after abuse

**2.5.1 Theme 1: Non-supportive behaviours experienced *before* disclosure or discovery of abuse**

With regard to non-supportive behaviours before disclosure or discovery of sexual abuse by non-offending significant adults, experienced by women survivors of CSA, two sub-themes were

identified in the scoping review, namely: (1) Barriers or impediments to disclosure perceived as non-supportive behaviours and, (2) Disengaged parenting perceived by women survivors of CSA as non-supportive behaviours from non-offending significant adults. Non-supportive experiences before disclosure or discovery of CSA reported by women survivors indicated that behaviours of non-supportive significant adults inhibited childhood disclosure (Alaggia, 2010, Chien, 2005, 2006; Collin-Vézina, 2015; Tyagi, 2002).

**2.5.1.1 Barriers/ Impediments to disclosure perceived as non-supportive behaviours**

A total of eight studies (as depicted in Figure 2) reported that some survivors of CSA identified factors or behaviours from non-offending significant adults that influenced them to not disclose their victimisation (Table 7). These barriers to disclosure are: (1) A fear of consequences or negative reactions as a result of disclosure of CSA; and (2) cultural and familial influences. There are many factors that may have an influence on the disclosure proses (be it purposeful or accidental disclosure). However, for purposes of this study, the researcher only focused on factors exploring the behaviours of non-offending caregivers perceived as non-supportive actions that inhibited childhood sexual abuse disclosure.

Table 7

*Studies reporting on Barriers/ Impediments to disclosure*

<b>Barriers/ Impediments to disclosure</b>	
Factors or behaviours from non-offending significant adults that influence the victim to not disclose the abuse.	
Fear of consequences or negative reactions	Alaggia (2010) Chien (2005) Collin-Vézina, De La Sablonnière-Griffin, Palmer, & Milne, (2015) Mayhall (2014) Timraz, Lewin, Giurgescu, & Kavanaugh, (2019) Tyagi (2002).
Cultural and Family influences	Collin-Vézina, De La Sablonnière-Griffin, Palmer, & Milne, (2015) Hardy (2018) Timraz, Lewin, Giurgescu, & Kavanaugh, (2019)

<b>Barriers/ Impediments to disclosure</b>	
Factors or behaviours from non-offending significant adults that influence the victim to not disclose the abuse.	
	Tsun (1999) Tyagi (2002)

#### *Fear of consequences and negative reactions*

Collin-Vézina, Sablonnière-Griffin, Palmer, and Milne (2015) reported that an awareness of the impact of telling was inhibiting disclosure by participants, this included the fear of perceptions or reactions from others if they were to disclose. Other studies also indicated that these reactions were based on the fear of being disbelieved, rejected, or blamed for the abuse (Alaggia, 2010; Chien, 2015; Collin-Vézina et al., 2015; Timraz, Lewin, Giurgescu, & Kavanaugh, 2019; Tyagi, 2002). In a qualitative study by Mayhall (2014), one participant reported her fear of telling was her own interpretation of what would happen if she told. Her brother was removed from the home due to his behaviour and she feared the same would happen to her due to her belief that the abuse would be portrayed as her fault (Mayhall, 2014). In this instance, it can be seen that as a child the participant's home environment made her believe that she could not disclose the abuse due to the negative consequences relating to her brother's experience. Tyagi (2002) reported that all participants (n=12) stated that fear of consequences were factors that made them reluctant to disclose their abuse, and most chose to disclose the abuse to peers rather than to family. Similarly, two participants in a qualitative study (n=11), who decided not to disclose their abuse, was prompted by their fear of consequences, primarily fearing their mother's reaction (Chien, 2005). These studies thus indicate that certain behaviours of non-offending caregivers do not provide a supportive family environment for disclosure to take place.

#### *Cultural and Family factors that influence disclosure*

According to Tsun (1999), in a case study reporting on sibling incest, she found that factors such as patriarchal power structure, strong familial moral codes, and secrecy of family shame in the Chinese culture contributed to the victim's inability to disclose the acts and protect herself from

the abuse. Similarly, in Arab-American culture, survivors discussed the cultural barriers that prevented them from disclosing their abuse (Timraz et al., 2019). These cultural barriers included maintaining family ties, fear of ruining the family's reputation, secrecy and privacy, and male patriarchy and superiority (Timraz et al., 2019). Several studies found that family values play a large role in the child's willingness to disclose the sexual abuse (Hardy, 2018; Timraz et al., 2019; Tsun, 1999; Tyagi, 2002). Tyagi (2002) reported on family values which included protecting the family, privacy, maintaining a "good face" in the community, dishonouring the family, loyalty, respecting the elders, and showing obedience which all prevented disclosure. The family values appeared to impact the ability of the victim to disclose their abuse. Many participants reported that they lacked close relationships with family members, which caused them to not disclose their abuse, as they felt they had no-one to confide in (Hardy, 2018). As such, not only does family values impact disclosure, but also the family environment. According to Collin-Vézina and colleagues (2015) violence and dysfunction in the family, and power dynamics in terms of secrecy and containment were identified as barriers to disclosure.

#### ***2.5.1.2 Disengaged Parenting perceived by women survivors of CSA as non-supportive behaviours by non-offending significant adults***

Non-supportive behaviours are not always encountered upon disclosure or discovery of abuse. Many of the studies included in this review (n=25) and depicted in table 8 reported that non-supportiveness was also perceived as behaviour of the non-offending significant adult that allowed and enabled the abuse to happen in the first place, or to continue without intervention. These behaviours are perceived as detached or indifferent, and presented as: (1) Abandonment or absent parents, (2) Lack of understanding, knowledge or awareness of sexual abuse or impact thereof, (3) Egocentrism displayed by non-offending significant adult, (4) Parentification, (5) Disrupted or conflicted attachment experiences.

Table 8

*Studies reporting on disengaged parenting reported by survivors of CSA*

<b>Disengaged Parenting perceived by women survivors of CSA</b>	
Experiences of survivors where behaviours of non-offending significant adults were perceived to have allowed the abuse to happen or to continue. These behaviours are seen as detached or indifferent.	
Abandonment/ Absent parents enabling the CSA to happen	Alaggia (2010) Hardy (2018) Karakurt & Silver, (2014) Mayhall (2014) Monahan (2010) Tyagi (2002) Tsun (1999) Winnett (2012) Zinzow, Seth, Jackson, Niehaus, & Fitzgerald, (2010)
Lack of understanding/ knowledge/ awareness of sexual abuse or impact thereof	Chien (2008) Guelzow, Cornett, & Dougherty, (2002) Lorentzen, Nilsen, & Traeen, (2008) Tyagi (2002)
Egocentrism displayed by non- offending significant adult	Hunter (2015) Karakurt & Silver, (2014) Salter (2013) Testa Miller, Downs, & Panek, (1990)
Parentification	Chien (2005) Hunter (2015) Mayhall (2014) Monahan (2010) Tener (2017) Tyagi (2002) Winnett (2012)

<b><i>Disengaged Parenting perceived by women survivors of CSA</i></b>	
Experiences of survivors where behaviours of non-offending significant adults were perceived to have allowed the abuse to happen or to continue. These behaviours are seen as detached or indifferent.	
Disrupted/ Conflicted attachment experiences	Brenner & Ben-Amitay, (2015) Crowley & Seery, (2001) Guelzow, Cornett, & Dougherty, (2002) Hardy (2018) Leifer, Kilbane, & Grossman, (2001) Roesler & Wind, (1994) Salter (2013) Stroebel et al., (2013) Tyagi (2002) Wind & Silvern, (1994)

*Abandonment or absent parents enabling the CSA to happen*

Abandonment and absent parents were reported as a form of non-supportive behaviour experienced by many survivors of CSA. In most cases women reported that their mother's physical absence was one of the reasons why they felt unsupported and in many instances these women felt that it was a contributing factor to their abuse (Alaggia, 2010; Tyagi, 2002; Mayhall, 2014). Additionally, Zinzow, Seth, Jackson, Niehaus, and Fitzgerald (2010) explained that participants did not only attribute absence or abandonment in physical forms, but many experienced an absence in parenting due to the non-offending significant adult being unavailable due to illness, substance abuse, or depression. In this regard researchers explain that the experiences of absent parents can leave the victim feeling a sense of abandonment, loneliness, and neglect (Monahan, 2010; Tsun, 1999; Winnett, 2012). Furthermore, neglectful parents can also be seen as a catalyst for abuse, as many women were removed from familial homes and placed in foster homes where sexual abuse occurred or continued (Mayhall, 2014). In addition, Hardy (2018) states that a lack of protection and monitoring from significant adults leaves the child vulnerable and exposed to sexual abuse. Similarly, Karakurt and Silver (2014) found that participants reported a lack of monitoring and protection from mothers in childhood. These

behaviours perceived by survivors as abandonment and absent parenting leaves the victim vulnerable and alone in facing the abusive environment.

*Lack of understanding, knowledge, or awareness of sexual abuse or impact thereof*

Instances of non-offending significant adults lacking understanding or knowledge of sexual abuse was especially reported by survivors from high income cultural backgrounds, where talk about sex was seen as a taboo in communities (Chien, 2008; Tyagi, 2002). In other instances, these women felt unresolved anger towards their mothers especially, as they could not understand how their mothers could be unaware of the abuse (Chien, 2008). Survivors of CSA also reported that there were instances where non-supportiveness was experienced as a lack of understanding of the impact of the sexual abuse (Guelzow, Cornett & Dougherty, 2002; Lorentzen, Nilsen & Traeen, 2008).

*Egocentrism displayed by non-offending significant adult*

According to Testa and colleagues (1990), egocentrism was reported as non-supportive behaviours by women survivors of CSA, which refers to behaviours of non-supportive significant adults by focusing on their own wellbeing and interests instead of that of the victim. This was also seen in a study where survivors reported non-offending significant adults as resenting or being jealous of the father-daughter relationship (in instances of incestuous abuse) (Karakurt & Silver, 2014; Salter, 2013). Hunter (2015) also described instances of egocentrism where victims of CSA were forced to choose the outcome of abuse after disclosure. These behaviours are seen as disengaged parenting due to the adverse choices or actions placed upon young victims where they might not be in a position to make such difficult choices and decisions or understand the non-supportive behaviours.

### *Parentification*

Mayhall (2014) identified themes of parentification in a case study of four participants. Parentification was reported in instances where survivors reported having no strong mother figure and being forced to stand in their role as the parent (Chien, 2005; Mayhall, 2014; Tyagi, 2002). These behaviours could also be seen as examples of where victims felt obligated to protect the non-offending parent instead of being protected themselves (Hunter, 2015; Monahan, 2010; Tener, 2017; Tyagi, 2002; Winnett, 2012).

### *Disrupted/ Conflicted attachment experiences*

Low levels of support were reported as detached and disturbed familial relationships by survivors of CSA (Guelzow et al., 2002; Leifer, Kilbane & Grossman, 2001). In a quantitative study by Stroebel, Kou, O'Keefe, Beard, Swindell, and Kommor (2013), low maternal affection and being distant from mothers as a risk factor incest were identified. Similarly, Wind and Silvern (1994) found that perceived lower levels of parental warmth were linked to higher levels of psychopathology following CSA. In instances where relationships with non-offending mothers were described as emotionally unavailable, lacking in closeness or absent, survivors reported feeling judged and unsupported by non-offending significant adults (Tyagi, 2002). In a case study by Salter (2013), unmet emotional needs from the non-offending mother appeared to drive the victim towards the perpetrator (father) for need fulfilment, resulting in further abuse. In this case the perpetrator (father) provided love and affection which the mother withheld. Similarly, survivors reported non-supportive behaviours in terms of a lack of parental caring, which was characteristic of families in which CSA victims did not receive any support (Leifer et al., 2001; Tyagi, 2002; Wind & Silvern, 1994). Alongside these perceived behaviours, survivors also reported feeling unsupported by non-offending significant adults where they were ignored or treated indifferently (Brenner & Ben-Amitay, 2015; Crowley & Seery, 2001; Guelzow et al., 2002; Roesler & Wind, 1994).

## **2.5.2 Theme 2: Non-supportive behaviours experienced during or after disclosure or discovery of sexual abuse**

With regards to non-supportive behaviours during or after disclosure or discovery of sexual abuse by non-offending significant adults, experienced by women survivors of CSA, two sub-themes were identified in the scoping review, namely: (1) Collusion or coercion behaviours of non-supportive significant adults reported by women survivors of CSA and, (2) Entrapment or enablement behaviours of non-supportive significant adults.

### ***2.5.2.1 Collusion/ coercion behaviours of non-supportive significant adults reported by women survivors of CSA***

Table 9 depicts a total of nineteen studies (n = 19) that indicated some form of collusion or coercion behaviour by non-supportive significant adults as perceived by women survivors of CSA, resulting in further harm or victimisation. Colluding or coercing behaviours can be defined as actions that were experienced by survivors as intentionally harmful or deliberate by the hands of the non-offending significant adult (Cavanaugh et al., 2015; Chien, 2005, 2008). These behaviours are indicated as: (1) Non-offending significant adult conspiring with perpetrator, (2) Adverse or aggressive behaviour following disclosure/ discovery; (3) blaming or stigmatising the victim. Table 8 gives an indication of the sub-themes that emerged from this theme in the scoping review.

Table 9

*Studies reporting on collusion and coercion behaviours reported by survivors of CSA*

<b>Collusion/ Coercion behaviours of non-supportive significant adults</b>	
Experiences of survivors where non-offending significant adults were perceived to either collude with- or coerce the perpetrator to abuse. Non-offending significant adult being present during abuse. Behaviour was seen as deliberate or intentionally harmful toward the survivor.	
Non-offending significant adult conspiring with perpetrator	Cavanaugh, Harper, Classen, Palesh, Koopman, & Spiegel, (2015) Crowley & Seery, (2001) Middleton (2013) Winnett (2012)
Adverse or aggressive behaviour following disclosure/ discovery	Bagley & Young, (1999) Brenner & Ben-Amitay, (2015) Cavanaugh, Harper, Classen, Palesh, Koopman, & Spiegel, (2015) Collin-Vézina, De La Sablonnière-Griffin, Palmer, & Milne, (2015) Crowley & Seery, (2001) Glamb (2011) Hunter (2015) Mayhall (2014) Roesler & Wind, (1994) Salter (2013) Testa, Miller, Downs, & Panek, (1990) Timraz, Lewin, Giurgescu, & Kavanaugh, (2019) Tsun, (1999) Ussher & Dewberry, (1995) White (2013)

**Collusion/ Coercion behaviours of non-supportive significant adults**

Experiences of survivors where non-offending significant adults (NOSA) were perceived to either collude with- or coerce the perpetrator to abuse. Non-offending significant adult being present during abuse. Behaviour was seen as deliberate or intentionally harmful toward the survivor.

Blaming or stigmatizing the victim for abuse

Bagley & Young, (1999)  
Cavanaugh, Harper, Classen, Palesh, Koopman, & Spiegel, (2015)  
Chien (2005)  
Collin-Vézina, De La Sablonnière-Griffin, Palmer, & Milne, (2015)  
Glamb (2011)  
Hunter (2015)  
Roesler & Wind, (1994)  
Testa, Miller, Downs, & Panek, (1990)  
Timraz, Lewin, Giurgescu, & Kavanaugh, (2019)  
Waller & Ruddock, (1993)  
Winnett (2012)

*Non-offending significant adult conspiring with perpetrator*

For many survivors a lack of support goes beyond experiences of violence and aggression from the perpetrator but can also refer to interactions with the non-offending significant adult after discovering the abuse. Cavanaugh et al. (2015) reported in a qualitative study of 44 female survivors that many women experienced violence and aggression from the non-offending significant adult. In one particular instance a participant reported that her mother was present during the abuse but offered no support (Cavanaugh et al., 2015). Similarly, in a case reported by Middleton (2013) all participants (n = 10) reported that their mothers witnessed the abuse and allowed the abuse to continue. Alongside experiences of not receiving support from non-offending significant adults, many women reported significant adults participating in the abuse and encouraging the abuse. One participant from a study by Cavanaugh and colleagues (2015) reported additional physical abuse from her mother for not wanting to participate in sexual acts with her mother’s boyfriend. Middleton (2013) further states that 70% of participants reported their mothers being directly involved in some aspect of the sexual abuse, and in 30% of the cases

women reported their mother directing the father to sexually abuse their daughter. In a mixed method study (n=88) by Crowley and Seery (2001), many survivors reported that family members colluded with the perpetrator, stating that many members knew of the abuse, or were subsequent victims, but failed to offer any support when the abuse was disclosed. Similarly, Middleton (2013) reports that many non-offending significant adults were perceived as supporting the perpetrator upon disclosure or discovery of the sexual abuse. Winnet (2012) states that in those cases where the significant adult failed to protect the victim and participated in the sexual abuse, a breakdown occurred in the child's caregiving system, and a higher degree of betrayal was experienced.

#### *Adverse or aggressive behaviour following disclosure*

The majority of studies included in this review (n = 15) reported that women survivors experienced adverse or aggressive behaviour from the non-offending significant adult following discovery of the sexual abuse. These adverse reactions included experiences of non-offending significant adults reacting with violence, punishment, or further abuse and also responding with anger or rejection. Many of these studies indicated a lack of support in terms of the non-offending significant adult responding to the discovery or disclosure of the sexual abuse with some form of punishment, violence, or abuse (verbal or physical) (Collin-Vézina et al., 2015; Crowley & Seery, 2001; Glamb, 2011; Hunter, 2015; Mayhall, 2014; Salter, 2013; Testa, Miller, Downs, & Panek, 1990; Timraz et al., 2019; Ussher & Dewberry, 1995; White, 2013). Alongside these aggressive behaviours from non-offending significant adults, many experiences of non-supportive significant adults' behaviour are reported as adverse responses toward the abuse of the victim where anger or rejection was perceived by women survivors (Bagley & Young, 1999; Brenner & Ben-Amitay, 2015; Cavanaugh et al., 2015; Collin-Vézina et al., 2015; Crowley & Seery, 2001; Roesler & Wind, 1994; Timraz et al., 2019; Tsun, 1999; White, 2013).

#### *Stigmatisation and blaming the victim for abuse*

Looking back at the responses to disclosure or discovery of sexual abuse, many behaviours of non-offending significant adults were perceived as harmful in terms of the stigmatising and

blaming reactions experienced by the survivors during this time (Bagley & Young, 1999; Cavanaugh et al., 2015; Chien, 2005; Collin-Vézina et al., 2015; Glamb, 2011; Hunter, 2015; Mayhall, 2014; Roestler & Wind, 1994; Testa et al., 1990; Timraz et al., 2019; Waller & Ruddock, 1993; Winnett, 2012). Accusing the victim of the sexual abuse, or stating that the victim brought the abuse upon herself is seen as non-supportive behaviour, as it has harmful negative effects on the victim's perception of herself and the abuse experience (Waller & Ruddock, 1993) and may result in future non-disclosure (Chien, 2005; Collin-Vézina et al., 2015), psychopathology (Waller & Ruddock, 1993), and in turn negatively impact their therapeutic progress of recovery (Bagley & Young, 1999).

#### ***2.5.2.2 Entrapment or enablement behaviours of non-supportive significant adults reported by women survivors of CSA***

As seen in table 10, a total of twenty-six (n = 26) studies were indicative of experiences of women survivors of CSA reporting that non-supportive significant adults enabled their sexual abuse or caused them to feel entrapped in the abuse. In many cases these behaviours were perceived as unintentional and passively entrapping the victim in the abusive environment and hereby allowing the abuse to continue. According to literature, these non-supportive behaviours include: (1) Minimisation and silencing of abuse, (2) Betrayal by non-supportive significant adult, (3) Disbelief and denial from non-offending significant adult that abuse had occurred, (4) Non-offending significant adult compliant with perpetrator (5) Inaction/ Indifference after discovery or disclosure of abuse.

Table 10

*Studies reporting on entrapment and enablement behaviours reported by survivors of CSA*

<b>Entrapment/ Enablement behaviours of non-supportive significant adults</b>	
Experiences of survivors where behaviours of non-offending significant adults were perceived to either entrap the victim in the abusive environment or enable the abuse to continue. These behaviours are often experienced as unintentional or <i>passive perpetration</i> by non-offending significant adults.	
Minimisation and silencing of abuse	Crowley & Seery, (2001) Hunter (2015) Lorentzen, Nilsen, & Traeen, (2008) Mayhall (2014) Tener (2017) Testa, Miller, Downs, & Panek, (1990) Ussher & Dewberry, (1995) White (2013)
Betrayal by non-supportive significant adult	Karakurt & Silver (2014) Tsun (1999)
Disbelief and denial from non-offending significant adult that abuse occurred	Cavanaugh, Harper, Classen, Palesh, Koopman, & Spiegel, (2015) Chien (2005) Crowley & Seery, (2001) Glamb (2011) Hunter (2015) Jonzon & Lindblad, (2004) Mayhall (2014) Monahan (2010) Stoler (2001) Tener (2017) Testa, Miller, Downs, & Panek, (1990) Timraz, Lewin, Giurgescu, & Kavanaugh, (2019) Tsun (1999) Ussher & Dewberry (1995) Waller & Ruddock, (1993) Winnett (2012)

**Entrapment/ Enablement behaviours of non-supportive significant adults**

Experiences of survivors where behaviours of non-offending significant adults were perceived to either entrap the victim in the abusive environment or enable the abuse to continue. These behaviours are often experienced as unintentional or *passive perpetration* by non-offending significant adults.

<p>Non-offending significant adult compliant with perpetrator</p>	<p>Herman (2005) Hunter (2015) Monahan (2010) Salter (2013) Tener (2017)</p>
<p>Inaction or indifference after discovery or disclosure of abuse</p>	<p>Arata (1998) Cavanaugh, Harper, Classen, Palesh, Koopman, &amp; Spiegel, (2015) Chien (2005) Chien (2008) Crowley &amp; Seery, (2001) Glamb (2011) Herman (2005) Hunter (2015) Karakurt &amp; Silver, (2014) Lorentzen, Nilsen, &amp; Traeen, (2008) Mayhall (2014) Middleton (2013) Monahan (2010) Salter (2013) Simmel, Postmus, &amp; Lee, (2012) Testa, Miller, Downs, &amp; Panek, (1990) Ussher &amp; Dewberry, (1995) Waller &amp; Ruddock, (1993) White (2013) Winnett (2012)</p>

*Minimisation or silencing of sexual abuse*

For many survivors exiting the abusive environment was difficult or in many cases unlikely. These women reported that they perceived family members to normalise the abuse or minimise the severity thereof (Crowley & Seery, 2001; Lorentzen et al., 2008; Testa et al., 1990; White, 2013).

These behaviours by non-supportive significant adults were presented where the victim was accused of not knowing what they are talking about (Mayhall, 2014) or that they had misunderstood the event (Crowley & Seery, 2001). Crowley and Seery (2001) further state that survivors reported significant adults responding to the abuse in an unsupportive manner by rejecting their disclosure or underestimating the severity of the abuse experience. Earlier researchers, Ussher and Dewberry (1995), reported that in some cases the victims were told upon disclosure that it was too late to disclose or report the abuse. In a more recent qualitative study (n=20) by Tener (2017), some participants reported that their thoughts and feelings about the abuse were seen as insignificant, and in many cases they were forced to uphold a normative public facade, hereby entrapping them within the abusive environment. In many cases these behaviours were also seen as forms of silencing or tactics to ensure cooperation, where many non-offending significant adults encouraged the victim not to disclose the abuse (Crowley & Seery, 2001; Hunter, 2015; Lorentzen et al., 2008; Tener, 2017; Ussher & Dewberry, 1995).

#### *Betrayal by non-offending significant adult*

Numerous women survivors do not only suffer betrayal at the hands of the perpetrator, but also report that the lack of support from the non-offending significant adult made them feel betrayed. Alaggia (2010) found that women who reported attempting to disclose at the time of abuse or shortly thereafter, received consistently insensitive responses. In contrary, Ullman and Filipas (2005) state that women reporting longer duration sexual abuse experiences were more likely to receive negative responses when they disclosed the abuse. These women were also more likely to blame the non-offending family for the abuse (Zinzow et al., 2010). In two cases studies, spanning over decades by Tsun (1999) and Karakurt and Silver (2014), women reported that the lack of protection from their mothers, by not stopping the abuse made them feel betrayed.

#### *Disbelief and denial that abuse had occurred*

In many studies women survivors experienced a lack of support by not being believed by the non-offending significant adult and by being accused of lying, or fabricating the sexual abuse, or

seeking attention (Cavanaugh et al., 2015; Glamb, 2011; Mayhall, 2014; Testa et al., 1990; Timraz et al., 2019; Tsun, 1999; Ussher & Dewberry, 1995; Waller & Ruddock, 1993; Winnett, 2012). In some cases survivors reported that the non-offending significant adults refused to acknowledge that the abuse had happened, or denied that the perpetrator could be capable of such behaviour (Cavanaugh et al., 2015; Crowley & Seery, 2001; Monahan, 2010; Tener, 2017; Timraz et al., 2019). Jonzon and Lindblad (2004), subsequently found that the degree of closeness to the perpetrator was linked to the victim being disbelieved, especially seen in cases of incestuous sexual abuse, where victims were more likely to be disbelieved. These negative reactions from non-supportive significant adults also influenced the victims' decision for future disclosure (Chien, 2005; Hunter, 2015), where disbelieved victims were more reluctant to disclose their abuse again after initially being disbelieved. Furthermore, Stoler (2001) states that survivors who reported being disbelieved in childhood displayed a higher indication of delayed memories of the sexual abuse.

#### *Non-offending significant adult compliant with perpetrator*

Perpetrators are known to use many tactics to ensure continuation of the sexual abuse. These tactics are not only directed at the victim but also at the extended family. A body of research over decades found that many survivors reported abusive childhood family environments (Collin-Vézina et al., 2015; Timraz et al., 2019; Tsun, 1999, Tyagi, 2002), consequently the non-offending significant adult is in many cases also a victim of their own abuse. In such cases of abusive environments, the non-offending significant adult appears submissive towards the perpetrator and in many cases becomes compliant to the victim's abuse, hereby allowing the abuse to continue without the ability to offer support (Herman, 2005; Hunter, 2015; Monahan, 2010; Tsun, 1999; Salter, 2013). Moreover, Tener (2017) found that these compliant behaviours by non-offending significant adults create an environment in which the perpetrator becomes idolised and a negative public identity of the victim is created and reinforced, resulting in the absence of disclosure.

*Inaction or indifference after abuse has been discovered or disclosed*

In most studies (n=20) reporting on enabling or entrapment experienced by survivors of CSA, non-supportive behaviour was perceived as the inability of non-offending significant adults to act in a supportive manner upon the discovery or disclosure of the abuse, hereby allowing the abuse to continue (Arata, 1998; Cavanaugh et al., 2015; Chien, 2005; Chien, 2008; Crowley & Seery, 2001; Glamb, 2011; Herman, 2005; Hunter, 2015; Karakurt & Silver, 2014; Lorentzen et al., 2008; Mayhall, 2014; Middleton, 2013; Monahan, 2010; Salter, 2013; Simmel, Postmus & Lee, 2012; Testa et al., 1990; Ussher & Dewberry, 1995; Waller & Ruddock, 1993; White, 2013; Winnet, 2012). In many cases survivors spoke about inaction from non-offending significant adults upon discovery or disclosure of abuse (Chien, 2008; Glamb, 2011; Herman, 2005; Middleton, 2013; Simmel et al., 2012; Ussher & Dewberry, 1995; Waller & Ruddock, 1993; White, 2013). Arata (1998) found that older women reported more negative reactions from mothers when their abuse was disclosed in childhood. Similarly, an earlier study by Roesler and Wind (1994) reported that younger victims who disclosed in childhood were more likely to receive negative reactions from their non-offending significant adults.

Indifference and inaction were also reported by survivors as the inability of non-offending significant adults to offer any emotional or practical responses following disclosure by the victim (Waller & Ruddock, 1993). For others, this enabling behaviour presented in the belief that the non-offending significant adult knew about the ongoing abuse but failed to act upon it and thus failed to offer protection or safety (Hunter, 2015; Winnett, 2012). In a quantitative study by Arata (1998) there were minimal reports of intervention after disclosure of abuse by participants (n=204). Crowley and Seery (2001), and Mayhall (2014) indicated that many survivors reported that the non-offending significant adult simply did not want to interfere or be involved in any actions following disclosure of the abuse. Other instances of inaction or indifference was the belief that the non-offending significant adult (usually the mother) was unable to handle the disclosure or was unable to provide any action due to their submissive relationship with the perpetrator (Cavanaugh et al., 2015; Chien, 2005; Salter, 2013). These behaviours were seen as enabling or

entrapment, as their actions offered no support and allowed the abuse to continue (Karakurt & Silver, 2014; Lorentzen et al., 2012; Monahan, 2010; Testa et al., 1990).

**2.5.3 Theme 3: Long-Term Negative Consequences of non-supportive experiences reported by women survivors after CSA**

Table 10 refers to CSA as being known to have many short and long-term negative effects on survivors. In most articles identified in the scoping review (n = 39), survivors of CSA reported that non-supportiveness had negative consequences or outcomes. These negative outcomes include the following: (1) psychological functioning, (2) re-victimisation, and (3) negative adult attachment outcomes

Table 11

*Studies reporting on long-term negative consequences of non-supportive experiences perceived by women survivors of CSA*

<b>Consequences of non-supportive experiences</b>	
<b>Implications after CSA survivors perceived a lack of support from non-offending significant adults. Negative responses leading to negative outcomes</b>	
Psychological functioning (Trauma symptoms/ dissociation/ PTSD/ delayed memories/ health etc.)	Arata (1998) Bagley & Young, (1999) Everill & Waller, (1995) Glamb (2011) Glover et al., (2010) Guelzow, Cornett, & Dougherty, (2002) Holt (2007) Jonzon (2006) Jonzon & Lindblad, (2005) Kennedy & Prock (2016) Lange, DeBeurs, Dolan, Lachnit, Sjollem, & Hanewald, (1999) Marquee-Flentje (2017) McMillen & Zuravin, (1997) Merrill, Thomsen, Sinclair, Gold, & Milner, (2001) O'Rinn, Lishak, Muller, & Classen, (2012)

<b>Consequences of non-supportive experiences</b>	
<b>Implications after CSA survivors perceived a lack of support from non-offending significant adults. Negative responses leading to negative outcomes</b>	
	Palo & Gilbert, (2015) Stoler (2001) Ullman & Filipas, (2005) Ussher & Dewberry, (1995) Waller & Ruddock, (1993) Williams (1995) Wind & Silvern (1994) Winnett (2012) Zinzow, Seth, Jackson, Niehaus, & Fitzgerald, (2010) Zlotnick et al., (1995)
Re-victimisation	Brenner & Ben-Amitay, (2015) Chien (2005) Collin-Vézina, De La Sablonnière-Griffin, Palmer, & Milne, (2015) Glamb (2011) Jankowski, Leitenberg, Henning, & Coffey, (2002) Jonzon (2006) Lorentzen, Nilsen, & Traeen, (2008) Mayhall (2014) Roesler & Wind, (1994) Simmel, Postmus, & Lee, (2012)
Negative adult attachment outcomes	Chien (2008) McMillen & Zuravin (1998) Monahan (2010) Murphy et al., (2014) Newman-Lubell & Peterson, (1998) O'Rinn, Lishak, Muller, & Classen, (2012) Tener (2017) Tyagi (2002) Zinzow, Seth, Jackson, Niehaus, & Fitzgerald, (2010)

### **2.5.3.1 Psychological Functioning**

Many of the studies identified in the scoping review indicated that the perceived level of support by CSA survivors strongly impacted their psychological functioning in late adolescence or

adulthood, especially in terms of psychopathological symptoms (Guelzow et al., 2002; Marquee-Fleintjies, 2017). Negative responses and a perceived lack of support from significant adults indicated higher levels of posttraumatic stress disorder (PTSD), anxiety, depression, other symptomology, negative health outcomes, lower levels of self-esteem and adult adjustment (Everill & Waller, 1995; Glover et al., 2010; Jonzon, 2006; Kennedy & Prock, 2016; Lange et al., 1999; Palo & Gilbert, 2015; Ullman & Filipas, 2005; Wind & Silvern, 1994; Winnett, 2012). Moreover, higher levels of dissociation (Everill & Waller, 1995), somatic symptoms (Kennedy & Prock, 2016), borderline personality-, and eating disorders (Waller & Ruddock, 1993) have been reported by women survivors who indicated a lack of support from significant adults. Male and female survivors reported similar levels of negative reactions, although females reported higher levels of self-blame attributed to receiving negative reactions upon disclosure (Kennedy & Prock, 2016; Ullman & Filipas, 2005).

Alongside these negative psychological outcomes, Bagley and Young (1999) found that women reporting a lack of supportive significant adults, displayed poorer therapeutic progress than women who reported feeling supported. Combined abuse survivors, who suffered multiple forms of abuse alongside sexual abuse, reported more negative perceptions of support, and reported more severe negative consequences with the first disclosure of the sexual abuse incident (Glamb, 2011; Holt, 2007; Jonzon & Lindblad, 2004; Ullman & Filipas, 2005). Furthermore, Stoler (2001) and Williams (1995) found that negative disclosure experiences had a strong link to delayed memories of abuse experiences. Women who reported receiving lower levels of abuse-specific support, reported higher levels of self-blame (Glamb, 2011; Kennedy & Prock, 2016; Ullman & Filipas, 2005). These levels of blame or betrayal appeared to contribute to the non-offending family, and also resulted in higher levels of psychopathology as indicated by O'Rinn, Lishak, Muller, and Classen (2012), and Zinzow and colleagues (2010). Although many of these studies were indicative of a strong link between perceived lack of support and negative psychological outcomes, other studies found that reactions to disclosure or levels of perceived support from others had a lesser impact on outcomes of abuse (Arata, 1998; Holt, 2007; Jonzon, 2006; Jonzon

& Lindblad, 2005; Merrill, Thomsen, Sinclair, Gold, & Milner, 2001; Ussher & Dewberry, 1995; Zlotnick et al., 1995).

### **2.5.3.2 Re-victimisation**

Whenever a victim of CSA is met with non-supportive responses toward their abuse experience, it renders them vulnerable to re-victimisation and permits the sexual abuse to continue (Chien, 2005 & 2008; Glamb, 2011; Jonzon, 2006; Lorentzen et al., 2008; Roesler & Wind, 1994). Furthermore, when little or no support is received during childhood victimisation it, appears to continue, resulting in reported levels of higher re-victimisation in adulthood (Brenner & Ben-Amity, 2015; Simmel et al., 2012). Contrary to these findings, Jankowski, Leitenberg, Henning, and Coffey (2002) found that higher levels of parental caring perceived by survivors of CSA did not appear to buffer against re-victimisation. What is concerning though, is that victims who experience a lack of support in childhood are indeed at higher risk for further re-victimisation and even more concerning is that many women thus indicated that they would not disclose the sexual abuse again (Chien, 2005; Collin-Vézina et al., 2015; Mayhall, 2014; Simmel et al., 2012).

### **2.5.3.3 Negative adult attachment outcomes**

Murphy and colleagues (2014) found that a large portion of participants (72%) who reported negative supportive experiences indicated higher frequencies of unresolved or unclassified adult attachment outcomes (a rate similar to be expected for adults with PTSD and abuse histories). Familial blame (especially directed toward the mother) was frequently reported, where women survivors expressed blame and anger toward the non-offending significant adult for not stopping the abuse, offering protection or support during this time of need (Chien, 2008; McMillen & Zuravin, 1997, 1998; Monahan, 2010; Newman-Lubell & Peterson, 1998; O'Rinn et al., 2012; Tener, 2017; Zinzow, et al., 2010). A larger decrease in non-offending familial blame was presented with more supportive experiences reported by survivors (McMillen & Zuravin, 1998). Contrary to the above, Tyagi (2002) stated that survivors reported unresolved anger toward the non-offending significant adult but did not blame them for the abuse. Zinzow and colleagues (2010) reported that familial blame directed toward those that did not offer support upon discovery

or disclosure of abuse strongly related to inter-familial abuse. As such, more negative responses toward sexual abuse were received in cases of poly-incestuous abuse, where the victim was abused by more than one family member (Crowley & Seery, 2001). In numerous instances of inter-familial abuse, it was reported that women survivors, perceived lower levels of support, especially from their mothers (Guelzow et al., 2002; Jonzon & Lindblad, 2004). Contrarily, Ullman and Filipas (2005) found that a less well-known victim-offender relationship received a greater negative response from a non-offending significant adult.

## 2.6 Discussion

The aim of this scoping review was to identify what could be learned from literature about the non-supportive experiences of women survivors of CSA. This study provides a useful summary of the experiences of women survivors of CSA in relation to non-supportive significant adults as reported in literature and was translated into a conceptual framework as depicted in Figure 4 below. Although it is acknowledged that the search strategy used in this study may have overlooked some studies, 56 studies were identified regarding experiences of non-supportive significant adults in women survivors of CSA. The majority of studies were quantitative (n = 31) focussing on clinical samples. Additionally, many of the qualitative studies (n = 18) conducted were based on small sample sizes. Considering the research objectives of this scoping review, the researcher was able to: (a) provide a comprehensive overview of the existing literature and produce key messages of current publications, and (b) identify key themes within literature on the experiences of women survivors of CSA in relation to non-supportive significant adults.

The results of this scoping review found three main themes describing the experiences of women survivors of CSA in relation to non-supportive significant adults. Theme one identified non-supportive behaviours experienced *before* disclosure or discovery of abuse. Theme two identified non-supportive behaviours experienced *during or after* disclosure or discovery of abuse. Theme three identified the long-term negative consequences of non-supportive experiences. These three themes support the findings of Freyd's (1994, 1996) betrayal trauma theory and Bowlby's (1969) attachment theory.

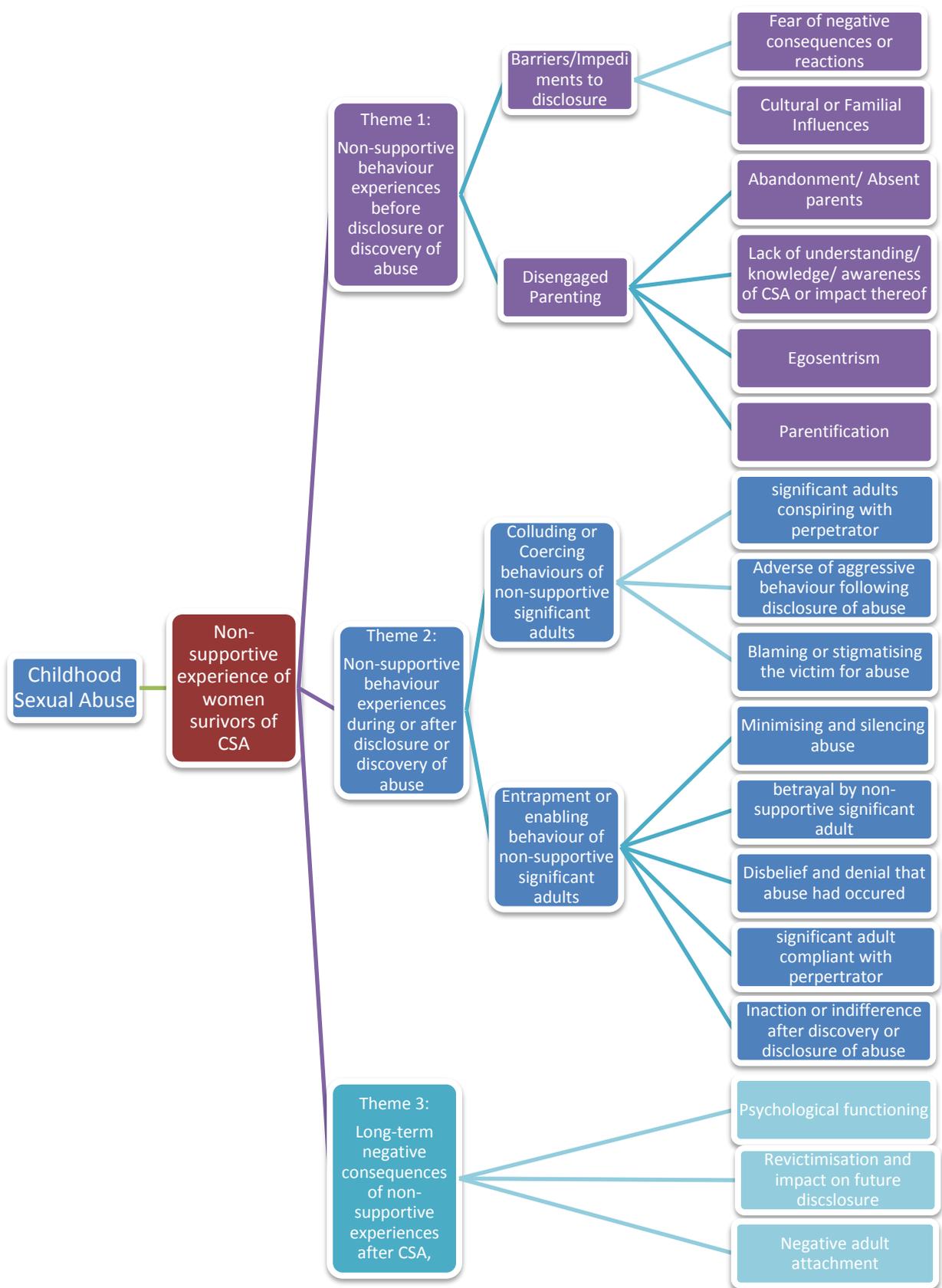


Figure 4: Conceptual framework of non-supportive experiences in women survivors of CSA as reported in literature

Several identified studies focused on selective variables associated with non-supportive experiences of women survivors, and generally the lack of support not being explored along a timeline. Women survivors of CSA report experiencing a lack of support from significant adults before, during, and after disclosure of CSA, and these experiences appear to have a lasting impact on the CSA survivor. Several studies focus their aim primarily on the impact of such non-supportive experiences during disclosure, although there is an indication that many behaviours from non-supportive significant adults tend to be non-supportive even before the sexual abuse is disclosed. These behaviours in many cases cause further vulnerability and are inclined to allow the abuse to continue, leaving these victims unprotected and defenceless.

Although some of the earlier studies have been conducted more than a century ago, a large gap still exists in the conceptualisation of non-supportive experiences (Collings, 2005; Elliot & Carnes, 2001; Godbout et al., 2014), which could lead to literature “getting lost” within the volume of available literature on CSA and disclosure experiences. This could explain why many contradictory findings were highlighted by the scoping review. Numerous studies also focused on the experience of the non-supportive behaviour in terms of single acts, instead of a whole array of experiences. Additionally, there was little focus on the impact of these experiences. Hence there is a call for theoretically based studies to evaluate how responses from these non-supportive significant adults affect women survivors of CSA (Ullman, 2003). As indicated in Figure 2 above, the majority of the studies were conducted in developed countries. No studies were identified in Africa or Southern Africa. This is indicative of the need for further studies to explore this phenomenon in more African developing countries such as Morocco, Tanzania, and mainly South-Africa where CSA runs rife and is prone to being underreported (Artz et al., 2016; Pereda et al., 2009).

By generating an overview of non-supportive experiences of women survivors of CSA, and identifying themes relating to negative reactions before, during, or after sexual abuse, along with the negative impact thereof, the researcher was able to find support for Bowlby’s (1969) theory of attachment and Freyd’s (1994, 1996) betrayal trauma theory. Throughout one’s life there is an

on-going attachment of being loved and having one's safety and security needs fulfilled (Alexander, 1992; Bowlby, 1969, 1973). When this need is not fulfilled or betrayed by the perpetrator and then additionally betrayed by the non-offending significant adult, the victim experiences re-victimisation, resulting in lasting negative outcomes on the adult CSA survivor (Gobin & Freyd, 2009; Wagner, 2003). Furthermore, results indicate that these negative experiences surrounding the lack of support associated with the trusted non-offending parent or caregiver may have a lasting impact on the survivor. Previous research has primarily focused on the sense of betrayal related to the perpetrator being a trusted attachment figure (Rees, Simpson, McCormack, Moussa, & Amanatidis, 2019). This study therefore demonstrates, in accordance with Bowlby's (1969) attachment theory and Freyd's (1994, 1996) theory of betrayal trauma, that additional betrayal arises when the women survivor of CSA experiences a lack of support from the non-offending significant adult before, during, or after abuse disclosure, and that these experiences lead to lasting devastating outcomes.

In summary, the contribution of this scoping review is twofold: firstly, it provides the first known summary on this topic contributing to the literature on the experiences of women survivors of CSA in relation to non-supportive significant adults, and as such propose a conceptual framework as depicted in figure 4 and secondly, it identifies gaps in research requiring further exploration. The findings of this study thus motivate the need for CSA therapeutic interventions (relating to experiences of women survivors of CSA in relation to non-supportive significant adults), focusing specifically on the negative experiences of CSA according to a timeline of before, during, or after disclosure, and the impact thereof. A better understanding of such non-supportive experiences could better enable treatment interventions to fit the specific needs of women CSA survivors in terms of double betrayal trauma and attachment injuries.

## **2.7 Limitations**

Only studies published in English were used for the scoping review and this may have excluded any other significant research conducted in other languages. Due to the broad scope and variability of terminology (O'Brien et al., 2016) associated with these experiences of women

survivors of CSA in relation to non-supportive significant adults, significant research may have fallen through the gaps when conducting this scoping review.

## **2.8 Conclusions and Recommendations**

This study identified 56 studies on experiences of adult women survivors of CSA in relation to non-supportive significant adults. The findings of this study allow for a better understanding of important inclusions in CSA treatment interventions when addressing the important trauma-causing dynamic of non-supportive experiences by women survivors of CSA. These findings may be included in the refinement of the S2T collaborative strengths-based group intervention programme for women survivors of CSA as well as other trauma-informed treatment interventions. In light of the fact that no studies are documented in South Africa and that context and diversity needs to be honoured, phase two of the current study was to explore how these experiences, related to non-supportive significant adults, manifest in three groups of South African women survivors of CSA. The conceptual framework mentioned earlier and depicted in figure 4 from the findings in this manuscript were translated into a coding framework (Addendum D) for the purpose of manuscript two.

The next manuscript reports on the findings from the qualitative secondary analysis (QSA) conducted on three data sets of S2T collaborative strengths-based group intervention programme treatment sessions.

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**SECTION B**

**PHASE II**

## PREFACE

### **MANUSCRIPT 2- Child sexual abuse: Experiences of women survivors in relation to non-supportive significant adults**

This manuscript forms part of a larger study which comprises 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: Experiences of women survivors in relation to non-supportive significant adults”, and comprises a qualitative secondary analysis (QSA) with a view to exploring the non-supportive experiences reported by South African adult women survivors of CSA participating in the Survivors to Thriver (S2T) collaborative strengths-based group intervention programme.

This manuscript was written in article format, following the guidelines set out by the *Journal of Child Sexual Abuse*.

The following research questions drove this part of the study:

- What experiences in relation to non-supportive significant adults were reported by women survivors of CSA participating in three S2T collaborative strengths-based group intervention treatment sessions?
- What findings relating to adult women survivors of CSA’s experiences in relation to non-supportive significant adults could further inform the drafting of a conceptual framework in order to enhance the global knowledge base on this topic?

**MANUSCRIPT 2**

**CHILDHOOD SEXUAL ABUSE: EXPERIENCES OF WOMEN SURVIVORS IN  
RELATION TO NON-SUPPORTIVE SIGNIFICANT ADULTS**

## **Journal of Child Sexual Abuse – Instructions for authors**

**Manuscript Format:** All manuscripts submitted to the Journal of Child Sexual Abuse must be written in English, APA format, and should not exceed 30 double-spaced pages, including abstract, references, tables, and figures. All parts of the manuscript should be typewritten in Times New Roman font, size 12pt, double-spaced, with margins of at least one inch on all sides. Number manuscript pages consecutively throughout the paper. Authors should also supply a shortened version of the title suitable for the running head, not exceeding 50 character spaces. Headings must follow APA format with bold, italics, and indentation as appropriate. Each article should be summarized in an abstract of 150 words (recommended) to 250 words (maximum) and should include eight keywords or phrases for abstracting. Avoid abbreviations, diagrams, and reference to the text in the abstract. Please consult our guidelines on keywords here. The title page for each manuscript should be uploaded in ScholarOne as a separate document. The title page should include the full title of the manuscript along with an author note identifying each authors name, affiliations, address and other contact information for correspondence. Please consult our guidelines on author notes here.

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**Tables and Figures.** Tables and figures (illustrations) should not be embedded in the text but should be included as separate sheets or files. A short descriptive title should appear above each table with a clear legend and any footnotes suitably identified below. All units must be included. Figures should be completely labelled, taking into account necessary size reduction. Captions should be typed, double-spaced, on a separate sheet.

## Abstract

Childhood sexual abuse (CSA) is a devastating, universal social crisis with long-term negative outcomes for women survivors. This primary purpose of this study was to explore the experiences of women survivors of CSA in relation to non-supportive significant adults. These women survivors had all participated in the Survivor to Thrive (S2T) collaborative strengths-based group intervention programme. Qualitative secondary analysis was employed on three data sets of twenty-six group treatment intervention sessions with twenty-five women survivors of CSA, ranging from 18 to 57 years, spanning over a five year period. Utilising a coding framework developed from literature (Manuscript one) a two-phase thematic analysis were conducted, first deductively, followed by inductive analysis. The results corresponded with the three main themes found in literature, namely non-supportive behaviours experienced *before disclosure* or discovery of abuse, non-supportive behaviours experienced *during or after disclosure* or discovery of abuse, and the *long-term negative consequences* of non-supportive experiences. However, when viewing the participants testimonies, one additional sub-theme emerged, namely *the double betrayal attachment injury*. The non-supportive adult who failed to prevent, detect, support, or protect can be seen as a traitor of the child-victim. This double betrayal leading to severe attachment injuries in childhood and adulthood is described as more damaging than the sexual abuse trauma. Overall, these findings contribute to the global pool of literature on this topic as it is the first known study to explore the experiences of women survivors of CSA in relation to non-supportive significant adults in South Africa. The themes found in relation to non-supportive experiences can be seen as unique markers in the recovery portfolio of women adult survivors of CSA and thus may be contribute to informing the S2T intervention programme and other viable interventions.

*Keywords: childhood sexual abuse, women adult, scoping review, South Africa, non-supportive significant adults, survivors*

### 3.1 Introduction

Childhood sexual abuse (CSA) causes an immense bout of trauma in the lives of female survivors of CSA and as such, is seen as a complex and global phenomenon. As reported in literature, CSA is a well-documented and prevalent problem in South-Africa (Artz, 2016; Kendall-Tackett, Williams, & Finkelhor, 1993; Ullman, Peter-Hagene, & Relyea, 2014; Webster, 2001), and presents daunting challenges for helping professionals working in the field, due to the complex and long-term negative symptomology.

Survivors of CSA are likely to suffer psychological distress and physical and emotional trauma. Adult survivors of CSA are likely to present with negative mental health outcomes (such as depression, anxiety and posttraumatic stress disorder); sexual problems (example, sexual dysfunctions and intimacy disturbances); and intra- and interpersonal difficulties (such as relationship conflict, low self-esteem, trust and security issues) (Dorahy & Clearwater, 2012; Jumper, 1995; Singh, Parsekar & Nair, 2014). Earlier researchers, Finkelhor and Browne (1985) also explain how a sexually abused, affective functioning and cognitive approach to the world becomes distorted during their critical development. In turn, this distorted childhood self-concept and altered worldview results in long-term trauma in adulthood. A growing body of literature suggests that the severity of the long-term effects of CSA appear to be mediated by the support received from the non-offending adult (Corcoran, 1998; Cummings, 2018; Elliott & Canres, 2001; Howard, 1993; Peters, 1988; Yancey & Hansen, 2010).

The non-supportive significant adult refers to those adults who are in a position to protect the CSA victim but fail to do so, by not preventing the abuse from happening, not believing the child who discloses, not making any attempt to stop further abuse, passively or intentionally discouraging disclosure, or offering no or insufficient support in the recovery process (Adams, 1994; Ahrens, 2006; Cummings, 2018; Howard, 1993; Ricker, 2006). The pivotal role of the non-offending adult (usually the mother) is well documented in the future long-term mental and emotional well-being of the sexually abused child (Cummings, 2018; Howard, 1993). The significant adult's lack of appropriate responsiveness may increase the risk of the abuse, prolong its duration, provide

insufficient support during disclosure, and/or prevent disclosure, processing and healing of the abuse, contributing to the psychological consequences of self-blame, hopelessness, helplessness and isolation (Summit, 1983; Winnett, 2012). As such, this suggests that any person, who is in a caregiving role and/or in a position to either prevent the CSA or protect the child from ongoing victimisation and who responds inappropriately to the disclosure, is enabling the CSA trauma to continue (Ahrens, 2006; Ricker 2006). Ricker (2006) further refers to this as the ultimate betrayal by the enabler.

Alexander (1992) explains that although the effects of CSA is related to the nature and context of abuse, it can be better understood in correlation to the importance of attachment relationships which occur concurrently to the abuse (Alexander, 1992). A secure attachment has been found to be a stronger predictor of adjustment in adulthood than abuse variables. In this regard Bowlby (1973) states that attachment behaviours are activated during times of crises, which speaks to the impression that the reaction and support received from the non-offending significant adult may contribute to the survivor's ability to cope with the abuse experience, and therefore reduce the chance of further victimisation.

The betrayal trauma theory of Freyd (1994, 1996) suggests that, when traumas involving abuse are perpetrated by a caregiver or someone close to the victim, it results in heightened distress as compared to abuse perpetrated by someone less central in the victim's life (Edwards, Freyd, Dube, Anda, & Felitti, 2012). In most cases when the victim of CSA chooses to disclose, they would do so to someone they trust and who they believe can stop or prevent the abuse (Wager, 2013). Moreover, Wager (2013) states that double betrayal may occur when the victim's disclosure is met with a negative response and where the significant adult or caregiver who is in a position to protect and prevent further abuse fails to do so. This betrayal from the non-supportive significant adult could lead to further or additional attachment injuries (Bowlby, 1969; Symonds, 1975). Due to the above-mentioned long-term impact of non-supportive experiences, therapeutic intervention becomes imperative to effectively assist survivors of CSA with these betrayal experiences.

In the absence of a reported knowledge synthesis, a scoping review was conducted in manuscript one in order to provide a summary of the studies reporting on non-supportive experiences of women survivors of CSA. The scoping review found that although several studies investigated non-supportive experiences, the majority of these studies were conducted in developed countries, with no such studies focussing on developing countries such as South Africa (Artz et al., 2016; Pereda et al., 2009). In order to honour diversity and context, studies from such developed countries cannot be generalised for a diverse country such as South Africa. Current treatment interventions for adult women survivors of CSA mainly focus on alleviating symptoms and related difficulties and do not explore the effects of non-supportive experiences. Furthermore, with limited knowledge being available pertaining to the effects of non-supportive experiences of women survivors of CSA in sexual abuse recovery this crucial component of treatment is often overlooked (Walker-Williams & Fouché, 2017). Hence the need exists to empirically explore these experiences in South African women survivors of CSA to ultimately contribute to the global pool of knowledge, open discussions around this topic in South Africa, and inform the development of viable interventions.

Due to the secrecy and underreporting of CSA, gaining access to this vulnerable population can be challenging and ethically restricting. This study thus employed qualitative secondary analysis (QSA) on three data sets of the Survivor to Thrive (S2T) collaborative strength-based group intervention programme treatment sessions for adult women survivors of CSA in South Africa. The aim of this study was to explore what experiences were reported in relation to non-supportive significant adults by women survivors of CSA participating in three S2T collaborative strengths-based group intervention treatment sessions.

Next, a literature review, then an overview of the coding framework that guided this study, followed by the methodology used in answering the research questions of this study will be explicated. Then the findings will be discussed, followed by the limitations and recommendations of this study.

### 3.2 Literature review

CSA is a widespread unique and complex phenomenon, acknowledged as a crisis in many societies across the world with the prevalence found to be high globally (8 - 31% among girls and between 3 and 17% in boys) (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Hébert, Tourigny, Cyr, McDuff, & Joly, 2009; Ji, Finkelhor, & Dunne, 2013; Pereda, Guilera, Forns, & Gómez-Benito, 2009; Stoltenborgh, Van IJzendoorn, Euser, & Bakemans-Kranenburg, 2011). Recently, research indicated that the CSA prevalence rate among boys and girls is the highest in Africa (Behere & Mulmule, 2013; Pereda et al., 2009). In recognising the need for nationally representative data, the Optimus Study conducted the first nationally representative study and found the prevalence for sexual abuse to be 33.9% in girls and 36.8% in boys, by the age of 17 years (Artz et al., 2016). Although the current study focuses on women, the alarming impact on men is not disputed.

According to James and Gilliland (2013) CSA is responsible for lasting damaging consequences in the lives of survivors during adult functioning. As such, CSA is associated with a wide range of adult mental health issues, sexual problems, intra- and interpersonal difficulties (Bigras, Godbout, & Briere, 2015; Briere & Elliot, 1994; Cashmore & Shackel, 2013; Davis & Petretic-Jackson, 2000; Kealy, Rice, Spidel, & Ogrodniczuk, 2018; Mathews, Abrahams, & Jeweks, 2013; Palverman et al., 2018; Ullman, Peter-Hagene, & Relyea, 2014). In addition to experiencing these psychological difficulties, literature suggests that the severity of the long-term effects of CSA appear to be mediated by the support received from the non-offending significant adult (Alexander, 1992; Corcoran, 1998; Cummings, 2018; Elliott & Carnes, 2001; Howard, 1993; Peters, 1988; Yancey & Hansen, 2010). Ahrens (2006) and Ricker (2006) suggest that any person, who is in a caregiving role and/or in a position to either prevent the CSA or protect the child from ongoing victimisation, but responds inappropriately to the disclosure or discovery of the sexual abuse, is further enabling the CSA and its devastating effects to continue. As such, many CSA survivors have to deal with the lack of support from non-offending significant adults before, during, or after disclosure or discovery of the abuse, resulting in long-term negative outcomes for CSA

survivors (Alaggia, 2010; Arata, 1998; Cavanaugh et al., 2015; Chien, 2005, 2006; Collin-Vézina, Sablonnière-Griffin, Palmer, & Milne 2015; Everill & Waller, 1995; Glover et al., 2010; Glamb, 2011; Guelzow, Cornett, & Dougherty, 2002; Monahan, 2010; Tyagi, 2002; Ullman & Filipas, 2005; Ussher & Dewberry, 1995; Wind & Silvern, 1994; Winnett, 2012; Zinzow, Seth, Jackson, Niehaus, & Fitzgerald, 2010).

It is therefore important to understand the non-supportive experiences of CSA women survivors in relation to significant adults associated with the CSA, and especially in this culturally diverse South African context, so as to provide helping professionals with a better informed knowledge base to assist CSA survivors in successfully navigating the CSA recovery process.

### **3.3 Conceptual framework**

Non-supportiveness still presents many limitations in terms of conceptualisation and inconsistent findings (Collings, 2005; Elliot & Carnes, 2001; Godbout, Brier, Sabourin, & Lussier, 2014). As such, the conceptual framework developed from the scoping review (Figure 4) in manuscript one was translated into a coding framework (Addendum D) to guide the data analysis of three datasets of S2T collaborative strength-based group intervention programme treatment sessions in order to explore the reported experiences of women survivors of CSA in relation to non-supportive significant adults. The non-supportive experiences reported by women survivors of CSA were identified in terms of a framework which consists of three themes and seven sub-themes (Figure 3). Theme one identified non-supportive behaviours experienced *before* disclosure or discovery of abuse and included the following sub-themes: (1) Barriers/Impediments to disclosure, and (2) Disengaged Parenting. Theme two identified non-supportive behaviours experienced *during or after* disclosure or discovery of abuse and included two sub-themes: (1) Colluding/Coercing, and (2) Entrapment/ Enabling. Theme three identified the long-term negative consequences of non-supportive experiences and included: (1) Psychological functioning, (2) Re-victimisation, and (3) Negative adult attachment outcomes. A brief discussion of these factors will follow.

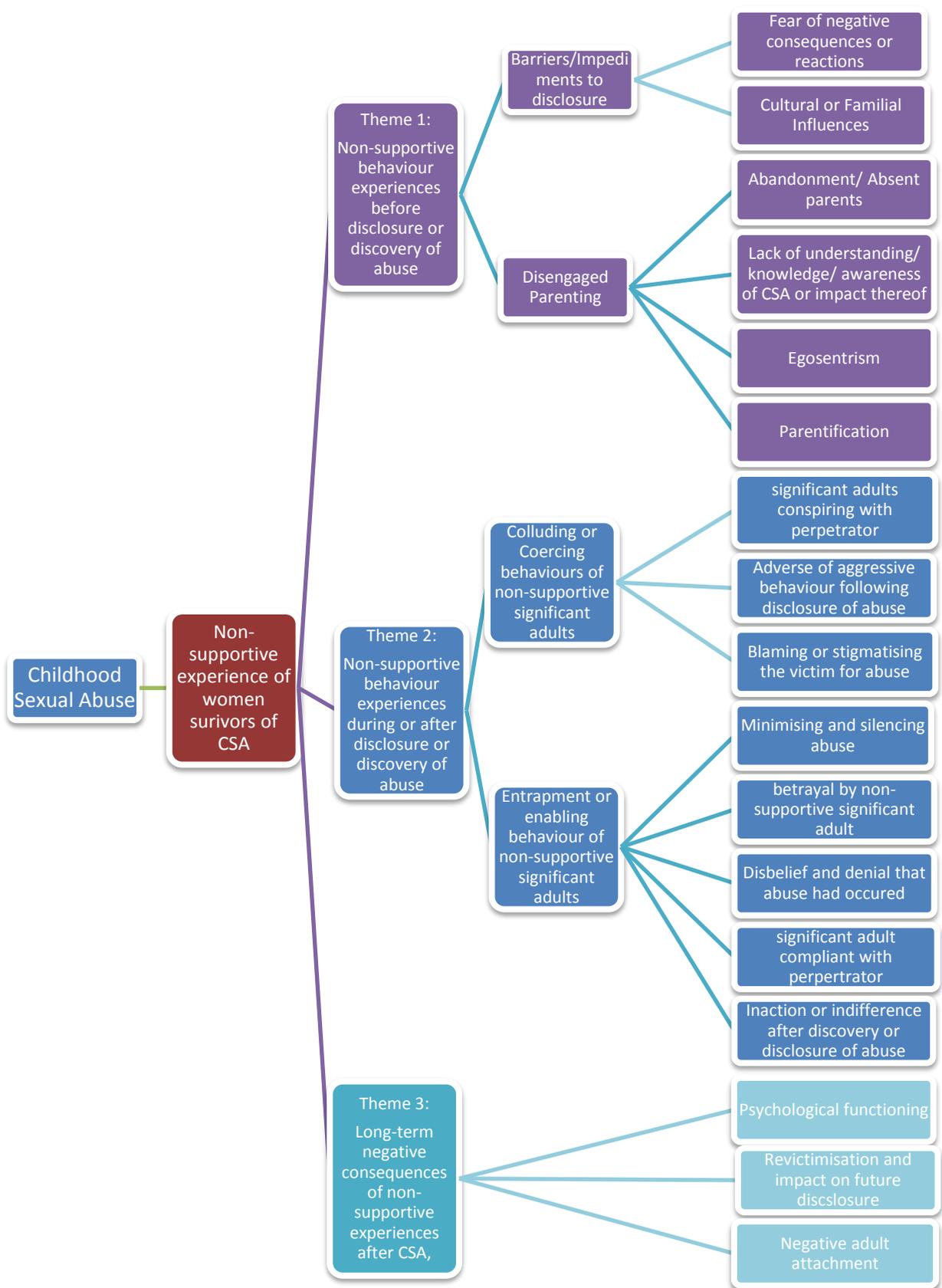


Figure 5: Conceptual framework of non-supportive experiences in women survivors of CSA as reported in literature

### **3.3.1 Non-supportive experiences reported by women survivors *before* disclosure or discovery of CSA**

Non-supportive experiences before disclosure or discovery of CSA reported by women survivors indicated that certain factors of non-supportive significant adults such as fear of consequences and negative reactions to disclosure or discovery of the abuse inhibited childhood disclosure (Alaggia, 2010, Chien, 2005; Collin-Vézina et al., 2015; Mayhall, 2014; Timraz, Lewin, Giurgescu, & Kavanaugh, 2019; Tyagi, 2002). Another core factor reported as a barrier or impediment to disclosure was cultural and familial influences, which did not allow the victim to disclose abuse at the crucial time (Collin-Vézina et al., 2015; Hardy, 2018; Timraz et al, 2019; Tsun, 1999; Tyagi, 2002) Many of these behaviours were also reported as disengaged parenting practices by non-offending caregivers which rendered the victims helpless and vulnerable to sexual abuse (Alaggia, 2010; Guelzow et al., 2002; Monahan, 2010). These disengaged parenting behaviours are perceived as a primary catalyst for vulnerability and further victimisation in many cases of CSA (Alaggia, 2010; Hardy, 2018; Karakurt & Silver, 2014; Mayhall, 2014; Monahan, 2010; Tyagi, 2002; Tsun, 1999; Winnett, 2012; Zinzow et al., 2010).

### **3.3.2 Non-supportive experiences reported by women survivors *during* or *after* disclosure or discovery of CSA**

Literature confirms that various non-supportive experiences ensue during or after disclosure or discovery of the CSA (Cavanaugh et al., 2015; Crowley & Seery, 2001; Middleton, 2013). Actions that are perceived as intentionally harmful that could lead to additional victimisation are reported as colluding or coercive behaviours by non-supportive significant adults which include: non-offending significant adults conspiring with the perpetrator (Cavanaugh et al., 2015; Crowley & Seery, 2001; Middleton, 2013; Winnett, 2012), victims enduring adverse or aggressive behaviours following disclosure or discovery of the abuse (Bagley & Young, 1999; Brenner & Ben-Amitay, 2015; Cavanaugh et al., 2015; Collin-Vézina et al., 2015; Crowley & Seery, 2001; Glamb, 2011; Hunter, 2015; Roesler & Wind, 1994; Salter, 2013; Ussher & Dewberry, 1995; White, 2013), or feeling blamed for the abuse and stigmatised by non-supportive significant adults for the abuse

(Bagley & Young, 1999; Cavanaugh et al., 2015; Collin-Vézina et al., 2015; Glamb, 2011; Hunter, 2015; Roesler & Wind, 1994; Waller & Ruddock, 1993). Although, not all non-supportive behaviours are perceived as intentionally harmful, very often these behaviours are experienced as unintentional or even passive (Lorentzen, Nilsen, & Traeen, 2008; Hunter, 2015). These behaviours were identified as enabling or entrapment, where the victim was caught in the abusive environment, unable to escape due to the actions of the non-offending significant adult, and included: minimisation or silencing (Crowley & Seery, 2001; Hunter, 2015; Lorentzen et al., 2008; Mayhall, 2014; Tener, 2017; Testa, Miller, Downs, & Panek, 1990; Ussher & Dewberry, 1995; White, 2013), betrayal by the non-offending significant adult (Karakurt & Silver, 2014; Tsun, 1999), disbelief and denial that the sexual abuse had indeed occurred (Cavanaugh et al., 2015; Chien, 2005; Crowley & Seery, 2001; Glamb, 2011; Hunter, 2015; Jonzon & Lindblad, 2004; Mayhall, 2014; Monahan, 2010; Stoler, 2001; Tener, 2017; Testa et al., 1990; Timraz et al., 2019; Tsun, 1999; Ussher & Dewberry, 1995; Waller & Ruddock, 1993; Winnett, 2012), non-offending significant adults being compliant with the perpetrator as secondary victims (Herman, 2005; Hunter, 2015; Monahan, 2010; Salter, 2013; Tener, 2017), and/or inaction or indifference towards the sexual abuse taking place (Arata, 1998; Cavanaugh et al., 2015; Chien, 2005, 2008; Crowley & Seery, 2001; Glamb, 2011; Herman, 2015; Hunter, 2015; Karakurt & Silver, 2014; Lorentzen et al., 2008; Mayhall, 2014; Middleton, 2013; Monahan, 2010; Salter, 2013; Simmel, Postmus, & Lee, 2012; Testa et al., 1990; Ussher & Dewberry, 1995; Waller & Ruddock, 1993; White, 2013; Winnett, 2012).

### **3.3.3 Long-Term negative consequences of non-supportive experiences**

It is well documented in literature that the experiences of non-supportive significant adults towards CSA survivors result in lasting negative long-term outcomes in adulthood, such as negative psychological adjustment, trauma symptomology, delayed trauma memory, negative coping mechanisms, self-blame, and poor self-esteem (Arata, 1998; Bagley & Young, 1999; Holt, 2007; Jonzon, 2006; Kennedy & Prock, 2016; Lange et al., 1999; Marquee-Flentje, 2017; McMillen & Zuravin, 1997; Merrill, Thomsen, Sinclair, Gold, & Milner 2001; O'Rinn, Lishak, Muller, & Classen,

2012; Palo & Gilbert, 2015; Stoler, 2001; Zlotnick et al, 1995). Countless survivors report instances of re-victimisation in adulthood, and even more concerning is that many of these women will not disclose their sexual abuse in adulthood as a result of the negative disclosure experience in childhood (Brenner & Ben-Amitay, 2015; Chien, 2005; Collin-Vézina et al., 2015; Jankowski, Leitenberg, Henning, & Coffey, 2002; Jonzon, 2006; Roesler & Wind, 1994; Simmel et al., 2012). As such, non-supportive experiences have also been documented to have a negative impact on the survivors' ability to form secure adult attachments (Chien, 2008; McMillen & Zuravin, 1997, 1998; Monahan, 2010; Murphy et al., 2014; Newman-Lubell & Peterson, 1998; O'Rinn et al., 2012; Tener, 2017; Tyagi, 2002; Zinzow et al., 2010).

### **3.4 Aim of the current study**

The aim of this study was to perform qualitative secondary analysis (QSA) on three data sets of the S2T collaborative strengths-based group intervention programme treatment sessions, conducted over a five-year period (for background of S2T, see page 105). This study aimed at answering the following research questions:

- What experiences in relation to non-supportive significant adults were reported by women survivors of CSA participating in three S2T collaborative strengths-based group intervention treatment sessions?
- What findings relating to adult women survivors of CSA's experiences in relation to non-supportive significant adults could further inform the drafting of a conceptual framework in order to enhance the global knowledge base on this topic?

### **3.5 Methodology**

QSA was employed using three data sets of the S2T collaborative strengths-based group intervention programme treatment sessions, conducted over a five-year period with twenty-five South African women who had experienced CSA. Secondary analysis is the reuse of pre-existing qualitative data collected for previous studies and the data contains semi-structured interviews, responses to open-ended questions in questionnaires, field notes and research diaries. The two

main purposes of QSA are to study new or additional research questions; or to confirm the findings of previous research (Leech & Onwuegbuzie, 2008; Heaton, 2008).

### **3.5.1 Sampling and data collection**

As QSA was employed, participant sampling was not required, since existing data sets were used. The researcher had to sample transcripts of the audio recordings from the three data sets of the S2T collaborative strength-based group intervention programme treatment sessions for female survivors of CSA and decided to make use of all the transcripts ( $N = 25$ ). Formal data-sharing was applied as a method, whereby previous data was collected independently, which also fulfilled the ethical requirements of obtaining consent for the reuse of data for secondary analysis (Leech & Onwuegbuzie, 2008; Heaton, 2008).

### **3.5.2 Data analysis**

The aim of this study is to explore the reported experiences in relation to non-supportive significant adults reported by women survivors of CSA participating in three S2T collaborative strengths-based group intervention treatment sessions. Therefore, the unit of analysis will be female adult survivors of CSA, as they shared the same experience (Creswell, 2007). Participant quotes were used as evidence to indicate the relationship between the theory and the scoping review findings. Supra analysis was used whereby the aim and focus of the secondary study exceeds that of the original research (Heaton, 2008; Leech & Onwuegbuzie, 2008). The original research examined the efficacy of the S2T collaborative strengths-based group intervention treatment sessions, whereas the current study explores the experiences of women survivors of CSA in relation to non-supportive significant adults.

The QSA was conducted in two phases. Firstly, deductive thematic analysis was performed to analyse the existing data from three data sets of the S2T collaborative strengths-based group intervention treatment sessions within a new context (Elo & Kyngäs, 2008). From the scoping review, a conceptual framework was developed based on the themes that emerged from literature

and translated into a coding framework (Addendum D). The transcripts were then coded to determine whether it corresponded with the identified themes (Elo & Kyngäs, 2008).

The six phases of thematic analysis of Braun and Clarke (2006) were followed accordingly: phase 1: the researcher familiarised herself with the data by immersing herself in the data, and making notes while reading and re-reading the data; phase 2: initial coding was generated to identify interesting features of the data that were meaningfully assessed concerning the phenomenon; phase 3: the list of codes was sorted into potential themes which correlated with the coding framework, and all the significant coded data extracts were organised within each identified theme; phase 4: the identified themes were reviewed and refined to consider whether the coded data extracted formed a clear pattern – this was also done to assess the validity of each theme to the entire data set; phase 5: the researcher defined and further refined the themes in order to identify a shared meaning of each theme and lastly, phase 6: the final analysis and writing of the report to provide a summarised, logical, and motivating account of the story central to the data.

Thereafter, during the inductive phase, any aspects that did not fit these themes were coded into their own concepts applying inductive analysis principles (Elo & Kyngäs, 2008). By applying principles of reflexive thematic analysis, the researcher identified patterns and applied a shared meaning across the datasets, characterised by its foregrounding of researcher subjectivity (Braun & Clarke, 2019). An iterative process was followed during the reflexive thematic analysis of the transcripts, whereby the researcher frequently moved back and forth between the data and the coding framework to discern whether the data supported or differed from the theoretical framework (Nieuwenhuis, 2011a). The data sets were also coded by an independent coder who has a master's degree in psychology and experience in qualitative research. The final themes and sub-themes were contextualised within Bowlby's (1969) theory of attachment and Freyd's (1994, 1996) betrayal trauma theory. An example the audit trail for theme development is depicted in Addendum E.

### **3.6 Trustworthiness**

The primary S2T researchers obtained written consent from the S2T participants in which permission was given for the researcher in this study to make use of the three data sets of the S2T collaborative strengths-based group intervention programme treatment sessions. The researcher consulted with her supervisors who are experienced in working with adult survivors of CSA and in qualitative data analysis (Nieuwenhuis, 2011a). Consensus discussions were also held with an independent coder to further verify results. Also, peer debriefing sessions were held with helping professionals in the field of CSA (supervisors) to confirm that the data interpretations were clear and credible (Marshall & Rossman, 2016).

### **3.7 Background of the data sets**

The primary study from which the data sets were sourced aimed at evaluating the effectiveness of the Survivor to Thriver (S2T) collaborative strengths-based group intervention programme. The S2T collaborative strengths-based group intervention programme follows a strengths-based and supportive approach and thus focuses on the strengths of women survivors of CSA in order to facilitate resilience processes and posttraumatic growth outcomes from their traumatic CSA experiences (Fouché & Walker-Williams, 2016). This intervention covers four treatment outcomes (Fouché & Walker-Williams, 2016):

- 1) providing a supportive space for sharing the trauma story, experiencing heightened emotional awareness, and validating the group members' experiences (drawing on Cognitive-Behavioural Therapy (CBT) and Cognitive-Processing Therapy (CPT) principles of cognitive processing);
- 2) normalizing symptoms (emerging from the psychodynamic approach) and reframing trauma messages (CBT and Post-Traumatic Growth (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).

The participants of the S2T were thus women residing in the Vanderbiljpark region and surrounding areas within the larger Gauteng province in South Africa. A quasi-experimental design was employed during a pilot study conducted in 2013/2014 (Walker-Williams & Fouché, 2017). To further test the benefits of this collaborative strengths-based group intervention programme, the researchers recommended longitudinal research over a five-year period. A second group commenced in 2014/2015 and a third group in 2017/2018, the data from groups one to three were analysed for this study. Initially, 25 participants commenced with the group sessions, after which eight withdrew. The participants experienced contact sexual abuse and the perpetrator was known to them. Inclusion criteria for entry into the group intervention were: a minimum age of 18 years, disclosure of CSA, 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. Demographic characteristics of participants are represented in Table 12.

Overall, this manual-based intervention comprised 26 group intervention sessions with 25 participants (ages ranging from 18 to 57 years), spanning over a five-year period. Table 13 indicates the biographical information of the groups and research procedure of the S2T intervention programme of Walker-Williams and Fouché (2017). Ethical clearance was obtained for the primary study (NWU 00041-08-A1 Group 1-3, 2013-2018). All 26 sessions were professionally transcribed from commencement to end (approximately 2 – 3 hours per session) and were checked for accuracy by the two study leaders who also facilitated the S2T treatment sessions.

Table 12

*Demographic Characteristics of Participants (N=25)*

Characteristic	No.	Characteristic	No.
<b>Age group</b>		<b>Children</b>	
18-25	9	No	17
26-30	3	Yes	8
31-45	10	<b>Type of abuse</b>	
46-50	3	Contact	25
<b>Nationality</b>		Noncontact	0
South African	25	<b>Perpetrator</b>	
Foreign	0	Known	25
<b>Race</b>		Unknown	0
White	14	<b>Age of CSA onset in years</b>	
African	11	3	2
<b>Level of education</b>		4	1
Higher	19	5	3
Secondary	6	6	9
<b>Occupation</b>		8	3
Employed	15	9	4
Student	8	10	2
Unemployed	2	13	1
<b>Relationship status</b>		<b>Duration of abuse in years</b>	
Single	12	1 - 2	7
Married	10	3 - 4	10
Cohabiting	2	5 - 6	4
In a relationship	1	7 - 10	4

Table 13

*Biographical information of S2T group members*

Participants	Total			Race	Average Age
	Initial	Post-Test	Delayed post-test		
Group 1 (pilot study, 2013/2014)	10	7	5	5 African, 5 White	36 years
Group 2 (2014/2015)	8	5	5	5 African, 3 White	25 years
Group 3 (2017/2018)	7	4	4	2 African, 3 White	39 years
<b>Research Procedure</b>					
Ethics number	NWU 00041-08-A1 (Group 1, Pilot study, 2013/2014)				
	NWU 00041-08-A1 (Group 2, 2014/2015)				
	NWU 00041-08-A1 (Group 3, 2017/2018)				
Ethics	Informed consent (Group 1, Pilot study, 2013/2014)				
	Informed consent (Group 2, 2014/2015)				
	Informed consent (Group 3, 2017/2018)				

**3.8 Ethical Considerations**

Ethical approval was obtained from the Health Research Ethics Committee (HREC) of North-West University (NWU) in order to conduct the QSA in phase two (NWU-00025-19-S1: Addendum F). The researchers of the primary study obtained informed consent from the participants in the three S2T groups (2013-2018), who indicated their voluntary participation in the research and consented for data to be used for QSA by the researcher. Internal and external anonymity and confidentiality was encouraged in the primary study of S2T (2013-2018), where the names of participants were not mentioned in the transcripts, and the audio recordings are kept in a secure lock-up location as stipulated by the Health Professions Act 56 of 1974 (Department of Health, 2006). The researcher obtained written consent from the primary researchers in order to use the three data sets from the S2T collaborative strengths-based group intervention treatment sessions for QSA.

### **3.9 Findings**

Findings present in a sequence of before, during, or after disclosure leading to long-term devastating consequences for the CSA survivors. Non-supportive behaviours experienced before disclosure or discovery of abuse were depicted as barriers to disclosure, and detached parenting. During or after disclosure or discovery of abuse, non-supportive behaviours included non-offending significant adults conspiring with perpetrator and enablement of perpetrator. Long-term negative consequences of non-supportive experiences were identified as the victim internalising messages of not being good enough, owning the victim role, distrust, and double betrayal attachment injury.

#### **3.9.1 Theme One: Non- Supportive behaviours experienced *before* disclosure or discovery of abuse**

With regard to non-supportive behaviours before disclosure or discovery of sexual abuse by the non-offending significant adults, experienced by women survivors of CSA, participants identified barriers to disclosure and detached parenting as emerging behaviours. These behaviours were described as non-supportive behaviours and hindered CSA survivors in disclosing the abuse to such non-offending significant adults.

##### **3.9.1.1 *Barriers to disclosure***

Barriers to disclosure are defined as factors that influence the victim's willingness to talk about the sexual abuse (Alaggia, 2010; Collin-Vézina et al., 2015). Such barriers to disclosure were depicted as fear of the response, and familial and cultural issues.

Some participants reported that when considering disclosing their abuse they feared the responses and behaviours of the non-offending significant adults. This appears evident in the following quotes: "*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*" (Participant 1, Group 2) and "*I talked to children, I didn't talk to grownups. That*

*makes it different because grownups can tend to react negative”* (Participant 3, Group 1). Reports from participants regarding barriers to disclosure corresponded to that of literature pertaining to fear of consequences and negative reactions to disclosure of abuse (Alaggia, 2010, Chien, 2005; Collin-Vézina et al., 2015; Mayhall, 2014; Timraz et al, 2019; Tyagi, 2002).

The following quotes illustrate that certain familial or cultural issues hindered some participants from disclosing their abuse to non-offending significant adults and this related to findings in literature (Collin-Vézina et al., 2015; Hardy, 2018; Timraz et al, 2019; Tsun, 1999; Tyagi, 2002): *“Those adults put you in a situation... We were disciplined to listen to a, he was eight years older than me...I never had a relationship with my parents... I never told my parents and I will take it to my grave. They didn’t notice it, I didn’t know how to tell them, it is a family member”* (Participant 7, Group 1), and *“You know with us black people, there’s this stigma about rape, especially when it comes from the family. No one would really believe you. I mean how would your own dad do that to you?”* (Participant 6, Group 3). Alongside these barriers to disclosure, participants also reported detached parenting as a factor that enabled their abuse.

### **3.9.1.2 Detached Parenting**

Detached parenting was experienced and described by a few participants as the behaviour of the non-offending significant adult that allowed and enabled the abuse to happen in the first place, or to continue without interference. This appeared to render the victims helpless and vulnerable to the sexual abuse (Alaggia, 2010; Hardy, 2018; Karakurt & Silver, 2014; Mayhall, 2014; Monahan, 2010; Tyagi, 2002; Tsun, 1999; Winnett, 2012; Zinzow et al., 2010). Such detached parenting involved physical or emotional separation or distancing, where victims experienced a sense of physical and emotional abandonment by the significant adults (Ingoglia, Lo Coco, Liga, & Lo Cricchio, 2011). These behaviours presented as: parental/caregiver abandonment, parental/caregiver ignorance, parental/caregiver self-centeredness, and parental/caregiver role transferred to the child.

Parental/caregiver abandonment was reported as a catalyst for sexual abuse and is represented by the following quotes of some participants: *“Since childhood... I don’t remember her being there, I was the one who was busy with my siblings, I mean at the age of 9 years I was doing laundry, doing the cooking, my mom was never there... When my mother was out there gallivanting, my father was also out there, they were doing their thing... I was mother to them (siblings), I was a father to them. Because of my mom, my brother took his life. I feel that she never protected me, she was never there for me. She never protected me from the rapist. She never protected me from my father, she was never there for me”* (Participant 5, Group 3), and *“Because in my childhood I spent most of my time by myself, my mom was always at work, by age seven I had to learn to open for myself, at night I had to close the curtains and lock and not let strangers in, I was always alone because my mom had to work and come back late... So most of the time when my mom was working I stay with my brother and then my brother would (unclear) and I have been playing around with other kids and that is where it sort of happened... I felt unworthy because shortly after that my father left, and my brother also kind of left, and those are the only two men that I ever had in my life that I could have been dependent on. And it’s been hard ever since, because I kind of feel betrayed”* (Participant 4, Group 2). In addition to physical abandonment or absent parents, emotional abandonment was illustrated by participant 2: *“There was a reason why I was quiet, because I didn’t feel loved. So it was also a thing of pushing them away... For me it was that she was not an emotionally there mom... She totally shuts down emotionally... And I think that made me an easy target and people definitely picked up on it”* (Participant 2, Group 1). These behaviours, similarly reported in literature, represented as physical or emotional abandonment or absent parents which enabled the abuse to happen (Alaggia, 2010; Hardy, 2018; Karakurt & Silver, 2014; Mayhall, 2014; Monahan, 2010; Tyagi, 2002; Tsun, 1999; Winnett, 2012; Zinzow et al., 2010).

Parental/caregiver ignorance was expressed by some participants in the following inserts: *“They don’t know what happened to me when I was a child... My parents, till today doesn’t know what happened to me, so they pushed us in athletics, academics... During my childhood, everyone,*

*my parents wanted me to stand up, but I was trampled on. And I was bend... I wanted my parents to understand. I was wetting my bed throughout my primary school. I didn't know then, but I know now why... They would make me feel guilty you know. You're getting older, you're not supposed to wet your bed. They didn't know because I didn't tell them*" (Participant 7, Group 1); *"The other day I realised that my mom never educated me on sex or told me about sex. How did I know about sex? How did I know? We never watched television. So how did I know about this experience as a child? And it's strange, why did I start thinking about it now. It must have been something"* (Participant 2, Group 1); *"I can see now looking back that my relationship with my mom was, actually my parents was right because I betrayed, they didn't understand and because I didn't tell them the things that happened in my life... I think maybe my parents suspected something at some stage, they did ask something, and I lied"* (Participant 2, Group 2). Participant one further went on to state that: *"I kept it to myself... I don't know, my family they were very busy. We are not close. So we wouldn't have realised something, or they wouldn't have"* (Participant 1, Group 2). As corresponding with literature, participants reported non-offending significant adults lacking understanding, knowledge, or awareness of sexual abuse and the impact thereof, which left the victim in a position where they felt as if they could not disclose the abuse (Chien, 2008; Guelzow et al., 2002).

In a quote by Participant 3 parental/caregiver self-centeredness was reported as non-supportive behaviour where the mother focused on her own well-being instead of on her daughter's: *"I can say in the best of respect, but she wasn't there for me when I was little... never... she was always busy with her own things... My whole life I was attached to her... I told her I had to talk to somebody, and if I think about it, she always projected her problems on to me and in the long run it felt like I have to solve it for her"* (Participant 3, group 3). As demonstrated in literature, non-supportive significant adults render the victim helpless in the abusive relationship with the perpetrator by focussing on their own needs instead of offering support (Hunter, 2015; Karakurt & Silver, 2014; Salter, 2013; Testa et al., 1990).

Accounts of parental/caregiver role transference to child were reported where participants either took on parenting roles by trying to protect their family from the abuse, or where they had to take on adult roles (Chien, 2005; Hunter, 2015; Mayhall, 2014; Monahan, 2010; Tener, 2017; Tyagi, 2002; Winnett, 2012) was indicated by the following inserts: *“Keeping it from my parents, to me it doesn’t feel like I am keeping a secret from them it is more like protecting them because I have disclosed it and I have dealt with it, I now feel like I cannot, I do not want them to go through those emotions and everything. It is something that they would get very, very angry about, my mother would go berserk, she would want to kill them, she would hold anger, resentment and sort of thing. And I do not want other people to be sinful for that other people’s hauteur... At this point in her life, I cannot see her healing from something like that. My mom does blame herself for some of the stupid choices that I made and explaining this too, will just add to her blaming herself and I think also just, I don’t know if my mom experienced the same thing but she has a lot of hurt and stuff that is pinned up inside of her... Yes, like I never – 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 emotion tensions was not at the right level to cope with that, to cope with that adult moment”* (Participant 2, Group 2), and *“I went to Cape Town and uhm... it was my mother’s other sister and uhm... her husband decided he liked me a lot, so that was from 9 through to 16, uhm... I used to have to play wife to him while my aunt was laying in the next bedroom next-door smoking her Van Rijn cigarettes and reading Mills & Boon’s”* (Participant 4, Group 3). As Participant 1 explained her reason for not disclosing was to protect her mother, as she explains: *“It protected them in a way because my mom, she is like this person when you tell her about your problems, she cries and she freaks out and then you are here comforting her because (laughs) of your problem”* (Participant 1, Group 2). Conflicted or disrupted attachment was not identified as non-supportive experiences in the analysed transcriptions as indicated by literature, but rather coincided with cultural and familial influences under barriers to disclosure.

### **3.9.2 Theme 2: Non-supportive behaviours experienced *during or after* disclosure or discovery of sexual abuse**

With regard to the non-supportive behaviours *during or after* disclosure or discovery of the sexual abuse by non-supportive significant adults, participants identified that non-supportive significant adults either conspired with the perpetrator and/or enabled the perpetrator.

#### **3.9.2.1 *Conspiring with perpetrator***

Conspiring behaviours of non-supportive significant adults; these behaviours were seen as intentionally harmful or deliberate in aiding the abuse to continue (Cavanaugh et al., 2015; Crowley & Seery, 2001; Middleton, 2013; Winnett, 2012) and were identified as conspiring with the perpetrator, being punished for the perpetrator, and being blamed for the perpetrator.

In a quote by Participant 6 the non-supportive significant adult conspiring with the perpetrator by indirectly participating in abuse or being present during the abuse, in this case her father's girlfriend, is apparent: *"She took me and started putting make-up on my face you know, dressing me up. And I think I looked really pretty, I thought she wanted me to look pretty... I don't know about what, in the middle of the night the very same night he came, and he started touching me... the only thing I remember was the one thing that of course that time I didn't know what was happening, but I remember the white fluid on my thighs and... I just didn't understand what was going on and then she came and then took me to bath me"* (Participant 6, Group 3). Behaviours perceived as collusive or coercive rendered the victim vulnerable to further victimisation, as seen in literature (Cavanaugh et al., 2015; Crowley & Seery, 2001; Middleton, 2013; Winnett, 2012).

Following Participant 1's disclosure in childhood she recalled the following experience of punishment for the perpetrator: *"I was molested by my grandfather and my uncle from the age of...I can't really remember...six...seven till the age of nine, ten. I did tell my parents and I got punished, because I was talking bullshit. Since then I had, I really had the trouble in trusting any authority figure, I always questioned, I was rebellious in a good way, not a bad way...Because you went for help and you get rejected and you get a hiding... When I talked about it, I wasn't*

*believed, I was punished for that...And when she spoke to my dad, on top of it I got a hiding. One hell of a hiding. I remember I had blue marks on my legs... Because how could I use such words. How could I talk to adults about that, who taught me about it?"* (Participant 1, Group 1). Participant 5 described a similar experience in this regard: *"When I was raped my dad beat me so hard and what, I don't think what was painful was the rape itself. It was what he did to me. What my dad did...Actually I did not tell anyone. My mother just saw. I think I wasn't walking straightly, and then when I told, my dad he...I think of all things is that it was the hardest thing I could get over [crying] ...I don't know but it was not his intention to, to hit me, to hurt me like that. He did not know what to do"* (Participant 5, Group 1). Similarly in literature we see that victims report being punished for the perpetrator often causing additional victimisation as they had to endure adverse or aggressive behaviours following disclosure or discovery of abuse (Bagley & Young, 1999; Brenner & Ben-Amity, 2015; Cavanaugh et al., 2015; Collin-Vézina et al., 2015; Crowley & Seery, 2001; Glamb, 2011; Hunter, 2015; Roesler & Wind, 1994; Salter, 2013; Ussher & Dewberry, 1995; White, 2013).

Evidence of being blamed for the perpetrator by the non-supportive significant adults after disclosure or discovery was reflected in the following quote by participant 6: *"Even when I was in high school, sometimes he called me and says he is at the garage and when I went there he would give me money and said buy something nice for yourself. So I tell my grandmother about it and then she said that I am having an affair with him... She told me that I should go for family planning because I'm going to fall pregnant at a very young age, and at that time that was so hurtful because I was only in Grade 9. I didn't even think at that time. So at that people were, like pre-doubting me, so that was overwhelming"* (Participant 6, Group 2). She further goes on to tell about a family gathering where she entered into a physical altercation with the perpetrator due to his inappropriate behaviour: *"When they stopped the fight and asked what happened, and when I tried to explain, the other family members were telling me that why did I have to wear a short skirt to the family gathering, I couldn't think, they were coming after me..."* (Participant 6, Group 2). As such, literature confirms that many women survivors feel blamed for their abuse and also stigmatised by non-supportive significant adults (Bagley & Young, 1999; Cavanaugh et al., 2015; Collin-Vézina et al., 2015; Glamb, 2011; Hunter, 2015; Roesler & Wind, 1994; Waller & Ruddock,

1993). Non-supportive behaviours of significant adults are not always perceived as intentional; in many accounts non-supportive behaviour was experienced as unintentional and perceived to either entrap the victim in the abusive environment or enable the abuse to continue.

### **3.9.2.1 Enablement of perpetrator**

Entrapment or enabling behaviours were described as instances where women reported actions of non-supportive significant adults as enabling the perpetrator to abuse the victim by entrapping the victim in the abusive relationship (Ahrens, 2006; Ricker, 2006). These behaviours were represented by parental/caregiver minimisation, parental/caregiver betrayal, parental/caregiver rejection, parental/caregiver compliance, and/or parental/caregiver inaction.

Quotes from Participant 5 reflect this parental/caregiver minimisation: *“The person I was staying with and she was my grandmother and she arranged a meeting to tell my mother and I told my mother. And then consensually we decided to like it keep it between the three of us”* (Participant 5, Group 2). When asked whether she felt she shouldn't have told anyone she replied: *“Ja, a lot of things would be different. But because of what he does, like he really provokes me like, because he knows that my family don't know, because he thinks my family don't know, because they haven't said anything to him...”* (Participant 5, Group 2). Minimisation and silencing as non-supportive behaviour from non-offending significant adults was verified by this study and aligns with literature (Crowley & Seery, 2001; Hunter, 2015; Lorentzen et al., 2008; Mayhall, 2014; Tener, 2017; Testa et al, 1990; Ussher & Dewberry, 1995; White, 2013).

Parental/caregiver betrayal was described as follows by Participant 2: *“They actually sold me out, they sold me out. Because it's your responsibility as a parent to protect your children and you cannot run away from that ... Ek voel ek is in die rug gesteek (I feel stabbed in the back)”* (Participant 2, Group 1). As indicated in literature these enabling behaviours by the non-supportive significant adult instigated feelings of betrayal toward the non-offending significant adults, as it allowed the abuse to continue and entrapped the victims within the abusive environment (Karakurt & Silver, 2014; Tsun, 1999)

Accounts of parental/caregiver rejection was also illustrated by quotes from Participant 7 and 2 where they recalled experiences of disbelief and denial that the abuse had occurred: *“The first time when I finally got the courage to tell my mother to ask her for help, she told me; go play, I don’t want to hear stories... My sister went to my biological father... She went and told him about the abuse and he and his wife, they helped her... they opened a case with the police and everything... they got her the psychological help and everything she needed. And when I decided, well, they helped her so maybe they will help me as well... I was made out to be a liar, trying to get attention”* (Participant 7, Group 3), and *“My mom, it wasn’t like she didn’t believe me, she was convinced by one of her friends it wasn’t true. But she just didn’t acknowledge it, we never spoke about it, it was like taboo...I had to forgive him, and I had to forgive my mother. She...didn’t believe me”* (Participant 2, Group 3). As in several studies, disbelief and denial that the sexual abuse had occurred were reported by many participants who experienced non-supportiveness from significant adults (Cavanaugh et al., 2015; Chien, 2005; Crowley & Seery, 2001; Glamb, 2011; Hunter, 2015; Jonzon & Lindblad, 2004; Mayhall, 2014; Monahan, 2010; Stoler, 2001; Tener, 2017; Testa et al., 1990; Timraz et al., 2019; Tsun, 1999; Ussher & Dewberry, 1995; Waller & Ruddock, 1993; Winnett, 2012).

The following quote from Participant 5 illustrates how she experienced her non-supportive grandmother and family to be compliant with the perpetrator: *“Yes my grandmother believed me, but the fact it still remains a family secret till today, still haunts me... I’m very angry... because of his wife (aunt). And because of my family as well, they didn’t – instead of helping me they wanted to help the family, and like the message my grandma gave me was that if word came out, I would actually be destroying my family. So if I did something about it, if maybe he and his wife divorced or the family knew about it, it would be on my shoulders”* (Participant 5, Group 2). Literature reports that numerous non-supportive adults enable the perpetrator to abuse instigating compliancy due to their secondary victimisation (Herman, 2005; Hunter, 2015; Monahan, 2010; Salter, 2013; Tener, 2017).

In discussing inaction and indifference to her disclosure Participant 5 recollects experiences of parental/caregiver inaction by the following quote: *“Ja, not that it worked at all, cause uhm... after that I kind of realised that I was in this alone and that it was up to me to sort it out and fix it, because nobody really cared”* (Participant 5, Group 3). Furthermore, Participant 3 reflected on her mother’s reaction to disclosure by stating: *“Niks, sy het niks op aarde daar omtrent gedoen nie (Nothing, she did nothing on earth about it)”* (Participant 3, Group 3). Many of these behaviours were reported in literature as enablement of the abuse which entrapped the victim within their abusive environments, and in many instances these actions left the victims without any support due to the inability of non-offending significant adults to act upon the abuse, or remaining indifferent toward the abuse (Arata, 1998; Cavanaugh et al., 2015; Chien, 2005, 2008; Crowley & Seery, 2001; Glamb, 2011; Herman, 2015; Hunter, 2015; Karakurt & Silver, 2014; Lorentzen et al., 2008; Mayhall, 2014; Middleton, 2013; Monahan, 2010; Salter, 2013; Simmel et al., 2012; Testa et al., 1990; Ussher & Dewberry, 1995; Waller & Ruddock, 1993; White, 2013; Winnett, 2012). These actions appear to leave the victim with lasting devastating outcomes in adulthood.

### **3.9.3 Theme 3: Long-Term devastating outcomes**

Women survivors of CSA reported that non-supportiveness at the hands of non-offending significant adults resulted in long-term devastating outcomes. Devastating outcomes of non-supportive experiences included victims internalising a message of not being good enough, owning a victim identity which rendered them vulnerable to re-victimisation, and issues of distrust. Additionally, double betrayal attachment injury was described as another core factor impacting these women survivors of CSA. This has received little attention in literature.

Inserts from many participants reflect the experiences of internalising messages of not feeling good enough due to the lack of support from non-offending significant adults: *“I’m not good enough... I’ve never been good enough ... I’ve tried buying their love aaah I think they, they always ask for more; they always want more so I can’t I don’t buy their love ... I take full responsibility uh now I am aware that I can’t buy my mother’s love... I thought you need giving them money, I’ll have that love because they, they will show the love at that time, they will show*

*their appreciation you know, their appreciation, I don't think they ever showed, they will make me feel uh a bit you know wanted so I was buying that from them... They take all (of my energy), they take all, then I'm a miserable mother for that day, I'm a miserable wife for that day so who suffers? It's my son and my husband"* (Participant 5, Group 3); *"At the end of the day I'm lonely. Maybe if I could deal with the sexual trauma at that time with my own family I could enjoy everything"* (Participant 4, Group 1); *"So they couldn't understand me and when the suicidal things happened they asked me why and I couldn't even answer because then the memory and the moments were (unclear)...Also what I need to change from the victim, what you need to change from a victim to a survivor, I felt that personally acceptance, love and assurance, both from self as well as others"* (Participant 2, Group 2); and *"For me it created a lot of bad habits, you know trying to do it on my own... After my disclosure I made extremely bad choices. And I even had, I have had had more than one emotional breakdown as well as physical. I have been through...suicidal stuff...I was angry afterwards. Angry and sad at the same time. I just found myself and I am in a cave. There's nobody there, it's dark, hopeless"* (Participant 1, Group 2). These negative feelings of self-worth are associated with reports in literature where survivors reported, amongst others, negative psychological adjustment; trauma symptomology, negative coping mechanisms, self-blame, and low self-esteem (Arata, 1998; Bagley & Young, 1999; Holt, 2007; Jonzon, 2006; Kennedy & Prock, 2016; Lange et al., 1999; Marquee-Flentje, 2017; McMillen & Zuravin, 1997; Merrill et al., 2001; O'Rinn et al., 2012; Palo & Gilbert, 2015; Stoler, 2001; Zlotnick et al., 1995)

Accounts of victims being vulnerable due to a lack of support from non-offending significant adults, and the resulting re-victimisation was stated in the following quotes: *"I went back. He told me to meet me under that tree or in the back room, why did I do that? ... I was sexually abused when I was eight. I don't know, I don't wanna know for how many years it went on.... Ok, then in... when I was twenty years old, in Pretoria, I was, uhm...date raped. That was, a, I never went to the police or whatever. That's just another thing that came from my childhood that I don't tell..."* (Participant 7, Group 1); *"I was raped and I got married to the person and I realised...only after I got divorced that I was raped because I didn't perceive it as wrong, what he did to me. And I got pregnant. I know I said get off me and no, but I was sixteen years old, and I didn't even go to my parents*

again” (Participant 1, Group 1); “Because I will never ever since that first disclosure, after it continued, I never ever mentioned it to anybody” (Participant 3, Group 1); and, “My ma was nie betrokke by ons goed nie... so daai situasie speel dit in elk geval, en dan die kere wat ons agterna in die situasie geplaas was as hy nog steeds daar was, jy probeer dit vermy, maar die situasie kom altyd terug (My mother was not involved in our stuff...so that situation plays in any case, and then the times that we were placed in that situation again he was still there, you try avoiding it, but that situation always comes back) ... So, you must realise what... and after that I thought but why must I ever talk to you again about anything?” (Participant 3, Group 3). In many instances, as in literature, participants reported the lack of support leading to re-victimisation in adulthood, where the absence of support from significant adults impacted on the survivor’s future disclosure of the sexual abuse (Brenner & Ben-Amitay, 2015; Chien, 2005; Collin-Vézina et al., 2015; Jankowski et al., 2002; Jonzon, 2006; Roesler & Wind, 1994; Simmel et al., 2012)

In the following quotes, participants expressed their distrust in others which followed after their non-supportive experiences in childhood: “Well I don’t feel safe around anyone...And the way I view the world is that it’s unfair, that no-one will ever be on your side and that no matter what anyone does, you can’t fully trust someone” (Participant 3, Group 2); “My safe haven is at my home, so, me not receiving adequate emotional support as a child, I tend to exhibit extraordinary need for approval and reassurance” (Participant 5, Group 3); “I’m 57, and only now I’m able to accept that people can do something for me without wanting something in return. uhm... and when I think about that it still makes me terribly angry because nobody bothered” (Participant 4, Group 3); and “I have to build a relationship with this sister-in-law because she’s actually the only one I can talk to... Because I don’t have relationships with other people. This is what upsets me; I don’t have relationships. I don’t have close friends” (Participant 3, Group 1). The distrust in others correlates with accounts in literature where women report a negative adult attachment due to non-supportive experiences related to non-offending significant adults (Chien, 2008; McMillen & Zuravin, 1997, 1998; Monahan, 2010; Murphy et al., 2014; Newman-Lubell & Peterson, 1998; O’Rinn et al., 2012; Tener, 2017; Tyagi, 2002; Zinzow et al., 2010).

Double betrayal attachment injury included experiences of attachment injury (Bowlby, 1969; Symonds, 1975) due to the double betrayal trauma (Freyd, 1996; De Prince & Freyd, 2007; Wager, 2013) experienced in childhood, by the non-supportive significant adult (often the mother). This appeared to result in unfinished business with the non-supportive significant adult, often leading to further adulthood attachment and trust challenges. Thus, the trauma caused by the non-supportive significant adult who fails to prevent the child from further sexual abuse or believe or protect her causes more damaging psychological effects than the CSA itself.

Double betrayal attachment injury by non-supportive parents was reported by Participant 2 as evident in the following quotes: *"I feel betrayed in my current situation with my mom, my dad.... Ek voel in die rug gesteek, ek sal graag daardie wond van die mes wil "cover", maar ek glo nie ek het al daai mes uitgehaal nie (I feel stabbed in the back, I would really like to cover that wound of the knife, but I don't believe that I have taken out that knife yet)... I know when I had to forgive my mom and my dad for the way they reacted, was... it was difficult for me to forgive them... I realized that I'm never going to get approval from my mom, no matter what I do. It is also not my responsibility to save her you know... Am I making the right choice by deciding that I'm going to give up on the dream of having a mom? ... Sometimes I wonder, am I going to cry when my mom dies. Am I going to cry because of regret? Am I going to cry because we are not going to have a relationship, it's the end of it? It's just so difficult to fill up that hole, because it is such a big hole. To fill it up with something that has everlasting value, with something that is positive. Even exercise, but I cannot just do the physical, I need emotional"* (Participant 2, Group1).

Many participants reported their double betrayal attachment injury at the hands of their non-supportive mothers, as seen in the following quotes: *"And then Researcher 1 said to me, you know what, it's not your grandfather that's your biggest trauma, it's your mom... I carried on but uhm, unfortunately I didn't notice, or I didn't realise that my mother is my other big sore in my life, I really didn't... My problem is, is my mother. My mother probably, because I talked about it. And she put down all her, her coping, because they are not correct...My mother closed up because she wanted to finish with my grandfather's stuff. And that's why she couldn't or didn't talk to me*

*about the things I thought I would've liked to know. And where I would've felt some comfort...The trauma with my mom is, is still carrying on. With my grandfather, I've told you, I forgave him totally. I, because he can come today here and sit with me. I'll give him a hug. I will be able to talk to him and it will be fine. I will have no problem talking to my grandfather. Uhm, but it's difficult with my mom...The relationship with my mom needs to be an artificial one. An authentic relationship with my mom is never going to happen, so I stick with the artificial one"* (Participant 3, Group1).

Similarly, Participant 3 reports on her current feelings toward her mother, in the subsequent insert:

*"Op die ou einde van die dag as jy by iets kom dat jy iemand wil vertel, wil hul jou nie glo nie en dit is een van my grootste probleme. Daai situasie dat die persoon wat jou eintlik moet help, wil jou nie glo nie... sy se sy kan nie onthou dat ek haar ooit gesê het nie, sy sê ek het haar nooit gesê nie...En ek kon nooit verstaan hoekom is ek so erg oor my kinders nie. Jy sit goed in n laai en file dit en tot daai dag toe, het ek besef dit is hoekom ek dit doen... en ek het opgekropte emosies teenoor my ma... hoekom? Omdat my ma my nie wou help nie. En dit is my grootste... ek kan "cope", ek is eerlik as ek sê en kan "cope", maar daai ding, my ma wat my nie wou glo nie... So ek weet nie, dit is moeilik, ek dink die onvermoë, die situasie dat jy nie iets daaraan kon doen nie, maak nie vir my sin nie... en tot vandag toe as ek met my ma daaroor sal praat, wat ek nie meer doen nie, is daar 'n kwessie van, weet jy wat, jy praat nonsens (At the end of the day if you come to someone that you want to tell they don't want to believe you and that is one of my biggest problems. That situation that the person that was supposed to help you doesn't want to believe you... She can't remember that I ever told her, she says that I never told her...And I could never understand why I am so worried about my children. You put things in a draw and file it until that day, when I realised this is why I do it, and I have pent-up emotions towards my mother... why? Because my mother didn't want to help me. And that is my biggest... I can cope, I am honest when I say I can cope, but that thing, my mother that didn't believe me... So I don't know, it is difficult, I think the inability to, the situation that you couldn't do anything, it doesn't make sense to me... and until today if I talk to my mother about it, what I don't do anymore, there is an issue of, you know what, you are talking nonsense)... She's never come to the point where she thinks it's really happened, but she's not one of those people that will ever admit there's a problem... My*

*ma kon my altyd basies laat glo, my pa is die oorsaak... en hoe meer ek daaraan dink hoe minder dink ek dit is so... sy was die oorsaak van daai situasies (My mother could always make me believe, my dad is the cause...and the more I think of it the less I think it is, she was the cause of those situations)... and I think sometimes it's much worse with her, the fact that everything that happened is actually her fault, nobody else's... the way my dad acted, it was her fault... because she always, if I can close my eyes... she was like a little dog barking the whole time" (Participant 3, Group 3).*

*She further states: "I need to be part of her... but its dragging me emotionally so down, but sometimes I don't think it's worthwhile... and she can't see when she's wrong... if you talk to her...no ways, you're the one that's wrong...Kyk ek sal altyd maar 'n gevoel hê teenoor haar. Vir sy en veral met dit wat gebeur het ook nou met die storie met my pa en alles, maar ek dink uhm, ek het eintlik half weg beweeg daarvan en dit het ek vir myself uitgesorteer.. in hierdie stadium dink ek, miskien is dit nie vir my so belangrik om al haar liefde te hê nie....Ek dink ek sal dit graag wil verander, al voel ek net beter... dit hoef nie te wees... kyk sy glo nie dat sy dit... iets verkeerd gedoen het nie. So in haar oog is dit nie so nie... (Look I will always have a feeling against her. For his and especially with what happened now also with the story with my dad and everything, but I think uhm, I actually moved away from it and I sorted that out for myself... at this point I think maybe that it doesn't matter so much to love her ... .I think I would like to change it, even if I just feel better ... it doesn't have to be ... look she doesn't believe she did it ... something wrong. So in her mind it is just not so ...)" (Participant 3, Group 3).*

Furthermore, Participant 5 expresses her double betrayal attachment injury with her non-supportive father in the following quote: *"The painful thing about it was not actually the perpetrator but it was the fact that my dad beat me after the, the experience... You know, uhm, like I said, what's not painful it's, it's, what, what my cousin did to me is not as painful as what my dad did to me... I don't have a good relationship with my dad... I was hoping I will be able to, to forgive him, completely... I am not able to talk to him, even today... I want to be able to look at him and say father, as someone who will protect me. I know he can protect me but it's like it's not enough...*

*He has apologised, but you know, the fact that when things go wrong between him and my mom... He blames me for it. It doesn't feel like he apologised"* (Participant 5, Group 1).

Participant 5, who experienced multiple double betrayal attachment injuries quotes the following when reporting on her relationship with her grandmother: *"I think I'm starting to realize that they are at fault in my life and how I'm blaming myself for certain things that I shouldn't... I can say I'm very angry... So my grandmother was, you know I have a problem with her, so okay...so I don't talk to my grandmother... I can hardly talk to my grandmother about my emotions. Like when we talk, we just talk about current issues, we've never went really deep... I believe that I have a lot of anger towards my grandmother because even like lately I have dreams where I am always in a physical fight.... And now, of the way she is, she's ruined my relationship with my brother. Like I said, she's the [inaudible] relationship with my brother because I know he's the person I would fall back on, and now that's never going to happen, because we can't be in a relationship, it's too late... It shows that she's trying to hurt me. Because I leave to avoid her, I am never at home, to avoid her. I just want to avoid her. I can't have a proper conversation with her. I can't remember the last time I had a proper conversation with her. So I always try to avoid her. But when I do, she wants me to come back. I don't know why, what is the best"* (Participant 5, Group 2), her double betrayal attachment injury with her aunt was expressed in the following statement: *"She asked me when am I going home and I said most probably after we finished this session. Then she asked me what it is about, and I told her, she shouted at me. She said why are you going there and blah, blah, blah. It hurts, it hurt my feelings a lot, because it's so sad that they don't have that support for me.... So, now she's sick and we are expecting to go see her in hospital, but I don't want to. I don't feel the need to support her when she needs help, because she never supported me... I just don't have the desire to try to connect with them... So I don't know; me and my family just never will be okay"* (Participant 5, Group 2). Additionally, Participant 5 reports on her feelings toward her mother in the following insert: *"I was nine when she passed away. And then it's – I can say it stays on my mind the whole time because after she passed... Partially I was, it is stupid but I kind of blame my mom for passing away because if she didn't die then that wouldn't have happened"* (Participant 5, Group2). The lack of support from significant adults appears to indicate

a severe lack of trust in others due to experiences of double betrayal trauma (Freyd, 1996; DePrince & Freyd, 2007; Wager, 2013), where participants were not only betrayed by the sexual abuse perpetrator known to them, but also by the non-offending significant adult who did not offer any support or protection. This betrayal from the non-supportive significant adult could lead to further or additional attachment injuries (Bowlby, 1969; Symonds, 1975).

### **3.10 Discussion**

The objective of this study was to explore the experiences of women survivors of CSA participating in three S2T collaborative strengths-based group interventions in relation to non-supportive significant adults. The findings corresponded with Freyd's (1994, 1996) theory of double betrayal trauma and Bowlby's (1969) theory of attachment identified in international literature, with the exception of long-term negative consequences, described as victims internalising feelings of not being good enough, owning the victim role, distrust in others, and double betrayal attachment injury. The overall contribution of this study is two-fold: firstly, it contributes to the global pool of knowledge on this topic and secondly, it opens up discussion on this topic in South Africa.

Furthermore, from the study it is clear that the non-supportive significant adult was not only restricted to mothers but also included fathers, grandparents, and even extended family members (such as aunts and uncles) who were perceived to be in a position to stop the abuse from occurring, protect the participant from the abuse, and offer support after abuse had stopped, but failed to do so.

Many CSA survivors indicated in this study that they have overcome the abuse itself, but still struggle with unfinished business and additional trauma concerning the actions of the non-supportive significant adult or caregiver. A surprising discovery in this study was the several reports of long-term devastating outcomes as a result of these women's non-supportive experiences before, during, and after the CSA, which translated into a pervasive attachment injury. This attachment injury appeared to develop as a result of the continuous and repetitive betrayal by the non-supportive adult. This double betrayal attachment injury appears so complex

that even relationships in adulthood are affected (DePrince & Freyd, 2007; Symonds, 1975; Wager, 2013). As such many participants spoke of the lack of support in childhood in the present tense, affirming that this lack of support is seen as an ongoing factor, even in their present-day lives. It is evident in the current study that double betrayal attachment injuries are no longer a secondary concern when treating survivors of CSA, but as many of the participants reported, it is a current primary concern or unfinished business. Additionally, in many instances as is the focus of such in literature, the unfinished business revolves around the non-supportive mother (Chien, 2005, 2008; Hunter, 2015; Leifer, Kilbane, & Grossman, 2001; Salter, 2013; Wager, 2013).

The non-supportive adult who failed to prevent, detect, support, or protect can be seen as a traitor of the child-victim. This double betrayal leading to severe attachment injuries in childhood and adulthood is described as more damaging than the sexual abuse trauma. In this study this is reported as a primary concern by many of the women survivors of CSA and can thus be seen as a crucial therapeutic outcome in the recovery process of survivors of CSA

Helping professionals in practice should be cognisant of the impact of such double betrayal attachment injury as most interventions only focus on overcoming the trauma and attachment injury of the sexual abuse perpetrator. As such, the double betrayal attachment injury caused by the non-supportive parent or caregiver is not explored. This treatment exploration is imperative to recovery as the injury between the survivor and the non-supportive parent or caregiver often renders more damaging long-term negative consequences than that caused by the sexual abuse perpetrator.

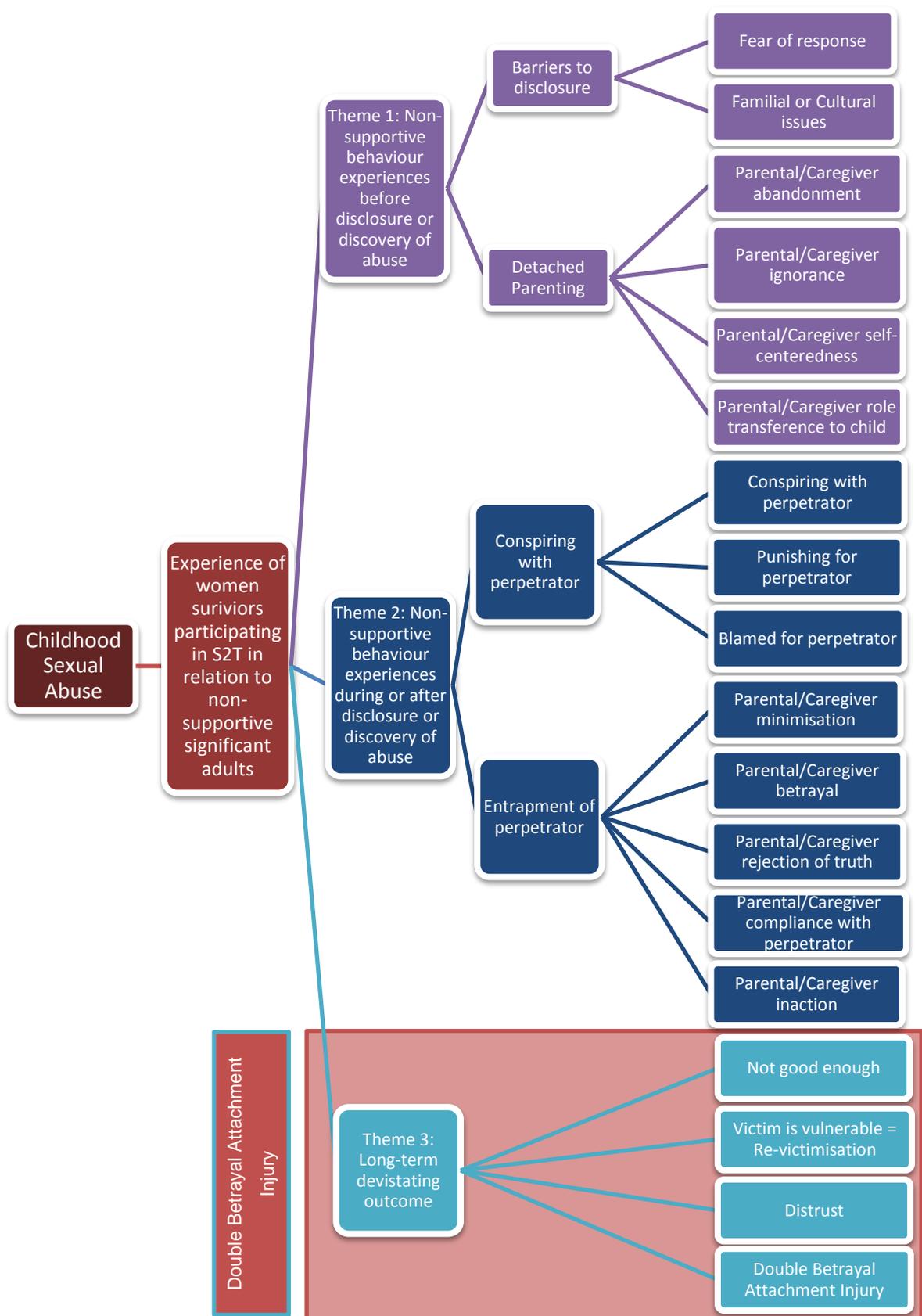


Figure 6: Conceptual framework of women survivors of CSA participating in S2T in relation to non-supportive significant adult experiences

### **3.11 Limitations**

The small sample size available in the three S2T intervention groups creates a limitation to this study. A concern for conducting QSA is that the researcher was not directly involved in collecting the data and was thus not instrumental in terms of questions posed and observations made. Another limitation of QSA is that the data sets were not gathered to answer the research question for this current study; therefore there could have been other non-supportive experiences prevalent in these groups not accounted for in this study. In addition, the data sets were those of two group intervention programmes; thus women may not have been entirely open due to trust issues perhaps experienced in the group context. Also, given the age of the women in the groups, the experiences of lack of support in childhood could lack certain aspects and intensity, as these accounts were recalled retrospectively and relied on memory.

### **3.12 Conclusion**

In qualitative research it is important to honour context and diversity as such the intention of this study was to enhance the understanding of the experiences of women survivors of CSA in relation to non-supportive significant adults. Non-supportive experiences were presented in a sequence of before, during, or after disclosure leading to long-term devastating consequences for the CSA survivors. Non-supportive behaviours experienced before disclosure or discovery of abuse were depicted as barriers to disclosure, and detached parenting. During or after disclosure or discovery of abuse, non-supportive behaviours included non-offending significant adults conspiring with perpetrator and enablement of perpetrator. Long-term negative consequences of non-supportive experiences were identified as the victim internalising messages of not being good enough, owning the victim role, distrust, and double betrayal attachment injury. Lastly, a conceptual framework was developed for this study to provide a clear interpretation of these experiences of women survivors of CSA in relation to non-supportive significant adults.

### **3.13 Recommendations**

Given the findings and limitations of this study, it is recommended that further qualitative studies are needed to enhance the understanding and expand on the evidence of the experiences of women survivors of CSA regarding non-supportive significant adults, in the South African context. It could be worthwhile to examine how these experiences could be incorporated in treatment outcomes to improve strength-base interventions that are tailored to survivors of CSA.

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## **SECTION C**

### **CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS**

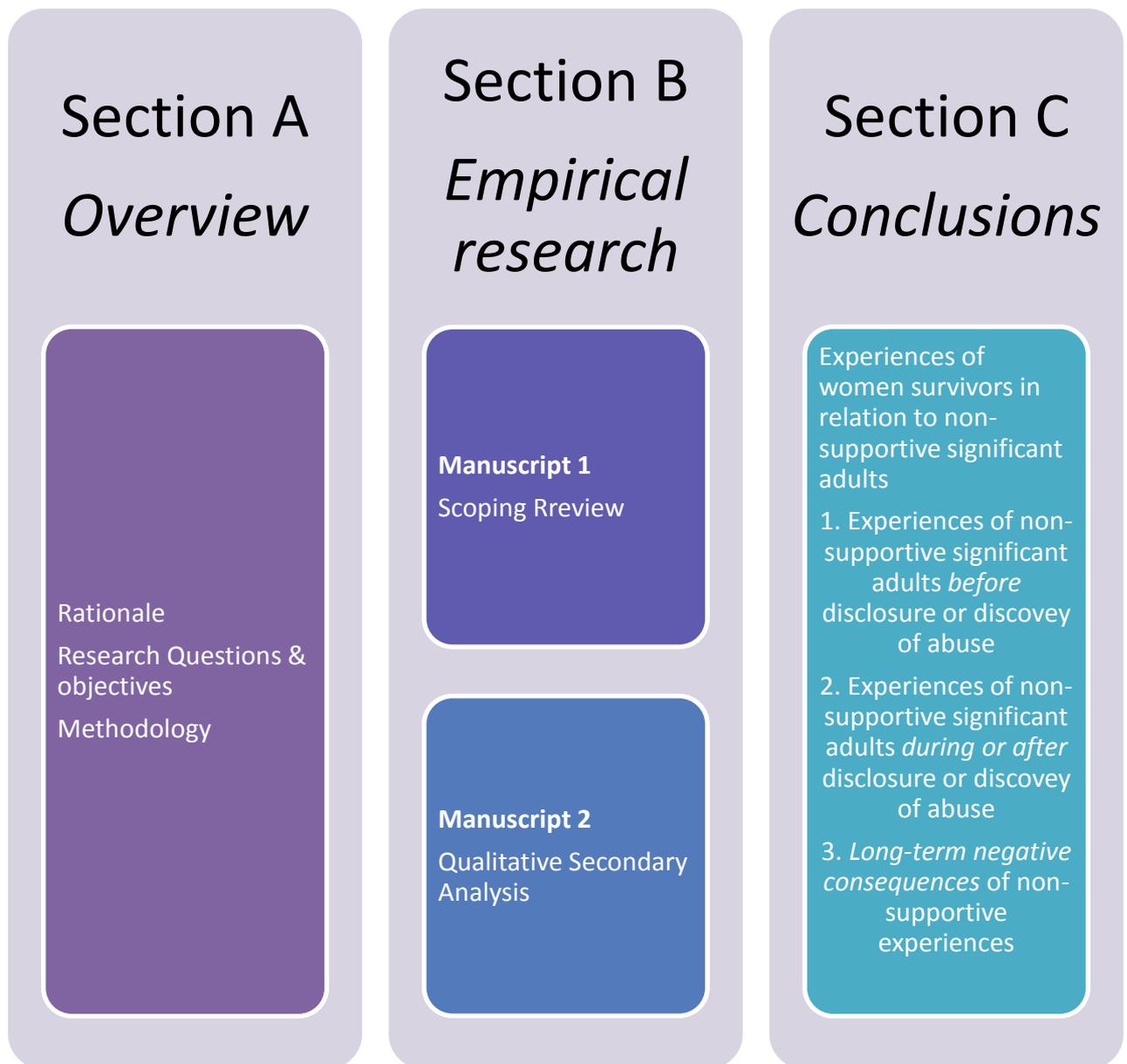


Figure 7: Unfolding of the study

## 4.1 Introduction

This qualitative exploratory research study aimed at exploring what is known from literature and women survivors of childhood sexual abuse (CSA), who attended the Survivor to Thriver (S2T) collaborative strengths-based group intervention programme, experiences in relation to non-supportive significant adults. The objectives of this study were: (1) to conduct a scoping review to identify literature and provide a summary of evidence from a variety of studies on the experiences of non-supportive significant adults in women survivors of CSA; (2) to perform qualitative secondary analysis (QSA) of three data sets of women attending the S2T collaborative strengths-based group intervention programme treatment sessions, spanning over a five year period, aimed at exploring the experiences of these women survivors in relation to non-supportive significant adults; (3) to contextualise the findings on non-supportive experiences in order to inform future S2T treatment practice.

To achieve the three above-mentioned objectives, the study was divided into two phases. A scoping review formed part of phase I of this study, which fulfilled the purpose of the first manuscript. To fulfil objective two in Manuscript two a conceptual framework deriving from manuscript one, was translated into a coding framework (as an outcome of objective one's findings) and used in phase II to employ QSA on three data sets of the S2T collaborative strengths-based group intervention programme treatment sessions. Finally, these findings were formulated into a conceptual framework in an attempt to fulfil objective three, which was successfully achieved.

In the following sections an overview of the conclusions, limitations, and recommendations that originated from the study will be provided. Firstly, the research questions will be reconsidered, followed by the conclusions emanating from this study in order to provide an integrated understanding of this phenomenon. Finally, a personal reflection will be given alongside the limitations to this study's findings as well as recommendations for future research and practice, based on the conclusions of this study

## 4.2 Research Questions Reconsidered

The study was guided by a primary research question and three secondary research questions, as represented by the schematic representation (Figure 6) below.

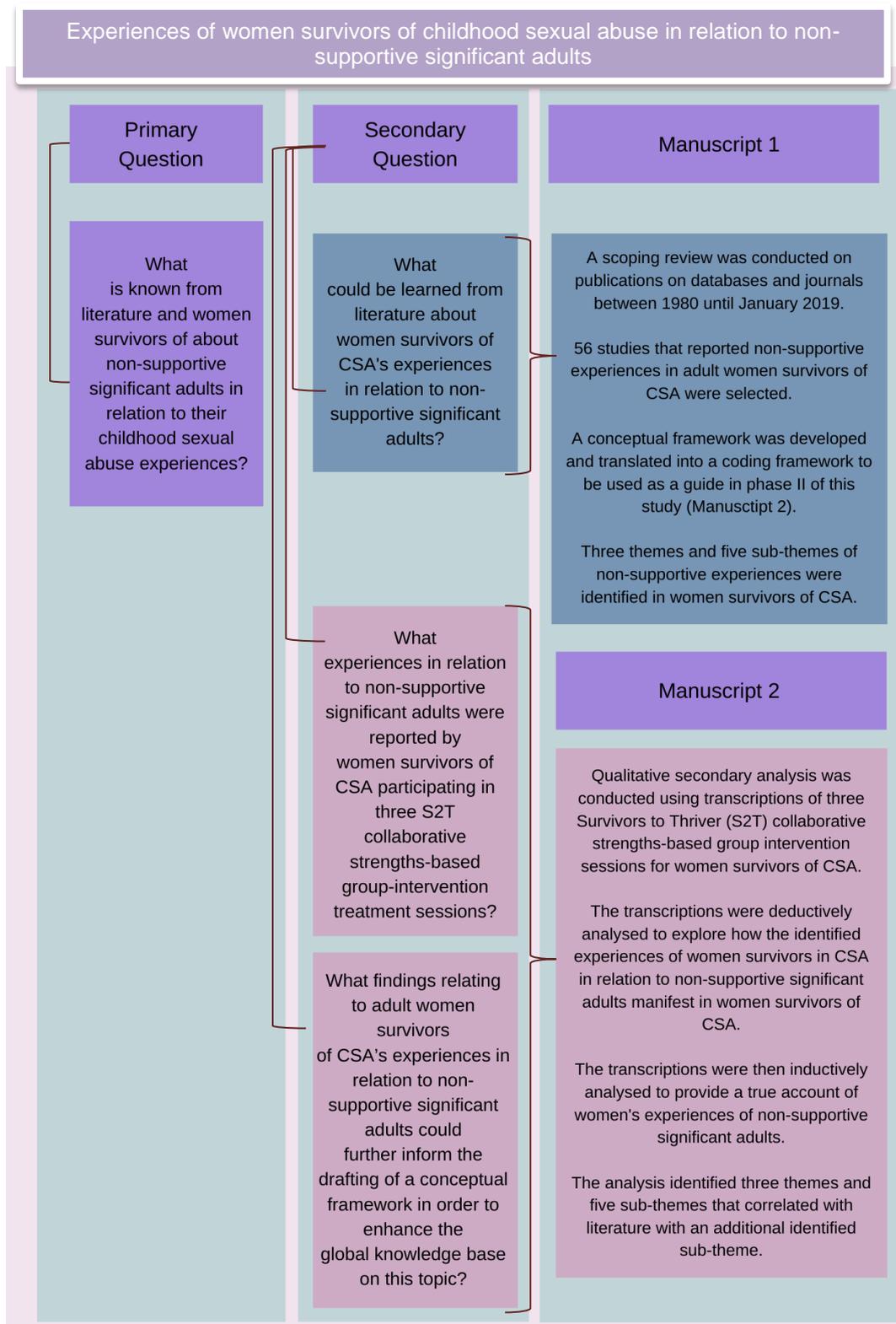


Figure 8: A schematic representation of how research questions were explored

### **4.3 Conclusions emanating from the study**

#### **4.3.1 Manuscript 1**

Manuscript one reported on the results of the scoping review conducted with the aim of identifying and summarising the findings from literature with regards to the experiences of women survivors of CSA in relation to non-supportive significant adults.

The results of the scoping review support the findings of Freyd's (1994, 1996) betrayal trauma theory and Bowlby's (1969) attachment theory. A total of three themes were identified to explain the experiences of women survivors of CSA in relation to non-supportive significant adults: non-supportive experiences *before* disclosure or discovery of CSA (barriers and/or impediments to disclosure and disengaged parenting); non-supportive experiences *during or after* disclosure or discovery of CSA (collusion and/or coercion and entrapment and enablement), and the *long-term negative consequences* of non-supportive experiences on women survivors of CSA (negative psychological functioning, re-victimisation and negative adult attachments).

A conceptual framework derived from the scoping review was translated into a coding framework (Addendum D) and was used as a guideline to conduct QSA in manuscript two. The conceptual framework offers an organised understanding of the experiences of women survivors of CSA in relation to non-supportive significant adults as documented in literature. An understanding was gained of the factors surrounding the non-supportive experiences reported by women survivors of CSA, and these factors were further explored to understand how they manifest in South African women survivors of CSA.

#### **4.3.2 Manuscript 2**

The results of the QSA on three data sets of the S2T collaborative strength-based group intervention programme treatment sessions corresponded with the three main themes found in the scoping review on the experiences of women survivors of CSA in relation to non-supportive significant adults. The three themes were presented in sequence of before, during, or after disclosure resulting in long-term devastating consequences for the CSA survivors. These three

themes were: non-supportive experiences *before* disclosure or discovery of CSA (barriers to disclosure and detached parenting).; non-supportive experiences *during or after* disclosure or discovery of CSA (conspiring with perpetrator and the enablement of the perpetrator), and the *long-term negative consequences* of non-supportive experiences on women survivors of CSA (victims internalised message of not being good enough, victim identity causing re-victimisation and distrust). However, one additional sub-theme not found in literature was reported, namely the double betrayal attachment injury, categorised under the main theme of long-term negative consequences. This double betrayal leading to severe attachment injuries in childhood and adulthood appeared more damaging than the sexual abuse trauma, in fact, the non-supportive adult who failed to prevent, detect, support, or protect the child victim can be described as a traitor of the child-victim. The conceptual framework was thus, expanded to include the first South African study, which contributes to the global knowledge base and opens conversations in South Africa on the experiences of women survivors of CSA in relation to non-supportive significant adults.

#### **4.3.3 Overall Conclusion**

The overall conclusion drawn from this study is that non-supportive experiences reported by women survivors of CSA are represented in terms of non-supportive experiences before, during, or after disclosure or discovery of abuse, which causes devastating long-term negative outcomes in the lives of women survivors of CSA. This study provides rich evidence of the dynamics involved in the experiences of women survivors in relation to non-supportive significant adults, which are important treatment markers in the recovery portfolios of such survivors. It therefore offers a deep understanding of the complex nature not only of CSA, but also of the impact of these experiences on survivors of CSA. Additionally, there seems to be a lack of studies exploring this devastating phenomenon in developing countries such as South-Africa.

#### **4.4 Limitations of the current study**

The limitations presented by each manuscript are as follow:

#### **4.4.1 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. Additionally, due to the limitations in the conceptualisation of non-supportive experiences, it is acknowledged that some studies could have been overlooked where defining factors were inconsistent in terminology, the researcher did however try to counteract this limitation by testing and retesting different search terms.

#### **4.4.2 Manuscript 2**

The foremost limitation to the study is the small sample size of participants in the three S2T group intervention programme treatment sessions, seeing that such findings cannot be generalised. Also, the researcher was not directly involved in data collection, and was thus not instrumental in terms of questions posed and observations made. Another limitation of QSA is that the data sets were not gathered to answer the research question for this current study; therefore there could have been other experiences prevalent in these groups not accounted for in this study. The data set was of a group intervention and thus women may not have been entirely open due to concerns about confidentiality and distrust perhaps experienced in the group context. Additionally, given the age of the women in the groups, the impact of their non-supportive experiences in childhood on their current lives might have lacked certain aspects and intensity.

#### **4.5 Contributions of the study**

To the researcher's knowledge, this study provided the first known summary relating to the experiences of women survivors of CSA in relation to non-supportive significant adults. The conceptual framework was developed from literature reported in the scoping review which contributes to the global knowledge base, identified gaps, and opens conversations in South Africa on the experiences of women survivors of CSA in relation to non-supportive significant

adults. Despite the limitations of this study, the findings support Freyd's (1994, 1996) betrayal trauma theory and Bowlby's (1969) theory of attachment, and extends to the double betrayal attachment injury experienced by women survivors of CSA, as a consequence of their non-supportive significant adults. The long-lasting impact that emerged from this study advances the understanding of this devastating phenomenon; and 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 non-supportive experiences 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 the lack of support in disclosure or discovery of CSA 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 collaborative strength-based group intervention programme treatment guidelines.

#### **4.6 Recommendations for future research**

A larger study is recommended to be conducted to develop and expand the data on experiences of women survivors of CSA in relation to non-supportive significant adults in the South African context, and it would be worthwhile to examine how these experiences could be incorporated with treatment outcomes to improve strength-based interventions that are tailored to survivors of CSA. Furthermore, a primary study should be conducted to explore the non-supportive experiences in adult women survivors of CSA. In addition, it would be beneficial if this study could be replicated with adult male survivors of CSA.

#### **4.7 Personal Reflection**

As I reflect on the current state of CSA in South-Africa, one cannot disregard the high prevalence and devastating impact that this heinous trauma has on so many of its victims. As such, the

overwhelming devastation CSA causes in the lives of this vulnerable population encouraged me to undertake the study. In learning more about the work of Prof Hayley Walker-Williams and Prof Ansie Fouché in the S2T collaborative strengths-based group intervention programme, the remarkable contributions this programme has made in the lives of women survivors was such an inspiration. I knew from early on that that it would be a great privilege to contribute to their cause in helping women not only move from victims to survivors, but ultimately to thrivers. My interest was further sparked when Profs Hayley Walker-Williams and Ansie Fouché approached me with the current research question, where they identified short and long-term effects caused by the lack of appropriate responsiveness of significant adults. Together we came to realise that apart from the trauma causing factors of CSA, the lack of support in childhood has a lasting impact on adult women survivors, and that in many cases the negative outcomes were not fully addressed in therapeutic settings. Therefore I decided to focus my study on exploring the experiences of CSA survivors in relation to non-supportive significant adults.

In conducting the scoping review, a major challenge was the conceptual limitations in defining non-supportive experiences, alongside the expansive number of studies done on the topic. Yet, what encouraged me to persevere was the contribution this study might add to the knowledge base of CSA, and ultimately to improve treatment practice. In every step of the study, although challenging at times, I had constant support, not only by my esteemed supervisors, but family, friends, and colleagues, without whom this study could not have been possible. Overall, conducting this study was such a valuable and positive learning experience, one which gave me confidence in my abilities as a researcher and registered practicing psychological counsellor.

My hope for this study is to encourage survivors of CSA to voice their experiences in a safe and empowering space, where they can have a platform to heal from the negative past experiences and thrive to be the beautiful, brave, and strong individuals they are destined to be. Without the courageous persons who participated in each and every study in literature, we as researchers would be unable to succeed in our task to continuously build on better understanding this phenomenon that impacts so many lives. A mere thank you is not enough.

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## ADDENDUM A

### Scoping Review Protocol

**1) Review Question: Adapted from the five-stage framework of Arksey and O'Malley (2005)**

What are the experiences reported by a group of adult women survivors of CSA in relation to non-supportive significant adults in South Africa?

**2) Reviewers:**

Bianca Brits

**3) Centre conducting the review:**

North-West University – Vanderbijlpark Campus

**4) Review objective:**

What could be learned from previous studies in literature on experiences of non-supportive significant adults reported by adult women survivors of CSA?

**5) Inclusion criteria:**

**a. Participants:**

- i. studies that include adult women survivors of childhood sexual abuse

**b. Phenomenon of interest:**

- i. studies that include child/childhood sexual abuse
- ii. studies that include non-supportive significant adults (i.e. studies that include non-supportive behaviour (disclosure/ response/ protection/ enabling/ betrayal)
- iii. studies that include non-offenders (caregivers/parents/ mother/family)
- iv. studies that include betrayal and attachment theories

**c. Type of outcome:**

- i. studies that indicate experiences of CSA in relation to non-supportive significant adults reported by adult women survivors of child sexual abuse

**d. Type of studies:**

- i. Empirical studies
- ii. Case studies
- iii. Qualitative
- iv. Quantitative
- v. Mixed method
- vi. Dissertations/ Thesis
- vii. Meta synthesis
- viii. Research synthesis

- ix. Systematic reviews
- x. Scoping reviews
- e. Publication dates of studies:** 1980 –2019 (January)
- f. Language of studies:** English
- g. Key terms:**
  - i. (\*child sexual abuse\* OR \*childhood sexual abuse\* OR \*child sexual assault\* OR \*childhood sexual assault\*) AND (non-offending caregiver OR non-offender OR non-offending parent)
  - ii. (\*child sexual abuse\* OR \*childhood sexual abuse\* OR \*child sexual assault\* OR \*childhood sexual assault\*) AND (response) AND (non-offender OR non-offending caregiver OR parent OR mother OR family)
  - iii. (\*child sexual abuse\* OR \*childhood sexual abuse\* OR \*child sexual assault\* OR \*childhood sexual assault\*) AND (\*support\*) AND (non-offender OR non-offending caregiver OR non-offending parent OR mother OR family)
  - iv. (\*child sexual abuse\* OR \*childhood sexual abuse\* OR \*child sexual assault\* OR \*childhood sexual assault\*) AND (non-supportive OR unsupportive) AND (disclosure)
  - v. (\*child sexual abuse\* OR \*childhood sexual abuse\* OR \*child sexual assault\* OR \*childhood sexual assault\*) AND (betray\*) AND (non-offending caregiver OR non-offending parent OR mother OR Family)
  - vi. (\*child sexual abuse\* OR \*childhood sexual abuse\* OR \*child sexual assault\* OR \*childhood sexual assault\*) AND (protect\*) AND (non-offending caregiver OR non-offender OR non-offending parent OR mother OR family)
  - vii. (women OR female OR woman OR females) AND (sexually abused as children)
  - viii. (\*child sexual abuse\* OR \*childhood sexual abuse\* OR \*child sexual assault\* OR \*childhood sexual assault\*) AND (\*adult women survivors\* OR \*adult female survivors\*)
- h. Sources**
  - i. Data base search
    - 1. EbscoHost
      - a. Academic Search Premiere
      - b. Africa-Wide Information
      - c. E-Journals
      - d. PsycARTICLES

- e. PsycINFO
- f. SocINDEX
- g. ERIC
- 2. SAEPublications
- 3. Science Direct (Social Sciences and Psychology)
- 4. Cross Ref
- ii. Academic journals search
  - 1. Child Abuse & Neglect
  - 2. Child Abuse Research in South Africa
  - 3. Child Abuse Review
  - 4. Journal of Child Sexual Abuse
  - 5. Sexual Abuse: A Journal of Research and Treatment
  - 6. Trauma, Violence and Abuse: A Review Journal

**\*\*Reference lists after duplicate studies have been removed**

## 6) Exclusion criteria

### a. Participants:

- i. studies that include adult male survivors of CSA (without distinctions),
- ii. studies that include children samples,
- iii. studies that address experiences of non-offending significant adults,
- iv. studies that address experiences of intergenerational abuse & supportive behaviour (survivors as mothers)- unless specifically reporting on own experiences
- v. studies addressing adult disclosures exclusively

### b. Type of studies :

- i. Literature reviews
- ii. book reviews
- iii. policy documents
- iv. government documents
- v. grey literature
- vi. training manuals

### c. Publications: studies that were not peer reviewed

### d. Sources:

- i. training manuals
- ii. reference to blogs
- iii. reference to books
- iv. newspaper articles
- v. magazine articles

## **7) Study selection process**

- a. Identify publications through data base searches using key terms
- b. Identify publications through academic journal searches using key terms
- c. Screen titles and abstracts for eligibility criteria
  - i. Application of exclusion criteria (screening)
  - ii. Remove duplicates
- d. Identify additional citations from reference lists of publications found through searches
  - i. Application of exclusion criteria
- e. Access and assess full text studies for eligibility criteria
  - i. Exclude studies that do not meet inclusion criteria
  - ii. Exclude studies that do not answer the research question
- f. Reviewers apply inclusion and exclusion criteria to full text studies to validate eligibility
- g. Indicate studies for inclusion in scoping review

## **8) Search strategy**

- a. Analysis of text words contained in the title and abstract
- b. Index terms used to describe article
- c. Identified keywords and index terms
- d. Reference list of all identified reports and articles

## **9) Charting the data**

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

## **10) Consultation with professionals**

Discussion with supervisors who are professionals working in the field of child/childhood sexual abuse

## ADDENDUM B

### Identified Database and Journal Studies

DATA BASE	Key Terms	After Exclusion Criteria
Ebscohost Academic Search Premier	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-offending caregiver OR non-offender OR non-offending parent)	23
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (response*) AND (non-offender OR non-offending caregiver OR parent OR mother OR family)	105
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (support*) AND (non-offender OR non-offending caregiver OR non-offending parent OR mother OR family)	129
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-supportive OR unsupportive) AND (disclosure)	5
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (betray*) AND (non-offending caregiver OR non-offending parent OR mother OR Family)	11
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (protect*) AND (non-offending caregiver OR non-offender OR non-offending parent OR mother OR family)	88
	(women OR female OR woman OR females) AND (“sexually abused as children”)	40
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (“adult women survivors” OR “adult female survivors”)	29
	<b>TOTAL</b>	<b>430</b>
	<b>ENDNOTE TOTAL</b>	<b>366</b>

DATA BASE	Key Terms	After Exclusion Criteria
<b>Ebscohost</b> Africa- Wide Information	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-offending caregiver OR non-offender OR non-offending parent)	0
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (response*) AND (non-offender OR non-offending caregiver OR parent OR mother OR family)	9
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (support*) AND (non-offender OR non-offending caregiver OR non-offending parent OR mother OR family)	11
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-supportive OR unsupportive) AND (disclosure)	2
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (betray*) AND (non-offending caregiver OR non-offending parent OR mother OR Family)	0
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (protect*) AND (non-offending caregiver OR non-offender OR non-offending parent OR mother OR family)	15
	(women OR female OR woman OR females) AND (“sexually abused as children”)	8
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (“adult women survivors” OR “adult female survivors”)	2
	<b>TOTAL</b>	<b>47</b>
	<b>ENDNOTE TOTAL</b>	<b>37</b>

DATA BASE	Key Terms	After Exclusion Criteria
Ebscohost PsycINFO	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-offending caregiver OR non-offender OR non-offending parent)	27
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (response*) AND (non-offender OR non-offending caregiver OR parent OR mother OR family)	105
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (support*) AND (non-offender OR non-offending caregiver OR non-offending parent OR mother OR family)	123
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-supportive OR unsupportive) AND (disclosure)	2
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (betray*) AND (non-offending caregiver OR non-offending parent OR mother OR Family)	5
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (protect*) AND (non-offending caregiver OR non-offender OR non-offending parent OR mother OR family)	85
	(women OR female OR woman OR females) AND (“sexually abused as children”)	101
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (“adult women survivors” OR “adult female survivors”)	40
	<b>TOTAL</b>	<b>488</b>
	<b>ENDNOTE TOTAL</b>	<b>380</b>

DATA BASE	Key Terms	After Exclusion Criteria
Ebscohost Psyc- ARTICLES	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-offending caregiver OR non-offender OR non-offending parent)	0
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (response*) AND (non-offender OR non-offending caregiver OR parent OR mother OR family)	5
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (support*) AND (non-offender OR non-offending caregiver OR non-offending parent OR mother OR family)	10
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-supportive OR unsupportive) AND (disclosure)	0
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (betray*) AND (non-offending caregiver OR non-offending parent OR mother OR Family)	1
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (protect*) AND (non-offending caregiver OR non-offender OR non-offending parent OR mother OR family)	1
	(women OR female OR woman OR females) AND (“sexually abused as children”)	4
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (“adult women survivors” OR “adult female survivors”)	1
	<b>TOTAL</b>	<b>22</b>
	<b>ENDNOTE TOTAL</b>	<b>20</b>

DATA BASE	Key Terms	After Exclusion Criteria
Ebscohost SocINDEX	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-offending caregiver OR non-offender OR non-offending parent)	6
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (response*) AND (non-offender OR non-offending caregiver OR parent OR mother OR family)	51
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (support*) AND (non-offender OR non-offending caregiver OR non-offending parent OR mother OR family)	112
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-supportive OR unsupportive) AND (disclosure)	2
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (betray*) AND (non-offending caregiver OR non-offending parent OR mother OR Family)	5
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (protect*) AND (non-offending caregiver OR non-offender OR non-offending parent OR mother OR family)	70
	(women OR female OR woman OR females) AND (“sexually abused as children”)	72
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (“adult women survivors” OR “adult female survivors”)	10
	<b>TOTAL</b>	<b>328</b>
	<b>ENDNOTE TOTAL</b>	<b>247</b>

DATA BASE	Key Terms	After Exclusion Criteria
Ebscohost ERIC	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-offending caregiver OR non-offender OR non-offending parent)	2
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (response*) AND (non-offender OR non-offending caregiver OR parent OR mother OR family)	16
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (support*) AND (non-offender OR non-offending caregiver OR non-offending parent OR mother OR family)	25
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-supportive OR unsupportive) AND (disclosure)	0
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (betray*) AND (non-offending caregiver OR non-offending parent OR mother OR Family)	1
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (protect*) AND (non-offending caregiver OR non-offender OR non-offending parent OR mother OR family)	13
	(women OR female OR woman OR females) AND (“sexually abused as children”)	12
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (“adult women survivors” OR “adult female survivors”)	5
	<b>TOTAL</b>	<b>74</b>
	<b>ENDNOTE TOTAL</b>	<b>57</b>

DATA BASE	Key terms	After Exclusion Criteria
Ebscohost E-Journals	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-offending caregiver OR non-offender OR non-offending parent)	5
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (response*) AND (non-offender OR non-offending caregiver OR parent OR mother OR family)	32
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (support*) AND (non-offender OR non-offending caregiver OR non-offending parent OR mother OR family)	66
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-supportive OR unsupportive) AND (disclosure)	2
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (betray*) AND (non-offending caregiver OR non-offending parent OR mother OR Family)	0
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (protect*) AND (non-offending caregiver OR non-offender OR non-offending parent OR mother OR family)	37
	(women OR female OR woman OR females) AND (“sexually abused as children”)	20
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (“adult women survivors” OR “adult female survivors”)	10
	<b>TOTAL</b>	<b>172</b>
	<b>ENDNOTE TOTAL</b>	<b>130</b>

DATA BASE	Key Terms	After Exclusion Criteria
<b>Science Direct</b>	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-offending caregiver OR non-offender OR non-offending parent)	46
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (response*) AND (non-offender OR non-offending caregiver OR parent OR mother OR family)	74
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (support*) AND (non-offender OR non-offending caregiver OR non-offending parent OR mother OR family)	83
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-supportive OR unsupportive) AND (disclosure)	43
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (betray*) AND (non-offending caregiver OR non-offending parent OR mother OR Family)	12
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (protect*) AND (non-offending caregiver OR non-offender OR non-offending parent OR mother OR family)	66
	(women OR female OR woman OR females) AND (“sexually abused as children”)	39
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (“adult women survivors” OR “adult female survivors”)	9
	<b>TOTAL</b>	<b>375</b>
	<b>ENDNOTE TOTAL</b>	<b>201</b>

DATA BASE	Key Terms	After Exclusion Criteria
<b>African Journals (previously SAePublicat ions)</b>	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-offending caregiver OR non-offender OR non-offending parent)	4
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (response*) AND (non-offender OR non-offending caregiver OR parent OR mother OR family)	16
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (support*) AND (non-offender OR non-offending caregiver OR non-offending parent OR mother OR family)	10
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-supportive OR unsupportive) AND (disclosure)	4
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (betray*) AND (non-offending caregiver OR non-offending parent OR mother OR Family)	1
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (protect*) AND (non-offending caregiver OR non-offender OR non-offending parent OR mother OR family)	3
	(women OR female OR woman OR females) AND (“sexually abused as children”)	2
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (“adult women survivors” OR “adult female survivors”)	0
	<b>TOTAL</b>	<b>40</b>
	<b>ENDNOTE TOTAL</b>	<b>25</b>

JOURNAL	Key Terms	After Exclusion Criteria
<b>Journal of Child Sexual Abuse</b>	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-offending caregiver OR non-offender OR non-offending parent)	15
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (response*) AND (non-offender OR non-offending caregiver OR parent OR mother OR family)	15
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (support*) AND (non-offender OR non-offending caregiver OR non-offending parent OR mother OR family)	18
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-supportive OR unsupportive) AND (disclosure)	24
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (betray*) AND (non-offending caregiver OR non-offending parent OR mother OR Family)	4
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (protect*) AND (non-offending caregiver OR non-offender OR non-offending parent OR mother OR family)	17
	(women OR female OR woman OR females) AND (“sexually abused as children”)	26
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (“adult women survivors” OR “adult female survivors”)	13
	<b>TOTAL</b>	<b>132</b>
	<b>ENDNOTE TOTAL</b>	<b>65</b>

JOURNAL	Key Terms	After Exclusion Criteria
<b>Sexual Abuse: A Journal of Research and Treatment</b>	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-offending caregiver OR non-offender OR non-offending parent)	3
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (response*) AND (non-offender OR non-offending caregiver OR parent OR mother OR family)	3
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (support*) AND (non-offender OR non-offending caregiver OR non-offending parent OR mother OR family)	3
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-supportive OR unsupportive) AND (disclosure)	2
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (betray*) AND (non-offending caregiver OR non-offending parent OR mother OR Family)	1
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (protect*) AND (non-offending caregiver OR non-offender OR non-offending parent OR mother OR family)	5
	(women OR female OR woman OR females) AND (“sexually abused as children”)	1
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (“adult women survivors” OR “adult female survivors”)	0
	<b>TOTAL</b>	<b>18</b>
	<b>ENDNOTE TOTAL</b>	<b>6</b>

JOURNAL	Key Terms	After Exclusion Criteria
<b>Trauma, Violence and Abuse:</b>	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-offending caregiver OR non-offender OR non-offending parent)	7
<b>A Review Journal</b>	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (response*) AND (non-offender OR non-offending caregiver OR parent OR mother OR family)	9
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (support*) AND (non-offender OR non-offending caregiver OR non-offending parent OR mother OR family)	9
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (non-supportive OR unsupportive) AND (disclosure)	11
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (betray*) AND (non-offending caregiver OR non-offending parent OR mother OR Family)	3
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (protect*) AND (non-offending caregiver OR non-offender OR non-offending parent OR mother OR family)	9
	(women OR female OR woman OR females) AND (“sexually abused as children”)	1
	(*child sexual abuse* OR *childhood sexual abuse* OR *child sexual assault* OR *childhood sexual assault*) AND (“adult women survivors” OR “adult female survivors”)	0
	<b>TOTAL</b>	<b>49</b>
	<b>ENDNOTE TOTAL</b>	<b>13</b>

<b>TOTALS</b>	DATABASE AND JOURNAL SEARCHES	24 980
	TITLE AND ABSTRACT SCREENING (application of exclusion criteria)	2175
	DUPLICATES REMOVED (Reviews total)	1190
	<i>TOTAL</i>	985
	STUDIES EXCLUDED	840
	FULL TEXT ASSESSED	145
	ADDITIONAL ARTICLES CITED IN FULL TEXT REFERENCE LISTS	117
	<b><i>TOTAL</i></b>	<b>262</b>
	<b>ELIGIBLE STUDIES</b>	<b>56</b>
	<b>QUALITY APPRAISED</b>	<b>56</b>
	<b>STUDIES INCLUDED IN SCOPING REVIEW</b>	<b>56</b>

The following Journals were excluded as they correlated with database searches:

1. Child Abuse Review
2. Journal of Child Abuse and Neglect
3. Child Abuse Research in South Africa

## ADDENDUM C

### Data charting form

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of non- supportive significant adults experiences	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
1	Alaggia, R. (2010). <i>An Ecological analysis of Child Sexual Abuse Disclosure: Considerations for child and adolescent mental health</i>	Canada	Qualitative N=40, (Female n=26, Male n=14) Ages 18-64	Disclosure reactions by mother	Non- supportive behaviours before disclosure	Barriers to disclosure  Disengaged parenting	Abandonment/ Absent parents enabling the CSA  Fear of consequences or negative reactions	Insensitive disclosure responses	Strong
2	Arata, C. M. (1998). <i>To tell or not to tell: Current functioning of child sexual abuse survivors who disclosed their victimization</i>	U.S Alabama	Quantitative Female (N=860, n=204 CSA survivors) Ages: 17-60	Disclosure reactions by mother	Non- supportive behaviours before disclosure  Long-term negative consequences of non- supportive experiences	Entrapment/ enablement behaviours  Consequence s of non- supportive experiences	Inaction or indifference  Psychological Functioning	Disclosure reactions relating to psychological functioning.  Supportive reactions.  Few reports of interventions at disclosure	Strong
3	Bagley, C. & Young, L. (1999) <i>Long-Term Evaluation of Group Counselling for Women with a History of Child Sexual Abuse: Focus on</i>	Canada	Quantitative (Longitudinal) Female (N=28) Ages: Not specified	Disclosure reactions by mother	Non- supportive behaviours during or after disclosure	Consequence s of non- supportive experiences  Collusion/ Coercion behaviours	Psychological functioning  Blaming or stigmatized the victim for abuse  Adverse or aggressive	Negative CSA outcomes- failure to benefit from group counselling  Blaming and rejected by mother for abuse – LINKS WITH poor therapeutic progress	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of <i>non- supportive significant adults experiences</i>	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
	<i>Depression, Self-Esteem, Suicidal Behaviors and Social Support.</i>						behaviour following disclosure		
4	Brenner, I, & Ben-Amitay, G. (2015). <i>Sexual Revictimization: The Impact of Attachment Anxiety, Accumulated Trauma, and Response to Childhood Sexual Abuse Disclosure.</i>	Israel	Quantitative Female (N=60) Ages: 20-71	Disclosure reactions by parents and other adults.	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure  Long-term negative consequences of non-supportive experiences	Disengaged parenting  Collusion/ Coercion behaviours  Consequences of non-supportive experiences	Disrupted/ Conflicted attachment experiences  Adverse or aggressive behaviour following disclosure/ discovery  Re-victimisation	Negative reactions (anger, some anger, indifference) to disclosure LINKS WITH re-victimisation	Strong
5	Cavanaugh, C. E., Harper, B., Classen, C. C., Palesh, O., Koopman, C., & Spiegel, D. (2015) <i>Experiences of Mothers Who Are Child Sexual Abuse Survivors: A Qualitative Exploration.</i>	U.S. California	Qualitative (QSA) Female (N=44) Ages: 20-58	Disclosure reactions by mother	Non-supportive behaviours during or after disclosure	Entrapment/ enablement behaviours  Collusion/ Coercion behaviours  Adverse or aggressive behaviour following	Disbelief and denial  Inaction or indifference after discovery or disclosure of abuse  Blaming or stigmatizing the victim for abuse	Abuse coerced by mother/ or she was present during abuse.  Negative reactions toward victim's disclosure by disbelieving, denying that abuse occurred, blaming, anger, lack of support/ action/ protection of abuse (disbelief, denial,	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of <i>non- supportive significant adults experiences</i>	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
						disclosure/ discovery	Conspiring with perpetrator  Adverse or aggressive behaviour following disclosure/ discovery	blame, anger- lack of support, action, or protection)	
6	Chien, M.-H. (2005) <i>Deciding to disclose childhood sexual abuse The experiences of Taiwanese women with their non- offending mothers.</i>	Taiwan	Qualitative Female (N=11) Ages 25-40	Non-disclosure, Negative disclosure reactions by Mother	Non- supportive behaviours before disclosure  Non- supportive behaviours during or after disclosure  Long-term negative consequences of non- supportive experiences	Barriers to disclosure  Disengaged parenting  Collusion/ Coercion behaviours  Entrapment/en ablement behaviours  Consequence s of non- supportive experiences	Fear of consequences or negative reactions  Parentification  Disbelief and denial from non- offending significant adult that abuse occurred  Inaction or indifference after discovery or disclosure of abuse  Re-victimisation  Blaming or stigmatizing the victim for abuse	Fear of being disbelieved and negative consequences LINKS TO non-disclosure  Fear of consequences & not wanting mother to feel like she was unprotective LINKS TO considerations of non-disclosure vs. disclosing abuse  Blaming, indifference/ inaction, and disbelief by mother for abuse LINKS TO negative impact on future disclosure and re- victimisation	Strong
7	Chien, M.-H. (2008) <i>The Current Relationships of</i>	Taiwan	Qualitative Female (N=11)	Inaction by mother post- disclosure	Non- supportive behaviours	Disengaged parenting	Lack of understanding/ knowledge/	Mother's inability to act (lack of awareness/ inaction/	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of non-supportive significant adults experiences	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
	<i>Taiwanese Women With a History of Childhood Sexual Abuse to Their Non-Offending Mothers.</i>		Ages 25-40		before disclosure  Non-supportive behaviours during or after disclosure  Long-term negative consequences of non-supportive experiences	Entrapment/enablement behaviours  Consequences	awareness of sexual abuse or impact thereof  Inaction or indifference after discovery or disclosure of abuse  Negative adult attachment outcomes	inability to handle the situation) LINKS TO past anger at mother and blaming others for abuse/re-victimisation	
8	Collin-Vézina, D., De La Sablonnière-Griffin, M., Palmer, A. M., & Milne, L. (2015) <i>A preliminary mapping of individual, relational, and social factors that impede disclosure of childhood sexual abuse.</i>	Canada	Qualitative N= 67 <i>female n=51</i> <i>male n=16**</i> Ages 19-69	Barriers to disclosure Negative disclosure reactions by Mother	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure  Long-term negative consequences of non-supportive experiences	Barriers to disclosure  Collusion/Coercion behaviours  Consequences of non-supportive experiences	Fear of consequences or negative reactions  Cultural and family influences  Blaming or stigmatizing the victim for abuse  Adverse or aggressive behaviour following disclosure  Re-victimisation	Blaming, disbelief, and punishment/anger at victim by mother LINKS TO non-disclosure/silencing  Barriers to disclosure in relation to others	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of non-supportive significant adults experiences	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
9	Crowley, M. S., & Seery, B. L. (2001). <i>Exploring the multiplicity of childhood sexual abuse with a focus on polyincestuous contexts of abuse.</i>	U.S New York	Multimethod Female (N=88) Ages 19-64 9	Negative disclosure reactions by family members & others Collusion by family	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure	Disengaged parenting  Collusion/ Coercion behaviours  Entrapment/ enablement behaviours	Disrupted/ conflicted attachment experiences  Conspiring with perpetrator  Adverse or aggressive behaviour following disclosure  Minimisation and silencing of abuse  Disbelief and denial from non-offending significant adult that abuse occurred  Inaction or indifference after discovery or disclosure of abuse	Themes identified as: denial/ minimization/ normalization; fear/ reprisal; and negative/ inadequate	Strong
10	Everill, J., & Waller, G. (1995) <i>Disclosure of sexual abuse and psychological adjustment in</i>	UK	Quantitative Female (N=69) Ages 18-45	Negative disclosure reactions by family members & others	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Psychological functioning	Perceived adverse responses to disclosure of abuse from family members LINKED TO greater levels of psychopathology	Moderate

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of non-supportive significant adults experiences	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
	<i>female undergraduates.</i>								
11	Glamb, L. (2011). <i>Disclosure among Latina and African American women with a history of childhood sexual abuse: A preliminary investigation.</i>	U.S. California	<i>Thesis:</i> Mixed Method Female (N=77) Ages 18-50	Recipients and outcomes of negative disclosure outcomes by female family members (mostly mothers) & others	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure  Long-term negative consequences of non-supportive experiences	Collusion/ Coercion behaviours  Entrapment/ enablement behaviours  Consequences of non-supportive experiences	Adverse or aggressive behaviour following disclosure  Blaming or stigmatizing the victim for abuse  Disbelief and denial from non-offending significant adult that abuse occurred  Inaction or indifference after discovery or disclosure of abuse Psychological functioning  Re-victimisation	Negative reactions to disclosure included blaming the victim, dismissal (disbelief), violence/ punishment  Negative outcomes of disclosure included negative consequences, no action, self-blame, re-victimization	Strong
12	Glover, D.A., et al (2010). <i>Child sexual abuse severity and</i>	U.S Los Angeles	Quantitative Female (N=132) Ages 18-50	Negative disclosure reactions	Long-term negative consequences of non-	Consequences of non-supportive experiences	Psychological functioning	High negative responses in moderate severe CSA LINKS TO higher	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of non-supportive significant adults experiences	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
	<i>disclosure predict posttraumatic stress symptoms and biomarkers in ethnic minority women</i>			Confidants not specified	supportive experiences			levels psychopathology	
13	Guelzow, J. W., Cornett, P. F., & Dougherty, T. M. (2002). <i>Child Sexual Abuse Victims' Perception of Paternal Support as a Significant Predictor of Coping Style and Global Self-Worth.</i>	U.S	Quantitative Female (N=188, n= 44 CSA victims) Ages 17-53	Levels of support from mothers, fathers, and others	Non-supportive behaviours before disclosure  Long-term negative consequences of non-supportive experiences	Disengaged parenting  Consequences of non-supportive experiences	Lack of understanding/knowledge/awareness of sexual abuse or impact thereof  Disrupted/ Conflicted attachment experiences  Psychological functioning	Especially from mothers, victims of inter-familial abuse perceived lower levels of support. Low levels of support included; less understanding, detachment, and indifference which LINKS TO lower psychological adjustment.	Strong
14	Hardy, C. F. (2018). <i>A qualitative descriptive study on survivors of childhood sexual abuse: I forgave my perpetrator.</i>	U.S Arizona	Qualitative Female (N= 12) Ages 21-43	Lack of protection and monitoring Negative reactions to disclosure attempts from family members and others.	Non-supportive behaviours before disclosure	Barriers to disclosure  Disengaged parenting	Cultural and familial influences  Abandonment/ absent parents enabling the CSA  Disrupted/ Conflicted attachment experiences	Lack of protection and monitoring from parents lead to vulnerability and exposure to abuse  Lack of support from others in order to disclose CSA (no one to talk to)	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of non-supportive significant adults experiences	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
15	Herman, J. L. (2005). <i>Justice from the victim's perspective</i>	U.S	Qualitative N=22 Female n=18 Male n=4 ** Ages 22-60	Complicity and inaction by family and community	Non-supportive behaviours during or after disclosure	Entrapment/enablement behaviours	Non-offending significant adult compliant with perpetrator  Inaction or indifference after discovery or disclosure of abuse	A need for apology from family and community who enabled abuse by complicity or inaction. Enablers share responsibility	Strong
16	Holt, A. R. (2007). <i>Differential adjustment patterns of women abused during childhood: Family and peer relations as moderators.</i>	U.S Memphis	Thesis Quantitative Female (N=400) Ages 18-30	Negative perceptions of parental attachment, support and peer relationships	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Psychological functioning	Parental support/care were not found to moderate effect of child abuse history on current psychological functioning  Combined abuse reported more negative perceptions of support and care from mothers and fathers	Strong
17	Hunter, S. V. (2015). <i>Perceptions of the role of mothers in the disclosure and nondisclosure of child sexual abuse: A qualitative study.</i>	Australia	Qualitative N=22 Female n=13 Male n= 9** Ages 25-70	Reactions to disclosure by mothers	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure	Disengaged parenting  Collusion/Coercion behaviours  Entrapment/enablement behaviours	Egocentrism displayed by non-offending significant adult  Parentification  Adverse or aggressive behaviour following disclosure	Victims believed mother knew about abuse with no action  Abusive mother, complicit in abuse-punishing and blaming victim  Inadequate responses to abuse disclosure- daughters	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of <i>non- supportive significant adults experiences</i>	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
							Blaming or stigmatizing the victim for abuse  Minimisation and silencing of abuse  Disbelief and denial from non- offending significant adult that abuse occurred Non-offending significant adult compliant with perpetrator  Inaction or indifference after discovery or disclosure of abuse	being protective of mothers, or being forced to choose what to do  Non-protective mothers by not believing victim which influenced/ discouraged disclosure	
18	Jankowski, M. K., Leitenberg, H., Henning, K., & Coffey, P. (2002). <i>Parental caring as a possible buffer against sexual revictimization in young adult survivors of child sexual abuse</i>	U.S Maine	Quantitative Female (N=974 n=174 CSA victims) Mean age 18.	Parental care & re-victimization	Long-term negative consequences of non- supportive experiences	Consequence s of non- supportive experiences	No link to re- victimization	Parental caring was not found to be a buffering effect against re- victimisation	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of non-supportive significant adults experiences	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
19	Jonzon, E. M. (2006). <i>Child Sexual Abuse: Disclosure, social support, and health in adulthood</i>	Sweden	Mixed Method Female (N=152) Ages 20-60	Reactions to disclosure by parents and others	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Re-victimisation  Psychological functioning	Most participants received negative reaction from mother in childhood disclosure  A negative reaction from mother LINKS TO continued abuse after disclosure  Type of reaction (positive or negative) to disclosure of abuse LINKS TO negative health outcomes in adulthood	Strong
20	Jonzon, E., & Lindblad, F. (2004). <i>Disclosure, Reactions, and Social Support: Findings From a Sample of Adult Victims of Child Sexual Abuse.</i>	Sweden	Quantitative Female (N=122) Ages 20-60	Reaction to disclosure by parents and others	Non-supportive behaviours during or after disclosure	Entrapment/enablement behaviours	Disbelief and denial from non-offending significant adult that abuse occurred	Childhood disclosure LINKED TO more physical and violent abuse.  More severe abuse reported negative reactions to disclosure  Closeness to perpetrator LINKS TO child being disbelieved	Strong

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21	Jonzon, E., & Lindblad, F. (2005). <i>Adult Female Victims of Child Sexual Abuse</i> .	Sweden	Mixed Method Female (N=123) Ages 20-60	Reaction to disclosure by parents and others	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Psychological functioning	The type of first reaction (positive/negative) to disclosure in childhood, DOES NOT LINK TO health adjustment in adulthood	Strong
22	Karakurt, G., & Silver, K. (2014) <i>Therapy for Childhood Sexual Abuse Survivors Using Attachment and Family Systems Theory Orientations</i> .	U.S Ohio	Qualitative Case Study Female (N=4) Ages not specified	Effects of CSA on adult survivors Attachment figures and family	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure	Disengaged parenting  Entrapment/enablement behaviours	Abandonment/absent parents enabling the CSA  Egocentrism displayed by non-offending significant adult  Betrayal by non-supportive significant adult  Inaction or indifference after discovery or disclosure of abuse	Betrayal from mother and family for not stopping abuse  Jealous mother's lack monitoring/ protecting from abuse	Weak
23	Kennedy, A. C., & Prock, K. A. (2016). <i>"I Still Feel Like I Am Not Normal": A Review of the Role of Stigma and Stigmatization Among Female</i>	U.S	Meta-Analysis (Review N=123) Females Ages not specified	Negative reactions to disclosure by family and others	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Psychological functioning	Negative reactions to disclosure LINKS TO psychopathology  Negative reactions LINKS TO higher levels of self-blame	Moderate

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of <i>non-supportive significant adults experiences</i>	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
	<i>Survivors of Child Sexual Abuse, Sexual Assault, and Intimate Partner Violence.</i>								
24	Lange, A., DeBeurs, E., Dolan, C., Lachnit, T., Sjollema, S., & Hanewald, G. (1999). <i>Long-Term effects of childhood sexual abuse: Objective and subjective characteristics of the abuse and psychopathology in later life</i>	Netherlands	Quantitative Female (N=404) Ages 16-84	Negative reactions to disclosure by family	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Psychological functioning	Negative parental atmosphere LINKS TO higher levels of psychopathology  Evaluation of disclosure LINKS TO negative psychological adjustment  Negative experiences following disclosure LINKS TO psychopathology	Strong
25	Leifer, M., Kilbane, T., & Grossman, G. (2001) <i>A three-generational study comparing the families of supportive and unsupportive mothers of sexually abused children</i>	U.S	Quantitative N=151 <i>n= 99 non-offending mothers</i> <i>n=59 grandmothers</i> Ages 19-49 37-70	Unsupportive mothers	Non-supportive behaviours before disclosure	Disengaged parenting	Disrupted/conflicted attachment experiences	A history of conflicted and/or disrupted attachment relationships characterize families in which CSA do not receive support  Disturbed family relations LINKS TO lack of support  Less continuity of care and disruptions in attachment	Moderate

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of non-supportive significant adults experiences	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
								CARACTERISES childhood of unsupported victims	
26	Lorentzen, E., Nilsen, H., & Traeen, B. (2008). <i>Will it never end? The narratives of incest victims on the termination of sexual abuse.</i>	Norway Oslo	Qualitative N=7 Female (n=6) Male (n=1)** Ages 19-37	Role of family in termination of CSA	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure  Long-term negative consequences of non-supportive experiences	Disengaged parenting  Entrapment/enablement behaviours  Consequences of non-supportive experiences	Lack of understanding/knowledge/awareness of sexual abuse or impact thereof  Minimisation and silencing of abuse	Lack of familial support/understanding;  Family members actively working against victim who then remains in abusive environment  Family members minimizing the abuse (rejecting the idea that abuse was traumatic/underestimation the severity)  Family members making victim the scapegoat to keep the family secret  No family members made effort to relieve the victim from the abuse  Feel like victims even after abuse stopped	Strong

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27	Marquee-Flentje, S. L. (2017). <i>Psychological adjustment of adult female survivors of CSA as a function of developmental level, self-directed disclosure and parental support.</i>	U.S. California	Thesis Quantitative Female (N=318) Ages 18-40	Reactions to disclosure by parents	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Psychological functioning	Perceived parental support LINKS TO lower levels of psychopathology	Strong
28	Mayhall, K. (2014). <i>Child sexual abuse disclosure to a parent or legal guardian a phenomenological study with an emphasis on depth psychology.</i>	U.S	Thesis Qualitative Female (N=4) Ages not specified	Negative reactions to disclosure by parents, family, or others	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure  Long-term negative consequences of non-supportive experiences	Barriers to disclosure  Disengaged parenting  Collusion/ Coercion behaviours  Entrapment/ enablement behaviours  Consequences of non-supportive experiences	Fear of consequences or negative reactions  Abandonment/ absent parents enabling the CSA  Parentification  Adverse or aggressive behaviour following disclosure  Minimisation and silencing of abuse  Disbelief and denial from non-offending significant adult that abuse occurred	Fear of consequences LINKS TO non-disclosure of abuse  Disbelief, verbal abuse & threats of punishment from foster mother  Father stating that he did not want to be involved after disclosure of non-familial abuse  Accused of not knowing what is going on  Negative reactions to disclosure LINKS TO Non-disclosure in adulthood	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of non-supportive significant adults experiences	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
							Inaction or indifference after discovery or disclosure of abuse  Re-victimisation		
29	McMillen, C., & Zuravin, S. (1997) <i>Attributions of Blame and responsibility for Child sexual abuse and adult adjustment</i>	U.S	Quantitative Female (N=154) Ages	Attributions of responsibility and blame for CSA	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Psychological functioning	Blaming the family for abuse (victim's perspective) LINKS TO poor adult adjustment	Strong
30	McMillen, C., & Zuravin, S. (1998). <i>Social support, therapy and perceived changes in women's attributions for their sexual child abuse.</i>	U.S	Quantitative Female (N=154) Mean age 30.7	Attributions of responsibility and blame for CSA	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Negative adult attachment outcomes	Perceived maternal support LINKS TO reported decrease in familial blame	Moderate
31	Merrill, L. L., Thomsen, C. J., Sinclair, B. B., Gold, S. R., & Milner, J. S. (2001). <i>Predicting the impact of child sexual abuse on women: The role of abuse severity, parental support, and coping strategies.</i>	U.S Illinois	Quantitative Female (N=5224; n=1134 CSA victims) Mean age 19.8	Impact of CSA perceived parental support Parents	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Psychological functioning	CSA victims report less supportive family environments  Parental support does not eliminate the effect of CSA on psychological symptoms	Strong

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32	Middleton, W. (2013). <i>Ongoing Incestuous Abuse During Adulthood.</i>	Australia	Qualitative Female (N=10) Ages 26-57	Attributes of ongoing sexual abuse Mothers	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure	Collusion/ Coercion behaviours  Entrapment/ enablement behaviours	Non-offending significant adult conspiring with perpetrator  Inaction or indifference after discovery or disclosure of abuse	Mother as active participant in abuse (urging perpetrator on)  Mother witnessing the abuse  Inaction to protect/ report child despite evidence of abuse  Mothers supporting the perpetrator	Moderate
33	Monahan, K. (2010). <i>Themes of Adult Sibling Sexual Abuse Survivors in Later Life: An Initial Exploration.</i>	U.S	Qualitative Female (N=8) Ages 56-69	Family dynamics of sibling abuse Parents	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure  Long-term negative consequences of non-supportive experiences	Disengaged parenting  Entrapment/ enablement behaviours  Consequences of non-supportive experiences	Abandonment/ absent parents enabling the CSA  Parentification  Disbelief and denial from non-offending significant adult that abuse occurred  Non-offending significant adult compliant with perpetrator  Inaction or indifference after discovery or disclosure of abuse	Feelings of anger toward parents accompanied feelings of vulnerability, abandonment and neglect.  Lack of acknowledgement of abuse Allowing the perpetrator to get away with it  Mother favouring the sibling perpetrator  Protecting parents from sibling	Moderate

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of non-supportive significant adults experiences	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
							Negative adult attachment outcomes		
34	Murphy, A., et al. (2014). <i>Adverse childhood experiences (ACEs) questionnaire and adult attachment interview (AAI): Implications for parent child relationships.</i>	U.S New York	Quantitative Female (N=75) Ages 19-50	CSA support experiences and attachment	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Negative adult attachment outcomes	Low support experiences LINKS TO unresolved (loss or trauma) or can't classify adult attachment	Strong
35	Newman-Lubell, A. K. & Peterson, C. (1998). <i>Female incest survivors: Relationships with mothers and female survivors</i>	U.S Michigan	Quantitative Female (N=161; n=68 CSA survivors, n=93 control) Ages: 20-90	Poor relationships, assigning blame and responsibility to mothers	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Negative adult attachment outcomes	Incest affects relationships with mothers  Blaming the non-mothers for abuse  Assigning blame to the non-offending mother for abuse	Strong
36	O'Rinn, S., Lishak, V., Muller, R. T., & Classen, C. C. (2012). <i>A preliminary examination of perceptions of betrayal and its association with memory disturbances among survivors of</i>	Canada	Quantitative Female (N=113) Ages 20-65	Perceived betrayal towards non-abusing parental figures	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Psychological functioning  Negative adult attachment outcomes	Perception of betrayal by non-abusing parent LINKS TO psychopathology by victims abused by parental figures.  Feelings of betrayal did not differ between victims abused by parental figures and	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of non-supportive significant adults experiences	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
	<i>childhood sexual abuse</i>							victims of non-parental figures.	
37	Palo, A. D., & Gilbert, B. O. (2015). <i>The Relationship Between Perceptions of Response to Disclosure of Childhood Sexual Abuse and Later Outcomes.</i>	US Illinois	Quantitative Female (N=178, n=84 CSA survivors) Mean age 19.01	Reactions to disclosure in relation to psychological and physical outcomes	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Psychological functioning	Hurtful responses to disclosure of abuse LINKS TO higher levels of psychopathology	Strong
38	Roesler, T. A., & Wind, T. W. (1994). <i>Telling the Secret: Adult Women Describe Their Disclosures of Incest.</i>	US	Quantitative Females N=228	Reactions to disclosure from parents, family, and others	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure  Long-term negative consequences of non-supportive experiences	Disengaged parenting  Collusion/Coercion behaviours  Consequences of non-supportive experiences	Disrupted/Conflicted attachment experiences  Adverse or aggressive behaviour following disclosure  Blaming or stigmatizing the victim for abuse  Psychological functioning	Abuse continue after disclosure  Parent responding with anger Parents ignoring victim  Parent blaming the victim Younger victims were more likely to receive negative reactions	Strong

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39	Salter, M. (2013). <i>Grace's Story: Prolonged Incestuous Abuse From Childhood Into Adulthood.</i>	Australia	Qualitative Single Case Study Female Age >50	Attributes enabling incest by mother, family, and others	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure	Disengaged parenting  Collusion/ Coercion behaviours  Entrapment/ enablement behaviours	Egocentrism displayed by non-offending significant adult  Disrupted/ Conflicted attachment experiences  Adverse or aggressive behaviour following disclosure  Non-offending significant adult compliant with perpetrator  Inaction or indifference after discovery or disclosure of abuse	Mother submissive to father (allowing perpetrator to abuse)  Physically abusive, punitive, and unresponsive mother  Mother resentful towards the father-daughter relationship, allowing abuse to continue  Unmet emotional needs from mother-taken advantage of by father	Weak
40	Simmel, C., Postmus, J. L., & Lee, I. (2012). <i>Sexual Revictimization in Adult Women: Examining Factors Associated with Their Childhood and</i>	U.S New Jersey	Quantitative Female (n=234) Mean age range 35-39	Reactions to disclosure relating to re-victimization. Parents, family, and others	Non-supportive behaviours during or after disclosure  Long-term negative consequences of non-	Entrapment/ enablement behaviours  Consequences of non-supportive experiences	Inaction or indifference after discovery or disclosure of abuse  Re-victimisation	No subsequent action were taken after disclosure LINKS TO re-victimisation and disclosure in adulthood  Disclosure did not buffer ongoing or	Strong

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	<i>Adulthood Experiences.</i>				supportive experiences			subsequent re-victimization of abuse	
41	Stoler, L. R. (2001). <i>Recovered and continuous memories of childhood sexual abuse: A quantitative and qualitative analysis</i>	U.S Rhode Island	Thesis Mixed method Female (n=26) Ages 22-65	Memory and disclosure. Family, Professionals	Non-supportive behaviours during or after disclosure  Long-term negative consequences of non-supportive experiences	Entrapment/enablement behaviours  Consequences of non-supportive experiences	Disbelief and denial from non-offending significant adult that abuse occurred  Psychological functioning	Disbelieved, less frequent disclosures LINKS TO delayed memories of abuse  Continuous memories of abuse LINKS WITH mixed disclosure reactions	Strong
42	Stroebe, S. S., et al (2013). <i>Risk Factors for Father–Daughter Incest: Data From an Anonymous Computerized Survey.</i>	U.S Atlantic	Quantitative Female (N=2034, n=51 CSA survivors) Mean age 22	Risk factors of incest- maternal affection. Mother	Non-supportive behaviours before disclosure	Disengaged parenting	Disrupted/ Conflicted attachment experiences	Low maternal affection risk factor for incest  Being distant from mothers at high school was a predictor for incest (mother-daughter relationship)	Strong
43	Tener D. (2017). <i>The secret of interfamilial child sexual abuse: Who keeps it and how?</i>	Israel	Qualitative Female (N=20) Ages 22-65	Secrecy and silencing techniques. Mothers, family members	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure	Disengaged parenting  Entrapment/enablement behaviours  Consequences of non-supportive experiences	Parentification  Minimisation and silencing of abuse  Disbelief and denial from non-offending significant adult that abuse occurred	Mothers were viewed as responsible for abuse  Silencing techniques by mother and family: Presenting a normative public identity Constructing negative public identity of	Strong

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					Long-term negative consequences of non- supportive experiences		Non-offending significant adult compliant with perpetrator  Negative adult attachment outcomes	daughter (unstable/unreliable) Daughter's feelings and thoughts are described as worthless  Protecting mother by non-disclosure (mother break down/collapse at disclosure)  Continue to live with perpetrator- "naturalization"  Families act as if disclosure is crisis – but at same time act as if it never occurred  Idolizing the abuser	
44	Testa, M., Miller, B. A., Downs, W. R., & Panek, D. (1990). <i>Long-Term Effects of Childhood Victimization: The Moderating Impact of Social Support.</i>	U.S New York	Mixed Method Female (N=477, n=238 CSA survivors) Ages 18-45	Impact of social support after disclosure Parents, peers, and others	Non- supportive behaviours before disclosure  Non- supportive behaviours during or after disclosure	Disengaged parenting  Collusion/ Coercion behaviours  Entrapment/ enablement behaviours	Egocentrism displayed by non- offending significant adult  Adverse or aggressive behaviour following disclosure	Unsupportive reactions included; accusing the victim of lying; ignoring or minimizing the disclosure; allowing abuse to continue; punishment for abuse; focus on own emotions rather on that of the victim; accusing the victim of	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of <i>non- supportive significant adults experiences</i>	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
							Blaming or stigmatizing the victim for abuse  Minimisation and silencing of abuse  Disbelief and denial from non-offending significant adult that abuse occurred  Inaction or indifference after discovery or disclosure of abuse	bringing the abuse upon herself	
45	Timraz, S., Lewin, L., Giurgescu, C., & Kavanaugh, K. (2019). <i>An Exploration of Coping with Childhood Sexual Abuse in Arab American Women</i>	U.S Wisconsin	Qualitative Females (n=10) Ages 18-38	Coping with CSA & psychological outcomes Parents, Family, and others	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure	Barriers to disclosure  Collusion/Coercion behaviours  Entrapment/enablement behaviours	Fear of consequences or negative reactions  Cultural and familial influences  Adverse or aggressive behaviour following disclosure  Blaming or stigmatizing the victim for abuse	Unsupportive reactions included; blaming the victim for abuse, disbelief, denial, anger and physical punishment  Barriers to disclosure included; fear of failing the family; fear of ruining the family's reputation	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of <i>non- supportive significant adults experiences</i>	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
							Disbelief and denial from non-offending significant adult that abuse occurred		
46	Tsun, O. K. A. (1999). <i>Sibling incest: a Hong Kong experience.</i>	Hong-Kong	Case Study Female (n=1) Age 27	Experiences of sibling incest Parents, Mother, family	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure	Barriers to disclosure  Disengaged parenting  Collusion/ Coercion behaviours  Entrapment/ enablement behaviours	Cultural and familial influences  Abandonment/ absent parents enabling the CSA  Adverse or aggressive behaviour following disclosure  Betrayal by non-supportive significant adult  Disbelief and denial from non-offending significant adult that abuse occurred	Accused by mother of telling lies and seeking attention.  Disbelief and refuting victims claims and responding with anger  "Family shame should not be disclosed"- barrier to disclosure  Trust was betrayed by mother and sibling perpetrator  Neglectful parents (emotional/physical)	Moderate
47	Tyagi, S. V. (2002). <i>Incest and Women of Color: A Study of Experiences and Disclosure</i>	Canada	Qualitative Female (N=12) Ages 22-42	Reactions to disclosure by parents, family, and others	Non-supportive behaviours before disclosure	Barriers to disclosure  Disengaged parenting	Fear of consequences or negative reactions  Cultural and familial influences	Survivor did not blame non-perpetrating parent.	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of <i>non- supportive significant adults experiences</i>	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
					Long-term negative consequences of non- supportive experiences	Consequences of non- supportive experiences	Abandonment/ absent parents enabling the CSA  Lack of understanding/ knowledge/ awareness of sexual abuse or impact thereof  Parentification  Disrupted/ conflicted attachment experiences Negative adult attachment outcomes	Agonized over how mothers could have been unaware.  Unresolved anger at non-perpetrating parents. “I was practically the mother, not the daughter”- Protecting mother Relationships with non-perpetrating parent described as; emotionally unavailable/absent (“I was alone- my mother was not there), judgmental, unsupportive and lacking in closeness  Barriers to disclosure were; Fear of consequences, fear of not being believed, shame, self-blame and lack of trust. Maintaining a good “face”- don’t talk about family business Loyalty to family/ protecting the family  Blaming the victim	

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48	Ullman, S. E., & Filipas, H. H. (2005). <i>Gender differences in social reactions to abuse disclosures, post-abuse coping, and PTSD of child sexual abuse survivors.</i>	U.S Chicago	Quantitative College Sample N=733 Females 71%; 28.2% CSA survivors Males** 29%; 13.3% CSA survivors** Mean age 19.57	Gender differences in disclosure and social reactions by parents, family, and others	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Psychological functioning	Women were no more likely to receive negative reactions upon disclosure than men.  No gender differences between helpfulness of disclosure Negative reactions LINKS TO psychopathology  Severity of abuse, longer duration of abuse and less well known victim-offender relationship LINKS TO more negative reactions	Strong
49	Ussher, J. M., & Dewberry, C. (1995). <i>The nature and long-term effects of childhood sexual abuse: A survey of adult women survivors in Britain</i>	UK London	Quantitative Female (N=775) Ages 22-44	Negative reaction to disclosure by parents	Non-supportive behaviours during or after disclosure  Long-term negative consequences of non-supportive experiences	Collusion/ Coercion behaviours  Entrapment/ enablement behaviours  Consequences of non-supportive experiences	Adverse or aggressive behaviour following disclosure  Minimisation and silencing of abuse  Disbelief and denial from non-offending adult that abuse occurred	Negative reactions to disclosure included; inaction, stating it was too late/ dismissal (minimization), disbelief, blame and punishment.  Reaction to disclosure was unrelated to effect of CSA	Moderate

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of <i>non-supportive significant adults experiences</i>	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
							Inaction or indifference after discovery or disclosure of abuse  Psychological functioning		
50	Waller, G. & Ruddock, A. (1993). <i>Experiences of disclosure of CSA and Psychopathology</i>	UK	Quantitative Female (N=117, n=45 CSA survivors) Mean age 24.1	Reactions to disclosure by family and others	Non-supportive behaviours during or after disclosure  Long-term negative consequences of non-supportive experiences	Collusion/ Coercion behaviours  Entrapment/ enablement behaviours  Consequences of non-supportive experiences	Blaming or stigmatizing the victim for abuse  Disbelief and denial from non-offending significant adult that abuse occurred  Inaction or indifference after discovery or disclosure of abuse  Psychological functioning	Lack of response or perceived negative/hostile response (defined by not feeling believed or being blamed) LINKS WITH psychopathology  No apparent response was defined as no emotional or practical response	Weak
51	White, L. F. (2013). <i>Exploring the lived experiences of African American, female adult survivors of</i>	U.S Illinois	Thesis Qualitative (Interview & Literary Sources) Female N=18 Ages 18-44	CSA experiences – during and after CSA Reactions to disclosure by family	Non-supportive behaviours during or after disclosure	Collusion/ Coercion behaviours  Entrapment/ enablement behaviours	Adverse or aggressive behaviour following disclosure  Minimisation and silencing of abuse	Most participants reported negative responses to disclosure (accidental or purposeful)  <i>this 'game'</i> (minimization)	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of <i>non- supportive significant adults experiences</i>	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
	<i>childhood sexual abuse.</i>						Inaction or indifference after discovery or disclosure of abuse	provoked intense outburst from mother Anger  Physical harm/ Punishment by mother after disclosure  No action by family and mother after disclosure/ discovery of abuse	
52	Williams, L. M. (1995). <i>Recovered memories of abuse in women with documented child sexual victimization histories.</i>	U.S New Hampshire	Mixed Method Female (N=129) Ages 18-31	Recovered memories and perceived support by mother	Long-term negative consequences of non- supportive experiences	Consequences of non- supportive experiences	Psychological functioning	Late onset memories of CSA LINKS TO perceived negative support from mother	Strong
53	Wind, T. W., & Silvern, L. (1994). <i>Parenting and family stress as mediators of the long-term effects of child abuse.</i>	U.S Colorado	Quantitative Female (N=259) Ages: 19-70	Parental support and effects of abuse	Non- supportive behaviours before disclosure  Long-term negative consequences of non- supportive experiences	Disengaged parenting  Consequences of non- supportive experiences	Disrupted/ conflicted attachment outcomes  Psychological functioning	Low perceived parental warmth LINKS TO psychopathology (in terms of depression and self-esteem but not trauma symptoms)	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of non-supportive significant adults experiences	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
54	Winnett, L. (2012). <i>Betrayal trauma, attachment, and symptom complexity among child sexual abuse survivors.</i>	U.S	Qualitative Female (N=148) Mean age 37.97	Perceived support from family and symptom complexity	Non-supportive behaviours before disclosure  Non-supportive behaviours during or after disclosure  Long-term negative consequences of non-supportive experiences	Disengaged parenting  Collusion/ Coercion behaviours  Entrapment/ enablement behaviours  Consequences of non-supportive experiences	Abandonment/ absent parents enabling the CSA  Parentification  Non-offending significant adult conspiring with perpetrator  Blaming or stigmatizing the victim for abuse  Disbelief and denial from non-offending significant adult that abuse occurred  Inaction or indifference after discovery or disclosure of abuse  Psychological functioning	Presence of failed protection LINKS TO psychopathology  Failed protection was classified by; protecting parent (from abuse /disclosure), neglectful parent; believe parent knew; disbelief; parent blamed child; parent participated	Strong
55	Zinzow, H., Seth, P., Jackson, J., Niehaus, A., & Fitzgerald, M. (2010). <i>Abuse and Parental Characteristics,</i>	U.S Georgia	Quantitative Female (N=155) Ages 17-32	Attributions of blame and psychological adjustment Parents	Non-supportive behaviours before disclosure	Disengaged parenting  Consequences of non-supportive experiences	Abandonment/ absent parents enabling the CSA  Psychological functioning	Parental unavailability (illness/ substance abuse/ depression/ anxious) Family blame (blaming family for not doing more to protect	Strong

#	Author; Publication year; title	Country	Research Approach; method; participants	Contextual factors of non-supportive significant adults experiences	Themes	Sub-themes (Axial coding)	Open ended coding	Findings	Quality Appraisal
	<i>Attributions of Blame, and Psychological Adjustment in Adult Survivors of Child Sexual Abuse</i>				Long-term negative consequences of non-supportive experiences		Negative adult attachment outcomes	from sexual contact) positively related to abuse duration, intrafamilial abuse, and mother unavailability  Family blame LINKS TO psychopathology	
56	Zlotnick, C., et al (1995). <i>Stressors and close relationships during childhood and dissociative experiences in survivors of sexual abuse among inpatient psychiatric women</i>	U.S Rhode Island	Quantitative Female (N=90) Age 35 +/- 10yrs	Impact of close supportive relationships on CSA Parents, family, and others	Long-term negative consequences of non-supportive experiences	Consequences of non-supportive experiences	Psychological functioning	Close relationships are capable of reducing the effects of adversity, they may not have a strong impact on the effects of trauma  No significance between survivors who reported close supportive relationships and those who did not	Strong

\*\*Gender distinctions made in findings and/or direct quotes from participants

After researcher consulted databases or journals, gained assistance from NWU library staff, and contacted authors on Research Gate the following full-text articles could not be accessed: Wyatt, G. E., & Mickey, M. R. (1987). *Ameliorating the effects of child sexual abuse: An exploratory study of support by parents and others*; Ray, K.C. (1993). *Childhood sexual abuse: Direct and buffering effects of family support on women's long-term adjustment*; Mize, L. K., Bentley, B., Helms, S., Ledbetter, J., & Neblett, K. (1995). *Surviving Voices: Incest survivors' narratives of their process of disclosure*; and Donalek, J. G. (2001). *First Incest Disclosure*.

## ADDENDUM D

### Coding Framework

Code	Description
<b>Non-supportive behaviours before disclosure</b>	
Barriers to disclosure	<p>Any referral to:</p> <ul style="list-style-type: none"> <li>• Fear of consequences or negative reactions of disclosure or discovery of abuse</li> <li>• Cultural or familial influences</li> </ul>
Disengaged parenting	<p>Any referral to:</p> <ul style="list-style-type: none"> <li>• Abandonment/ Absent parents enabling the CSA to happen</li> <li>• Lack of understanding/ knowledge/ awareness of sexual abuse or impact thereof</li> <li>• Egocentrism displayed by non-offending significant adult</li> <li>• Parentification</li> <li>• Disrupted/ Conflicted attachment experiences</li> </ul>
<b>Non-supportive behaviours during or after disclosure</b>	
Collusion/ Coercion behaviours	<p>Any referral to:</p> <ul style="list-style-type: none"> <li>• Non-offending significant adult conspiring with perpetrator</li> <li>• Adverse or aggressive behaviour following disclosure/ discovery</li> <li>• Blaming or stigmatizing the victim for abuse</li> </ul>
Entrapment/ enablement behaviours	<p>Any referral to:</p> <ul style="list-style-type: none"> <li>• Minimisation and silencing of abuse</li> </ul>

	<ul style="list-style-type: none"> <li>• Betrayal by non-supportive significant adult</li> <li>• Disbelief and denial from non-offending significant adult that abuse occurred</li> <li>• Disbelief and denial from non-offending significant adult that abuse occurred</li> <li>• Inaction or indifference after discovery or disclosure of abuse</li> </ul>
<p><b>Long-term negative consequences of non-supportive experiences</b></p>	
<p>Consequences of non-supportive experiences</p>	<p>Any referral to:</p> <ul style="list-style-type: none"> <li>• Psychological functioning (Trauma symptoms/ dissociation/ PTSD/ delayed memories/ health etc.)</li> <li>• Re-victimisation or impact on future disclosure</li> <li>• Negative adult attachment outcomes</li> </ul>

## ADDENDUM E

### Audit trail of theme development

Data segment from interview transcript	List of open codes	Axial codes (similar open codes grouped)	Emerging theme
<p style="color: #E67E22;">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. (Group 2, Participant 1)</p> <p style="color: #E67E22;">I talked to children, I didn't talk to grownups. That makes it different because grownups can tend to react negative. (Group 1, Participant 3)</p> <p style="color: #2980B9;">Those adults put you in a situation... We were disciplined to listen to a, he was eight years older than me... I never had a relationship with my parents... I never told my parents and I will take it to my grave. They didn't notice it, I didn't know how to tell them, it is a family member. (Group 1, Participant 7)</p> <p style="color: #2980B9;">You know with us black people, there's this stigma about rape, especially when it comes from the family. No one would really believe you, I mean how would your own dad do that to you? (Group 3, Participant 6)</p>	<div style="border: 1px solid #E67E22; padding: 5px; width: fit-content; margin: 10px auto;">Fear of response</div> <div style="border: 1px solid #2980B9; padding: 5px; width: fit-content; margin: 10px auto;">Familial or cultural issues</div>	<div style="border: 1px solid #A52A2A; padding: 5px; width: fit-content; margin: 10px auto;">Barriers to disclosure</div>	<div style="border: 1px solid #483D8B; padding: 10px; width: fit-content; margin: 10px auto; background-color: #483D8B; color: white;"> <p style="text-align: center;">Non-supportive behaviour experiences <i>before</i> disclosure or discovery of abuse</p> </div>

Since childhood... I don't remember her being there, I was the one who was busy with my siblings, I mean at the age of 9 years I was doing laundry, doing the cooking, my mom was never there... When my mother was out there gallivanting, my father was also out there, they were doing their thing. I was mother to them (siblings), I was a father to them. (crying) because of my mom, my brother took his life. I feel that she never protected me, she was never there for me. She never protected me from the rapist. She never protected me from my father, she was never there for me. I have issues, I don't trust anyone. (Group 3, Participant 5)

Because in my childhood I spent most of my time by myself, my mom was always at work, by age seven I had to learn to open for myself, at night I had to close the curtains and lock and not let strangers in, I was always alone because my mom had to work and come back late... So most of the time when my mom was working I stay with my brother and then my brother would (unclear) and I have been playing around with other kids and that is where it sort of happened... I felt unworthy because shortly after that my father left, and my brother also kind of left, and those are the only two men that I ever had in my life that I could have been dependent on. And it's been hard ever since, because I kind of feel betrayed. (Group 2, Participant 4)

There was a reason why I was quiet, because I didn't feel loved. So it was also a thing of pushing them away ... For me it was that she was not an emotionally there mom... She (mom) totally shuts down emotionally. And I think that made me an easy target and people definitely picked up on it ... (Group 1, Participant 2)

Parental/  
Caregiver  
abandonment

Detached  
parenting

They don't know what happened to me when I was a child... My parents, till today doesn't know what happened to me, so they pushed us in athletics, academics... During my childhood, everyone, my parents wanted me to stand up but I was trampled on. And I was bend... I wanted my parents to understand. I was wetting my bed throughout my primary school. I didn't know then but I know now why... They would make me feel guilty you know. You're getting older, you're not supposed to wet your bed. They didn't know because I didn't tell them. (Group 1, Participant 7)

I kept it to myself... I don't know, my family they were very busy. We are not close. So we wouldn't have realised something, or they wouldn't have (Group 2, Participant 1).

The other day I realised that my mom never educated me on sex or told me about sex. How did I know about sex. How did I know? We never watched television. So how did I know about this experience as a child? And it's strange, why did I start thinking about it now. It must have been something. (Group 1, Participant 2)

No I kept it to myself. ...I don't know, my family they were very busy. We are not close. So we wouldn't have realised something, or they wouldn't have. (Group 2 Participant 1)

I can say in the best of respect, but she wasn't there for me when I was little... never... she was always busy with her own things... (Group 3 Participant 4)

My whole life I was attached to her... I told her I had to talk to somebody, and if I think about it, she always projected her problems on to me and in the long run it felt like I have to solve it for her. (Group 3, Participant 4)

Parental/  
Caregiver  
ignorance

Parental/  
Caregiver self-  
centeredness

Keeping it from my parents, to me it doesn't feel like I am keeping a secret from them it is more like protecting them because I have disclosed it and I have dealt with it, I now feel like I cannot, I do not want them to go through those emotions and everything. It is something that they would get very very angry, my mother would go berserk, she would want to kill them, she would hold anger, resentment and sort of thing. And I do not want other people to be sinful for that other people's hauteur. At this point in her life, I cannot see her healing from something like that. My mom does blame herself for some of her stupid choices that I made and explaining this to, will just add to her blaming herself and I think also just, I don't know if my mom experienced the same thing but she has a lot of hurt and stuff that is pinned up inside of her Yes, like I never – 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 emotion tensions was not at the right level to cope with that, to cope with that adult moment. (Group 2, Participant 2)

I went to Cape Town and uhm... it was my mother's other sister and uhm... her husband decided he liked me a lot, so that was from 9 through to 16, uhm... I used to have to play wife to him while my aunt was laying in the next bedroom next-door smoking her Van Rijn cigarettes and reading Mills & Boon's. (Group 3, Participant 4)

It protected them in a way because my mom, she is like this person when you tell her about your problems, she cries and she freaks out and then you are here comforting her because (laughs) of your problem. (Group 2, Participant 1)

Parental/  
Caregiver role  
transference  
to child

# ADDENDUM F

## ETHICS APPROVAL



Prof HJ Walker-Williams  
Psychology  
OPTENTIA

Private Bag X6001, Potchefstroom  
South Africa 2520

Tel: 018 299-1111/2222  
Web: <http://www.nwu.ac.za>

**Health Sciences Ethics Office for Research,  
Training and Support**

**North-West University Health Research Ethics  
Committee (NWU-HREC)**  
Tel: 018-285 2291  
Email: [Wayne.Towers@nwu.ac.za](mailto:Wayne.Towers@nwu.ac.za)

02 August 2019

Dear Prof Walker-Williams

### **APPROVAL OF YOUR APPLICATION BY THE NORTH-WEST UNIVERSITY HEALTH RESEARCH ETHICS COMMITTEE (NWU-HREC) OF THE FACULTY OF HEALTH SCIENCES**

**Ethics number: NWU-00025-19-S1**

Kindly use the ethics reference number provided above in all future correspondence or documents submitted to the administrative assistant of the North-West University Health Research Ethics Committee (NWU-HREC) secretariat.

**Study title: Experiences of adult women survivors of childhood sexual abuse in relation to non supportive significant adults**

**Study leader: Prof HJ Walker-Williams**

**Student: B Badenhorst-22207309**

**Application type: Single study**

**Risk level: Minimal (monitoring report required annually)**

**Expiry date: 31 August 2020 (monitoring report is due at the end of August annually until completion)**

You are kindly informed that after review by the NWU-HREC, Faculty of Health Sciences, North-West University, your ethics approval application has been successful and was determined to fulfil all requirements for approval. Your study is approved for a year and may commence from 02/08/2019. Continuation of the study is dependent on receipt of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation. A monitoring report should be submitted two months prior to the reporting dates as indicated i.e. annually for minimal risk studies, six-monthly for medium risk studies and three-monthly for high risk studies, to ensure timely renewal of the study. A final report must be provided at completion of the study or the NWU-HREC, Faculty of Health Sciences must be notified if the study is temporarily suspended or terminated. The monitoring report template is obtainable from the Faculty of Health Sciences Ethics Office for Research, Training and Support at [Ethics-HRECMonitoring@nwu.ac.za](mailto:Ethics-HRECMonitoring@nwu.ac.za). Annually, a number of studies may be randomly selected for an internal audit.

The NWU-HREC, Faculty of Health Sciences requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the proposal or other associated documentation must be submitted to the NWU-HREC, Faculty of Health Sciences prior to implementing these changes. These requests should be submitted to [Ethics-HRECApply@nwu.ac.za](mailto:Ethics-HRECApply@nwu.ac.za) with a cover letter with a specific subject title indicating, "Amendment request: NWU-XXXXX-XX-XX". The letter should include the title of the approved study, the names of the researchers involved, the nature of the amendment/s being made (indicating what changes have been made as well as where they have been made), which documents have been attached and any further explanation to clarify the amendment request being submitted. The amendments made should be indicated in **yellow highlight** in the amended documents. The *e-mail*, to which you attach the documents that you send, should have a *specific subject line* indicating that it is

an amendment request e.g. "Amendment request: NWU-XXXXX-XX-XX". This e-mail should indicate the nature of the amendment. This submission will be handled via the expedited process.

Any adverse/unexpected/unforeseen events or incidents must be reported on either an adverse event report form or incident report form to [Ethics-HRECIncident-SAE@nwu.ac.za](mailto:Ethics-HRECIncident-SAE@nwu.ac.za). The *e-mail*, to which you attach the documents that you send, should have a specific subject line indicating that it is a notification of a serious adverse event or incident in a specific project e.g. "SAE/Incident notification: NWU-XXXXX-XX-XX". Please note that the NWU-HREC, Faculty of Health Sciences has the prerogative and authority to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.

The NWU-HREC, Faculty of Health Sciences complies with the South African National Health Act 61 (2003), the Regulations on Research with Human Participants (2014), the Ethics in Health Research: Principles, Structures and Processes (2015), the Belmont Report and the Declaration of Helsinki (2013).

We wish you the best as you conduct your research. If you have any questions or need further assistance, please contact the Faculty of Health Sciences Ethics Office for Research, Training and Support at [Ethics-HRECApply@nwu.ac.za](mailto:Ethics-HRECApply@nwu.ac.za).

Yours sincerely



Digitally signed by Wayne  
Towers  
Date: 2019.08.02  
14:41:09 +02'00'

**Prof Wayne Towers**  
Chairperson: NWU-HREC



Digitally signed  
by Prof Minrie  
Greeff  
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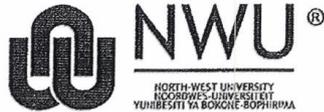
**Prof Minrie Greeff**  
Head of Health Sciences Ethics  
Office for Research, Training and  
Support

Current details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.3 Letters Templates\9.1.5.4.1\_Approval\_letter\_HREC.docm  
30 April 2018

File reference: 9.1.5.4.1

# ADDENDUM G

## Confidentiality agreement



Faculty of Health Sciences  
School of Psychosocial Health  
Psychology Department  
Tel: (016) 016 910 3416  
Email: Hayley.williams@nwu.ac.za  
1 February 2019

Dear Miss Bianca Badenhorst

### MSc Student Confidentiality Agreement

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

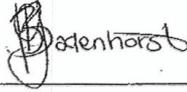
The study focusses on the implementation of a strengths-based group intervention programme for women who experienced childhood sexual abuse.

You will have access to the transcriptions of the recorded S2T group treatment sessions (Groups one, two, and three) for which participants have provided their written consent. These will be made available once your proposal has been approved by the Optentia's committee for advanced degrees and ethical clearance from HREC has been obtained.

I, Miss Bianca Badenhorst (name of MSc 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 Profs 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 Prof Hayley Walker-Williams and Prof Ansie Fouché when I have completed the research task.

BIANCA BADENHORST



01/02/2019

Ms. Bianca Badenhorst

(signature)

(date)

H. J. Walker-Williams



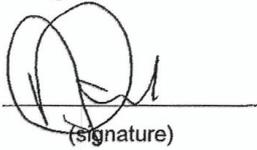
01/02/2019

Prof. Hayley Walker-Williams

(signature)

(date)

A. Fouché



1/02/2019

Prof. Ansie Fouché

(signature)

(date)

If you have any questions or concerns about this study, please contact:

Prof Hayley Walker-Williams  
Deputy Director:  
School of Psychosocial Health  
Associate Professor: Psychology  
Faculty of Health Sciences  
North-West University, Vanderbijlpark Campus  
Hayley.williams@nwu.ac.za  
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Prof Ansie Fouché  
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## ADDENDUM H

### Consent to use S2T Data



Faculty of Health Sciences  
School of Psychosocial Health  
Psychology Department  
Tel: (016) 016 910 3416  
Email: Hayley.williams@nwu.ac.za  
1 February 2019

Dear Miss Bianca Badenhorst

**CONSENT TO USE TRANSCRIPTIONS OF S2T TREATMENT SESSIONS (GROUP ONE, TWO, AND THREE):**

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

**NWU ETHICAL CLEARANCE NUMBER:** NWU 00041-08-A1

**PRINCIPAL INVESTIGATOR:** Prof Hayley Walker-Williams

**CO-INVESTIGATOR:** Prof Ansie Fouché

**ADDRESS:** North-West University, School of Psychosocial Health, Faculty of Health, Hendrik Van Eck Blvd, Vanderbijlpark, 1900

**CONTACT NUMBER:** 016 910 3416/ 016 910 3428

We hereby grant permission to Ms Bianca Badenhorst (Identity number: 9107110067083) a prospective MSc student in the above research project and consent to the following:

- To have access to the transcriptions of the recorded S2T group treatment sessions for groups one, two, and three for which group participants have provided their written consent. Access will be made available 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 MSc 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 Prof Hayley Walker-Williams and Prof 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 Prof Hayley Walker-Williams and Prof Ansie Fouché when I have completed the research tasks;
- The data will be treated confidentially and kept in a lock up facility;
- The data will be treated with sensitivity.

H. Walker Williams  
Prof. Hayley Walker-Williams

H Walker Willyj  
(signature)

01/02/2019  
(date)

Ansie Fouché  
Prof. Ansie Fouché

[Signature]  
(signature)

1/02/2019  
(date)