COPING SKILLS OF INCEST

AND

SEXUAL ABUSE VICTIMS

by

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Childhood incest and sexual abuse was explored in depth to determine the coping skills used by victims, based upon their descriptive recall of these events. Eighteen adult women, who were group therapy members and leaders, were interviewed about their experiences as sexually abused children and adolescents. The critical incident technique was used to identify what hindered or facilitated the victims coping in the eighty-one abuse experiences collected. Each incident was categorized according to the identifiable stress, and the type of coping method used. Three categories of identifiable stress emerged from the data which were labelled offenders, significant others, and victims. Of these, the largest number of incidents related to stress created by offenders. In this sample, victims utilized direct action, inhibition of action, and intrapsychic coping methods, but not information seeking. Of these, direct action was most frequently employed. Independent judges found these categories reliable. Results are examined according to theoretical frameworks in coping theory and current perspectives on sexual abuse.
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I am deeply indebted to the eighteen women who endured the recall of such painful memories to contribute to the knowledge about sexual abuse. Their suffering, their resourcefulness, and their recovery process profoundly moved me. From their experiences, I am left with a great hope in the strength of the human spirit in overcoming adversity.

I wish to thank Dr. Bob Armstrong for his consistent support and encouragement throughout the process of this seemingly endless undertaking. Thanks also to Dr. Sharon Kahn and Dr. John Friesen for their challenging and valuable contributions.
Dedication

To Peter—for your sustenance along the "critical path."
CHAPTER ONE

INTRODUCTION

Overview

Sexual abuse, for many people, conjures up images of force, attack and intimidation by shadowy strangers and, consequently, how people cope with that situation seems to be a very basic concern. Certainly such traumatic events require extreme methods of coping and sometimes result in extraordinary feats of human emotional strength, and endurance. The more common reality of childhood sexual abuse, however, is a nonforcible or subtly coercive, secretive, ongoing sexual relationship between a child and an adult in a proximate caretaking authority position (Sgroi, 1982, p. 13). Yet, surprisingly, the question of how the child victim coped with this situation is rarely asked.

How abused victims coped is an important question to ask. The recent release of the Sexual Offenses Against Children (Committee of Sexual Offenses Against Children and Youths, 1984) revealed an alarming-pervasive incidence of childhood sexual abuse. Fifty-two recommendations were made in the report to health services, legal systems, police services and educational institutions to increase professional knowledge and understanding of sexual abuse and to integrate resources to more effectively intervene for the protection of children. A specific
recommendation (#40) was made for more systematic research in the area of sexual abuse to facilitate education of the public. This Committee's report legitimized the concern of many pioneer workers in this field about the reality of the abuse victim's experience in sexual abuse, which had previously been either denied, minimized, or ignored.

The importance of understanding the victim's perspective toward the experience of sexual abuse is highlighted with the recent focus of workers in the field of coping theory which investigates how people respond to aversive life events of serious magnitude. In the area of sexual abuse, the coping responses of adult rape victims have been systematically studied (Burgess & Holmstrom, 1974, 1976, 1979), whereas those of the victims of childhood sexual assault have not. However, unique characteristics of childhood sexual abuse such as relationship to the offender, duration of abuse, secrecy, age of the victim, etc., make this experience one that severely stresses the coping ability of the victim. Consequently specific attention to the victim's subjective experience under these conditions is vitally important.

Classification of the myriad of responses that occur under situations of stress is proving to be a challenging task for theorists of coping behaviour. The complexity of interactions of numerous variables such as motivation, cognition, and emotion, with the variety of possible reactions people have to trauma has resulted in a shift in the methodology for research in this field. Increasingly, investigators are moving into natural settings and relying on descriptive accounts of personal experiences by victims themselves, as opposed to the historical focus on laboratory manipulation of variables. Gradually these descriptive examinations of stress, emotion, and coping responses under a
variety of crisis situations are increasing understanding of coping behaviour when viewed in conjunction with speculative causation. Prior to Burgess and Holmstrom's (1976, 1979) descriptive examination of rape victims' experiences, knowledge of sexual abuse was limited to the intimate detailed accounts of a few individuals who broke the conspiracy of silence around the topic of incest (Allen, 1980; Armstrong, 1980; Brady, 1979). With these works, the unique features of incest were initially revealed; however, individual case studies minimize the possibility of extracting more universal commonalities shared by victims in this experience, which is a major goal in research. In addition to classifying common features of the experience, theorists and researchers are also realizing the importance of documenting victims' personal evaluations of how they coped with these crises (Silver & Workman, 1980). There is also a growing recognition for the need to identify factors that facilitate or impair coping (Lazarus & Launier, 1978).

**Research Questions**

This research is intended to contribute to the growing body of knowledge of coping behaviour in aversive life events, based on the descriptive accounts of victims. Limited attention has been directed towards the coping behaviours of sexual abuse victims (Burgess & Holmstrom, 1974), and even less to the uniquely stressful experience of childhood incest and sexual abuse. While at present, no unified theory of coping exists (Lazarus & Launier, 1978), this study will present a sampling of perspectives currently being explored by prominent contributors in this field. While explorative in nature, the findings of this
investigation will be related to current theory concerning coping behaviour. In this way, these results will augment the limited research now existing on coping behaviour in the field of sexual abuse.

To provide a focus for this study, the following questions will be specifically addressed:

1) What common features concerning the dynamics of sexual abuse are derived from the descriptive accounts of victims?

2) What, if any, are the predominant coping methods used by these abuse victims?

3) What characteristics of these methods seem to hinder coping, and what seem to facilitate coping?

4) What similarities, if any, exist in the appraisals and evaluations made by victims about their abusive experiences?

Definition of Terms

**Sexual abuse**

Sexual abuse is generally defined as any sexual activity where "informed consent" on the part of all people involved as to the nature and implications of the activities is lacking. Abuse may involve any type of sexual activity along a continuum ranging from sexually explicit behaviour (e.g. nudity, disrobing, genital exposure) to any manual, oral, anal or genital sexual contact, and is typically progressive in nature along this continuum. Of primary importance is that an abuse of power occurs whereby a person's vulnerability or powerlessness is exploited without necessarily requiring force or injury. Abuse may therefore occur between people of either similar or different ages if
the victim is unable to give informed consent (Sgroi, 1982, p. 31). Children in all cases are unable to give "informed" consent, which is frequently exactly the advantage that attracts the offender to them.

Incest

Incest involves the crucial psychosocial dynamic of a familial or proximate relationship between the participants. Specifically, incest occurs within the context of a close relationship between the offender and the victim; incest is often a process, not a single event; and victims see their families at stake and are therefore less likely to report the assault. (Butler, 1980)

Coping

Much confusion has centred around the definition of coping. The current position appears to be that the definition of coping must be placed within the context of psychological stress. In other words, coping responses occur in stressful situations in which an adequate response is unclear, uncertain, unavailable, or difficult to mobilize. To begin with, therefore, the prevalent definition of 'stress' is, "any event in which environmental or internal demands (or both) tax or exceed the adaptive resources of an individual, social system or tissue system" (Lazarus & Launier, 1978). Environmental demands are viewed as external events that produce negative consequences unless averted by a suitable adaptive response. Internal demands are personal interests, goals, and values, that likewise result in negative outcomes for the person, if thwarted, denied or removed. A stressful situation therefore is determined by the balance of forces between these demands and the possible resources of the person.
Coping behaviour, therefore, is defined as follows:

coping consists of efforts, both action oriented and intra-psychic, to manage (that is, master, tolerate, reduce, minimize) environmental and internal demands, and conflicts among them, which tax or exceed a person's resources. (Lazarus & Launier, 1978)

This broad definition of coping has persisted as it attempts to account for a vast range of possible cognitive, emotional and physiological responses in addition to overt behaviours in demanding situations. The issue of the effectiveness or ineffectiveness of the coping response utilized is addressed by Silver and Wortman (1980). According to them, effective coping methods alleviate the problem or reduce the resulting distress. Ineffective methods such as alcohol or drug abuse exacerbate the problem or become problems in themselves.

Cognitive Appraisal

Finally, a concept that is emerging as central in stress and coping theory is that of cognitive appraisal. Different assessments of personal and environmental variables significantly influence the outcomes of stressful encounters (Holroyd & Lazarus, 1982), therefore any study of coping must explore this important dimension of the experience. Cognitive appraisal is defined as:

the mental process of placing any event in one of a series of evaluative categories related either to its significance for the person's well being (primary appraisal) or to the available coping resources and options (secondary appraisal). (Lazarus & Launier, 1978)

The importance of this concept is illustrated by its recurring presence in research on divergent aspects of stress (Abramson, et al., 1980; Holroyd & Lazarus, 1982; Lazarus & Launier, 1978; Seligman, 1975; Shontz, 1975; Wortman & Brehm, 1975).
CHAPTER TWO

REVIEW OF THE LITERATURE

Coping with severe stress has developed into a field of enormous complexity where frequently contradictory and conflicting speculations about causal determinants of behaviour result. Different theorists have focused on specific, limited aspects of behaviour under stress in attempts to isolate component parts of the complex interactions. Only recently has a shift occurred towards searching for integrative and mediating relationships in coping processes, in an attempt to account for the seemingly opposing results of stress elicited behaviours. Current theoretical frameworks are struggling to account for individual variability in reactions to crises in order to predict the behavioural and psychological impact arising from these experiences.

Several theoretical models are summarized here which are representative of the diverse speculative formulations existing in the field. This selection of theories illustrates the historical trend towards the integrative, transactional view of the determinants of human action and reaction in situations of stress. In addition, they reflect the broad scope of disciplines which must account for stress experiences from experimental psychology to clinical psychology to medicine. There is limited research done on coping behaviour related to sexual abuse. It is clearly beyond the scope of this paper to explore all the numerous severe stress situations that can be encountered in life.
The models presented here are: Lazarus' taxonomy of coping responses (Lazarus & Launier, 1978); Shontz's (1965, 1975) theory of reaction to crisis; Seligman's learned helplessness model (Abramson, et al., 1978; Seligman, 1975); and Wortman and Brehm's (1975) integrative model.

Theories of Coping Behaviour

Lazarus' Taxonomy of Coping Responses

Lazarus has been the most prominent contributor to this field for the past two decades and his extensive work includes many unique features. Breaking with tradition that laboratory research was the only valid scientific perspective (Lazarus & Launier, 1978), Lazarus pioneered the movement toward descriptive study of coping processes in natural life settings. In his perspective, attempts to create stressful conditions in an artificial environment are limited by ethical constraints. Animal research is not illustrative of the varied and uniquely human qualities that so greatly influence behaviour under these conditions. Likewise, the laboratory is restrictive in altering elements of the environment which so frequently occur in crises to influence individual reactions. Viewing the issue of experimental control as often illusory in respect to psychodynamic and social processes, Lazarus considered compilation and classification of data across numerous varied stressful situations as providing a reliability of results. In addition, this material is dynamic and rich in revealing dimensions of human experience. Primarily he sought to avoid the structural analyses frequently conducted in laboratories that results in
trivial, static, isolated conclusions about overt behaviours. Strong support continues for this process oriented, descriptive, ecological approach, as a valuable prelude and adjunct to speculative determination of causal relationships in stress, emotion, and coping processes.

Uniquely, from the outset, Lazarus (1966) emphasized the central importance of cognitive appraisal as an influential determinant of emotional responses, coping strategies and success of adjustment to a crisis. Spontaneous assessments are made by individuals concerning both the element or degree of danger as well as possibilities available to deal with it. Appraisals are not necessarily conscious, frequently occurring intuitively without awareness, and depending on the circumstances, continuously change with respect to the flow of events defining personal safety.

Another remarkable feature of Lazarus' work is the examination of a variety of coping strategies and their common characteristics (Lazarus & Launier, 1978). Expanding the focus of other researchers on overt actions exclusively, Lazarus identifies four possible categories of coping responses: information seeking, direct action, inhibition of action, and intrapsychic methods. Information seeking is designed to collect more data for reappraisal or reinterpretation of a situation to assist in coping, such as when a victim attends a sexual abuse lecture thereby illuminating aspects of her experience. Direct action refers to overt behaviours used to cope such as screaming or striking out at an offender. Where overt actions could actually increase dangers, frequently inhibition of action is utilized in accordance with environmental or intrapsychic characteristics. In the sexual abuse context, passive compliance such as pretending to be asleep while aware of the
occurrence of abuse is representative of the inhibition of action category. Finally, the intrapsychic category includes all cognitive processes used to manage the situation such as denial that the abuse occurred, or fantasizing at the time of the abuse to distance oneself. An extreme intrapsychic phenomenon frequently found in violent abuse cases like rape is an out of body projection where the victim claims to be consciously separate from the experience, yet aware of its occurrence and watching from a safe place. More study of this dissociative experience is required, yet the frequency of its reported occurrence aptly illustrates the rich, complex, and dynamic resources available for coping with adversity which surfaces in descriptive research.

Table 1 outlines the complex interrelationships of other features of coping responses elaborated by Lazarus and Launier (1978). In any stress context, the four identified coping modes can be utilized regardless of their object, purpose or location in time. Specifically, in the context of sexual abuse, active compliant participation with the sex can be considered as direct action. This response may function to avoid the use of violence thereby changing the nature of the stress between the victim and the potential for harm, or it may provide the victim with a sense of power and control thereby modifying the emotional experience. Likewise, both these purposes may be achieved simultaneously with this response. In the first situation, the object of this response is directed toward the offender (or the environment), whereas in the second the object is the victim (or the self). Again the object (or instrumental focus) can be both the self and the environment if both functions are intended to be achieved. Finally, this action is aimed at dealing with the present which is perceived as harmful, however the
response also is designed to avert future threat, if noncompliance would result in increased violence toward the victim. Temporal orientation therefore influences the purpose of the coping response labelled as the thematic character on the table, which in this situation is to tolerate the present harm and prevent future threat. In summary, use of this scheme facilitates extraction of common elements of unique situations illuminating salient coping processes and minimizing the differing environmental features.

Application to Sexual Abuse. The primary work in examining the coping strategies used in sexual abuse has been done by Burgess and Holmstrom (1976, 1979) on the victims of rape. An extensive project was undertaken in 1972-73 whereby all rape victims admitted to a Boston hospital over a one year period were interviewed by the researchers within hours of the incident. Coping behaviours were analyzed before, during, and immediately following the attack based on the recollections of victims, volunteered in supportive counselling sessions.

Considerable corroboration for the predominant influence of cognitive appraisal was obtained. Each stage of the attack initiated a unique cognitive appraisal requiring a different coping response in conjunction with the immediate coping task. Initial appraisal of danger before the attack required a quick reaction to flee, however, once the assault was perceived as inescapable, the task became to survive. Upon assessing a termination of danger, the coping task was to escape from the assailant. Subsequent to the entire ordeal, new coping responses are required to deal with the job of recovery. The aftermath of the rape can be extremely traumatic depending upon support resources and the reactions of others. These findings are consistent with the theoretical
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position taken by Lazarus and Launier (1978), that the nature of stress, appraisals, and tasks requiring coping skills change over time.

Burgess and Holmstrom (1976) concluded that considerable therapeutic value exists in examining the coping strategies used by victims at these various stages. These techniques can be validated for their functional value, thereby building self esteem for the victim. In addition, alternative responses can be explored to increase the problem solving repertoire of the individual.

Four to six years later, a follow-up study was undertaken with these same victims by Burgess and Holmstrom (1979). Adaptive strategies to deal with the rape trauma were evaluated in terms of the length of time required for recovery from the assault. Recall of specific thoughts, feelings, and actions were validated by the original data, and formed the basis for classification. Victims' coping strategies were assessed in terms of self esteem, defense mechanisms, actions and maladaptive responses, derived from an interview format.

The researchers found that recovery from a multifactorial stress situation such as rape trauma can be facilitated by the following: positive self assessment and esteem regarding coping throughout the experience; use of conscious cognitive strategies (such as explanations, minimization, suppression and dramatization) and increasing coping actions (such as moving away, travelling, seeking information about rape). People unable to mobilize these responses may be more readily identified as high risk for slow recovery by clinicians.

Burgess and Holmstrom have contributed significantly to knowledge of the dynamics of the rape trauma syndrome and the efforts of victims to deal with the assault and the recovery. Their classification of
coping responses, however, based on specific thoughts, feelings, and actions pertaining to the rape, in both cases lacks the clarity, precision and universality offered by Lazarus' schema. The innumerable specific detailed illustrations tend to dilute the impact of the results, and make the inherent common characteristics difficult to decipher. This is exactly the problem Lazarus hoped to avoid by urging researchers to extract common processes to learn more about coping, rather than more about specific environmental contexts.

It is important to note that this research has limited applicability to the experience of childhood sexual abuse and incest. Summit and Kryso (1978) were instrumental in revealing that incest in most cases is an ongoing process of victimization, rather than a single assault as in the rape situation. Typically, the offender is well known to the incest victim, and violates the trust and authority of their relationship with the sexual activities. While Burgess and Holmstrom (1974, 1976, 1979) do not present statistics of the relationship of the offenders to these adult victims, the familiar association between the assailant and the child of sexual assault is statistically documented in the Sexual Offenses Against Children (Committee on Sexual Offenses Against Children and Youths, 1984, Vol 1, p. 218). And incest, by definition, refers to a known proximate relationship. The nature of incest is subtly coercive, where the victim is frequently primed over a period of years and gradually progressed through stages of fondling to intercourse, with an additional demand for secrecy at the threat of disastrous consequences. Active participation in the sexual activities, normal pleasurable physical sensations, and enjoyment of the special attention from the offender can augment the burden of guilt and shame
experienced at the time of disclosure. The traumatic bonding formed with the abuser may be felt as a profound loss when removed, even if the victim is relieved that the abuse has ended. Therefore, disclosure of the incest is often a greater hardship for victims than the abuse itself. Frequently these women were either not believed when they did disclose as children, or else the disastrous consequences like family breakup and prosecution of the offender did occur, which increases the pain tremendously. So childhood sexual assault differs greatly in fundamental ways from rape, in adulthood. These rape victims primarily had a single assault event, most likely by acquaintances or strangers, followed by immediate counselling and medical assistance. While not minimizing the pain of these women, the incest victim nevertheless has unique stresses to cope with. Statistics show that between ages 6-11 is when most incestuous events occur (Committee on Sexual Offenses Against Children and Youths, 1984, Vol. 1, p. 198), so coping ability is obviously limited.

One major value of Burgess and Holmstrom's (1976) research is that victims were interviewed within hours of the attack, and later memory recall of events in 1979 were validated by the original data. Given the long term secretive nature of childhood abuse, and the ethical restraints on interviewing child victims, there is often a lapse of several years between the incident and the recollection by adults, which presents problems for validity and reliability of results. Generally, however, the vivid nature of the experience and the impact on the victim resulting from stress and difficulty in coping, make memory of the event quite graphic and longlasting. In some cases, victims appear to be reliving the event, even in the telling of it. Therefore, despite the
drawbacks, the differences in basic dynamics between adult rape victims and adults who experienced childhood incest or sexual abuse, reinforce the value in exploring the analogous and divergent coping strategies.

**Summary.** The impact of Lazarus' prolific work has been widely felt in research on stress. His cognitive-phenomenological approach to stress and coping has provided a strong foundation for the transactional, mediational, time oriented and process oriented perspective currently existing. Cameron & Meichenbaum's (1982) cognitive-functional analysis of the coping process has arisen from his work. These authors explore effective functioning from the aspects of cognitive appraisal, coping response repertoires, response deployment factors, and stress recovery factors. Stress research is therefore providing a basis for examining adaptive processes as well as illuminating those elicited by adversity. Lazarus has been profoundly instrumental in shaping these current dynamic, integrative approaches in stress and coping theory, as well as establishing a tradition for documenting real life events in a systematic manner.

**Shontz's Theory of Reaction to Crisis**

Working in the medical field with physical illness and disability, Shontz (1975) focused on the various stages that people appeared to go through as they attempted to cope with a crisis. While maintaining that crisis differs from stress in the extent of psychological reorganization requiring coping, Shontz outlined the characteristic behavioural and emotional responses that occur before, during, and after the impact of a crisis. The preimpact phase continues until realization that ordinary coping mechanisms are not adequate, at which time considerable anxiety
and fear is experienced. The full impact results in feelings of helplessness, despair and loss as the person accepts the inevitability of the crisis. The impact stage also produces: 1) a shock phase, characterized by depersonalized detachment, although remarkable thought and action can occur despite this; and 2) an encounter phase, whereby the full force of the emotional trauma is felt. Panic, disorganization, and helplessness are experienced now as the person appears to relive the trauma. The postimpact stage also contains two dimensions. Initially retreat or withdrawal occurs whereby the person avoids or denies the existence or implications of the critical situation. Retreat, in one way, seems to operate as a protective device, warding off the threat of total disorganization. Finally, acknowledgement of the ramifications of the crisis occurs, and the person gradually integrates all aspects of the experience in a dynamic approach-avoidance (that is, encounter-retreat) cyclical reorganizational pattern over time. Cycles decrease in frequency and intensity until the reorganization stabilizes. If the crisis is used as an opportunity for growth, Shontz emphasizes that beneficial, healthy personality expansion can ultimately result. Lazarus and Launier (1978) concur that the effectiveness and growth derived from crises have been critically underemphasized in comparison with the pathology and failure of coping methods.

**Application to Sexual Abuse.** Notman and Nadelson (1976) examined the stages of anticipatory or threat phase, impact phase, posttraumatic 'recoil' phase, and posttraumatic reconstitution phase in the experience of rape victims and found responses characteristic of crisis experiences. These stages varied in intensity and duration, depending upon the critical factors of unexpectedness of the misfortune, and the
variability of the victim's coping resources in this potentially life threatening situation. A significant influence in resolution of the trauma is a positive or negative view of one's ability to cope. Perception of adaptive responses used during the assault in questioning one's own reactions later can facilitate future capacity to respond to stress and enhance self esteem, whereas perception of maladaptive responses damages self esteem and subsequent coping ability. Consistent with Burgess and Holmstrom's (1976) perspective, therefore, this review of psychodynamic considerations of rape supports the importance of exploring the coping strategies used by victims throughout the stages of the crisis. Presentation of responses in an adaptive framework can greatly promote constructive resolution, with potential for personality expansion.

Seligman's Learned Helplessness Model

From the orientation of experimental psychology, Seligman (1975) postulated that a psychological state of helplessness occurs when an organism experiences an aversive event that is uncontrollable. An emotional state of depression results and future avoidance learning is severely impeded with repeated exposure to uncontrollable traumatic experiences.

The limitations of laboratory research became evident when aversive experiences with human subjects failed to replicate the model's predicted emotional and behavioural reactions of helplessness, passivity and performance deficits, derived from work with animals. Consequently, a reformulated model was proposed by Abramson, et al. (1978). Cognitive appraisal became much more central to the theory as helplessness was
viewed in the context of attributions of causality that people make about their situations. These appraisals are categorized according to dimensions of internal-external locus of control; stable-unstable frequency of occurrence; and global-specific generality across situations. Using the sexual abuse paradigm, the revised model would predict that helplessness, passivity and performance deficits are more likely to result if the following cognitive beliefs ensue from the experience:

1) "it's my fault that the abuse occurred because I'm such a bad person" (internal attribution).

2) "there's nothing I can do to change being treated this way" (stable attribution).

3) "all men are potential sex offenders" (global attribution).

Similarly, the following beliefs would be less likely to produce helplessness, according to the model:

1) "my father is responsible for the abuse because he is the adult and should control himself" (external attribution).

2) "I was just in the area in the wrong place at the wrong time" (unstable attribution).

3) "he's the only person I've ever met who mistreated me sexually" (specific attribution).

While the reformulated model expands and enriches the original learned helplessness theory, its therapeutic implications have not been directly studied. The predictive power of the model is limited by the lack of specificity about when particular attributions will be made. What exactly determines whether a victim facing an uncontrollable experience of rape makes internal, stable, and global attributions or external, unstable, specific ones, or some combination of both? Also
the model restricts itself to the experience of helplessness. The many other emotional reactions and possible coping mechanisms are not addressed. Nevertheless, this work offers a valuable perspective and has strong intuitive appeal. The importance of cognitive appraisal in the experience of traumatic events has been considerably augmented by this theoretical framework.

Wortman and Brehm's Integrative Model

Seligman's (1975) helplessness model directly conflicted with Brehm's (1966) theory of psychological reactance which postulated that when freedom or control is taken away, people respond with hostility, aggression, and enhanced motivation to restore it.

Wortman and Brehm (1975) developed an integrative model that identified mediating variables determining the precise conditions under which reactance or helplessness would occur. The critical factors influencing the emotional and behavioural reactions to aversive experiences are:

1) the expectation of control over the outcome (which diminishes as the strength of the harm or threat increases);

2) the degree of importance of the threatened or eliminated outcome to the individual; and

3) the amount of exposure to uncontrollable or aversive experiences.

Figure 1 illustrates the interrelationships between these variables. Viewed in the context of sexual abuse, the integrative model would predict that hostile and aggressive reactance is likely to result in this hypothetical abuse situation (marked 'A' on Figure 1): a sixteen year old rape victim (some expectation of control) being
attacked for the first time (minimal exposure to uncontrollable outcomes) by an acquaintance on a date (importance of personal safety and integrity is high). In this hypothetical 'B' situation, helplessness and passivity would be predicted by the model: a ten year old incest victim (minimal expectation of control) abused several times a week for five years (high exposure to uncontrollable outcomes) by her father (importance of the victim's personal relationship to the offender is high). The predictive accuracy of these variables, unfortunately, has not been formally researched, at present, so these examples are purely speculative.

Wortman and Brehm's variables closely correspond to the four mediating factors outlined by Lazarus and Launier (1978) which influence individual choice of the coping mode. These are: 1) degree of uncertainty; 2) degree of threat; 3) the presence of conflict; and 4) the degree of helplessness. Uncertainty and threat approximate the variable of expectation of control; the presence of conflict occurs in the degree of importance of the threatened outcome; and helplessness arises from exposure to previously incurred harmful experiences. These similarities reflect the value and rigor of the prevalent transactional, mediational, process oriented perspective.

This integrative model obviously does not account for other influences such as personality variables that may alter the response. In addition, like Abramson, et al. (1978), Wortman and Brehm's (1975) work addresses the narrow focus of either invigoration or passivity, although attempts are made here to establish a continuum between these two extremes. Silver and Wortman (1980) speculate that this limited range may be attributable to laboratory and animal research, upon which
Figure 1: The Integrative Model

Resultant Motivation to Exert Control

High Expectation of Control

Low Expectation of No Control

Reactance

Helplessness

Low Importance Outcome

High Importance Outcome

Amount of Helplessness Training or Exposure to Uncontrollable Outcomes
this work is based. Wortman and Brehm (1975) do, however, increasingly acknowledge the importance of cognitive appraisals people make in their experiences and the impact of those beliefs on future behaviour. In particular, they identified the need to research people's perspectives on the effectiveness or ineffectiveness of the chosen coping method.

In summary, the presentation of these preceding models reveals the complexity and variety of issues, elements, and perspectives involved in the analysis of coping behaviour. While new questions continue to emerge and methodologies change to accommodate shifting viewpoints, the field of stress and coping does reflect an exciting, dynamic, ongoing tradition of dedicated integrity. The rich foundation of knowledge offered by these people serves as a source of inspiration for future inheritors of the awesome task of unraveling the mysteries of natural beings.
CHAPTER THREE

METHODOLOGY

The Critical Incident Technique

Justification for the Choice of Methodology

The critical incident technique (Flanagan, 1954) is designed to systematically control and analyze the spontaneous tendency of people to recall events based on their experiences and observations of human interactions. Independent descriptions of important occurrences are subjected to an inductive categorization process which captures the essential features of an identified aim. In qualitative studies such as this, where the purpose is to generate descriptive data to elaborate and refine existing theories rather than test statistical hypotheses, this method is particularly appropriate.

Flanagan (1954) developed the technique during early aviation studies in the United States Air Force in World War II. The procedure was found valuable for establishing critical factors that were effective or ineffective in accomplishing a specific activity, such as learning to fly or being a good leader. Nearly thirty years after its inception, this technique has proved to be widely applicable as a useful methodology for psychological studies. On a practical level, Cohen and Smith
(1976) studied group processes to reveal critical points requiring leadership intervention; Rimon (1979) examined nurses' perceptions of important aspects of their role in patient care; and Dachelot et al. (1981) elicited conditions which facilitated clinical training of nurses. For theory building, Weiner, Russell, and Lerman (1979) collected critical incidents to study the connection between cognitions and emotions in achievement related contexts. Flanagan (1978) conducted an impressive study gathering and compiling 6500 incidents defining critical features of the quality of life of Americans.

The presupposition of these varied studies is a subjective, phenomenological orientation. This approach legitimizes the experience and perceptions of unique individuals, and enables exploration of dimensions of human life which are difficult to operationalize and measure quantitatively. Recurring trends across independent participants affirm or alter existing theoretical or objective knowledge. Flanagan (1978) found that subjects' recalled events provided a rich and useful source of information.

Collection and Classification of Data

The Critical Incident Technique refers both to the collection and to the analysis of data. Flanagan (1954) suggests that the criterion for obtaining material, through the use of interviews or questionnaires, is to elicit extreme and dramatic behaviours that significantly contribute, either positively or negatively, to the objectives being studied. These are considered 'critical incidents,' which are believed to be more easily identified than average behaviours. Accuracy of recalled incidents can be determined by the ability of the person to
give full, precise details. Vague reports indicate that an incident is not well remembered, and data may be incorrect. If suitable precautions are taken to obtain detailed, factual accounts rather than general impressions, Flanagan (1954) claims that recalled incidents can be relied upon to provide adequate data.

Flanagan (1954) defines an incident as any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act. To be critical, an incident must occur in a situation where the purpose or intent of the act seems fairly clear to the observer and where its consequences are sufficiently definite to leave little doubt concerning its effects.

Prior to collecting data, Flanagan (1954) details specific guidelines to ensure objective, clear evaluation, recording and classification of salient behaviours. These include all behaviours, both positive and negative, which are relevant to the objectives being studied. Included also are any actions which directly or indirectly could be expected to have a significant effect on the target situation, over a long period of time. However, in this case, Flanagan (1954) states that the researcher must be able to say with some confidence whether this effect would be good or bad, thereby excluding borderline behaviours. The interview format, delineating the purpose of the study and the questions, must be carefully determined in advance to encourage accurate elicitation of the desired data.

Following collection of critical incidents, Flanagan (1954) also delineates a specific set of procedures for analyzing the data in an efficient, systematic manner. Using an inductive process, incidents are
classified according to a frame of reference arising from the planned use for the findings. Generally, a tentative classification framework, obtained by sorting a small number of incidents into piles labelled with descriptive titles, is reviewed by others. A process of redefinition of categories, and reclassification of incidents, occurs until all items are distributed. Strict criteria are outlined, in advance, for the headings of categories, which include: providing clear cut and logical organization; conveying meanings without needing explanations; reflecting a similar level of importance; being neutral in tone, with critical requirements defined in positive terms; and are comprehensive and inclusive of all significant incidents. Finally, frequency counts of incidents in each category are tallied and interpretations of the data are made with respect to the identified problem.

When using the Critical Incident Technique, the sample is considered to be the number of incidents obtained from the interviewing procedure, rather than the number of subjects interviewed. Only one incident is required to form a category. Consequently the procedure for determining the size of the sample is the number of new critical behaviours that require classification. When repetitive patterns begin to develop and no new categories are formed, sufficient incidents have been collected.

Reliability and Validity of the Technique

Flanagan (1954) outlined that reliability of the categories is determined by the percentage of agreement obtained when one or more independent raters classify the incidents according to the researcher's classification scheme. Raters are initially trained in the method of
categorization used by the researcher and are instructed to sort the incidents into the appropriate categories. A criterion established in advance, such as 80% agreement, determines whether categories are considered reliable. With well formed categories and raters adequately trained according to the framework, good agreement can be expected.

The reliability and validity of the critical incident technique has been subjected to scrutiny by Andersson and Nilsson (1964), where the analysis of the job of store manager provided a vehicle for exploring these important features of the methodology. Inspection of the classification of incidents into categories and rating of data by independent judges, as well as inquiries into the importance of the elicited incidents resulted in the following conclusion:

According to the results of the studies reported here on the reliability and validity aspects of the critical incident technique, it would appear justifiable to conclude that information collected by this method is both reliable and valid. (p. 402)

Subjects

Selection of the Sample

Volunteers in this study were primarily women who were undergoing group treatment with the Vancouver Incest and Sexual Abuse Centre Society (V.I.S.A.C.S.). The researcher worked as a co-therapist in these treatment groups since, given the nature of the topic, a critical feature was anticipated to be the issue of trust and ability to confide in someone familiar. All the women were undergoing group treatment voluntarily and all had experienced sexual abuse and/or incest in childhood or early adolescence. In addition, two therapists who were
themselves abuse survivors and had participated in a V.I.S.A.C.S. therapist training program, volunteered to be interviewed for this research. Finally, one woman from the general population, upon hearing of the focus for this study, volunteered to participate after spontaneously confiding her early abuse experiences to the researcher. Consequently, the population for this study consisted of women in treatment as well as those who achieved a personally acceptable degree of resolution of the abuse.

For the group members, the research question and the purpose of the study was presented at the last group meeting after an eight week course of treatment. The women were asked to volunteer at that time or to approach the researcher after the meeting ended. The other women were likewise informed of the purpose and research question in advance. Volunteers were later contacted to arrange a convenient interview time. Due to the intensely personal nature of the material, extreme care was taken to ensure uninterrupted privacy for the duration of the interview. In most cases, the women preferred to be interviewed in their homes, and made advance arrangements to ensure privacy.

The participants were given duplicate consent forms (see Appendix A), which were read aloud outlining clearly that: participation was voluntary and could be terminated at any point; the interviews would be taped, however all data would be confidential and tapes erased upon completion of the analysis; pseudo names could be used if desired; and involvement in this research would in no way affect future treatment with V.I.S.A.C.S. All subjects signed the consent form in duplicate and kept one copy themselves.
A total of 18 adult women were interviewed altogether, out of an anticipated 25, from across three V.I.S.A.C.S. groups. Women who initially volunteered and later changed their minds when telephoned to arrange the interview claimed they just couldn't bring it all back up again, now that the group was over. Those who went through the interview expressed a desire to help others and recognized speaking out about their experiences in a research study as a valuable opportunity to be heard, and validated. All interviews were conducted by the researcher.

Profile of the Participants

The detailed demographic questionnaire (Appendix B) produced the following profile of the sexual abuse victims interviewed in this study. Actual statistics are presented in Tables 2 and 3.

General Information. These Canadian women are an average age of 32, and are most likely to be married or living common law, with no children. Currently employed outside the home in the health care profession (as nurses, therapists, or mental health workers), they most frequently state Grade 12 graduation as their present educational level. These are active people involved in a wide variety of interests, and pursuing many personal hobbies and goals.

Sexual Abuse Information. Seven of these women were the only female in their family of origin, with another six being respectively both the oldest and the youngest girl. Birth order with regard to other siblings was uniform. At the onset of the sexual abuse, the average age of the victim was 5.3 years and that of the offender 37. Abuse ranged from under five isolated incidents to prolonged duration of 15 years, with the average being 6.2 years. While the frequency likewise ranged
### TABLE 2

#### DEMOGRAPHIC DATA -- GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Age</th>
<th>Marital Status</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian:</td>
<td>20-24: 3</td>
<td>Married or Common Law: 6</td>
<td>0: 10</td>
</tr>
<tr>
<td>American:</td>
<td>25-29: 4</td>
<td>Single: 4</td>
<td>1: 1</td>
</tr>
<tr>
<td></td>
<td>30-34: 6</td>
<td>Separated: 4</td>
<td>2: 5</td>
</tr>
<tr>
<td></td>
<td>35-39: 3</td>
<td>Divorced: 4</td>
<td>3: 2</td>
</tr>
<tr>
<td></td>
<td>40-44: 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>45-49: 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>50-55: 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>56-60: 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>average age: 32.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Education

| Grade 9: 1 |
| Grade 10: 1 |
| Grade 12: 8 |
| College (BCIT): 5 |
| University (B.A.): 1 |
| University (Masters): 2 |

#### Occupation

| Nurse (RN): 4 |
| Mental health worker: 4 |
| Therapist: 3 |
| Secretary/Clerk: 3 |
| Flight attendant/air traffic agent: 2 |
| Homemaker: 2 |

#### Employment Status

<p>| Outside home: 14 |
| Homemakers: 2 |
| Unemployed/seeking jobs: 2 |</p>
<table>
<thead>
<tr>
<th>Position in Family of Origin as female:</th>
<th>Age of Victim at Onset of Abuse</th>
<th>Age of Offender at Onset of Abuse</th>
<th>Sex of Offender</th>
<th>Relationship to Victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>only girl:</td>
<td>birth-1: 1</td>
<td>13-15: 3</td>
<td>male: 33</td>
<td>father: 11</td>
</tr>
<tr>
<td>oldest girl:</td>
<td>2-3: 5</td>
<td>16-20: 4</td>
<td>female: 4</td>
<td>acquaintance: 7</td>
</tr>
<tr>
<td>youngest girl:</td>
<td>4-5: 4</td>
<td>21-25: 2</td>
<td></td>
<td>neighbour: 5</td>
</tr>
<tr>
<td></td>
<td>6-7: 5</td>
<td>26-30: 2</td>
<td></td>
<td>brother: 4</td>
</tr>
<tr>
<td></td>
<td>8-9: 0</td>
<td>31-35: 2</td>
<td></td>
<td>uncle: 4</td>
</tr>
<tr>
<td>as siblings:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>oldest/only girl:</td>
<td>10-11: 2</td>
<td>36-40: 12</td>
<td></td>
<td>grandfather: 2</td>
</tr>
<tr>
<td>2nd born:</td>
<td>12-13: 0</td>
<td>41-45: 2</td>
<td></td>
<td>aunt: 1</td>
</tr>
<tr>
<td>3rd born:</td>
<td>14-15: 0</td>
<td>46-50: 3</td>
<td></td>
<td>stepfather: 1</td>
</tr>
<tr>
<td>youngest/only girl:</td>
<td>51-55: 4</td>
<td></td>
<td></td>
<td>babysitter: 1</td>
</tr>
<tr>
<td></td>
<td>56-60: 3</td>
<td></td>
<td></td>
<td>mother: 1</td>
</tr>
</tbody>
</table>

Victim's average age: 5.3
Offender's average age: 37
Total number of offenders: 37

(7 victims had more than one offender)
### TABLE 3

**DEMOGRAPHIC DATA -- SEXUAL ABUSE INFORMATION** (Continued)

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Duration and Frequency of Abuse</th>
<th>Current Contact with Offender</th>
<th>Most Helpful Counselling Received</th>
<th>Legal Action Against Offender</th>
</tr>
</thead>
<tbody>
<tr>
<td>fondling only:</td>
<td>1-5 incidents: 3</td>
<td>offender deceased: 6</td>
<td>group therapy: 14</td>
<td>none: 18</td>
</tr>
<tr>
<td>fondling and/or oral sex:</td>
<td>under 1 year</td>
<td>family visits</td>
<td>individual therapy: 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>infrequent: 2</td>
<td>infrequent: 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>frequent: 0</td>
<td>frequent: 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fondling and/or rape (oral or vaginal):</td>
<td>1-2 years</td>
<td>no contact: 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>infrequent: 0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>frequent: 0</td>
<td>live together now: 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fondling and/or vaginal intercourse:</td>
<td>3-5 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>infrequent: 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>frequent: 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fondling and/or more than one of the above:</td>
<td>6-10 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>infrequent: 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>frequent: 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>physical abuse:</td>
<td>11-15 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>emotional abuse:</td>
<td>over 15 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(name calling, verbal abuse, etc.)</td>
<td>infrequent: 0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>frequent: 1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Average duration: 6.2 years.
(Frequent means occurring on a regular basis, either daily, weekly, or monthly.)
from isolated incidents to daily, weekly, and monthly encounters, thirteen women reported that at some point throughout the course of the abuse, incidents occurred on a weekly basis. The offenders were overwhelmingly male, however abuse by four females addresses an often overlooked incidence of sexual assault by women. The most frequent relationships reported by eleven victims was that of natural father and daughter, revealing that incest was the prevalent form of abuse in this sample.

Thirteen women claimed that severe abuse occurred in the form of oral or vaginal rape, oral sex or vaginal intercourse; the distinction being the degree of force or violence utilized by the offender. The others reported some type of fondling or molestation. Other types of abuse including physical beatings and emotional cruelty such as name calling, verbal abuse, and neglect, were also highly detailed.

The current level of contact with the offender varies, but victims stated most often that their abuser was now deceased. Of those still in contact, all the women related some ongoing degree of difficulty in their familial or parental relationship with the offender.

Sixteen women had received counselling directly pertaining to the abuse and most stated that group counselling with other victims was the most helpful treatment modality. What they liked the most was the realization that they weren't alone in having had this experience, after years of being isolated in secrecy and shame. Despite the counselling, these women confided persisting problems such as low self esteem; sexual dysfunctions; relationship conflicts; and fear of men or future assaults. Several victims said that the abuse had affected every aspect of their lives.
None of the women had taken direct legal action against their offender. In one case, a woman who tried to charge her father, was told to drop the charges by a detective or else her father would be jailed and the family deported to their country of origin. So she did. One abuser did in fact spend one night in jail, when following the violent oral rape of his six year old daughter, his wife called the police to detain him for verbal abuse, until he sobered up.

Procedure and Data Collection

Assumptions

For many participants, a significant length of time exists between the experience of the abuse and the recollection of incidents in the interview. Given this fact, the assumptions made by the researcher prior to the collection of the data are identified as follows:

1) subjects will recall abusive incidents in detail as they happened;
2) the recall of incidents will be essentially factual; and
3) subjects will be able to distinguish between critical incidents that hindered coping, and those that facilitated coping.

Interview Structure

Prior to commencing the interview, the participants were given a detailed demographic questionnaire (Appendix B), including basics such as age, marital status, and occupation, as well as abuse facts such as age at onset, duration, frequency, relationship of offender, counselling
received, and legal consequences. Upon completion of this question-
naire, subjects were then interviewed by the researcher, according to
the structure detailed in Appendix C.

Pilot Study

The pilot study was conducted primarily to determine if the
participants could recall specific events that were crucial to helping
or hindering coping with sexual abuse and incest. For many of these
volunteers, a number of years had elapsed between the abuse and the
interview, consequently it was unclear as to how detailed and accurate
memory recall could be. Also, the study was intended to test the
interview structure outline (Appendix C), which was based on Flanagan's
(1954) Critical Incident Technique.

Three women, who had volunteered to participate, were interviewed
for the pilot study. One woman had been a group therapy member and the
other two were sexual abuse group leaders and counsellors. According to
the demographic information, all three had been abused initially in
childhood: one by her father for ten years, almost every day to some
extent, from age seven; the second by both parents for fifteen years,
from birth, with varied frequency; and the third by two acquaintances,
once by a babysitter at age ten and later by a date at age twenty-two.
The type of abuse ranged from fondling and molestation to violent
assault and cruelty. Therefore, these three women were quite repre-
sentative of the range, duration, and intensity of sexually abusive
experiences.

The researcher adhered to the interview structure as outlined
in Appendix C. The follow-up questions were specifically designed to
extract both primary and secondary cognitive appraisals; attributions of locus of control, consistency of occurrence and generality across situations; emotional reactions throughout the stages of the experience; effective and ineffective assessments of coping responses; and personal evaluations of these incidents from a long term perspective.

The women had little difficulty recalling specific incidents that helped or hindered coping with the abuse, with one exception. The abuse experienced by one participant had become such an integral, everyday part of her existence, for so many years, that specific incidents were difficult to isolate initially. Further probing was required to facilitate recall and gradually critical experiences began emerging. Otherwise the incidents were intensely present, graphic, and emotionally arousing for the women.

The recalled incidents tended to be quite lengthy as the women provided specific details which comprised vivid pictures in their entirety. In addition, the follow-up questions produced considerably more graphic details. As a result of the pilot study, the researcher modified the format somewhat. One negative incident was requested and explored in detail with the probing questions, then other negative incidents were collected with questions used only to clarify specific details to complete the picture of the incident. When all negative incidents had been given, the women were redirected to one positive incident which was then explored in depth. Further positive incidents were described, if available, but not examined with the follow-up questions. The interviews typically lasted about one and a half hours.

Upon conclusion of the interview, the subjects spontaneously claimed to have derived considerable personal value from undergoing this
process. Specifically, they stated that conceptualizing what hindered and what helped them to cope offered deeper understanding of their options and resources under the circumstances, than they had achieved previously.

In summary, the pilot study resulted in valuable insights about the interview format. Victims were able to recall vividly specific incidents which clearly assisted or impaired coping, and they spontaneously claimed to derive therapeutic benefit from exploring coping strategies in the evaluation procedure. Fewer incidents were collected as a result of the protracted nature of these experiences, however more detailed exploration of dynamics occurred in conjunction with the evaluative questions. Sexual abuse experiences appear to be by their nature "critical incidents."

Data Analysis

Critical incidents from the taped interviews were extracted and transcribed onto pages with one incident per page. An incident was judged to be critical if the subject could recall details of the experience and remember what it was about that experience that helped or hindered coping with sexual abuse. Several incidents were included that could be ascertained with confidence to have had either a significant positive or a negative effect over time.

Initially the incidents were categorized according to the predominant theme in that experience that required coping on the part of the victim. Since coping occurs in response to stress, these initial categories identify the stress to be coped with! Within these thematic categories, incidents were again classified according to Lazarus' four
coping modes (direct action, inhibition of action, intrapsychic methods, and information seeking) to determine which was primarily used by the victim in this situation. Hindering and facilitative incidents were both classified identically in this manner.

Reliability of Categories

The classification system developed was tested for reliability by two independent judges, both of whom were graduate students in Counseling Psychology. The judges were trained in the category system to be used, which required making two separate decisions about the identified stress, and the coping mode used by the victim. The percentage of agreement by the judges with the investigator's classification of incidents provided the measure of reliability. A minimum of 80% agreement was decided in advance to indicate reliable categories. All eighty-one incidents were tested by each judge. The following results were obtained.

TABLE 4

RELIABILITY OF CLASSIFICATION SYSTEM
(Percentage Agreement)

<table>
<thead>
<tr>
<th>Judge</th>
<th>Stress Category</th>
<th>Coping Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90%</td>
<td>83%</td>
</tr>
<tr>
<td>B</td>
<td>83%</td>
<td>80%</td>
</tr>
</tbody>
</table>
CHAPTER FOUR

RESULTS

A total of 81 independent critical incidents were extracted and transcribed from the taped interviews of the eighteen female participants. Of these, fifty-three incidents were related to factors that made coping with sexual abuse very difficult, and twenty-eight to factors that helped the victim to cope. The average number of incidents per subject was four.

Initial sorting resulted in three categories of identifiable stress requiring coping by the victim, which were labelled offender, significant other, and victim. Each incident was again classified within these three categories according to the four coping modes suggested by Lazarus. Table 5 reveals the distribution of coping modes used within each of the stress categories. Coping modes have been differentiated, in this table, according to whether the participant described this situation as hindering or facilitating coping. Below are the definitions for each of the stress categories. Meeting the original assumptions, the women offered their experiences in precise, factual detail. To capture the profound impact of these descriptions, their exact words will be provided at length to illustrate the categories and the coping modes used in positive and negative incidents. The coping mode,
<table>
<thead>
<tr>
<th></th>
<th>Direct Action</th>
<th>Inhibition of Action</th>
<th>Intrapsychic</th>
<th>Information Seeking</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hindered</td>
<td>Facilitated</td>
<td>Hindered</td>
<td>Facilitated</td>
<td></td>
</tr>
<tr>
<td>Offender</td>
<td>12</td>
<td>11</td>
<td>15</td>
<td>1</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>3</td>
<td>0</td>
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<tr>
<td>Significant</td>
<td>17</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>26</td>
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<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Victim</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>14</td>
<td>16</td>
<td>2</td>
<td>81</td>
</tr>
</tbody>
</table>
information seeking, was not utilized in this sample in any category, therefore is not able to be explored.

Stress Categories and Coping Modes

Offender

As shown in Table 5, forty-eight out of the eighty-one incidents could be classified in this stress category, accounting for approximately 60% of the data. Of these, thirty-three were identified as incidents that made coping very difficult, and fifteen as incidents that helped coping.

Definition. This category was initially derived from the described acts of sexual abuse suffered by the victims. However, re-sorting revealed that specific, recurring characteristics of the offenders presupposed the particular pattern of abuse. Consequently the category heading became 'offender' rather than 'abuse'.

Distinctive traits most frequently reported were: physical size and age differences between the victim and the perpetrator; the degree of influence and authority over the victim as determined by the type of proximate, trusting relationship; the amount of force or cruelty used, as well as manipulations, coercions and seduction; the suddenness of the assault; the extent of pressure to maintain secrecy; and the frequency of exposure, including the progression of the severity of abuse, over time. Examples reflecting these characteristics are:

COERCION AND PRESSURE TO MAINTAIN SECRECY -

I was always coerced verbally somehow into cooperating a little bit more . . . I remember him saying to me that I
mustn't tell, if I did, nobody would believe me; if my mother found out, it would kill her and I would be responsible for that.

AGE, FORCE, AND SUDDENNESS -

I was eight years old and he was 50, and it was in the middle of the night and I was asleep. He had asked me to come into bed with him and since he was really drunk, my mother strongly suggested that I not go but he was so gentle and I often slept with either my mother or father so I went into his bed. He had asthma and he coughed a lot and it woke him up. He never usually got drunk although he drank a lot. I think he was delirious and crazed and out of it. I remember whining that I was tired and I wanted to sleep and the next thing I remember is his penis being driven down my throat and being unable to breathe.

PROGRESSION OF SEVERITY AND INFLUENCE OF RELATIONSHIP -

Usually the abuse was sex but this particular time, he wanted oral sex and I'd never encountered that before. I know I didn't do it right but he certainly tried to get me to do it right. . . . I remember just not wanting to be there, not wanting to do it but feeling like I had no choice. He was my father and I had to do as I was told.

FREQUENCY OF EXPOSURE AND PROGRESSION OF SEVERITY -

The abuse for me was always the same—it happened the same way at the same time in the same place from the time I was six but it got harder to deal with as I got older and developed more. My father's terminology for what we were doing would make me flinch but his big word was 'screw'—he'd say over and over, "when you get to be 15, we're going to screw." Well when I was nine, fifteen seemed like ages away. I knew what he was talking about though. . . . I can remember when I was 13, my father decided it was time, I was old enough, I was big enough, I could physically handle intercourse and I can remember him saying this to me on the way home to my foster home after our usual evening together; he just said, "I think you're old enough now." I knew my father well enough to know that the next time we were together he was going to try it.

MANIPULATION -

He started feeding me luminal or phenobarb to relax me. He kept insisting if I would relax it wouldn't hurt; if I would be a good girl and relax. He always acted like it was a medical treatment I had to have, like shock treatment which of course he'd had in hospital. So the intercourse continued with me drugged and when he took me home, he'd just say I'd fallen asleep on the way home. I was five years old.
SEDUCTION -

I got a lot of praise and a lot of gifts from him and the other thing he said was, "this is what people do when they love each other," so this I took as a sign that he really loved me.

SEDUCTION AND THREAT OF FORCE -

I was seven and we were living in a duplex and it was the man next door. I used to go and visit him and his wife because he'd give me candies, and then when it was just him, he would give me a quarter and then he told me to pull my pants down and then he would play with me. I was scared because he did threaten me. He said "I'm going to hurt you and your mom's not going to like you anymore because of you doing this."

INFLUENCE OF PROXIMATE RELATIONSHIP -

I guess from the earlier incidents, I should have been prepared for what happened when I was 14 but it never crossed my mind that a father would want to do that with his daughter. But when I was 14, my dad had intercourse with me. . . . I should have put it all together. But he was keeping track. He asked me a couple of weeks before if I'd lost my virginity because I needed my parents' permission to go on the pill, and he wanted to make sure I was on the pill when I started screwing around. So he knew, he was keeping track, and when I turned fourteen a few weeks before, he said, "now you're legal." So it was all planned out on his part as far as I can see.

INFLUENCE OF RELATIONSHIP AND COERCION -

I was younger, about six, and my dad took all us kids out for a ride and since he was a car dealer, this was a new one, one with those windows in the back that go down. He had my brother and sister in the back and he was playing with the window with them so they would look out the back. Then he tells them that I'm sick, that I don't feel good and so I have to stay in the front seat. . . . He would make me lie out flat on the seat and while he was driving, he would unzip his pants and make me play with him and fondle him.

SEDUCTION AND SUDDENNESS -

My grandfather owned a store so he always had candies and he put my favourite candy in his pocket and tell me to go in and get it. He had huge holes in his pockets and he didn't have any underwear on, so he would tell me to put my hand in a little farther and fondle him.
SEDUCTION AND INFLUENCE OF RELATIONSHIP -

He'd come knocking on my door and I'd be crying after one of our fights and I'd say, "What do you want?" And he'd just say, "I want to talk to you," and he'd sound really nice and gentle and at that point I was so distraught that I needed comfort. And he'd come in and put his arm around me and kiss me and all that sort of thing and tell me 'everything's alright' and then he'd start. He'd go with his hand to my breast and start squeezing it and he'd always put his hand between my legs and start back and forth and I'd pull his hand away and say 'don't, don't' and he'd say, 'oh come on, what's the matter, I'm your father and I wouldn't do anything to hurt you'... of course he'd start rubbing his penis against my vagina and I'd say no and push him away and he'd get mad... I didn't want him to go all the way and then he'd always make it like he didn't want to go all the way and then he'd pull away and say, 'what's the matter with you, you think I wanted to fuck you or something. What's your problem? You must have a very dirty mind." It's like I had no way out.

These examples clearly illustrate the characteristics of the offenders and their actions that demand coping by the victims. All forty-eight incidents contain aspects such as these, and reveal that offenders typically utilize several characteristics simultaneously to achieve their purpose. Subsequent sorting of this category is precluded by this observation, however the multilevel active pursuit of the victim by the offender would be obscured by further classification. Generally subjects found coping in all these incidents very difficult precisely because of the single-minded goal of the perpetrators, and their numerous resources and advantages to succeed.

The data reveals that offenders overwhelmingly demonstrated a lack of acceptance of responsibility for their actions, and a lack of empathy towards their victims' experience in the situation. Generally coping was made even more difficult by the attribution of blame and responsi­bility for the abuse, placed on the victim by the perpetrator. As will be shown, subjects identified an incident as facilitating coping when, as victims, they had some impact on reducing or eliminating present or
potential abuse. In this category, only one incident pertains to an offender facilitating the victim's coping by demonstrating some degree of responsibility for the abuse in offering a method to avert continued exploitation.

I recall a note that my brother wrote to me—why he wrote it to me, I don't know—but it was a note that said if he should ever ask me again to have sex with him or to let him touch me, then I was to go and tell my mother and that he would pay me five dollars. He gave me this note and I kept it and I had to use it once.

**Direct Action.** In dealing with the stress created by the offender and the abuse, victims most frequently utilized direct action in their attempts to cope. Twenty-three out of the forty-eight incidents in this category reveal some form of overt behaviour demonstrated by the victim towards the perpetrator. Of these, twelve incidents were identified as hindering coping and eleven as facilitating coping.

**Hindering:**

I remember waking up, knowing he was there and his mouth was on me. I remember scrambling to the other side of the bed and standing up against my dresser and screaming at him to get out. I remember screaming at him not to touch me again, screaming at him that I would tell. I remember him saying to me that I mustn't tell, if I did, nobody would believe me, if my mother found out, it would kill her and I would be responsible for that. And I was so scared that something would happen to her, she was the only person who was nice to me. So that got me every time and it meant I couldn't tell anybody.

I remember whining that I was tired and I wanted to sleep and the next thing I remember is his penis being driven down my throat and being unable to breathe. His body really felt like a dead weight to me and he was so big and the one thing I could do to survive was to bite and I have a feeling that I brought blood. So now he was really crazed and out of it and then he tried to strangle me. I remember blood coming from my mouth and then blacking out—it felt like I was dying.

I was asleep but I was always on guard even in my sleep. I never knew when I'd wake up and he'd be standing there, looking at me. I remember once being so startled out of my sleep and I hit out at him—he was just standing there ready to come after me and I hit him and screamed at him to get out.
and he ran off laughing this horrible laugh that still gives me the creeps even now. He did this every single night—it just never stopped him.

I got really confused with the projecting out of my body—I thought I could fly and since there seemed no way to escape the games he wanted to play, I decided one time that I would just fly away with the birds and never come back. I told my uncle I was going to jump off the cliffs and fly away and he thought I meant I was going to commit suicide which wasn't what I meant at all but I was confused with the projecting. He asked me why I wanted to do that and I said because it was so painful and this was supposed to be a game but it hurt so much. He said he wouldn't do that anymore but instead what he did was start feeding me luminal and phenobarb to relax me.

My uncle was the first serious abuser but there were times before him when my father would sit me on his lap when he had an erection which of course is sexual abuse. But if my uncle hadn't been so loving at all times except for the rape parts, I probably wouldn't have kept looking for love in that way. It made it worse when my father started in on me that time when I was six. My mother was in the hospital and he'd been drinking and had me on his lap. He kept saying he needed a woman, he needed a woman and of course I knew exactly what he was talking about. So I told him I could be his woman because I was really crazy about him at that time, I thought very highly of him. So he went along with that and he had an erection so I knew what he wanted, so I was actually the instigator because I wanted to please him. But what I wasn't prepared for and didn't expect was the physical abuse afterwards. My uncle had always praised me but my father beat me up after he had sex with me and demanded to know where I'd learned to do all that. My uncle had said if I told anyone and he knew how fond I was of him, that he would go back to the mental hospital and so would I. I'd be locked up and they'd throw the key away, so I didn't tell him. So he punished me more after that for knowing so much about sex and not telling him where I learned it. He said only a whore knows stuff like this.

A range of overt behaviours such as pleading and protesting; screaming, striking out and trying to get away; threatening to tell; and spontaneously biting is presented here, in addition to the unfortunate outcome of learning to actively participate in the sex with an initial offender. These incidents resulted in the occurrence of abuse anyway, an escalation of abuse or a stressful change in the perpetrator's
tactics. These consequences account for the reasons that the participants in these incidents perceived the use of direct action as hindering coping. Consistent with Silver and Wortman's (1980) opinion, these methods were ineffective as they exacerbated the problem (as in the case of biting her father's penis) or became problems in themselves (as in the example of actively participating in sex). Victims, themselves, stated that they felt truly ineffective in overcoming the various aspects of the abuse. Having had either no impact or a negative detrimental one on the offender, they were nevertheless overpowered, despite their efforts.

Facilitating:

When I was fifteen, my mother got my brother and the two of them forced me into cunnilingus with her—my brother was older than me and bigger and it was so disgusting and so abhorrent and I was so angry, I was practically purple with rage. . . . I figured I had to find some way to stop her . . . so I went into the kitchen and I got this knife and I made sure she was the only person in the apartment. She was lying on the bed and I woke her up and I put the knife to her throat and I said "if you ever lay a finger on me again, one finger, if you ever touch me without my consent, I'll get you when you're alone—you won't always have my brother around, and I'll kill you and I mean it." And I did mean it, I was dead serious and she knew it and having conveyed that message, I pulled the knife back and I went out and she never touched me again.

We went out to the oil rig with my dad for the day when I was ten but there was a problem so we had to stay overnight for two nights and we stayed in our camper truck. I was afraid of dad coming back to the truck so I stayed awake all night because I felt as long as I stayed awake then he wasn't going to touch me. He wouldn't ever molest me when I was awake, just when I was asleep. He didn't come to the truck those two nights but I stayed awake anyway because I expected him to come in any moment. I planned to keep him occupied by talking when he did come in and it really helped to have a plan.

What I learned to do even at the age of five was to—it was the depth of penetration that was the most painful. What I learned to do was to control that by being cooperative, by actually doing what he wanted me to do and actually making love to him more. I was able to manipulate enough so that I could be on top for instance and control the penetration
eventually. After weeks I was able to manage this without projecting out of my body. I could be there and cooperate in the sex and of course I got a lot of praise and a lot of gifts from him.

I was the oldest and I started taking care of the young ones and then I wasn't alone much. I always had someone else in tow and I avoided the basement as much as I could but it wasn't always possible. One time when I was ten, Gramma said go down in the basement and get pickles out of the basement cupboard for dinner—that was right beside Grandpa's room where he'd grab us and molest us. . . . I asked my sister to come with me, she's a year younger and I made her go downstairs first—that sounds terrible but my plan was if she went first and he grabbed her then I'd go get help. I didn't know that if I went first and he grabbed me, I didn't know if she'd go get help. So I would take control or try to take control and I'd be the one to go get help. I'd check to make sure the door to his room under the stairs was closed and then we'd go through it to the storage area, get the pickles and run like hell all the way back upstairs.

My father fed me alcohol from ages six to twelve so I wouldn't be afraid of him, and if I had enough, I wasn't afraid anymore, and I think that's what broke the whole pattern. The last time I was abused by him when I was twelve, he was slapping me around afterwards but he'd given me a lot to drink and I was quite drunk and I wasn't the least bit afraid of him because this was the routine—he was calling me a slut and a whore and I said to him, "if I'm a slut, you're a bigger one because you always start it," and that was a terrible shock to him. He immediately backed off and went away—he knew I realized that I did not believe him when he said I was the one who seduced him . . . but after that the abuse stopped because I think he was so afraid I might tell. I think he thought I blanked it out because it was never discussed and because I think he blanked it out from drinking so much. He didn't remember the things he'd done and I think that's why he fed me alcohol as well, hoping I'd blank it out too.

I recall a note that my brother wrote to me . . . that said if he should ever ask me again to have sex with him or let him touch me, then I was to go and tell my mother and he would pay me five dollars. He gave me this note and I kept it and I had to use it once. He came to me and wanted to do it and I brought out the note and I swore I would tell mom and he got so mad. And I asked him for the five dollars and he didn't have it and he stormed out of the house. And that was the last time he ever came near me.

These excerpts are characterized by actions of the victims that alleviated or reduced the problem, which is Silver and Wortman's (1980)
definition of effective behaviour. Once again, therefore, the consequences of their actions define the perception of what facilitates coping, as did what hindered coping.

Having a plan appears to help victims. Several incidents viewed as facilitating coping were characterized by premeditated, predesigned plans and where successful, victims seemed to counterbalance the power of the offenders. This was often the point at which the abuse ceased, completely.

Overt actions perceived as hindering coping seem to have a desperate, frantic, impulsive quality and result in ineffective consequences. Those perceived as facilitative have controlled, predetermined, precise characteristics and are effective in outcome. The behaviours themselves are frequently the same as in the case of active participation in the sex, presented by the same woman as hindering and helping coping. Active involvement helped her in one abuse situation by enabling her to control the depth of penetration and by pleasing this offender who rewarded her with gifts and praise. This same knowledge and involvement enraged her next abuser who beat her physically for her actions, after having used her sexually. Therefore the consequences of overt actions, rather than the actual behaviours, define what hinders and facilitates coping with sexual abuse.

Inhibition of Action

Sixteen incidents, out of the forty-eight in the offender stress category, reveal that inhibition of action was the second most frequently used coping mode. Since overt actions can increase danger (and were graphically shown to have done so in examples cited above), use of
inhibition of action may often be the most appropriate coping method in
the context of sexual abuse. Nevertheless, fifteen of these incidents
were perceived in this study as hindering coping; only one as facilitat­
ing coping.

Hindering:

He forced me down on the bed and was on top of me for a
minute—I tried struggling but I couldn't get out from under
him and in fact my struggles had moved me halfway off the bed
so that the upper part of my shoulders and my head were pinned
between the bed and the bedside table. My neck was twisted
sideways and I couldn't breathe hardly at all. So I stopped
struggling and just let it happen and waited for it to be
over. But it went on and on and my not being responsive made
him even more forceful--nothing I could do helped.

I was three years old and my father was fifty-eight. ... We
were sitting side-by-side watching TV—I still had chocolate
in my mouth—I don't remember how he got me between his legs
but somehow he bent down and exposed his penis--it happened
really quickly ... he put his penis inside my mouth and put
it into my left cheek at first and then it went down my
throat. I remember looking up at him and it was like he was
an animal--he was grunting and groaning and he smelled of
garlic and onions and wine, and I remember these smells. I
felt terrible pain in my jaw and when it went down my throat,
I cut off. I couldn't breathe and I was choking--everything
went dark and I couldn't hear anything anymore. The next
thing I remember was a lot of pressure on my chest with these
fingertips bearing down on me--I'd stopped breathing and he
was trying to revive me.

I can remember him coming into the room and I would be very
frightened and he would come into bed and I would pretend I
was asleep. I just didn't acknowledge that it was happening,
and I would lie there rigid with my eyes shut like I was
sleeping. I just didn't know what else to do. So it con­
tinued until he was finished with what he wanted to do, and
then he would go to my sister because we were in the same bed.

I was four years old and some boys told me that ghosts were
going to come and get me if I didn't let them touch my body.
I was really scared by that; they were sixteen or seventeen
and there were four of them and they took me to their club­
house. They were touching me all over my body and touching me
down there and I just lay there. I couldn't do anything
except cry--I was really scared.

And then I went to bed, and my father came into bed with me,
behind me, had intercourse, got up and left. I was laying
there in disbelief the whole time—I just couldn't believe it right up to the last moment—so I didn't struggle, I didn't fight, I didn't say one word . . . it was all planned out on his part as far as I can see, and it all happened so fast, it was over before I knew it.

I was eight and he was sixteen and he would sneak into my room that I shared with my little sister and he touched me all over and put his fingers inside me. I would lay there and pretend to be asleep, wishing for it to be over, wishing for him to leave, wishing for my sister to wake up or my parents who were across the hall to catch him. . . . They never did find out about this. I never told them or anyone because somehow I thought it was my fault or at least I was equally to blame.

Inhibition of action, in this stress category, is typically utilized when victims perceive themselves as having no other options, or when overt actions would increase the stress. They appear to just go along with it, let it happen, and endure it. In the extreme, inhibition of action is exemplified by becoming unconscious or passing out. Most frequently reported was the technique of pretending to be asleep while being aware of the activities of the perpetrator. These incidents reveal the degree of vulnerability of victims to violation in their own beds, while they sleep. It is not surprising, then, that they were unable to discover other options for coping, and considered these incidents as hindering coping.

The consequences of inhibition of action, as a coping method, generally were that the abuse continued. Subjects saw themselves as completely victimized and helpless in these situations. While several of these incidents were isolated events, inhibition of action was often the characteristic coping mode of long term abuse victims in this sample. One woman claimed that pretending to be asleep meant that she never had to acknowledge it was happening, and consequently never had to deal with it. Unfortunately for her, that meant it never stopped either, for ten years.
Facilitating:

I finally got my own bedroom ... but it wasn't such a beautiful thing because I was isolated, and I can remember being awakened by the sensation that there was either someone in the room ... and that my body was being touched in private places. My father would touch my breasts and my vagina with his hands ... and then his mouth was on me there. All I could do was try and maintain my breathing as if I were asleep, as if I were not awake—and eventually he was gone. And then there weren't any violent interchanges, any arguments. It helped because if I woke up suddenly and I knew I was awake and he was touching my body, then at that stage I would become verbally abusive of his touching me and maybe get into fights, and that would make it worse.

The same technique of pretending to be asleep was perceived as facilitating coping when it reduced the problem for the victim. The underlying feature of this incident was that the victim had some awareness of a choice, and gained a measure of control in the incident through awareness of other options and their consequences. However, this was the only incident where inhibition of action was viewed as helping the victim to cope with the offender.

Intrapsychic. Intrapsychic techniques, including all cognitive processes, were used in nine incidents in dealing with the offender. Of these, six were reported in situations as hindering coping, and three as facilitating coping.

Hindering:

When I was two years old, and I think that, there was some kind of a fight that went on in the household, and my father turned up and I guess it was all his hatred towards women directed towards me, and what he tried to do was bite my vagina out. I turned into a frog—that was my experience—I became a frog like I just distanced myself from the whole thing and I had these huge bulging eyes ... I could keep everyone away with the power of the rays coming from my eyes. It made coping very difficult because I became more and more alienated and isolated and alone.

Grandpa had a secret room in the basement under the stairs where he kept the wheelbarrow and shovels and tools, and there was a curtain that hung over the rod and he had a chair in
there. We were playing hide and seek and he would grab one of us and take us in there. I would be sitting on his lap and he'd be fondling me and pressing me against him and touching me and I never thought of crying out—it never entered my mind to cry out. In my mind, it was like I wasn't there—I was terrified, I was hoping someone would find me. But in my mind, I was upstairs or out in the yard, out of the house somewhere where I felt safe and almost like a nonparticipant, almost like standing outside myself sometimes watching what was going on, sometimes being elsewhere away from there. I never thought of screaming because I wasn't there. It wasn't happening to me. It wasn't me.

I was five and my uncle was eighteen—he'd just been released from a mental hospital but I was very fond of him and we spent a lot of time together. Because he was quite sick at that time, he supposedly felt I was his lover and didn't seem to realize at all that he was harming me, and he tied me down spreadeagled and there was a lot of foreplay and a lot of actual lovemaking and it would always end up in rape. The first time especially, the thing that made it so difficult for me was of course the pain and coping with that, and then the resulting depression because there seemed to be no way to get away from him. He was there every day. To cope with that, I projected out of my body—I watched everything that happened from above but I was completely separated as far as the pain was concerned. I started to do that projecting out as soon as the pain and fear came but it wasn't a conscious decision or anything— it just happened initially. While I was out of my body, I wasn't scared at all. I felt calm and safe and I was sitting up in this tree watching and I saw everything he did. This first time, I saw him carrying my body down to the lake to wash me off afterwards and when he put me in the cold water, then I came to. I thought he was trying to drown me so I immediately whipped back into my body. It was also the cold water that brought me back.

The remarkable power of the mind is exemplified in these incidents characteristic of the intrapsychic category. Coping is hindered in these incidents primarily by the extreme force and brutality of the offender, rather than the consequences of actions as in the other coping mode categories. The unique feature of the intrapsychic coping mode, in these examples, is that the victims gained some sense of power, safety, or distance through seemingly instinctive dissociative or psychological means. While these methods appear to be effective for dealing with such severe stress at the time as evidenced in these examples, ultimately
they were ineffective in alleviating or eliminating the abuse. These three subjects were long term abuse victims of three to fifteen years.

Facilitating:

I can remember lying there and just not feeling that this was happening. I am lying on the bed and he's simulating sex and I would be in the female position on my back and I lay there and just would pretend that this is not happening, and this is not my father. I just wouldn't equate the act with the person. I just would not allow myself to feel any feelings about the whole thing at all—emotionally I was dead. I was nine and it was helpful to not feel the emotions because if I felt them, I would probably feel anger. I knew I had to do this because he was my father and I didn't like it, but it would have been worse to get mad at him because he would have beaten me up.

When I was eleven and I was developing, the things that my father did to me were actually painful and I remember the thing that helped me the most was to daydream and fantasize and to wish that my father would get married or find another woman and then he would stop using me. That kept me going through that time because I just got absorbed in this fantasy and didn't feel so overwhelmed by what was going on.

Under less severe conditions, intrapsychic processes such as emotional distancing, denial, fantasizing, and self reassurance seem to help victims cope by allowing a safe retreat into the self. Again, victims typically feel overwhelmed and without options yet active mental preoccupations seem to characterize their experiences at this time. Similar to the inhibition of action coping mode, victims here seem to endure the abuse and wait for it to end. The categories, however, are differentiated by the alert mental exercises of self talk or fantasizing that seem to function to preserve a sense of self and a detachment from involvement in the abuse. Those relying exclusively on inhibition of action appear more bound to the abuser and the sexual actions. Activating these self-oriented resources helps to provide an escape, as explained by one woman:
The one thing he wanted to know was what was going on in my mind—he knew there was something he couldn't get in me—and I wouldn't tell him. I guarded that—I was afraid of a lot of things he might do to me but when I fantasized about these things, I would feel very powerful and optimistic. And I would protect it, I didn't care if he wanted to kill me—he could have my body but he could never have my mind.

**Significant Others**

Twenty-six incidents were classified in the significant other stress category, which accounts for 32% of the entire data collected. Of these, nineteen were presented as incidents that made coping very difficult, and seven as facilitating coping.

**Definition.** This category can be defined in the word 'disclosure.' Twenty-one of the twenty-six items in this category pertain to the reactions of significant other people to attempts by the victim to convey information about the abuse. Only three of these attempts were helpful for the victim! Another two situations addressed decisions by the victim not to disclose, one of which was nevertheless helpful to the victim. Clearly these experiences compounded the stress already existing by the offender, thereby warranting separate classification and examination. Incidents were sorted into this stress category which involved the critical reaction by a significant person in the victim's life, occurring simultaneously with the disclosure. The victim's coping mode was therefore the determining factor in the incident rather than a resulting factor, as often the case in the offender stress category. Because of this, examples illustrating this category will be revealed in the coping mode excerpts themselves.

**Direct Action.** Table 5 shows that victims were remarkably active in their attempts to reveal the abuse and get help or support from others. Twenty incidents of overt efforts were made by subjects to
disclose the abuse, only three of which were helpful. The other
seventeen received negative reactions, which were primarily disbelief,
denial, blame, punishment, and no protection.

Hindering:

As I started to get sexually active, I started getting more
and more anxious as we got into the different stages because
it was bringing up more and more memories—I hadn't been
bothered by them much up to that point and because it was so
distressing and my first sexual experience, except for my
brother, I talked about it with him. I told him about the
incidents and how this made it so uncomfortable because it was
so similar in sensations and he freaked out, then disappeared
for four to five days... His whole reaction was so nuts,
so crazy... in the context of having told him and having
got this response, it kind of firmed up all the guilt there
was.... It was the first time I'd ever risked telling
anybody and what this told me was that it was so terrible that
people couldn't deal with it, so from then on, I realized it
was really important not to tell anyone because I didn't want
to deal with their reactions. I also realized I couldn't
expect any caring or nurturing around these experiences.

My nerves were getting really bad, so my mother took me to see
a psychiatrist and I told him what was wrong and why I didn't
want to live there and he asked if anyone knew about it and I
said no. I told him what I was afraid would happen if I told
my mother—that it would kill her because that's always what
my father said to me. Finally he said, 'well, I'll just ask
your mother some questions' and he said, 'I won't tell her but
I'll ask her some questions and we'll see how she handles
things.' So he called her in and he asked her some questions
which were really pretty pointed questions but he wasn't
telling her outright. And she sat there and she bawled and
said, 'no, no, oh no, oh no' and she went on and on like that.
I never went to see him again--I never got to go back. It was
my mother's decision and that made it really difficult for me.

When my best friend announced that she'd been abused, I said
'sure it happens all the time--it's been happening to me for
ages.' But when they forced her to retract her statement,
even though it was true, her father asked her where she came
up with a story like that anyway and she said, 'well my friend
said it happened to her.' So I went to her place one day and
my friend had said, 'I lied, it never happened, I made it all
up,' and her dad looked at me and said, 'now I don't know if
this is happening to you or not, but if it is, it's something
you keep in your own home. You never tell other people.' So
I learned you don't tell anybody so I never talked about it
again—in fact I don't think I even mentioned it until about six months ago when we went to the abuse group.

One time when we were all living in the same house which was really small, I slept on the floor and my brother slept on the couch and at night he was doing the same thing to me—sneaking up to touch me when I was asleep. This time he pulled my panties down and I turned on the light and I still had my panties down and my dad saw this. Well of course, he didn't think it was my brother's fault because my brother had jumped back on the couch. He thought it was me trying to make advances to my brother. He blamed me and made it seem like I was the aggressor. This made it even worse for me— I had turned on the light so they could see—I mean how do you explain a situation when you're a kid except to show people. After that whenever he got drunk, my father would call me a whore, so I lost all confidence in my father helping me out.

People were so unaware, so stupid and unable to pick up the clues. I tried to tell my foster mother several times before this but she never got the message. I tried all kinds of excuses to get out of our regular visits every third Tuesday at my father's house because we'd always end up having sex. None of the excuses worked though and I always ended up going out with him. One time when I protested a lot, my foster mother said, 'Oh no, no, your father really wants to see you, especially now that you're older.' I said to her, 'yea, if you only knew.' But she didn't pursue it—like if someone said that to me, I'd say, 'if I only knew what??' And a little while later, my father arranged this overnight trip to Victoria for the two of us. I begged and pleaded to have my foster mom's daughter come w'th us s I'd be safe because then he wouldn't do anything. She said, 'no, I don't think that's a good idea, besides you'd think you'd be happy to go away and be spoiled rotten by your father, on your own.' I just knew if I went alone, we'd have a whole night of sex and that's exactly what happened. She never seemed to wonder what was behind some of those things.

But in this incident, when I was six, what made it most difficult for me was to be blamed for the sex and my mother ... then turned it around, once I recovered from the rape, and said it was my fault and he had a right to discipline me any way he saw fit—he had almost killed me. I said well he didn't have the right to rape me (I didn't use the word rape, but I told her in my own words what he'd done to me) and she said that she didn't believe he'd done that. She said she asked him and he said he hadn't. She also said if I told anyone those lies about my father, she'd let him get me next time—which meant she'd let him kill me.

In any sexual relationships that I had in my adult life, I used to get flashbacks and in my marriage when things started to go bad and the stress began to build up, the flashbacks
became more frequent. And it was something I could never talk to my ex-husband about, although I did tell him once when we were having a fight over sex. One of the things he used to do was try to wake me in the middle of the night with his hand between my legs and it used to drive me freaking right out because it brought back all those memories of the night visits and touching my brother did to me when I was eight. Anyway I had told my husband about a hundred times not to do that to me and one time when we were having a battle over our sex life, I told him I'd been sexually abused as a child. And he asked, 'how old' and I said 'eight' and he asked, 'who by' and I said 'a stranger.' And he tried to pry for more information but it was prying and I knew that I couldn't really tell him about it and knowing him better today, I'm glad I never did. But that made me really watchful of people—who I could tell, and who I could trust.

Taking direct action in the form of disclosing the abuse to others can be a very risky venture, as experienced by these victims. Fearful of being blamed, expecting rejection, and struggling to find the words to describe the abuse itself, time and again, these victims met with what they feared the most. Not only did the lack of support compound the trauma, it effectively eliminated external resources for coping and established a tenacious pattern of shame, isolation, and alienation. Obviously this hindered coping for these subjects.

These incidents reveal the long term detrimental effects created by the abuse, in the form of flashbacks and memories which perpetuate the necessity for disclosure and subsequent risk taking into the present. The victim continues to be vulnerable to the reactions of significant others, long after the cessation of the abuse itself. Illustrated also is that victims frequently make attempts to disclose which others fail to interpret correctly. Other attempts are misinterpreted, thereby increasing the damage to the victim. For many, the reactions of others are worse than the abuse itself, as represented by this woman:

Three months after my father raped me, I told my best friend what had happened, and she told the school mouth who told the whole school. My older brother heard about it at school and
that just about killed me. My older brother never talked to me about it, but he hated me for it. My mother didn't care about me either after that--she could see I was an alcoholic by then and she didn't even try to give me any help. My younger brother felt sorry for me, and my sister didn't believe it had happened. . . . The impression I got from my family was the damage was done and I was a writeoff. Nobody expected anything from me after that--that's what really bothered me about the whole thing. I never understood that part--why was I ruined?

Facilitating:

I was sixteen and I told this guy I was going out with what my father did and he just hated my father and got angry and everything. It felt good to tell him but then I got mad at him because I didn't want him having anger towards my father when it happened to me and I'm the one that has to deal with it. So I was worried about telling my fiancee this time but the way he reacted was pretty good--it was different with him. He didn't really like my father that much but he was really understanding--he comforted me and reassured me that telling him didn't have any interference with our relationship. It helps a lot to talk about it unless the person's reaction becomes a problem because after that first time, I didn't really want to tell anyone. I'm glad my fiancee is able to leave it between me and my dad--he doesn't have to respect him but I'm glad he doesn't take it out on him or give him dirty looks or whatever. He's still my father after all.

When I was twelve, talking to a few friends about the rape really helped me--and they blamed him and said what an asshole he was, that helped. It was about a week after the rape and I was at my girlfriend's house and we were talking about our summer . . . and I just blurted it out. She was an older girlfriend and so she knew about these things and she said, 'oh you should have told somebody.' She just made me feel better--gave me hugs and I was so relieved that I could tell somebody because the other times, I never told anybody. But this time I did talk about it and I think that's why I feel differently about this incident than the others. It helped me personally but no steps were taken still to deal with him about it.

What appeared to help these subjects was receiving support and comfort; being believed, and having affirmation of their innocence with respect to responsibility for the abuse. Judging from the words in the last example, genuine support at the time of disclosure appears to have
immediate and longlasting beneficial results for the victim. Unfortunately, so few women in this sample are able to confirm this in a positive way. The majority experienced instant and enduring detrimental effects from their attempts to disclose, as a result of the negative reactions they encountered.

Inhibition of Action. Only two incidents were able to be classified in this category, both of which related to disclosure. For their own reasons, these subjects decided not to disclose the abuse to others. One experience still benefited the woman; the other increased her pain.

Hindering:

My older sister, whenever we had a confrontation of any kind, used to call me a slut which used to hit right to the heart. At the time, I didn't think she understood but now I know that she did and it seems even more cruel now. She was being abused also by my brother and she knew that he was doing it to me—that's what really hurts me still. I remember one time when we were into one of our typical teenage rows and just sparring back and forth and she finally came out with calling me a slut and I stomped out of the house. I just felt that she knew but I wasn't sure and I couldn't come out and ask her if she did—and I felt very much a slut because of the abuse, and I thought she knew that. And she was calling me that name and was guilty of it herself. What really hurts is that apart from this, my sister was my best friend but she hurt me so much this way that I feel more betrayed by her than by anybody. She should have protected me—she was there and she knew about it. Even though she was young, and I was too, we could have helped each other out. But we never even discussed it.

Facilitating:

After my father raped me and I bit his penis and he tried to strangle me because I'd done that and I almost died, my mother cleaned me up and told me not to tell anyone. He died a few months later and she proceeded to have a nervous breakdown and went totally berserk and became like the Bette Davis-Joan Crawford movies, that sort of bizarre insanity and she tried to kill me with a knife. So I had all these secrets that I couldn't or shouldn't or wouldn't tell and I became very silent... and in school I couldn't learn—I couldn't let anything else in, it was like—don't let anything else good, bad, or indifferent in because I was totally full, of what I could carry. So I ended up mostly just sitting there in
school staring off into space and was constantly hollered at by teachers who had no idea what was going on. Finally my teacher sent me to a principal which was probably a turning point. I couldn't cry even—I was in like a walking catatonias. The principal who was a really fine man knew that some major change had taken place because here I was in the 4th Grade and I had never been like this before. I was a very good child and now I was weird. He got me to sit down and he looked at me with tears in his eyes and he just said, 'are you having problems at home?' I just thought 'oh no, don't say that to me' but I just let go and tore into a torrent of tears but again I could not tell what had happened. But I could at least sit there with these blue eyes looking at me with tears brimming in his eyes and him feeling as helpless as I did. That probably saved my life really—it just meant I had one place in time when somebody was there.

As in the direct action examples, what hindered in the above example was to fear further reprisal and experience a lack of supportive protection; and what helped was to intuitively sense genuine caring, concern, and affirmation of pain. In both cases, fear of the consequences of disclosure influenced their decisions to not confide in these people. The risks were considered too great, and, judging from the experiences of other women who did take the risk, these two most likely made a wise decision!

**Intrapsychic.** Four incidents, revealing the influence of mental processes, in relation to other people, were classified into this category. One woman recalled an incident that hindered coping for her, and three where intrapsychic processes had facilitated coping.

**Hindering:**

My stepfather's friend came into my room. I was thirteen and had a bit of a body and this guy wanted me to show him what I had, and my grandmother came in and was furious, she was really pissed off. And I really thought Why? Why is she so angry at this guy? He didn't even want to touch me, he just wanted to look at my breasts and yet I knew that she knew more things were going on and that my grandfather was being sexual with me. So I was left thinking that only certain people did it and it was OK for these people to do it to me. That's the
only way I could sort out the confusion caused by her reaction.

Inconsistent reactions by the same person can be extremely confusing for the victim who then seems compelled to clarify her thinking about the conflicting messages. As seen, this woman's unfortunate conclusion was that abuse by some people is acceptable.

Facilitating:

I also had a positive relationship with my grandfather. He was very respectful of me. He treated me like I was smart. He told me stories and whenever my dad mistreated me—like he never saw my dad abuse me but there was a point when I was 5 and 6 that he lived with us, him and my grandmother, and whenever my parents got mad, he'd tell them to leave me alone. He would intervene on my behalf, and he really loved me. He's the only man who could love me without touching me wrong. He helped me to feel safer and feel good about myself also.

My father abused me and my mother rejected me by placing me in my room for hours at a time day after day and I would have to stay there, for two to three hours at a time alone. I remember feeling panic—I would feel rejected by my mother—I would feel myself inside an emotional box and I would cut right off. I would get into bed under the sheets, close my eyes and not be aware of much that was going on around me. I was feeling hysterical before and then I cut the feelings off—it helped me to reject my mother and not have to accept that she's treating me this way, that she's just putting me in here, closing the door and walking away. So it would slow things down, stop the feelings and I'd lie there and think about squares, figures—mostly squares—and I'd feel vibrations through my body—I'd keep myself occupied with these things for hours. I'd study the wallpaper, the shape of the room—I didn't move much. And eventually my mother would come to the door and say I could come out now.

When I stayed with my aunt and uncle, I had to sleep on the couch because I almost fell out of the top bunk one time and it scared them so much, they put me on the couch. But I would start off sleeping in their bed and my uncle would come in and sleep with me. My aunt would stay up watching TV in the living room and when she came to bed, she'd move me to the couch. The fear I had then was this was his way of getting me close to him and the first reaction I had was 'oh now he'll start.' But he never did anything to me. Most of the time, I never knew he was there. And I remember thinking at the time, how nice this was because if he wasn't doing it to me, he wasn't doing it to his girls either. I was nine at the time and I remember thinking how wonderful it was to get a hug
without getting a hand down my pants as well. I used to like to go there and I'd go there every chance I could get. I felt secure there.

The above are incidents that were viewed as having significant beneficial impact on the victims over time including; a positive relationship with a significant adult; learning to be self-reliant and mentally self-stimulating; and not being abused in a vulnerable situation. These factors appear to function as expanding personal and environmental resources to aid in coping for the victim. Interestingly, two of the three incidents involved having a trusting, secure experience with a male which provided an important contrast to the abusive contact with the offender. It helped these women to realize that not all men abuse children.

Victim

The stress categories of offender and significant other contained 74 incidents, accounting for 91% of the data collected. While all items could realistically be traced back to the abuse caused by the offender, a few remaining incidents pertained more specifically to characteristics of the victim. With only seven entries, the category is by no means definitive. However, an interesting feature of it is that only one incident was classified as hindering coping for the victim and the remaining six as facilitating coping.

Definition. This category is defined primarily by the personal aspects of the victim which, in essence, determined her coping style subsequent to the abuse. Specifically the inner private resources of the individual are elaborated here which have either a detrimental or beneficial effect. The potential exists for stress to be augmented by
these aspects, depending on how the victim perceives her experience. Fortunately, in this sample, the subjects related inner resources which mostly helped them to cope, which is understandable given the fact that the external environmental resources were so overwhelmingly unreliable. In fact, six of the seven items in this category are classified as intrapsychic phenomena. Primarily these entries reveal aspects that can be determined to have a significant positive or negative impact over time (Flanagan, 1954), rather than specific critical incidents.

**Direct Action.** One item was classified here that demonstrated the victim taking direct action against herself in a detrimental manner.

**Hindering:**

I found that as soon as I started to think about it or was reminded of it, then I wasn't coping, so I didn't think of it. And I drank a lot and got myself in all kinds of other trouble, probably to make that trouble seem minimal. I was upset for so long, I couldn't decide to live or die. Drinking was slow death but I didn't know how to do anything else but drink. But nothing helped at that time. For me the big tragedy wasn't even the fact that it happened—-it was the way my family took it. I just was always struggling to find out if something could be done about this, whether the situation could be helped or not or whether I should give up—-as in, die.

Obviously the trauma stems back to the abuse and the disclosure, however when the coping techniques become problems in themselves, the inner stresses of the victim perpetuate and compound the damage. This self-defeating cycle eventually obscures the original source of pain, and the seemingly willful nature of self-destructive behaviour diminishes empathy from others for the victim's plight.

**Intrapsychic.** Most of this category is contained in the intrapsychic classification, all of which facilitated coping for these subjects. The long term damaging consequences of sexual abuse are evident in the following excerpts. Victims continue to strive for
workable methods to manage the painful, recurring thoughts and memories, long after the abuse has occurred. Fortunately the inner strengths and perspectives characteristic of these women helped them to cope successfully.

Facilitating:

I became very withdrawn but I developed a very active fantasy life and that was fueled by the books I read. I always liked reading books on strong women and seeing TV shows on strong women—to be strong they had to go through some kind of rough childhood or a rough life and they came through it. I was always very much attracted to that. I always had a model, someone I wanted to be like. The clearest one I remember is the Bionic Woman—to me at that age, she was amazing, I thought she was beautiful, she was honest, but strong at the same time. I mean she always said she had these feelings, these vulnerable feelings, she allowed herself to cry, she'd been through this rough time, I guess when she died and came back as the Bionic Woman; she'd been orphaned and she made a life for herself, and she hadn't been dependent on a man. I used to watch how she did everything... she represented a life I could have. And at the time of the abuse, I would think about it and fantasize about her and sometimes I would fantasize, if I were Bionic what I would do to my dad. I'd punch him out, throw him over the... whatever, just a bunch of things.

I also read about countries. I knew every capital city in every country in Europe and I used to dream about going to far off places. And I'd dream about the kind of career I'd have—like a flight attendant. I always loved my mind. I always liked the inside of me better than the outside and that's what helped.

The only method of coping I had up until my mid-20's was to just suppress it and to ignore it as much as possible and I usually managed to do that. The time that I was really clear about doing that partly because I had to work at it harder than usual was when I was working at an adolescent unit and we would occasionally get incest cases. I would work with the kids with it and found that the experience I had was useful although I didn't talk to them about it. But it gave me an understanding that helped me work with them, but then you'd feel all the crap from the psychiatrist who'd suggest that the female was responsible for the incest taking place. I would want so badly to say, 'now just a minute, that's bullshit, I've been through it' and I'd realize I couldn't do that. I couldn't talk about it so I would just suppress it. Then I didn't have to deal with reactions—what frightened me more than the fact that it happened was how people would react to
it, so if I didn't tell them I wouldn't have to deal with it. If I felt those physical arousing sensations, also, I'd just imagine it was a dream or block it out to stop the memories or just say it didn't happen and not think about it. And all those things worked until I could handle dealing with it directly. They gave me the time I needed.

Everybody still thinks I'm ruined in my family and if I say 'oh I'm going back to school when the kids get to a certain age' everyone says, 'well don't get your hopes up because you're only C-.' But I know I can do a lot. I was always top of my class, I was at the top of my school. I was really proud of the fact in Grade 8. I got an award for being the smartest kid out of about 300, and the next year I failed because of the rape and all that happened afterwards with my parents splitting up. I smoked dope, and drank and screwed around--the whole thing fell apart and nobody seems to remember what I was like, except me. I felt smart as a kid and I felt happy about myself up until I was 12. My books, school, being outdoors, lots of things were good up until I was 12 and I remember all these things--I cling to them as representing the right track for me. They help me keep all of it in perspective.

Active mental processes involving daydreaming, fantasizing, remembering good things, and even denial appear to help victims manage or tolerate the stress created by the memory of painful material. Since any number of external stimuli can trigger the surfacing of traumatic content, these intrapsychic resources likely function as invaluable tools in sustaining emotional equilibrium for the victim.

Cognitive Appraisals

Cognitive appraisals of detailed incidents were extracted specifically from the following questions asked in the interview:

1) At the time of this incident, how did you assess your sense of personal safety or well being? (primary appraisal)

2) At the time this happened, how did you assess your options in terms of coping? (secondary appraisal)
Other questions pertained to emotional responses throughout the experience, and evaluations of the effectiveness of their coping mode. The following results were obtained.

**Primary Appraisal.** The incidents were overwhelmingly stressful to the women, regardless of whether their coping helped or hindered them. Their primary assessments as extremely stressful included incidents referring to past harm or loss, and future threat, as well as present abuse. Repeatedly, the following descriptions were used to assess safety: extremely threatened, life threatening, terrifying, lonely, lost, totally unsafe, overwhelmed, and very fearful.

**Secondary Appraisal.** In incidents that hindered coping, victims' secondary appraisals were predominantly stated as having no options, no control and no personal or environmental resources. Nothing seemed to help them during or after the abuse and the frequent description was that there seemed to be no way out. In one woman's experience, "he controlled everything, every aspect; the way I thought, relationships, everything; he perverted every positive thing in my life and ruined it, he made it all bad."

In incidents that facilitated coping, however, victims more frequently claimed to have some options, some control, and a sense of some personal or external resources. "Everything didn't work all the time; there would come a time when it stopped working and I'd go on to something else but I always found some way to keep my head above water."

The relationship between options and resources therefore appears to be direct. Existence of internal or external resources increases options; and deprivation of personal or environmental resources decreases options for coping. Options, in essence, are resources.
**Emotions.** As noted in primary appraisal findings, the emotional response to incidents hindering coping was typically fear, terror, hurt, shock, betrayal, and desperation.

Victims more frequently reported positive feelings involving hope, optimism, relief, power, and control in incidents helping coping, although fear, terror, and emotional upset were experienced at the same time. Apparently having some options and resources increases positive emotional responses, which most likely reinforces use of the chosen coping method.

**Effectiveness.** Victims evaluated their coping as ineffective in incidents hindering coping, although a number were resolved that there was nothing else they could have done differently under the circumstances. The predominant response to this overwhelming situation was helplessness, which was followed by very low self-esteem, despite efforts to take action to avert harm. Most women attributed responsibility for the abuse to the offender. Notably the unpredictability of the assaults, the importance of the relationship of the abuser to the victim, and the frequency of abusive incidents were the most significant factors in eliciting a helplessness response.

In incidents facilitating coping, victims were more likely to report their coping mode as effective. The consequences noted earlier of preventing or minimizing abuse contributed to evaluations of effectiveness, as did resulting emotional responses of power, control, and optimism, even if unable to prevent abuse. The intrapsychic methods most frequently provided these empowering feelings. While more reactance responses were evident in facilitative incidents, the primary response was still one of helplessness. Despite self reports of power,
control, and feeling good, victims predominantly described themselves as having very low self-esteem in these situations. Being effective or ineffective in coping with abuse doesn't appear to counterbalance the trauma of being victimized in the first place. And for many, these impressions persist:

I feel whipped—like I had no control, someone else had complete control. I was nothing, just a piece of meat and I was used. There was nothing about me there.

The biggest thing the abuse did to me was it made me feel out of control of my life.

It will never be gone. It will always be there.
CHAPTER V

DISCUSSION AND SUMMARY

Discussion of Results

The four research questions initially posed will be presented here to provide a focus for the statement of results.

Research Question #1. What common features concerning the dynamics of sexual abuse are derived from the descriptive accounts of victims?

The experiences of these women repeatedly express a theme of power, domination, and submission within a sexual context. Typically at the time of abuse, the offenders were viewed as having many advantages and tactics, which allowed them to single-mindedly pursue having their needs met through the child. Victims were overpowered, and for the most part, ineffective in counteracting the determination of offenders.

While child sexual abuse has primarily been treated as a sexual problem, these findings appear to support the view of Sgroi (1982), which challenges this perception:

Child sexual abuse tends to be classified as a sexual problem. . . . However individuals who are sexual offenders against children do not seem to be motivated primarily by sexual desires; instead . . . they tend to engage in sexual behaviour with children in the service of nonsexual needs, especially the need to feel powerful and in control. Thus the dynamics of child sexual abuse involve a sexual expression or acting out of nonsexual issues. Inevitably, the offender's power position in relation to the child victim and the child's perception of his or her subordinate role are the principal determinants of what occurs between them, how it occurs, where, when, and why it occurs, whether or not the activity is kept secret, when and under what circumstances (if ever) the secret is disclosed and finally, what occurs after the disclosure. Within this context it is far more appropriate to regard child sexual abuse as a power problem. . . . (p. 2)
These women related also that accidental or purposeful disclosure compounded trauma depending on the reactions of others to the information. Issues such as blame, guilt, protection, responsibility, rivalry, and jealousy of special attention clouded the impact of the victim's report of abuse. Disclosure often forces a situation to be dealt with that can have far-reaching disastrous consequences. Little wonder, then, that disclosure often precipitates a crisis for the entire family, and why the tendency towards disbelief and denial is so pervasive (Sgroi, 1982, p. 33).

Other dynamics of childhood sexual abuse that were substantiated by this sample were:

1. the abuse was often the result of frequent, planned encounters by someone who had ready access to the child;

2. the offender was typically someone within the child's sphere of daily activities, and most likely to be within the family circle;

3. the acceptable social patterns of authority over children were exploited and misused by engaging the child in sexual activity;

4. inducements such as a misrepresentation of moral standards, playing a game, bribes, or rewards were often utilized, meaning that force often was not required. Force or threats were used if necessary though; and

5. the sexual activity usually progressed along a continuum from exposure to fondling to some form of penetration.

Research Question #2. What, if any, are the predominant coping methods used by these abuse victims?
These results suggest that victims were remarkably active in attempting to deal with the abuse at the time, or to get help and support after it happened. Direct action emerged as the largest coping mode category with forty-four items, accounting for 54% of the total critical incidents. While experiencing varying degrees of success, these subjects nevertheless tried energetically to deal with these difficult stresses.

Secondly, intrapsychic and inhibition of action coping methods were fairly evenly represented, containing nineteen (or 23% of the total) and eighteen (or 22%) incidents respectively. As stated earlier, however, given that active resistance could escalate the abuse, use of these passive and compliant techniques may often have proved more appropriate and adaptive.

These findings contradict some of the more persistent social myths that children seek or want sexual involvement with adults. Children seek and want love, affection, and caring from adults and, based on the experience of these victims, they know that sexual involvement is not what they are hoping for, even if the physical sensations are pleasurable. These subjects actively sought to avoid this contact, not encourage it. People likewise are confused about why children keep the secret or don't tell. While many do keep the secret due to pressure by the abuser, this study revealed thirteen victims who did disclose, eleven of whom were either ignored, misunderstood, or not believed.

Research Question #3. What characteristics of these methods seem to hinder coping, and what seem to facilitate coping?
Hindering Coping

Methods hindering coping with the abuse itself were characterized by a desperate, frantic, haphazard quality where victims almost instinctively or automatically reacted to protect themselves in response to assault. No internal, intrapsychic thought process or decisions of what to do and what the consequences might be, appeared to occur. The suddenness and severity of the assault as well as the imbalance of power between the victim and the offender may account for the necessity of this spontaneous reflex. Unfortunately these reactive responses characteristically escalated the abuse, which obviously hindered coping for the victims. The consequences of the abuse defined whether a coping method was considered helpful or harmful; and the individual circumstances determined the methods available.

With the disclosure attempts, the negative reactions of others made the coping method harmful. Being blamed, not believed or not offered support were characteristically the most detrimental reactions that victims experienced. After suffering the violation of the abuser, the disappointment caused by the reactions of significant others people was experienced as betrayal, closing off a vital avenue of hope and help. Sixteen out of eighteen women in this study perceived themselves as doubly powerless as a result of such experiences.

The course of victimization becomes complete when individuals internalize the damaging dynamics of the abuse. All women in this study reported low self-esteem and low self-worth as a result of the abuse and the lack of external support. Aftereffects such as insecurity, memory recall, flashbacks, and isolation significantly influenced the victim's
functioning subsequent to the abuse. Consequently the negative self-image resulting from this internalization process could be considered an important factor hindering coping. The extreme example, offered by the woman who embarked on a self-destructive cycle of self-abuse, illustrates the severity of the stress created by this internalization process. She came to perceive all inner and environmental resources as deleterious, and felt totally powerless to manage the recurring pain.

In summary, this outline reveals that victims, in these noncoping situations, are in essence powerless. Despite instinctive self-protective attempts, they are unable to counteract the power of the offender. Being thwarted in efforts to elicit strength from others, they become intensely vulnerable to abuse, and the final internalization of self-hatred and self-blame can render them completely victimized. The exponential increase of powerlessness and isolation, occurring at each of these three levels, signifies the most critical feature of what hinders coping for the victim.

Facilitating Coping

Methods facilitating coping with the abuse itself were characterized by a controlled, precise quality, often indicating a predetermined plan, which resulted in a reduction or cessation of abuse. Many victims, after years of abuse, appeared to reach a point where they were strong enough or angry enough to devise a method to counteract the power of the offender and were successful as a result. These findings suggest that the underlying power imbalance in the abuse was corrected by the victim's discovery of internal or external strengths, and subsequent application of these resources. Victims appeared to experience an
increase in control, potency, and self esteem as a result of the precision and success of these plans.

With respect to the reactions of significant others, the characteristic feature which helped victims cope was being given support, reassurance, and comfort by others but most important was being believed. That others believed them and offered support and caring, had immediate and long lasting beneficial effects, according to these subjects. They not only had help to deal with the abuser, but their feelings about the trauma were validated and this helped to resolve them. Since victims do not have control over the reactions of others, obviously, the risks of disclosure existed in these situations as well as those hindering coping.

Finally the internalization process creating self-stress was managed more successfully when the victims exercised intrapsychic techniques devised to maintain a positive perspective about themselves, or to distance painful memories. Therefore low self-esteem and negative feelings appear subject to monitoring and can be altered through cognitive processes. An internal equilibrium is sustained which seems helpful in coping with the aftereffects of sexual abuse. Subjects did experience some sense of control over themselves in these situations.

In summary, the underlying theme of power and control emerged again in the characteristics of methods which facilitated coping. In these experiences, victims realized and utilized internal and external means which not only helped them cope and feel more control, but which frequently resulted in the termination of abuse. These findings also support Sgroi’s (1982) assertion that sexual abuse is a power problem. Sexual abuse occurred when the abuser overpowered the victim, and often
stopped when the victim was able to counterbalance the inequality. The aftereffects were managed more successfully with the use of methods which increased personal power.

Research Question #4. What similarities, if any, exist in the cognitive appraisals and evaluations made by victims about their abusive experiences?

Support for Sgroi's (1982) contention that power is the underlying critical dynamic of sexual abuse exists also in the cognitive appraisals and evaluations made by these subjects about their experiences. Primary appraisals showed that victims experienced these situations as extremely stressful and terrifying, some even life threatening. Secondary appraisals revealed victims perceived themselves as having no options and no personal or environmental resources in incidents hindering coping. In their judgement, they were powerless. In situations facilitating coping, they felt they had some options and some resources and this perception of power enabled them to intervene successfully in the abusive dynamics. They were more likely to claim that they felt powerful and in control, at these times.

These findings support the hypothesis that power is not only the problem underlying sexual abuse, but it is also the solution to the problem as well.

Significance of the Study

Theoretical Significance

These results support the definition of coping, proposed by Lazarus and Launier (1978). As shown, coping occurred in response to specific
stresses which must be identified before the coping methods can be classified. In this study, both environmental (offender and significant other categories) and internal (victim category) demands were evident that taxed and exceeded individual resources. Support for the reliability of these stress categories was obtained by the substantial agreement (90%, and 83% respectively) of the two independent judges.

Both action oriented and intrapsychic coping responses were described clearly by the subjects, enabling classification of methods according to Lazarus and Launier's (1978) scheme. Reliability of the coping mode categories by the two judges was acceptable at 83% and 80% agreement, respectively. The following features became apparent during the classification process which substantiated the theoretical framework of Lazarus and Launier (1978):

1. the four coping modes were separately identifiable and facilitated extraction of salient coping processes, while minimizing the unique environmental contexts;

2. all four coping modes were independent of their object, purpose or location in time, therefore were applicable in any stress context; and

3. the nature of stress, appraisals, and tasks requiring coping skills changed over time, so that at any point during the experience, a different coping method may be utilized.

A problem in classification of coping modes can arise from the changing nature of coping over time. Burgess and Holmstrom (1976), who delineated the different stages of rape assault, observed the changes in coping to coincide with particular tasks at each stage. The critical
incident technique seems particularly efficient at enabling focus on specific aspects of the experience and identifying coping skills at each stage. One critical incident therefore technically may need to be broken down to classify the coping skill used at each stage. Also, classification is encumbered when the victim uses more than one coping method at once, and forced choice of the predominant technique used can result in less agreement of categories by judges. Confusion can also result from the sometimes overlapping nature of the coping modes. Inhibition of action, for example, is frequently utilized in accordance with intrapsychic characteristics, consequently the incident could be classified in different categories, by two independent judges.

Despite these problems, this study determined considerable support for the theoretical work of the classification of coping behaviour by Lazarus. In addition, the incidents previously presented convey a rich depth and offer profound insights into the experience of victims of sexual abuse, which was Lazarus' goal in encouraging descriptive, ecological study of stressful situations.

The in-depth exploration of both helpful and harmful incidents appeared to confirm the important role of cognitive appraisals in coping with severe stress. The perceptions of options and resources was instrumental in facilitating coping, despite the initial assessment of the situation as stressful. Furthermore, these findings suggest support for the mediating variables identified by Wortman and Brehm (1975) in their integrative model. As predicted, these women were most likely to elicit a response of helplessness under the following conditions:

1. the assault was sudden, unpredictable, or severe (expectation of control was low);
2. the offender was a relative, in particular a natural father (importance of the relationship was high); and

3. the victim had experienced numerous previous assaults (exposure to uncontrollable outcomes was high).

Reactance responses were evident in the descriptions of experiences by some subjects, revealing that the restrictive focus on helplessness in Abramson et al's (1978) reformulated model does not enable adequate prediction of behaviour under stress. Wortman and Brehm's (1975) integrative model operates more effectively with its continuum of reactance to helplessness responses. Unfortunately, not enough reactance responses were obtained to facilitate checking the predictive ability of the model. Even in incidents helping coping, the subjects perceived themselves primarily as helpless. Most likely the severity of abuse experienced by these victims, as well as their age at onset of abuse and the duration of exposure, accounts for the predominance of helplessness. Further research is required to determine the model's ability to predict reactance responses under stress. Nevertheless, given the fact that this model is previously untested, these initial findings offer encouraging corroboration for these theoretical propositions.

Finally, the reports by the subjects confirm many of the characteristic behavioural and emotional responses outlined by Shontz (1975) in his theory of reaction to crisis. While isolated critical incidents obviously do not comprise the entire process of reaction and recovery, the panic, disorganization, helplessness, and shock reported by many of these victims confirms that sexual abuse for them constituted a crisis experience. Consistent with the findings of Notman and Nadelson (1976),
subsequent coping ability appeared to depend on negative or positive assessments of one's reactions during the crisis.

**Practical Significance**

Similar to the conclusions of Burgess and Holmstrom (1976), and Notman and Nadelson (1976), these results support the therapeutic importance of exploring the coping strategies used by victims during the abuse. Knowing that responses were adaptive and appropriate within the power context of sexual abuse enables victims to positively alter their cognitive evaluations, which will greatly influence future coping ability. Also this counselling process encourages exploration of alternative responses, if any, that can increase the problem solving repertoire of the individual. Therefore focusing on coping methods facilitates resolution of the trauma of sexual abuse.

Classification of these coping methods, as shown, has served to refute some of the more persistent common myths about sexual abuse. This study demonstrated that children were remarkably active in attempts to deal with, avoid, or protect themselves from abuse. Also, from the numerous disclosure attempts revealed here, they may not be so invested in the secrecy as previously thought. However, a disturbing adjunct to the sexual abuse itself may be the compounded trauma caused by the disbelief and lack of support by other people in a position to help. Children are perfect targets for victimization with this double jeopardy.

The recurring theme of power and control in the victims' attempts to deal with abuse has been repeatedly shown to support Sgroi's (1982) position that sexual abuse should be viewed as a power problem. The
practical significance of this perspective is that if sexual abuse is a power problem, then the solution is to empower children with information, knowledge, and resources to enable them to protect themselves from being abused. As shown in this study, victims who realized and utilized internal or external resources achieved much more success in coping with and even stopping the abuse. These findings give considerable validity to Recommendation 2 proposed in Sexual Offenses Against Children (Committee on Sexual Offences Against Children and Youths, Vol. 1., 1984), which states:

one of the principal responsibilities of the program . . . that is established in conjunction with the Office of the Commissioner . . . be concerned with the development and implementation of a continuing national program of public education and health promotion focussing specifically on the needs of young children and youths in relation to the prevention of sexual offences and affording better protection for children, youths and adults who are victims. (p. 44)

Empowering children with knowledge and skills for self-protection can only occur when society accepts the pervasive occurrence of sexual abuse, and recognizes the importance of increasing coping options for children. Many adults unwittingly increased the suffering of these victims by being unable to believe that sexual abuse happens among friends and relatives. That some adults believed yet offered no protection is intolerable, yet frequently predictable given the power dynamics of the incestuous family. The Committee's recommendation affords the opportunity to circumvent those problems with public educational awareness through films, television programs, and school presentations. Children themselves will know that: 1) abuse can occur with someone you know; 2) it's important to say 'no' to unwanted touching; 3) their bodies are their own and no one should touch them without their permission; 4) it's important to tell someone about
unwanted touching and to keep telling until someone believes you; and finally, 5) it's not the child's fault that bad touching happens, the adult is responsible.

These results signify the critical role played by significant other people at the time of disclosure. It is important that adults undergo education and awareness so they can believe their child, and also that their spontaneous reaction to the disclosure will have a beneficial rather than detrimental impact upon the child. In addition, adults have a responsibility to confront the consequences of this disclosure with the primary consideration being the protection of the child from further abuse. While considerable support may be required to achieve this, nevertheless, it is essential to intercept the victimization process of the child rather than contribute to it. Protection of the child from further abuse and confronting the consequences of abuse constitutes a critical change in the treatment recovery process of victims (Sgroi, 1982, p. 144). Therefore, experiencing this at the time of disclosure would likely have an impact on the victim in a profoundly beneficial way.

Recommendations for Future Research

Replication of this study with adult women who experienced childhood sexual abuse would reveal the reliability and accuracy of long term memory recall, which is a concern in this research. Also replication of this study with victims who recently experienced abuse would reveal any similarities or differences created by long term and short term memory recall. Finally, a criterion could be established such as having
experienced abuse before or after one year from the time of the inter-
view. In this way, the two groups could be compared and the results
correlated to determine the effects of time on the memory recall of
coping methods used during abuse.

Considerable value exists in repeating this study with victims of
recent abuse, regardless of determining the effect of memory recall. It
would be important to know whether current awareness of sexual abuse is
helping children to cope with the stress of abuse, disclosure, and other
aftereffects. We need to know whether significant other people are more
protective of victims or whether they continue to compound the damage,
as in this study. We also need to know if victims are using information
seeking as a coping method and if they are being helped by the informa-
tion they receive. That no women in this study used information seeking
as a resource is important. It may be possible to test the hypothesis
that seeking information about the dynamics of sexual abuse has a
significant positive effect on self-esteem and subsequent coping
ability, whereas not seeking information has a negative effect. This
has intuitive appeal since learning about the dynamics can relieve the
victim of guilt, responsibility, and self-blame. It also can reduce the
isolation characteristic of the victimization process and increase
environmental resources for coping, thereby enhancing options.

Other research is required to more closely examine the reformulated
model of helplessness (Abramson, et al., 1978), and the integrative
model of response to stress (Wortman & Brehm, 1975). Specific attribu-
tions of cognitive beliefs such as locus of control, stability, and
generalizability must be studied to more fully understand the percep-
tions of victims. Also the conditions under which reactance responses
occur must be established, and comparisons explored between the characteristics of victims who respond with helplessness and those with reactance. Both these models can serve to clarify and predict important aspects of reactions to stress, if adequately researched.

In reference to the dynamics of sexual abuse itself, considerable knowledge could be gained from exploratory studies, similar to this one, compiling descriptive accounts of abusive experiences by offenders, and disclosure incidents by significant other people. Independent studies into the perspectives of these influential figures in the dynamics of abuse would shed even more light on what the victim copes with. With treatment groups currently being conducted for offenders and nonoffending parents, this work is becoming increasingly feasible.

Limitations of the Study

The primary drawback of this study is that it is based upon the long term memory recall of abusive incidents. Despite the fact that these critical experiences were still profoundly arousing for the subjects, the accuracy and reliability of long term memory recall is suspect. While verification of facts by offenders and significant others involved in these incidents would be invaluable, this data is virtually impossible to obtain.

The importance of long term memory is diminished in this study, however, by the focus on the subjective, descriptive accounts of critical events. Personal perspectives are being elicited as data, and the classification procedures are designed to accommodate individual
differences. The goal of this study is to evoke the subjective experience of people, even with their biases, rather than to obtain verifiable factual accuracy of events. Nevertheless, replication of the results of this study with victims who just experienced abuse may be different for the following reasons:

1. the differential exposure to uncontrollable events may influence memory recall of critical incidents depicting specific coping methods. For example, an incident where direct action was used may be easier to remember than twenty incidents revealing inhibition of action, however for the victim of a recent isolated assault, inhibition of action would be readily identified. Therefore classification of coping methods may appear substantially different with long term and short term memory recall.

2. the current media attention on sexual abuse including prevention or protection skills is likely to greatly influence a sample of victims having suffered abuse within the last few years, thereby producing different results in a replication study. It is possible, for example, that the reactions of significant others to the disclosure may be less stressful for a sample of recent victims, due to greater awareness and readiness of adults to protect children. It is also possible that information seeking would be utilized more as a coping method now, since more knowledge exists about the entire subject.

Another limitation of this study refers to the unrepresentativeness of this sample. These subjects were action-oriented women who sought the help of a therapy, support group and who participated in this research. Therefore the action-oriented nature of their coping with
sexual abuse may reflect a personal style towards life in general. Also their involvement in group therapy may have triggered recall of certain types of abuse memories, depending on the shared experiences of other group members. Generalizability of the results of this study are limited, therefore, until replication of this research with other victims, preferably those not in therapy groups, clarifies the influence of these variables.

Finally, since no statistical hypotheses were formed and tested, the results of this study are not decisive. The purpose of this study was to probe and explore an important aspect of human experience, and to compile the data into a classification scheme. Subsequent research with quantitative methodology is required to produce conclusive results.

Summary

The results of this research show that childhood sexual abuse is experienced as a stress situation of serious magnitude. The stress is manifested in environmental demands involving the abuser and significant others, and internal pressures of the self, during an escalating process of victimization.

Specifically this study suggests that the problem of sexual abuse, and the solution, are flip sides of the same underlying dynamic of power inherent in this process of victimization. Abuse occurs because of the powerlessness and vulnerability of children, and likewise can stop when children are empowered with knowledge and self-protective skills. The implications of this perspective encourage and contribute to the need
for public education programs to protect children through knowledge and awareness.

The descriptive accounts present numerous examples of the variety and complexity of resources subsumed in the three coping mode categories utilized in this sample. Wherever possible, victims employed methods to counteract the power imbalance of the abusive experiences. Remarkably, they were extremely active in their attempts to protect themselves, often with disastrous consequences. Despite the power imbalance, these excerpts reveal a remarkable human will to survive in the face of such great adversity. This unyielding nature evokes both relief and awe, in our compassion for the suffering of these people.

Considerable support for various theoretical frameworks in the field of coping behaviour is suggested by this research. Results reveal the rigor of the classification of coping modes across critical incidents of abuse, and show the importance of cognitive appraisals in influencing behaviour. Further research is recommended highlighting other aspects of appraisals and reactions to stress.

Finally, this research contributes substantially to the limited focus on the coping behaviour of sexual abuse victims. The experience of childhood sexual abuse and incest has been shown to warrant specific attention due to its uniquely stressful characteristics.
APPENDIX A

CLIENT CONSENT FORM

TITLE OF PROJECT: Coping Skills of Incest and Sexual Abuse Victims

The purpose of this study is to explore in depth the various techniques and methods used by the victims of incest and sexual abuse to cope with their experiences of abuse. I agree in this study to be interviewed about these aspects of my abusive experiences, by Cecilie Phillips. I am aware that Cecilie Phillips is a trained therapist and group leader for the Vancouver Incest and Sexual Abuse Society. I understand that the interview will be approximately one hour in duration, will be audio tape recorded, and that my identity and information will be entirely confidential. I am aware that, depending on my preference, only my first name or a pseudo-name can be used to protect my identity and that all information will be destroyed from the tapes upon completion of the analysis of the information. I know that any inquiries concerning these procedures can be made at any time before or during the interview as well as any questions upon completion of the study. I have the right to refuse to participate in this study or withdraw at any time in the interview without jeopardy to further treatment at V.I.S.A.C.S.

I hereby consent to participate in this study

............................................

I hereby acknowledge that I have received a copy of the consent form.

............................................

CP:pg
APPENDIX B

DEMOGRAPHIC QUESTIONNAIRE

PARTICIPANT NUMBER:

General Information:

1. What is your nationality?

2. What is your ethnic origin?

3. What is your age?

4. What is your marital status?

5. What is your occupation?

6. Are you presently employed outside the home?

7. Do you have any brothers and sisters? If so, give their ages and sex.

8. Were any of them abused also?

9. Do you have any children? If so, how many?

10. What is your current level of education?

11. What are your future education plans, if any?

12. What are your interests or hobbies?

Sexual Abuse Information:

1. What was your age at the onset of the abuse?

2. How long did the abuse last?

3. How frequently did the abuse occur?

4. What was the sex of the offender?

5. What was the age of the offender when the abuse began?

6. What relationship, if any, did you have with the offender?
7. What is your current level of contact with the offender?

8. What counselling, if any, did you receive related to the abuse?

9. What was the most helpful counselling you received?

10. What legal action, if any, was taken in connection with the abuse?

11. What was the outcome of any legal action taken?

12. Have you experienced any other kind of abuse (in addition to sexual abuse)? If so, please be specific.
APPENDIX C

Procedures:

"Before we begin, I will explain to you the procedures that I am required to follow.

"I am taping the interview so that I can listen to the interview again and write down the main ideas from it. No one else will listen to the tape and I will erase it after completion of this study. You may refer to yourself and others with pseudo names if you wish or not use any names at all to ensure confidentiality.

"You are not required to participate in this research and your involvement will not affect future treatment with V.I.S.A.C.S. If you decide, at any time, that you do not wish to be interviewed, let me know and I will stop the interview.

"Do you have any questions you would like to ask me before we begin?"

Introduction:

"The study I am doing is to find out what helped or what didn't help people to cope with their experiences of incest and sexual abuse. I'd like to know in specific detail the ways you learned or discovered that helped you to cope with the abuse as well as the specific things that you did or others did that made coping difficult, or made you feel like you couldn't cope any more."
Negative Incidents:

"We'll start with the things that happened that hindered or made coping very difficult. Think back to a specific time when you found it very difficult to cope. What did you do or what happened to make you feel this way? Take the time to think of a specific incident in as much detail as possible. When you have an incident in mind clearly, let me know . . . ."

Follow-up Questions:

"At the time of this incident, how did you assess your sense of personal safety or well being?

"Also, at the time this happened, how did you assess your options in terms of coping?

"To what extent did you feel you had control in this situation?

"How important was this incident to you at the time?

"Who did you feel was responsible for this incident at the time, as a child?"

"Who do you feel was responsible for this incident now, as an adult?

"Was there anything anyone else could have done to help you cope differently in this situation?

"If you could wish for or fantasize for something to have helped you at the time, what would it have been?

"Did you feel that the way you coped was effective or ineffective? Why was it effective (ineffective)?"
"What were the predominant feelings you had before, during, and after the abuse incident?

"Were you aware of your feelings at the time?

"How did you feel about yourself in this incident at the time, as a child?

"How did you feel about the offender in this incident at the time, as a child?

"How do you feel about yourself now, looking back at this incident as an adult?

"How do you feel about the offender now, looking back at this incident as an adult?

"What does this incident mean to you now?

"How resolved do you feel you are about these experiences?

"Do you have anything else you'd like to add?

"Think of another time. . . ." etc.

Positive Incidents:

"Now I'd like you to think of a specific time when you felt you were able to cope with the abuse. In as much detail as possible, please be specific about what things helped you to feel as if you were able to cope. What did you do or what happened to you to make you feel this way? Let me know when you have a specific incident in mind. . . ."

Follow-up Questions:

The same questions used with the negative incidents were asked here.
REFERENCES


Committee on Sexual Offenses Against Children and Youths (1984), Sexual Offenses Against Children (Vols. 1 and 2), Ottawa: Canadian Government Printing Centre.


