A PHENOMENOLOGICAL EXPLORATION OF THE EXPERIENCES OF
ABORIGINAL WOMEN WHO WERE SEXUALLY ABUSED

BY

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ABSTRACT

The last ten years have witnessed an explosion of interest and research into the issue of incest and child sexual abuse. Researchers have been able to estimate prevalence, posit theories on the dynamics that lead to sexual abuse and articulate the short- and long-term impact of childhood sexual exploitation. Much of this information, however, pertains to mainstream North American society and specifically to white people. Much less attention has been paid to the aboriginal experience of incest and sexual abuse. While there may be similarities between the native and non-native experience of incest and child sexual abuse, there are a number of cultural and historical factors that may present wholesale application of existing research to native experience.

The purpose of this phenomenological study was to begin to articulate the experience of native women who were sexually abused as children. Using Colaizzi's phenomenological approach, in-depth interviews were carried out with six aboriginal women who met the research criteria of having been sexually abused by a relative in childhood and being able to articulate their experience. The interview data was analyzed by scrutinizing the protocols to first develop constituent meaning units and then to formulate cogent themes shared by all the participants.
A total of eight themes were extracted. The first three themes - a sense of shame and guilt, a sense of being unlovable and a yearning to make sense of their abuse experience - appear to be commonly reported in the literature regarding sexual abuse. The final five themes - sense of acute vulnerability, sense of invalidation, sense of cultural shame, sense of being shattered, and sense of reconstructing - appear to mark divergences from the experience of survivors of childhood sexual abuse in the mainstream culture and aboriginal survivors.

Implications for further research are addressed and suggestions for counselling adult, native female survivors of child sexual abuse are provided.
TABLE OF CONTENTS

ABSTRACT ................................................................. i

ACKNOWLEDGEMENTS ........................................... iii

CHAPTER ONE - INTRODUCTION ............................ 1

Statement of the Problem ................................. 1

Purpose of the Study ......................................... 8

CHAPTER TWO - LITERATURE REVIEW ............... 9

Short-term Impact ............................................. 10

Long-Term Legacy ........................................... 13

Impact of Childhood Sexual Abuse on
First Nations People ................................. 14

CHAPTER THREE - METHODOLOGY .................... 19

Rationale ....................................................... 19

Sample .......................................................... 21

Procedure .................................................... 21

Data Analysis ................................................. 26

Limitations of the Study ................................. 27

CHAPTER FOUR - RESULTS ................................. 29

Summary of the Participants' Experience ...... 30

Common Themes ............................................. 46

Description of the Themes ......................... 47

Sense of Shame and Guilt ......................... 47

Sense of Being Unlovable ....................... 50

Yearning to make Sense of their
Abuse Experience ................................. 55

Sense of Acute Vulnerability .................. 59
CHAPTER FIVE - DISCUSSION

The Essential Structure

Results

Implications for Counselling

Implications for Further Research

Summary

REFERENCES

APPENDIX A - Letter Introducing Study

APPENDIX B - Participant Consent Form

APPENDIX C - Interview Schedule
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I wish to express my deep appreciation of the six women who agreed work with me on this study. I have been honoured by their honesty and by their faith in me. I dedicate this work to all aboriginal survivors and offer it in the hope it may help others walk the healing path. All my relations.

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CHAPTER ONE

Statement of the Problem

The last ten years have witnessed an explosion of interest and research into the issue of incest and child sexual abuse. Researchers have been able to estimate prevalence, posit theories on the dynamics that lead to sexual abuse and articulate the short and long-term impact of childhood sexual exploitation. Much of this information, however, pertains to mainstream North American society and specifically to white people. Much less attention has been paid to the aboriginal experience of incest and sexual abuse. While there may be similarities between the native and non-native experience of incest and child sexual abuse, there are a number of cultural and historical factors that may prevent wholesale application of existing research to native experience.

Child sexual abuse has been variously defined in the last ten years (e.g. Finkelhor, 1985; Finkelhor, Hotaling, Lewis & Smith, 1990; Russell, 1986; Wyatt, 1985.) Most definitions indicate that the victim is usually a child who is unable to consent to the sexual activity initiated by the offender. The offender may be a teenager or an adult and is often in a position of authority over the child. The offender is most often known to the child. The range of sexual exploitation includes viewing of or posing for pornography, fondling genitals, mutual masturbation, oral-
genital sex, vaginal or anal penetration and prostitution.

For the purposes of this study, Russell's (1986) comprehensive definitions of both incestuous abuse and extrafamilial sexual abuse will be used. Russell uses the tighter age restrictions in the second definition as a means of filtering common female adolescent experiences of unwanted petting and intercourse in dating situations. Both of these definitions exclude all forms of exhibitionism and any sexual advances or propositions that do not involve actual contact or attempted contact with the child. Although Russell acknowledges that these excluded behaviours may also be abusive, these definitions focus on more severe incidents of child sexual abuse. Therefore, Russell's definition is exclusive enough to rule out less severe forms of abuse while at the same time capturing the essence of the clinical experiences many native women present.

Incestuous abuse is defined as

any kind of exploitative sexual contact or attempted contact that occurred between relatives, no matter how distant the relationship, before the victim turned eighteen years old. Experiences involving sexual contact with a relative that were wanted and with a peer (are) regarded as non-exploitative and hence non-abusive (p. 41).

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

Prevalence

Several important studies (Finkelhor et al, 1990; Russell, 1986; Wyatt, 1985) suggest that the prevalence of incest and child sexual abuse is approximately one in three for girls and one in six for boys. Russell's (1986) random survey of 930 women in San Francisco used the above definitions and revealed that 38 percent of the 930 female respondents reported at least one experience of incestuous and/or extrafamilial sexual abuse before reaching the age of 18 years; 28 percent reported at least one such experience before reaching 14 years of age. Another study conducted by Wyatt (1985) revealed similar prevalence figures. Wyatt surveyed 248 Afro-American and white women, aged 18 to 36, and found that 21 percent of her respondents reported at least one experience of incestuous abuse; 32 percent reported at least one experience of extrafamilial child sexual abuse. The 1985 Los Angeles Times Poll company conducted a national survey of adults. The results indicated that 27 percent of the women and 16 percent of the men had been sexually abused (Finkelhor et al, 1990). Studies of
specific clinical groups have put the proportion of male victims in the 11 to 18 percent range (Cupoli & Sewell, 1988; De Jong, Emmett & Hervada, 1983; Spencer & Dunklee, 1986).

Formal studies examining the prevalence of child sexual abuse among native communities do not exist. Instead, only clinical impressions and estimates are available in proceedings from conferences and symposia. These estimates are often included in discussions of the traditional native culture, the impact of European contact and factors that exacerbate child sexual abuse in native communities. One clinical account, for example, estimates the prevalence of sexual abuse among Canada's native peoples to be as high as 80 percent (The Nechi Institute, The Four Worlds Development Project, The Native Training Institute and New Direction Training - Alkali Lake, 1988). The prevention coordinator of the Four Worlds Development Project conducts a secret ballot during his workshops to determine the extent of sexual abuse among the participants. Between 67 and 100 percent of the participants indicate that they had been sexually abused by the age of 18 (Acevedo, undated). In one study, service providers in six Western Arctic communities who were interviewed estimated that between 75 and 80 percent of all young girls in these native communities under 8 are sexually abused and at least 50 percent of the males are also victims (Levan, 1989). One American regional
psychiatric service centre reported that at least 80 percent of the native women seen at the clinic had experienced some sort of sexual assault (Allen, 1986). While few statistics are available, it would appear that child sexual abuse is a serious problem within native communities. These preliminary estimates also seem to indicate that native females are sexually victimized in greater numbers than males.

Like most indigenous cultures, traditional native society has strictures on the degree of kinship that is considered acceptable for mating. It is debatable whether these injunctions deterred incest and sexual abuse from occurring prior to contact with Europeans (Allen, 1986; Armstrong, 1987; Nielsen, 1987). What is not debatable, however, is the devastating impact of European contact. The introduction of alcohol and diseases, plus the processes of assimilation and dislocation from villages onto reserves undermined the traditional fabric of native society (Daily, 1988). Perhaps the most disruptive element was the isolationist residential school system where children were sent away to school for months at a time and not allowed to practice their traditional ways, including speaking their native tongue (Haig-Brown, 1988). Consequently two to three generations of native people grew up unparented and unable to parent. The most serious indictment against residential schools is that many of the native children were sexually exploited by male and female residential school staff
In recent months, the media has published testimonies from adults who attended these schools and calls for further inquiries have been made (Transcript, Man Alive Television program, 1989). In one native community, 135 former residential school residents were interviewed and disclosed 650 acts of buggery (Hodgson, 1990). The victimized residents, in turn, abused fellow residents and other family members on the reserve. Since the turn of the century, there has been a steady rise in the reported rate of sexual abuse, family violence, alcohol abuse and suicide in native communities. The suicide rate for native people under age 25 is the highest of any racial grouping in the world. In some native communities the suicide rate is 15 times the Canadian average. Accidents and violence account for 32 percent of all native deaths, compared with 8 percent of the general population (Transcript, Drums, 1991).

Other factors which may exacerbate sexual abuse in native communities include the breakdown of the extended family; identification with poverty values rather than either traditional or non-native values; lack of children's rights and the attitude of non-native family members (common-law husbands, boyfriends or step-parents) that native children are inferior (Nielsen, 1987). Overcrowded, poor housing is another factor implicated in the higher incidence of sexual abuse. Approximately 60 percent of
native homes have no running water, sewage disposal or indoor plumbing (Avard & Hanvey, 1989), exacerbating their deprivation and facilitating easier access to the child by the offender.

Community distrust of outsiders, particularly police and social workers, has complicated efforts to deal with sexual abuse in native communities. For many years, the non-native child welfare system apprehended native children who were suspected of being abused. Many of these children completely lost contact with their families. This system culminated in the 1960's with an apprehension rate so high that some reserves lost nearly a generation of children to child welfare authorities (Daily, 1988). More recent figures do not give cause for optimism. The 1989 Canadian Institute of Child Health study reported that six percent of native children under 16 years of age were removed from their homes, compared with one percent in the total Canadian population (Arvard & Hanvey, 1989). Rather than risk losing their children, many families chose not to report the abuse, thereby shrouding the issue in further secrecy.

These additional factors illustrate several differences between native and non-native life experiences and serve as cautionary signs that current research about incest and child sexual abuse may not be representative of, nor generalizable to, Canadian aboriginal peoples. Given the
high estimated incidence of sexual abuse among aboriginal people in Canada, research is needed which specifically explores the experiences of native people who were sexually abused as children.

**Purpose of the Study**

The purpose of this phenomenological study was to begin to articulate the experience of native women who were sexually abused as children. Given the different historical and cultural context, it is possible that native people who were sexually victimized may have attached significantly different meanings to the abusive experience. Given the prevalence and potential impact of sexual abuse within native communities, it is important that these meanings be explored. As an exploratory study, it was proposed that the researcher conduct open-ended interviews with adult native women who have had the experience of being sexually abused in childhood. It was expected that in-depth interviews with each of the participants would begin to articulate the shared experience of childhood sexual abuse, particularly in terms of their experiences in relationship to themselves, their family members, their extended family members and their partner/spouse. It was hoped these explorations would illustrate the meanings these First Nations Women attached to their experiences of childhood sexual abuse.
CHAPTER TWO

Literature Review

There is a great deal of research relating the experience of sexual abuse in childhood to subsequent psychological symptomatology (Arlett, Dalziel, Fry, & Acton, 1988; Beitchman, Hood, Zucker, daCosta & Akman, 1988; Browne & Finkelhor, 1986; Gelinas, 1983; Herman, 1992; Kluft, 1990; Lundberg-Love, Marmion, Ford, Geffner & Peacock, 1992; McCann & Pearlman, 1990; Meiselman, 1978; Russell, 1986; Wachtel, 1988; Women's Research Centre, 1989). A brief overview of the short- and long-term impact will be presented. It is useful, however, to have a conceptual framework to examine the myriad symptoms and experiences that constitute the short- and long-term sequelae of childhood sexual abuse.

Finkelhor and Browne (1985) analyzed the dynamics of child sexual abuse in order to determine factors most related to traumatization in the victim and postulated the following four trauma-causing factors: 1) traumatic sexualization (defined as a process in which a child's sexuality is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of the sexual abuse); 2) betrayal (the dynamic by which children discover that someone on whom they were dependent caused them harm); 3) powerlessness (the process in which a child's will, desires, and sense of efficacy are continually
contravened); and 4) stigmatization (the negative connotations, such as self-blame, guilt and shame, that are communicated to the child around the experience and that then become incorporated into the child's self-image).

Finkelhor and Browne emphasized that it is the interaction of these four dynamics in the sexual abuse experience that make the trauma of sexual abuse unique rather than weighing variables such as relationship to offender, duration of abuse or amount of aggression. Rather, Finkelhor and Browne's conceptualization is so valuable precisely because it discounts many of the notions that a single factor is responsible for various short- and long-term sequelae and focuses on the interaction of the variables to produce four trauma-causing factors.

**Short-term impact**

Numerous articles and books (Bass & Davis, 1988; Blume, 1990; Butler, 1978; Courtois, 1988; Herman, 1981; Meiselman, 1990; Russell, 1986; Women's Research Centre, 1989) have outlined methods that non-native children, teenagers and adults who have been sexually abused use to cope with sexual abuse on a short- and long-term basis. The responses of non-native victims and survivors of sexual abuse have recently been studied and will be briefly summarized.

Incest and child sexual abuse is so toxic to a child's development that the child must make extraordinary efforts in order to accommodate the sexual abuse (Butler, 1978). It
is beyond a child's emotional and cognitive skills to comprehend the meaning and causes of child sexual abuse. Consequently the child will engage in a number of possible behaviours in order to cope with the abuse. Many children will first deny that the abuse is happening. They will tell themselves they are dreaming it, particularly if the offender comes into their bedroom when they are asleep and seems so relentlessly normal the next morning (Butler, 1978: Courtois, 1988; Herman, 1981; Russell, 1986; Summit, 1983). Victims may minimize the abuse. They commonly detach themselves emotionally from their bodies and learn to live only on a mental level. Most children learn to dissociate, to literally psychologically leave their abused bodies behind and mentally travel to a safer place (Meiselman, 1990; MacFarlane & Waterman, 1986; Putnam, 1989; Women's Research Centre, 1989). In cases of severe sexual abuse (often accompanied by severe physical abuse), children may develop distinct parts of their personality to deal with various aspects of the abuse. This continuum of dissociation includes the formation of ego states and multiple personalities (Putnam, 1989).

Another common coping mechanism used by victims of abuse is to repress all information about the abuse. However, children only have a limited repertoire of coping mechanisms and they are often unsophisticated in the employment of these tools, resulting in the emotional,
social and physical behaviours that are now identified as indicators of sexual abuse. The most common indicators include: sexual acting out behaviours; role reversal between child and parent; passive, withdrawn children or aggressive, domineering children (Berliner & Conte, 1990; MacFarlane & Waterman, 1986; Sgroi, 1982).

As the victims age they develop other behaviours which help them adapt to the agony of sexual abuse. They may, for example, become very controlling and attempt to create safety for themselves by becoming very authoritative or demanding of others. They may adopt a demeanour which results in constant revictimization (Berliner & Conte, 1990, Browne & Finkelhor, 1986; Sgroi, 1982; Summit, 1983). They may try to become invisible. They may train themselves to be hyperalert (also known as hypervigilance) (Goodwin, 1982; Goodwin, 1991). They may expend huge stores of energy attempting to please or take care of others (Bass & Davis, 1988; MacFarlane & Waterman, 1986).

As teenagers, the victims of sexual abuse may resort to still other maladaptive behaviours such as alcohol and drug abuse; compulsive sex, shopping, eating, purging, working and gambling; arson; vandalism and violence; depression and suicide; slashing and cutting themselves with a knife or razor blade; prostitution and running away from home (Blume, 1990; Briere, 1984; Courtois, 1988; Summit, 1983). Some will abuse others (Wachtel, 1992). They may also develop physical
problems, complaining of throat infections, tense jaws, asthma, gastro-intestinal upsets, genital infections, venereal disease and reproductive system problems (Bass & Davis, 1988; Courtois, 1988; Russell, 1986; Women's Research Centre, 1989).

In short, every aspect of the child's development may be adversely affected by childhood sexual abuse (Wachtel, 1988). Energy that should be directed towards growing up is diverted towards coping with the sexual abuse. The child may develop coping mechanisms that may be helpful in the short-term but harmful over a longer period of time (Butler, 1978; Middleton-Moz & Dinwell, 1986).

**Long-term legacy**

Children and adolescents who have been sexually abused and receive no help often grow into troubled adults who are heavily burdened by low self-esteem, shame, mistrust, depression and isolation (Briere, 1984; Browne & Finkelhor, 1986; Lundberg-Love et al, 1992; McEvoy, 1990b). They may continue using many of the coping mechanisms they employed earlier. Many survivors find themselves in a series of unhealthy relationships. They have a difficult time with issues of trust, intimacy and appropriate boundaries (Bass & Davis, 1988; Maltz & Holman, 1987). Unable to trust themselves, it is often impossible for them to trust others. Women who have been sexually abused have a greater risk of being battered or sexually assaulted in intimate
relationships (Russell, 1986).

Not surprisingly, most survivors of sexual abuse experience problems in the area of sexuality (Westerlund, 1992). Possible problems include fear of sex; experiencing flashbacks during sexual activity; difficulties with erection, ejaculation and orgasm; confusion about which gender is preferred; compulsive sex and sexually abusing others (Browne & Finkelhor, 1986; Courtois, 1988; Maltz & Holman, 1987).

The impact of childhood sexual abuse stretches far into adulthood and may be quite pervasive in its affects on the victim's mental, physical, emotional, spiritual and psychological processes (Arlett et al, 1988; Beitchman et al, 1988; Wachtel, 1988).

**Impact of Childhood Sexual Abuse on First Nations People**

No formal studies of the impact of child sexual abuse among native people exist. However, anecdotes and preliminary clinical impressions, (Aboriginal Women's Council of Saskatchewan, 1989; Daily, 1987; Hodgson, 1990; McEvoy, 1990b; Nielsen, 1987) seem to indicate that while aboriginal children and teenagers generally show the same behavioural indicators of sexual abuse as non-aboriginal victims, it is uncertain if the intensity of the aboriginal child's experience is the same. The many dysfunctional aspects of life in a First Nations community - poverty, lack of employment, alcoholism, drug abuse, domestic
violence and cultural shame - may be compounding factors in a native person's experience of sexual abuse. Determining the impact of childhood sexual abuse in a native person's life becomes more complex. It is not known how much emphasis a victim of sexual abuse will place on that experience versus other negative experiences she may have endured. A prima facie argument may be made that a woman who has experienced several traumatic and debilitating events in her childhood and endured many exacerbating conditions on the reserve may have different treatment needs than someone who has not experienced the same abusive environment. In order to confirm that first impression and to provide good treatment, it is important to have some recognition of the understanding native women have placed on their experiences of childhood sexual abuse.

It is not uncommon to discover that all members of a family have been affected by sexual abuse (Finkelhor, 1985). Native families, like other families, also experience the inter-generational impact of incest and sexual abuse (McEvoy, 1990b). It is quite possible that one or both parents were themselves victims of sexual abuse. Consequently their children and grandchildren may be at risk for sexual abuse. This generational cycle of sexual abuse, coupled with the distinct geographical boundaries of reservations, make it much easier to observe and trace sexual abuse within a native community than in a non-native
community. This ease of observation has contributed to the mistaken belief that childhood sexual abuse is a norm of native cultures which, in turn, increases cultural shame and self-hate (McEvoy, 1990b).

There are a number of additional factors which may make a native person's long-term experience of child sexual abuse different than that of a non-native person. For example, many First Nations people are proud of the network of extended families that comprise most native communities (Daily, 1988; Hodgson, 1990; McEvoy, 1990b). Traditional cultural teachings suggest that the extended family, which is not a feature of most non-native families, provides nurturing, guidance and support to individuals, particularly during times of crisis. Children are taught to rely on and respect the extended family members. As one Elder said, "Our greatest strength as an Indian community can be our greatest weakness" (Hodgson, 1990, p. 37). If, for example, sexual abuse occurs in both the immediate and extended family, the extended family may be a source of great danger to the child. It may also eliminate possible sources of support and healing. If a child experiences extended family members as being abusive and/or unavailable, contrary to cultural teachings, the child may explain the discrepancy by blaming herself. This may, in turn, influence both the short and long-term effects of child sexual abuse.

It is much easier for non-native people to change
location as a means of denying and/or dealing with disclosures of incest or sexual abuse. This is not an option that has been readily available to native individuals for two reasons. Until very recently, some women risked losing their Indian status (and attendant benefits) if they moved off the reserve (York, 1990). Secondly, many native people are afraid of the world outside the reserve (McEvoy, 1990b). Given that a family might not consider moving as a means of denying or dealing with the abuse, the family might have to resort to other methods of denial. Consequently, the initial denial that usually accompanies disclosures of sexual abuse may be stronger in a native community than in a non-native one and may therefore exacerbate the impact of sexual abuse on the victim. In addition, a native victim's long-term experience may be quite different from a non-native victim in that the native victim is most likely to continue living in a small, rural community (the reserve) with the offender. The native victim may feel more unsupported, unsafe and trapped than a non-native victim.

In summary, prevalence rates for native communities are not as well known as those for non-native groups. However, informal methods of documentation indicate a suspected high rate of sexual abuse in native communities. Although short- and long-term consequences for survivors of sexual abuse in mainstream culture are well known, the same cannot be said for native survivors. Given the other contextual variables
that may influence the experience of child sexual abuse among aboriginal people, it is important that research invite aboriginal participants to share their experiences of child sexual abuse.
CHAPTER THREE

Methodology

Rationale for a phenomenological, qualitative approach

It was proposed in this study that a phenomenological approach be adopted to examine the sexual abuse experiences of a small group of native women, with emphasis being placed on the meaning these women attached to this abuse. Such meaning is not easily accessed through quantitative methods such as surveys and questionnaires, but rather through in-depth, broad-based, and often time-consuming qualitative methods (Van Manen, 1990).

Rogers (1985) noted that within much of qualitative research persons under study are no longer viewed as subjects of research, but as participants in research. This concept is important for promoting equality, participation and trust while avoiding objectification. Asking adults who were sexually abused as children to recollect their experiences is often a painful process. Although it was expected that the study participants would have undergone counselling, the researcher was asking them to probe old, sensitive wounds. Adults who were sexually abused as children have learned to mistrust (Russell, 1986). Their childhood experiences were essentially ones of sexual objectification. In addition, many survivors of childhood sexual abuse may fear and distrust authority figures such as an impersonal, academic researcher. It was important
therefore, to adopt a methodology that could empower participants and was most likely to facilitate exploration of personal and deeply sensitive experiences (Castor-Lewis, 1988).

Conducting research using a phenomenological paradigm is a particularly valuable method of inquiry when little is known about a phenomenon (Colaizzi, 1978; Yin, 1984) as in the case of aboriginal women who have been sexually abused. The ultimate goal of such naturalistic inquiry is to explore phenomena or re-examine them naively, and to provide descriptions that will sensitize other researchers and practitioners to their nature and meaning, or serve as the foundation for instrument and theory development (Giorgi, 1985). The very nature of such inquiry, however, does not allow the researcher to commit herself to any particular view of the subject of inquiry. As such, an a priori conceptualization of the phenomenon of study and how it should be measured would be inappropriate and counter to the general aims of phenomenological inquiry (Giorgi, 1985).

What differentiates the phenomenologically inspired method is the fact that a disciplined spontaneity is allowed to function whereby one first discovers the relevant meaning unit, or its category, and only later, based upon a subsequent analysis, explicates its actual full import . . . the procedure being outlined here is the practice of science within the 'context of
verification' (p. 14).
A mode of tentativeness is consistent with such an evolving form of inquiry. Within the framework of 'emergent design', characteristic of phenomenological inquiry, the following plans for sampling, data collection and data analysis and verification were developed and undertaken.

**Sample**

Colaizzi (1978) states that experience with the topic under investigation and an ability to articulate that experience are sufficient criteria for selecting subjects; all other criteria, including the number of subjects, depend on factors unique to each research project. Participants in the study were required to have had either incest and/or child sexual abuse experiences that fall within Russell's (1986) definition of sexual abuse. Thus, participants may have experienced any kind of exploitative sexual contact that occurred between relatives before the victim turned eighteen years of age. Participants may also have had unwanted sexual experiences with persons unrelated by blood or marriage, ranging from attempted petting to rape, before the victim turned fourteen years of age, and completed or attempted forcible rape experiences from the ages of fourteen to seventeen years inclusive. Women who experienced only one-time incident of sexual abuse, exhibitionism, date rape and advances or propositions that did not result in actual contact or attempted contact, were excluded from this
study.

It was not only important that participants in this study had the target experience, but that they were able to articulate the meanings they have attached to their experience. This requirement meant that each participant would have already participated in either individual or group counselling for the sexual abuse. Some level of healing is necessary before a person can gain understanding and perspective in order to speak about traumatic events (Butler, 1978).

**Procedure**

Participants were recruited by several means. The researcher has been working in the area of sexual abuse for approximately ten years and has provided many seminars and workshops on this topic, in addition to leading support groups. Consequently, an extensive network of colleagues and students was accessed. Counsellors and group leaders working in the area of sexual abuse were contacted and asked to inform native women of the study (Appendix A). Interested women were asked to contact the researcher by phone. Originally, the researcher intended to work with a sample of four women. However, six women who met the selection criteria volunteered their participation and were included in the study.

The participants' ages ranged from 29 to 50 years old. Three of the women had been born and raised on reserves in
British Columbia. Two had been born and raised on reserves in Ontario and one had been born and raised in a non-native community in Alberta. All of the women had been sexually abused as children by a family member. Five of the six women had been abused by more than one offender. In addition, all of the women had experienced attempted abusive experiences.

Upon participant-initiated contact, the women were given a thorough explanation of the study and an interview time was arranged. The location of the interview was arranged by mutual agreement. Four of the six interviews took place in the researcher's office; the other two interviews took place in the participants' residences. The actual duration of the in-depth interview varied according to each participant's verbal fluency and the extent of her experiences. However, an average interview required two-and-one-half hours. Interviews were audio-recorded and transcribed at a later date.

At the beginning of the interview, participants were asked to read and sign two copies of an ethical consent form (Appendix B). They were also be asked to suggest an appropriate pseudonym for the purpose of ensuring confidentiality in any oral or published accounts of their comments.

Each interview began with an orientation to the research project (Appendix C). Participants were reminded that they were under no obligation to complete the interview
and that they could discontinue participation at any point without any penalty. The researcher explained that the question guiding the research asked what is the meaning of the experience of child sexual abuse for aboriginal women. The researcher then provided an explanation of the Adlerian technique of early recollection which served to stimulate recall and elicit childhood memories that are indicative of the woman's life themes (Manaster & Corsini, 1982). Each participant was asked to relate a few of her earliest memories which the interviewer wrote down. The participant and the researcher then discussed these early memories, focusing on what was clearest about each memory and what emotion was involved in the memory. In addition, a drawing activity was introduced at a point in the interview deemed appropriate by the researcher. Each participant was asked to draw a picture of a tree that she felt represented herself. This activity was a useful metaphor to facilitate a reflective perspective on self. Since the experience under consideration occurred during childhood, it was appropriate to use a medium that facilitated release of the childhood voice (Oaklander, 1978).

Open questions and reflective listening were used to facilitate further exploration and discussion of the participant's sense of self as it related to her abuse experience, as well as highlighting the meaning she attached to her childhood experiences of sexual abuse. Open-
ended questions such as "How did you explain the sexual abuse to yourself?" were extremely effective in eliciting depth, fullness and detail about the participants' experiences of childhood sexual abuse. How each woman experienced the sexual abuse in terms of her relationship with herself and her family, extended family and partner or spouse were fully explored. Probes were used to elicit information about the timing and details of events, and for further explanation and clarification. Silence was also used to allow the participant full expression before probes. All of these approaches served to deepen participants' self-exploration without the imposition of the researcher's perspective (Sandelowski, Davis & Harris, 1989). Such a posture also helped the researcher to be fully present. Colaizzi's (1978) description sums up the researcher's goal: "...the full richness of a person and (her) verbalized experiences can be contacted only when the researcher listens to (her) with more that just (her) ears; (she) must listen with the totality of (her) being and with the entirety of (her) personality" (p. 64).

In the event that the research interview stimulated overly intense feelings, the researcher was prepared to provide appropriate referrals for those participants who were not currently in counselling. Fortunately, this was not necessary.

At the termination of the interview, a copy of the
early recollections and drawing was retained by the researcher solely for the purpose of memory refreshment. Upon transcription of the data, participants were asked to review their own transcripts, and a description of the common themes, for the purpose of validating the integrity of the transcripts as representative of the essence and meaning of their experience. Participants used this opportunity to recommend any corrections, additions and/or deletions to the text, to ensure that the transcription more closely represented the essence of their experience. Once the themes had been tentatively drafted, the participants were asked to read these drafts and assess the accuracy of the researcher's summary.

Data analysis

The seven-step model of data interpretation as proposed by Colaizzi (1978) was followed. This method involved:

1) reading the transcripts numerous times and acquiring a general feeling for them;

2) highlighting significant phrases or sentences that directly pertained to the participants' experiences of childhood sexual abuse;

3) formulating meanings for each significant statement. In some cases the meaning was explicit, and the researcher was able to use the participants' words. In other cases, the meanings were not as explicit and meanings were formulated by the process of creative insight;
4) organizing meanings into clusters of themes that provided a structure of the data while remaining true to each participant's experience;
5) returning to each participant and validating that the transcripts and themes were an accurate reflection of her experience;
6) integrating the results into an exhaustive description of the participants' experiences of childhood sexual abuse; and
7) developing an essential or fundamental structure that captured, as concisely as possible, the core experience of aboriginal women who had been sexually abused and its meaning to those who had experienced it.

**Limitations of the study**

It is not the purpose of this initial study to either generalize to other groups nor to supply definitive answers. With only six participants, no claim of generality can be made. The findings of this study are valid only for the women who reported their experiences. Instead, the analysis suggests possible factors and issues for further exploration and research. Although this study focuses on women because they represent the majority of reported victims of childhood sexual abuse (Finkelhor et al., 1990), it is not the intent of this study to deny the importance of research into the experiences of male survivors of sexual abuse.

The study was not concerned with accuracy of recall, but rather was focused on the construction of meaning (Van...
Manen, 1990). Since this study was based on the self reports of six participants, it was limited to what these individuals were capable of remembering and reporting, and was affected by factors such as culture and memory, which influence selectivity in reporting. However, this difficulty was mitigated somewhat by emphasizing what was common to six people rather than to just one person. The concern about the accuracy of a particular theme lessened when it was reported over and over by other participants.
CHAPTER FOUR

Results

A survivor is more than simply a victim of child sexual abuse. Experiences in a person's life cannot be examined without context. In this chapter an attempt will be made to provide some context for each of the six participant's testimonies of their attempts to meaningfully construct their experiences of sexual abuse. The researcher will attempt to provide this context by detailing a summary of the participants' experiences. These biographies illustrate both the individuality of the participants and the range of reactions to sexual abuse. They also point to shared experiences and responses. Each synopsis focuses on the woman's family composition, the history of her childhood sexual abuse, current status of her relationship with her offender(s), information regarding key events in her life such as work history, significant relationships and parenting status as well as information regarding her therapeutic history. These elements were common threads in all of the participants' protocols. Next, the common themes that emerged from the women's interviews are identified and discussed in detail. Quotes from the participant's protocols are used throughout the thematic descriptions to support the salience of these themes in the lives of the six women.
Jade

Jade was 50 at the time of the interview. She is the youngest of 10 children and is of Metis descent. Her mother was Cree and her father was Caucasian. She was born in a small, rural community. Both parents drank heavily. Her mother died when she was 6 years old. Her father died when she was 40.

She believes that the sexual abuse by a brother, 8 years older, began when she was an infant and continued until age 12. The sexual abuse consisted of fondling, mutual masturbation, oral sex and intercourse. She was also sexually abused by a cousin who vaginally penetrated her when she was about the age of 7. An old Caucasian man fondled her when she was 11 years old. In addition, she witnessed the sexual abuse of her sisters by her brother and cousins. She has no contact with any of these offenders.

Jade reports that she went to a private Catholic school. She experienced the teaching staff, mostly nuns, as disapproving of native culture. Her Grade 9 year was interrupted when she was sent to a tuberculosis sanatorium in the nearest large city. She never returned to school. Jade reports that her teen years were characterized by trauma, drinking and promiscuity.

When she was 22, she gave birth to a daughter whom she kept. Two years later she met her husband. She says that
seven months was the longest period they cohabited and they separated after 5 years. During the next decade, she supported herself as a cocktail and restaurant waitress.

Jade says her 34th year was a turning point. She sobered up by attending Alcoholics Anonymous regularly. During her thirties and early forties, she held a series of various jobs, ranging from property manager to mental health worker in transition houses and alcohol treatment centres. When she was 47 and program director of a treatment centre, an elder in the community sexually assaulted her; she laid a complaint with the police and the trial was pending at the time of the interview. She is currently employed as an alcohol and drug counsellor.

Jade reports that since her separation from her husband she has experienced only one intimate relationship of three years duration. This partner died when Jade was 38. She has not had a significant intimate relationship since that time. Her daughter, now 28, lives on her own but they have regular contact.

Jade says that it was while she was working at a native alcohol and drug treatment centre that one of the native elders told her she was minimizing her sexual abuse and encouraged her to seek therapy. Her therapy has consisted of alcohol and drug treatment, regular attendance at AA meetings, individual therapy to address issues of
sexual abuse, group therapy and traditional native practices such as healing sweats.

Jade reports that she is currently in individual counselling. She believes that she has made great strides in overcoming the many abuses she has suffered and has finally begun to experience personal empowerment.

DL

DL was 39 years old at the time of the interview. She was born on a small reserve, next to a large reserve. She is the third eldest of 14 children. She describes her childhood as a lot of work: hauling water, chopping wood, cooking and cleaning for a large family. The family lived in a small house without running water, indoor toilets, heating system or insulation. The unfinished house did not have inside doors.

DL reports that her father began exposing himself to her when she was 4 years old and it progressed to fondling and digital penetration. She says these abusive incidents occurred frequently, "probably daily" and were accompanied by vulgar comments and threats. The abuse continued until she left home at age 17. She attempted to get help by disclosing the abuse four times as an adolescent: to her aunt, to her church minister, to the public health nurse after she attempted suicide and to the police and social worker after she "kidnapped" two of her younger sisters. No help was forthcoming. All of her sisters have also disclosed
sexual abuse by the father. At least one of her brothers has also disclosed sexual abuse. In addition, DL reports sexual abuse by an older male cousin during this period involving fondling and forced mutual masturbation.

DL describes two other major influences in her childhood: alcohol and religion. Both her parents consumed heavy amounts of alcohol and DL began to drink heavily when she was prepubescent. Her parents belonged to a fundamentalist church that was "very heavy duty, lots of fire and brimstone."

The abuse stopped when she left home at the age of 17. She went to work as a housekeeper for a Caucasian family and the man of the house impregnated her. She was 18 when her daughter was born. Shortly thereafter she moved to Vancouver. She was 24 years old when she sobered up. She still struggles to remain clean from drugs, particularly marijuana. She was 26 when she began to train as a licensed practical nurse. She then proceeded to obtain her RN training and at the time of our interview was at university pursuing her BSc in Nursing. She has consistently held nursing jobs throughout these years.

She has no contact with her father and little contact with her mother. She reports that her mother was extremely verbally abusive during childhood. She has contact with all her siblings, although she is close to only a few of them. She describes her relationship with her siblings as one
where she plays the caretaker role.

She married a man 18 years her senior when she was 28. She has recently begun cohabitating with him again after a three-year separation. She has had several affairs during her marriage, including a four-year affair with a clergyman. Her daughter has lived with her since she was born.

At the time of her separation she also sought treatment from an alcohol and drug centre. The participants at the treatment centre challenged her on many issues, including her belief that her childhood sexual abuse had not affected her adversely. She then began group therapy with other adult survivors of sexual abuse. The group she was in had several other aboriginal women and met on a weekly basis for many months. Although she has participated in Indian practices such as talking circles and smudging, she remains ambivalent about them.

DL continues in individual counselling. She perceives that she has a long road of recovery ahead of her. She reports that she found it very difficult to acknowledge her promiscuous behaviour and has yet to examine the roots of such behaviour.

Clarice

Clarice was 29 at the time of the interview and is DL's second youngest sister. In fact, she was one of the sisters that DL "kidnapped" in a futile effort to protect them from their father's sexual assaults. Her recollections of
childhood affirm DL's memories. She also was sexually abused by her father from the age of 3 until 13, although she describes the abuse progressing to vaginal penetration. Clarice reports a vivid memory at age 6 of standing at the window watching two of her sisters (one was DL) leaving home for good and thinking that "he's going to abuse us more now that my sisters are gone. And it was everyday stuff from 6 on." Clarice reports that with her sisters' departure she was required to do a lot more work. Clarice also reports being her mother's favourite during her early childhood.

Clarice remembers that she survived her school years by fighting a lot and generally adopting a tough attitude. She was in Grade 5 when she was "kidnapped" by her sister. Although the police were informed of her father's sexual abuse, no response was forthcoming. She quit Grade 10 to come to the same city as DL.

She reports heavy alcohol and drug abuse from adolescence onwards. She also reports overeating. When she was 21, she "sobered up" and has remained sober, but not free of drugs, since then. In fact, shortly after this interview she entered a drug treatment centre.

She married when she was 24. She describes this relationship as good, so good that it made her uncomfortable. She left him five years later. Just prior to the separation she embarked on an affair with a man she described as unsuitable and unavailable in every way. At the
time of the interview, she was debating whether she would move to another city with this man. Clarice separated from her husband at roughly the same time as DL separated from her husband and so the sisters shared an apartment for one year.

Clarice has supported herself through a variety of clerical jobs. She has no children. Contact with her siblings varies; generally she has more contact with her older sisters and younger sister and one brother. She has little contact with either parent.

Clarice has begun to seriously work on sexual abuse issues in the past year. She has received individual counselling. She reports that the concept of a wounded inner child has been most helpful. She has also attended group therapy with other survivors of childhood sexual abuse.

Corena

Corena was 35 at the time of our interview. She was born on a small, very isolated reserve along the coast of British Columbia. Corena's sense of her earliest childhood is pleasant although her mother had already begun to "disappear" for periodic drinking binges. However, several losses and the advent of sexual abuse and physical violence dramatically changed her life. Her father died when she was 4 and her mother abandoned Corena to her great-grandparents when she was 5. She had one younger sister who died in a house fire when Corena was 5. When her great-grandmother
died, she and her great-grandfather went to live with her
grand uncle and aunt. Corena reports that her great-
grandfather began sexually abusing her when she was 4. Her
grandfather's sexual fondling became more frequent when
Corena, her great-grandfather, great uncle and aunt began to
live together. In addition, her uncle also began physically
and sexually abusing her. Her uncle's sexual abuse involved
forced masturbation and intercourse; the physical abuse
included beatings and food deprivation. Her aunt also
physically abused her.

Corena reports that she lived in extremely isolated
circumstances, having little contact with others. She too
describes her childhood as a lot of work: hauling water,
chopping wood, cooking and cleaning. They lived in very
deprived socio-economic circumstances, having no running
water, indoor toilet or heating system other than the wood
stove in the kitchen. Corena reports that she could see
through the cracks in the walls of the house and that most
times the windows had no glass in them.

At age 9 she was sent to a residential school. The next
eight years consisted of living in residential schools,
family members' homes where she "struggled to avoid being
raped", boarding homes and a brief reconciliation with her
mother when she was 15. She lived with her mother for a
month in another city. She witnessed her mother being
assaulted by her husband and reported that a "lot of
drinking" occurred. At the end of a month, her mother kicked her out. Her mother died when Corena was 17. Corena reacted by running away yet again, this time with her boyfriend whom she eventually married.

Despite all this upheaval she had done well in school and had completed a two-year community college program. Several events occurred in her 23rd and 24th years. She married her boyfriend, she stopped drinking and she was hired by a native organization. Corena describes this job as a turning point in her life as her boss helped her deal with cultural shame issues and she became active in native advocacy organizations. She has had positions at several native organizations and, at the time of the interview, Corena was completing her BA at university.

She became pregnant at age 28 and 10 months after her daughter was born she separated from her husband. She began attending Adult Children of Alcoholics (ACOA) groups when she was 29. Four months after separating from her husband, she became involved with another man. Corena reports that in the period after this second relationship ended, she began to experience intense memories of her sexual abuse. Again the period between the relationships was just four months. She began living with another man at age 31. When she became pregnant her partner left her, only to return several weeks later. This cycle of separation and reunion has repeated itself five times. At the time of the interview Corena was
separated from him but they had re-united at the time of the follow-up interview.

Both her grand uncle and aunt are dead. She has contact with members of her extended family. Her two children live with her. When she was 31, Corena joined a sexual abuse support group. She remained with this group for 18 months. She has regularly attended both native and non-native AA groups. She has received individual counselling from several practitioners including an art therapist. She has participated in talking circles and sweats but describes these practices as too rigid and controlling for her. She practices a mixture of aboriginal and Christian spiritual activities.

At the time of the interview, Corena reported that she was linking, for the first time, her experiences as a child and her subsequent need to control through caretaking in adult relationships. "It just seems to be a key log that's gonna break me or make me a new person."

**Lesley**

Lesley was 29 at the time of the interview. She is the third youngest of four sisters. Her mother is Salish; her father Metis. They lived in a small, rural and white community near her mother's reserve. Lesley reports that during her childhood years there were other native children around but that her father discouraged contact with native children. Both of her parents drank heavily, including
binges where the children would be left in motels for long periods of time with little food or money. Lesley also reports that both of her parents had affairs. She remembers occasions where she met her parents' lovers.

Lesley's life changed dramatically when she was 7. In the spring of that year, her two sisters, two and four years older, sold her to a 15 year old male cousin. Lesley describes coming home from school and seeing her sisters exchange money with her cousin. Lesley was then led into a back bedroom where the cousin vaginally penetrated her. This sexual abuse continued on a near weekly basis throughout the summer and ended as school began in the fall.

When she was close to 9 years of age, she reports an incident where her aunt's boyfriend tried to get into the house and assault the four sisters. The girls escaped and climbed into a tree. When she was 14, she witnessed a male cousin rape her sister.

Lesley reports that her first major contact with aboriginal people was when she, age 9, and her sisters were sent to the nearby residential school. She describes the year she spent there as one of intense culture shock. "They threw us in this world of Indians, it was just like a nightmare. They're so different." Lesley also remembers hearing many stories of sexual abuse at the school. She completed the rest of her schooling in the community school.

Her father, whom she was closest to in the family, was
murdered when she was 15. Shortly afterwards, she entered her first consensual intimate relationship. She gave birth to her first child, a son, when she was 17, followed by a daughter a year later. Lesley found herself unable to parent and indeed repulsed by her baby daughter. Her mother agreed to raise her son and Lesley has some contact with her son. The paternal grandparents agreed to raise the daughter but the daughter has not had a settled home life, living with her grandparents and in various foster and group homes. The daughter, now 11, would like to have contact with her mother but Lesley resists.

Although Lesley has always known she was sexually abused, she was able to successfully dissociate her emotional responses to the abuse until she was 22 years old. She had a major flashback after watching a movie that mimicked her sexual assault. At that time she told her mother about the sexual abuse. Lesley reports that her mother did not say very much in response. Lesley also confronted her sisters about their actions. Lesley said her sisters were "upset and hurt and everything" but couldn't really explain why they had sold their sister. Lesley reports that her relationship with both her mother and two older sisters has been difficult since the abuse and has become even more estranged since these confrontations. She does not trust them. She is closest to her younger sister.

Lesley has twice attempted to lay a statement of
complaint about the sexual abuse with the police. The first time the police sent her to another jurisdiction. The second time the police officer told her that she had better think about what she was doing because she could ruin a man's life. Lesley intends to keep working with a Victims Assistance worker to put pressure on the police and Crown counsel to lay charges against her offender.

At the time of the interview, Lesley had been involved in an intimate relationship for 18 months. She reports that she experiences great difficulty in intimate relationships, particularly in the areas of trust and sexuality, and often wishes she could maintain a platonic relationship with her current boyfriend.

Lesley is aware that she is overly fastidious. She takes 3 to 4 showers daily. Her house, which she shares with her boyfriend and two others, is immaculate. At the time of the interview, she and her partner were preparing to move into an apartment by themselves because she perceived that her roommates were "too messy."

During her twenties, Lesley worked in a bank and took courses at university. She has done legal advocacy work and wants to be a lawyer. At the time of the interview she was studying for the LSAT exam and was enrolled in the native criminal justice worker program.

She has seen an individual therapist for the past 18 months. During the interview Lesley made several
contradictory remarks about her perception of where she is in the healing process. At one point, for example, she said she had lots of self-esteem; later she said she was "ruined for life." Lesley does not participate in any traditional healing activities partly because she views them as too controlling and partly because of her recollections of witnessing one of the leaders rape her sister.

Jenny

Jenny was 53 at the time of the interview. She is the sixth oldest of 13 children and grew up on a reserve in coastal British Columbia. Alcoholism has taken a terrible toll in her family; her six older siblings have died of alcohol-related illnesses on or about the age of 37. Of the remaining seven siblings, three are sober. Jenny reports that her father always drank heavily and then her mother began to drink with him when Jenny was 14. Both parents are deceased. Jenny reports that her childhood contained frequent incidents of physical and verbal abuse from both parents. She says that her mother was particularly harsh. It was only 10 years ago that Jenny discovered she had been conceived during a period when her father was having an affair and that she reminded her mother of that period.

Jenny reports that her childhood included a lot of manual work: cooking and cleaning and gathering firewood. She refused to do the dishes. For the first ten years of her life, she lived on one reserve. The family, despite its
size, was relatively affluent as her father worked as a fisherman and logger. By age 10, however, her father's drinking had interfered with his ability to work and the family moved to another reserve and poorer circumstances.

Jenny reports several incidents of sexual abuse. About the age of 5 to 8, she was abused by a foster brother which escalated to oral sex. She also reports sexual abuse in the form of fondling from non-related males in the berry picking camps during the summers of her childhood. She remembers shouldering babysitting responsibilities for younger siblings at age 6 in the berry camps and her desperate fear that she would not be able to protect them from abuse. In addition, she reports that all of her brothers-in-law had sexually abused her by the time she was 24. Several other attempted assaults also occurred. She was gang raped at age 24 by a group of white men who knocked her out, and left her nude on the beach with a sexually transmitted disease.

Jenny believes that her parents knew about the foster brother's abuse but that "they were actually afraid of him because he was big and muscle bound and my family is small." Jenny began at an early age to protect her younger sisters. When the foster brother would enter the bedroom where several of the girls were sleeping, Jenny would sit up and clear her throat in order to divert his attention from her sisters.

Jenny was sent to a residential school at age 10.
Although the school was not a hospitable place, she felt that it was better than home. "When my mom put me in the residential school I thought she must've really hated me," Jenny says, "but I found that the residential school had set a place for me and it became a safe place for me."

She began drinking at age 13 and had her first boyfriend at age 14. She describes herself as very sexual by age 15. Anxiety and panic attacks have been a constant feature of Jenny's life. She has been underweight most of her life and has suffered from several major illnesses. She was also afraid of many things including darkness, thunder, and snakes. She says that it wasn't until she began to talk about her sexual abuse three years ago that she was able to be less afraid of the dark. She describes herself as super clean.

She met her husband-to-be three weeks after the gang rape. They began living together and every year he asked her to marry him. The year she was finally ready to say yes he didn't ask. Finally, after 26 years of living common-law, they got married two years ago. Jenny and her husband have four children, now independent adults. Jenny says the relationship has had its ups and downs. He has a scattered work history and has had affairs. She admits she has focused too much attention on their four children plus assorted nieces and nephews who often stayed with her. Jenny and her husband drank together and they sobered up together. Jenny
was 37 when she quit drinking, convinced she would die like her siblings if she continued drinking.

After sobering up, Jenny entered a training program and began working for a native organization. She has worked for them ever since. Her agency sponsored her on a professional development course about sexual abuse. That was when "I realized I've got to deal with my own abuse in order to be effective in working with our people."

She began healing from her sexual abuse experiences when she was 50. She only told her husband about the abuse one year ago. She has participated in several traditional healing ceremonies and finds native spirituality a source of comfort. She credits the pow-wow dance circuit for helping to keep her sober and teach her the traditional ways. She has also had regular individual counselling and has found art therapy particularly useful. One of the most painful and difficult experiences in her life has been the recognition that all of her own children have also been sexually abused. Jenny was unwilling to give further details in order to protect her children.

**Common Themes**

The following list is comprised of eight common themes that have been drawn from the participants' in-depth interviews as well as validation interviews. Each of the themes mirror the experience of all the women and will be further described and elaborated upon. The quotations were
chosen because they most accurately represent the essence of their experience. The first three themes have been reported frequently in the literature detailing the long-term sequelae of childhood incest. The final five themes may be more reflective of the experiences of aboriginal survivors of childhood sexual abuse. The order of the themes also illustrates the increasing intensity and complexity of the various issues in the women's lives. The themes include:

1. sense of shame and guilt
2. sense of being unlovable
3. yearning to make sense of their abuse experience
4. sense of acute vulnerability
5. sense of invalidation
6. sense of cultural shame
7. sense of being shattered
8. sense of reconstructing self.

**Description of the Themes**

**Sense of Shame and Guilt**

Each of the participants expressed profound feelings of guilt, shame and self-blame. They believed they "had a part" in causing their childhood sexual abuse. Although, as children, the participants couldn't name the abuse nor understand it, they perceived that because it was happening to them it must have been caused by them. Clarice's words encapsulate the women's experience of self-blame: "I believed it was my fault, but I didn't know how or why."
All of the participants in the study had more than one sexual offender. The frequency of sexually abusive incidents from varying sources further reinforced the idea that it was something about them that caused the abuse. As reflected in DL's words, the women perceived no other possible explanation, "I thought it was my fault, because I was a bad girl." As a result the women came to experience themselves as "real dirty and yucky."

Each of the women have experienced, at varying times, a need to examine the high expectations they had of their childhood selves. "I just can't believe I let somebody do that to me" was a common experience of self-blame. In addition, the women experienced much shame about many of their behaviours such as drinking and promiscuity and believed that this was further evidence of being "sick."

All of the participants described their feelings of guilt, shame and self-blame as very silencing, producing a need "to hide" themselves. Corena, in reflecting on the self-empowerment she experienced in a sexual abuse survivor's group, mirrors the common perception of the women that guilt and self-hatred made it very difficult to seek help. "The shame has probably been the biggest obstacle for me that keeps me hidden inside myself and never saying anything about it."

The women described their childhood selves as "not having very good self-esteem in the first place." The sexual
abuse "made it worse" and heightened the belief that they "couldn't do anything right." Thus, the women emerged out of childhood, into adulthood, without a sense of entitlement or belief in their intrinsic rights as human beings. Instead, the women perceived themselves as "not good enough." They felt "flawed and defective". They sensed that they had to earn affection and respect. Lesley described the common experience of "trying hard to please everybody to make compensation for what I did."

All of the women perceived that they were unloveable. It was unthinkable that "anyone could love me". The women believed that receiving affection was often conditional on being willing to be sexual with the person. Being sexual, however, only reinforced their sense of being "worthless if I didn't use my body." The women perceived that their guilt and shame limited their options in relationships and their behaviour with their partners. Jade's words capture the experience of the participants: "It was okay to have a climax if the other person was as dirty as I was; otherwise, it was difficult."

The women also described their reluctance to examine their childhood sexual abuse because they perceived they would have to confront their shame and their "pathology." Although the women understood that dealing with their shame was a cornerstone in healing, it was something that they "didn't want to look at" because, as DL put it, "I didn't
want confirmation that I was a creep."

DL further emphasized the extent of the divide between the child and adult selves of the women when reflecting on her efforts to connect with her wounded, inner child. "If I see that child as me, it's hard for me to move with the heart. If I see that child as someone else, like my daughter, then I can move with a heart." The women perceived a need to create distance from their inner selves in order to avoid experiencing their intense feelings of guilt, shame and self-blame. In doing so, however, their adult selves tended to heap further blame on the actions of the children they once were, further hampering the healing process. The women perceived that even after embarking on the healing journey, the path was fraught with obstacles in repairing their relationship with their inner selves. Jenny's words express the difficult nature of repairing trust bonds within the self: "It took five years for me...to trust me...that I was really changing and I wasn't going to backslide or anything."

**Sense of Being Unlovable**

All of the women experienced themselves as being unlovable and unworthy of loving relationships. Consequently, each of the women enacted this belief through impaired relationships with self, parents, family members and significant others. The participants in the study perceived that one of the consequences of their childhood
trauma was an impaired relationship with themselves, a sense of being unlovable, reinforced by the above-mentioned experiences of guilt, shame and self-blame. The women perceived that they had learned "to be hard" on themselves and that, as they entered adulthood, they could not see, as other supportive persons did, "the good person underneath" the various coping mechanisms, such as alcohol and promiscuity, that they had adopted in order to survive. Each woman spoke of "mistrusting my own intuition" and the need to "trust myself first" as a key step in the healing journey.

The women also experienced impaired relationships with their parents. Two of the participants' mothers died when they were children. The other women experienced their mothers as extremely harsh, verbally and sometimes physically abusive. These experiences heightened their sense of being unlovable. The participants whose mothers were still alive perceived their relationships with these women as "strained." Jenny, in reflecting on the last words her mother said to her, expressed the strained nature of the relationships that did little to provide a sense of being lovable: "The closest she could come to saying I'm sorry, is saying the one I treated the meanest is my sidekick today." The women reflected that the most difficult aspect of their relationship with their mothers was the "lack of trust." The women also described how the conflicted nature of these
mother-daughter relationships carried over into their "struggles with all female relationships."

The four fathers who did not sexually offend their daughters, are no longer alive. The two remaining participants, the sisters DL and Clarice, were sexually abused by their father and have little or no contact with him. Clarice expressed more optimism about her relationship with her abuser than DL when she said "I hate him at the moment. It doesn't mean I'm going to hate my father for the rest of my life."

The women described their relations with other members of their family of origin as "cautious." The women tended to be "close to certain members" of the family and avoided others. The women perceived that frequently the conflicted nature of the parental relationships spilled onto the sibling relationship. Harsh parental words were repeated by older siblings to younger siblings, creating further reinforcement for their perception of being unlovable. The women experienced mistrust and alienation as a frequent manifestation of these sibling relationships. Lesley's words as she described her relationship with her mother and sisters: "I don't trust them...I don't like those people and I refuse to pretend that I do" was a blunt reflection of each of the participant's uneasy feelings towards some of their siblings.

All of the women identified caretaking as a major
troublesome area in their lives. The women perceived a definite pattern of sacrificing their needs to others, of "taking the blame", of "constantly rescuing", of "trying to fix things" and of "protecting" siblings, children and partners even at their own risk in order to become more worthy of love. Corena's words expressed the women's experience of "controlling through caretaking": "If I'm nice enough to you, you won't reject me...and if I suffer for you.. you'll be obligated to me." The women perceived, however, that this behaviour carried a great personal cost. The participants came to understand that continued focus on others detracted from themselves and eventually they experienced a loss of personal entitlement and empowerment. This loss was manifested in a gradually increasing sense that "life comes from others." DL, as she reflected on her ability to rise to the occasion when someone needed her - "I'm in top notch form when the biggest shit is flying"-, expressed the poignancy of the women's experience: "I seem to get life through being needed by other people. I have not brought myself life. I can't find it inside of myself."

To none of the participants' surprise, the women also experienced conflicted relationships with men. The women perceived that their experiences of childhood sexual abuse directly affected their heterosexual relationships. The women perceived they were "attracted to men with the traits" of their sexual abusers, men who would continue the pattern
of treating them in abusive ways that reinforced the women's sense of being unlovable. Several of the women described their strong, negative feelings towards Indian men in particular. DL, in describing her beliefs about Indian men as "macho" and "womanizers", captured the women's perception that Indian men cannot be easily trusted:

Indian men have something that hits...raging chords in me. I have a very bad image of Indian men and ...that whole image is tied up with my image of my offenders. I want to make them pay for what happened to me.

The women described ambivalent feelings towards significant others. Sometimes they experienced angry, distrustful feelings. Thus, the women described "using men for whatever (they) could get" and believing their partners "needed to pay..for wanting to have sex". Other times, the women expressed the hope their partner "had a magical self in there that's going to make life all better for me." The women also observed that they tended to use the same coping defense mechanisms in their adult relationships that they had used as children even though these coping mechanisms did little to diminish their sense of being unlovable and unworthy of loving relationships. For example, the participants perceived that keeping "distance in the relationship" by being "cold" or "uncaring" or focused on children or housework made them feel safer. The women also understood that when they used alcohol to make it easier to
have "sex for the sake of whoever the partner is", they often perceived their actions as "promiscuous", resulting in additional feelings of shame and guilt.

The Yearning to Make Sense of Their Abuse Experience

A consistent thread in the reflections of the participants was the need to make sense of their abuse experiences. This process of making meaning of "this thing that had no name" occurred for the women as children, as adolescents and as adults. Whether the women were able to name these experiences as sexual abuse or not, did not prevent them from trying to understand why this was happening or had happened to them. The women reflected, however, that as children, they were severely hampered in their ability to understand the dynamics of child sexual abuse, partly due to the nature of power and control inherent in sexual abuse and partly because of their lack of information about the world. This handicap, nevertheless, did not prevent the participants, as children, from attributing meaning to their experiences and subsequently forming beliefs about themselves, their abusers and their environments. Clarice, in reflecting on her inquiries to her classmates, reflected the strong need of the women to understand what was occurring: "I asked them what life was like at home because I didn't know if it was normal or not...I came to the conclusion it wasn't normal." Such conclusions, however, were difficult for the children to
grasp and the participants noted that retreating into "daydreams" and "fantasies we were normal" was a common reaction to the horror of their abuse experiences.

Although the specific attached meaning varied among the women, each of the participants' explanations to themselves rested on their perceptions that the sexual abuse was the result of something deficient in them. Clarice, for example, thought she did a "bad sin" and was being punished. Lesley believed as a child that the abuse happened because she was "the runt of the family." Threats by their offenders added another dimension to their experience of child sexual abuse. Jenny expressed this concept: "I didn't know if it was right or wrong until the threats started to come. I stopped trying to make sense of it and just tried to avoid it." The women perceived that although abuse seemed to be commonly occurring around them, something seemed amiss by the reactions of other adults. Each of the participants reflected on incidents where adults warned them about a person or an activity. The awareness that "it seemed to be normal...and expected" juxtaposed with threats and warnings caused confusion, resulting in feelings of "being bad" and difficulty making sense of their abuse experiences.

As the participants grew older, the meaning they attributed to their sexual abuse experiences shifted. As adolescents, the participants perceived they were more likely to view their childhoods through strong feelings of
"disgust" at the offender and anger that caregivers "allowed it to happen", alternating with despair over being "destined to be unhappy." Increased contact with outside communities illuminated "how violent and abusive" their childhoods were. Increasing maturity brought increasing strength and the women perceived that, as teenagers, they allowed themselves to outwardly express the anger they weren't allowed as children. For example, several of the participants ran away as adolescents. Verbally defending themselves became more common. And, in one participant's experience, she fought back physically. However, these incidents of defense and aggression provoked little substantive change in their environments. The women also understood that self-destructive behaviour such as alcohol and drug use, controlling through caretaking and self-mutilation, often paralleled outward expressions of anger, reflecting their primary belief they were to blame for the sexual abuse.

The women perceived that as they tried to understand the abuse they experienced there was a related need to have increased control in their environments. The need to have control was and continues to be a major theme in the women's lives. The women observed that, as children, they believed they achieved "some power, some control or something" when they submitted to the sexual abuse. Illusory as that control was, it provided the women with some sense of an internal locus of control in an externally-controlled environment. It
helped the women attempt to make sense of their environment. This need for control continues in their adult lives, manifesting itself in their physical surroundings, work settings and "controlling through caretaking" relationships.

As part of the process of making sense of their childhood abusive childhood experiences, the women identified other threads in their lives that could be traced to those experiences. The women perceived that, as they continued to heal, they made discoveries about themselves which linked their adult traits, both positive and negative, to their childhood experiences. DL, for example, identified her record as an excellent worker as being rooted in her abuse experiences: "I guess because of my inadequacies and how I feel about myself, I give 150 per cent into my job." DL also sensed that the abuse experiences partly explain her tremendous difficulty in asking for help. Corena has come to understand her work as an advocate for First Nations organizations as a reaction to the "injustice and violation of my childhood." Corena further reflected the common experience of the women when describing her "problem with authority figures":

"Whatever is in my immediate realm I try and fix it and it's always at my own expense. I really hurt myself a lot by going to war with these people."

Jade described the abuse as the "single most impacting thing" in her life; reflecting the women's experience of the
abuse legacy as "insidious." The women perceived that as they came to make sense of their childhood experiences, they also began to recognize some of the ways those experiences had harmed them. As Jade said, "I think it has probably touched all areas of my life and I think I don't know all that it has done to me yet." The older participants in the study also reflected on how much the sexual abuse had cost them personally and in their relationships. Jenny's comment, "I was old before I started to live young", expresses the poignant loss of a secure and unfettered childhood. The women believed that of all the traumatic and abusive events they had endured, the "sexual abuse was the worst" and "just messed me up further".

**The Sense of Acute Vulnerability**

When reflecting on their childhoods, each of the women in the study recalled extensive feelings of vulnerability to harm. Each had witnessed and experienced, at an early age, verbal, physical and sexual abuse, creating a perception that the world was not a safe place. Moreover, the women believed that further abusive experiences were more than likely to happen, necessitating constant vigilance and learning to "live in a lot of fear."

Each of women described the need to find a safe place. Some of the women actually fashioned a physical safe place. Jenny, in recalling her childhood attempts to build a cocoon in the woodshed, expressed the participants' desire to have
"a place that was hidden, where they couldn't find me."
Other participants described the process of becoming invisible, of "melting into the corners so they didn't see me."

All of the participants experienced the need to mentally leave the scenes of trauma. The women perceived that as the feelings overwhelmed them they would "shut down to defend" themselves. Dissociation became one of the few ways the women could take themselves "away from all of this actually happening."

The participants often experienced acute abandonment as part of their perception of vulnerability. Often left to fend for themselves while their parents were out drinking, the participants perceived that their parents were unwilling or unable to protect them. Frequently older siblings were also experienced as "betraying" by their inability to offer protection. Lesley believes that it was her parents' abandonment that set her up for being sold by her sisters. "My mom and dad were always gone out drinking all the time so they weren't home. So, I guess, my sisters decided that they didn't want to be part of it, so they picked me."

Reflecting on their common childhood perception that no place was safe, the women often found themselves reeling from one abusive experience to the next. All of the participants had more than one sexual offender. Thus, every person became suspect and the worst motives were attributed
to people in order to be vigilant. Lesley's words, "I was so scared, because I knew what he was going to do if he got into the house" reflect the common fear the women reported as a pervasive part of their childhoods.

Deprived socio-economic circumstances exacerbated the risk of abuse for all the women. They grew up in cramped, small houses with few walls, resulting in "no privacy, no boundaries." As expressed in Lesley's words, the participants' common perception was that alcohol further magnified their risks of abuse:

We went through so much when my parents were always gone out drinking and they would leave us all alone on the weekends.

The women also perceived that to talk about the abuse was to invite further abuse. They felt that the process of admitting prior victimization seemed to sanction further victimization, reinforcing the sense of acute vulnerability. As expressed in Corena's words when describing the reaction from members of her extended family to her reasons for continually running away, "they wanted to beat me up because I'm saying that my uncles are trying to rape me." Gradually each of the women came to believe there was no point in trying "to defend" themselves because they "just got hurt more" and they gave up the effort.

**Sense of Invalidation**

Another consistent thread in the women's live was the
sense of being invalidated as aboriginal people. This invalidation, a sometimes subtle and other times blatant form of racism was experienced through three main sources: residential schools, organized religion and members of surrounding white communities. Not only did the women experience these agents of invalidation as denying the merit of aboriginal culture but also as actively denigrating traditional values and practices. In various ways the women received messages that as aboriginal people, and women in particular, they did not have intrinsic worth and they would have to work hard to redeem themselves. The women perceived certain taunts such as "fat squaw" as more proof of the double discrimination they experienced as native women.

Half of the participants attended residential schools and their experiences conformed to the experiences of others who have written or spoken about their time at residential schools. It wasn't until adulthood that the women who attended residential school came to understand that these schools had been established, through the Indian Act, for the express purpose of bringing European civilization to the aboriginal communities. As children, the women experienced school staff using various means to reach this goal. The participants who went to residential schools recounted experiences of being punished for speaking their own language, and for attempting to practice traditional spiritual activities or other external manifestations of
their culture. The women reported that if they attempted to act in ways acceptable in their home communities they would be punished through physical strapping, missed meals and public humiliation. It is a measure of how discordant native home life could be that one participant felt more safe at residential school, despite the negative environment, than she did at home. One interesting variance occurred among the participants according to their age. Those older participants who went to residential school seemed to report more infractions than younger participants. Reflecting on this difference, Corena's words illustrate the effectiveness of the residential schools in devaluing and attacking key cultural elements such as language: "My parents knew what was waiting for us. They knew that we'd be punished ... so they didn't teach us the language."

The other participants, while not attending residential school, went to religious schools which performed many of the same cultural-stripping activities as residential schools. The religious schools also left their students with a strong sense of invalidation. As reflected in Jade's words: "It wasn't very far removed from the residential school...there certainly was no addressing being native in a positive way."

The participants also perceived organized religion as another agent in the task of stripping away their traditional cultural ways. The women perceived the religious
activities as overwhelming and very confusing in attempting to understand the experience of child sexual abuse. "We had so much holy roller shit", says Clarice, "that I wondered if I did a bad sin and I didn't even know what sexual abuse was."

Even though the women participated in different religious denominations during their childhoods, several common themes emerged. The women perceived the most predominant theme as the ungodly nature of traditional culture. Many clergy encouraged their flock to avoid the "longhouse children," giving the message that indigenous spiritual practices were inappropriate and of much less value than Christian practices. If they observed the various theological edicts, the women were led to believe, they would by fully accepted. But they did not feel that what they heard in church was reflected in the "way white people responded". As expressed in Jade's words, the diverging messages left a gap that the women filled by accepting, once again, the belief it was their fault: "I thought that God loved good people and I didn't fit in that category when I began to drink and stuff...God loved a white middle class family of four with a picket fence."

Some of the participants attempted to obey the strict edicts of the various non-native religions, which brought about further feelings of confusion and invalidation as they perceived that their frantic bouts of praying did not lessen
the harshness of their lives. DL reflects the compulsion of those efforts as she describes her current prayer activities: "I pray like a robot, like someone who's been programmed." The participants also observed that some commandments, especially honour thy mother and father, presented huge dilemmas their childhood selves could not sort out. Exhortations to pray ignored the harsh realities of their lives.

Each of the women recounted experiences where representatives of the organized church failed to meet their needs. DL, in describing her attempt to disclose sexual abuse to her minister, reflected the lack of support all of the women experienced from various church officials: "He never said anything to me but sometime later he said to me..that I had the devil in me."

The final source of ongoing racism came from interactions with members of surrounding white communities. Jenny's description of the casual taunts of neighbouring white children reflect the pervasive environment of racism the participants experienced on a daily basis: "It was thrown into our faces. I was just another dirty Indian."

The women described the negative perceptions their neighbours had of them, a perception that the women experienced as being foisted upon them regardless of their own thoughts and feelings about being aboriginal. Jade, in reflecting on the perception of the townsfolk of her
childhood, expresses the powerfully insidious ways the dominant culture was seen as influencing others in terms of invalidating the meaning of being native: "It (the meaning of being aboriginal) was never mine, ours...I was never taught by my own people what it meant to be Indian." The women perceived that the white society's perception of what it meant to be aboriginal was uniformly negative. Things that had value in traditional aboriginal cultures were perceived as being devalued and even ridiculed. Moreover, these negative perceptions reflected the belief in a low standard of behaviour from native peoples. The women understood, all too well, how high the chances were they would meet and even exceed, these low expectations. However, the participants experienced these perceptions as leaving them no options for other possible behaviour. Jade's words address the inevitability of society's expectations for aboriginal people to walk a negative path as part of the pervasive invalidation as an aboriginal:

They (the townsfolk) expected that you were screwing around...they expected you to get drunk and get raped or gangbanged or whatever. It felt like there was all those expectations...an expectation that was out front. Consequently the women experienced continuing fear and shame in their interactions with their non-native neighbours. The participants perceived they were continually invalidated. Jenny, in reflecting on her desire to avoid a tan, expresses
the lengths the women would go to avoid further experiences of invalidation:

I used to just get black and pretty soon I was a dirty black Indian. And then it was a dirty drunk Indian...and then I was just like the rest of the Indians...all sluts ...bitches who sleep around with everybody.

The women also experienced invalidation while seeking support as adults. Several of the participants described being told in AA meetings not to talk "about your Indian problems." The women also observed that it was difficult to receive support from agencies to form native support groups for women survivors of sexual abuse, although all the participants experienced these types of groups as very healing. The women also described painful experiences in working with non-native therapists who "haven't got their own stuff worked out", resulting in these women feeling they had to fight to be seen apart from common negative perceptions and stereotypes of aboriginal women.

**Sense of Cultural Shame**

Another consistent thread in the stories of all the women in the study was the experience of profound cultural shame. This shame involved a sense of deficiency, of somehow being flawed from birth by being born into the aboriginal culture. Perceived as strongly reflecting the dominant culture's perception of native peoples, the women in the study experienced themselves to be of little value and
personal worth. They perceived their value to be even further diminished by their gender, a type of double discrimination. DL's words captured this sense of double jeopardy: "You're wiped out before you even begin...Indian women are struck out...we're contaminated...especially for abuse." Internalized as self-hatred, the participants enacted this shame in their perceptions of their limited coping resources, their restricted life options and their beliefs that they somehow deserved to be abused.

Their self-perceptions seemed to be juxtaposed to their perceptions of white people. As indicated in the words of Corena: "white people...they're strange and funny and different, but always superior, always richer, always better off." To be native, therefore, meant to be inadequate, inferior and insufficient. The women perceived native people as being inherently flawed and defective, so much so that Corena recalled her adolescent belief that "the best thing for us was to die out." Corena further emphasized the extent of the shame associated with being Indian when reflecting on a conversation she had with her first boss, a leader in a native advocacy organization: "He talked about maintenance of the culture and I was thinking why would we want to maintain anything that horrendous."

The experience of cultural shame was manifested in the women's perceived inability to cope and their chronic struggles with alcoholism. Each of the participants spoke of
their fear of succumbing to "walking the negative path", a path characterized by alcohol and violence. Jade expressed the fear of all the participants when reflecting on her experience as an 11 year old native child:

I remember thinking I can't beat it... until that point a part of me was still trying to fight what seemed like an inevitable path to some degree....And I thought, I can't do it. I can't fight it...I remember giving up and I started drinking myself.

Alcohol was perceived as one of the only means available to the women to ease their pain. Ironically, however, drinking only served to increase their experience of cultural shame. In turning to alcohol they had slipped further down from being just "dirty Indians" to "drunken Indians".

Reflecting their common childhood perceptions that Indians were "good for nothing", the women often found themselves in relationships that reinforced their perception. Each had experienced great social distress in their families and communities, and had witnessed many scenes of physical, verbal and sexual abuse. They came to believe that they were deserving of the physical and sexual abuse that permeated their lives, abuse that further reinforced their personal and cultural shame. They identified the abuse with being Indian. As expressed in Lesley's words when discussing the pervasive violence and
abuse that characterized her childhood: "those are the kinds of things I saw that make me not want to be Indian."

All of the participants reflected on their need to recognize and deal with this cultural shame, as one of the most important steps in their recovery and healing. Transforming cultural shame into something life-affirming was experienced as a slow and daunting process for the women. As reflected in Corena's words, it was necessary for each woman to substitute such concepts as "multi-generational trauma" for cultural deficiency, in order to make sense and to construct a healthier understanding of the sexual abuse and her response to it:

It wasn't because of me that all these things happened...it was because this had happened to my aunt and uncle and grandfather and...great-grandfather...all the way back...it was being collected from the point of (European) contact and being spilled out on the youngest generation each time.

**Sense of being shattered**

All of the women experienced their sexual abuse as ego-shattering. Faced with a child's limited coping resources, parts of the abusive incidents for all the women were experienced as split off, dissociated and generally kept away from full awareness. In the face of poverty, racism, oppression from institutions such as schools and churches, physical and sexual abuse, family violence, alcoholism and
cultural shame, the women had a sense of increasing fragmentation of their personal identity. They experienced profound personal disempowerment. The women identified this sense of being shattered through the experiences of loss of memory, loss of self, loss of innocence, loss of power and efficacy, and loss of control.

Most of the participants experienced some memory loss around their abusive childhoods. Although the extent of the memory loss ranged from "a lot of my life is wiped out" to thinking of their childhoods as a "bad dream that happened to someone else", all of the women experienced recognizing themselves as "damaged in a lot of ways." Lesley, sexually abused for the first time at age seven, was the only participant who had clear memories of her childhood prior to the abuse. Her poignant description of her interaction with people before and after the abuse captured the women's experience of loss of self:

I remember when I was five or six Dad used to bring people to the house and say "here, hold her hands. Feel how soft she is, like rose petals". After (the abuse) I didn't feel so cute any more and I wouldn't let anybody touch me.

The women experienced fear that their "childhood wounds were too great," rendering them unable to lead fulfilling adult lives. For many of the women, their first intimate relationships confirmed their fears as reflected in DL's
words, "I'd just lose myself in another. My individuality would disappear."

The participants experienced a destruction of childhood innocence, no longer sensing themselves as "vulnerable and sweet." As the women came to understand that "sexual abuse was so common", they also came to know not only "what could happen" but that few adults would act to protect them. Adults did not "question" evidence of sexual abuse such as torn panties, nor act when they knew abuse was occurring, in effect "allowing the abuse to happen." As the women realized that it was not safe to be innocent little girls, they experienced a process of inner hardening, losing touch with their sense of the "good person underneath" their outward facades and an increased cynicism about people's motives. As adults, this loss of belief in people translated into a concurrent loss of belief in the possibility of safe and intimate relationships. As Jenny, 50, said, "I was old long before I started to live young."

Another loss the women experienced was the loss of power and efficacy, an important ingredient for an integrated sense of self. The women perceived that they had little ability to determine and effect desired results in their lives. As children, the women rapidly came to understand that what they needed or wanted did not matter when it stood in the way of adult needs and desires. Experiencing no internal locus of control, the women, as
children, began to turn to other sources. The participants described the heart-rending childhood experience of "frantically" praying to God, believing "he was the only one who could help", and seeing no evidence of a response. By the time the participants reached maturity they had lost any "sense of being entitled to ask for help". In addition, as reflected in DL's words, the women had and continue to have to struggle "to bring myself life because my life has come from others."

As both children and adults, all of the participants experienced periods of intense, overwhelming emotion that resulted in an inability to "concentrate" or "put together the words to protect myself." Although the women experienced a need to tame these "out-of-control" feelings, they often were unable to name the precise feeling, a task of identification that would be addressed in therapy. All of the women echoed Clarice's statement that "sometimes I still feel emotionally three years old."

As children, the participants were at the mercy of their environments and experienced a frightening degree of loss of control. The women experienced absolutely no control over the abusive experience, "the single most impacting thing" in their lives. Jenny, in describing a drawing about her childhood experiences in berry-picking camps, reflected the women's childhood sense of being unable to exert control over their lives:
I drew myself without arms and legs and at that time I never even noticed I hadn't finished myself. ...now I could see that when I was in those berry camps I had no control over myself. It was like I had no legs to run. Consequently, as adults, many of the participants attempted to exert control, with varying degrees of success, over many areas of their life. Lesley's blunt philosophy in response to the crime that leaves "the victim with a sense of inadequacy and selflessness" summed up the sequelae of childhood lack of control:

I didn't have any control then...and that's a big part of my life now. I control everything that happens in this house.

**Sense of Reconstructing Self**

Although the women placed themselves, by their words and actions, at differing spots along a spectrum of healing, they agreed there were several key experiences in the process of reconstructing an integrated self: confusion, exploration and acceptance. Each woman experienced great confusion regarding her identity as a person who had been sexually abused in childhood, a woman, an aboriginal and an aboriginal woman. All of the women, in varying ways, described efforts to explore the meanings of these disparate identities. All of the women experienced a need to search for an integrated self. As the participants continued to renegotiate the meaning of self, they experienced a process
that allowed them to feel less pain. For most of the participants, the path involved a connection with their culture, their gender and their personal identities as survivors of sexual abuse. They needed to somehow integrate their abuse experiences into their sense of self without the victimizing experiences being the entire self structure. They needed to develop a healthier sense of themselves as "survivors", women and aboriginal women.

For most of the participants, these important discoveries were made in the context of exploring their native identity. For Lesley, working towards a "respectable" career path allowed her to feel competent and to gain a sense of self-respect. Some of the participants had begun to experience a sense of tentative self-acceptance in their lives, a sense of self-acceptance that appeared to increase with age as they created more positive life structures.

All of the women felt "ill prepared" for life as adults. They experienced an overwhelming sense of hopelessness and helplessness as they attempted to live with the depth of their childhood wounds. As indicated in Corena's words, each of the women realized that they were "damaged in a lot of ways." They "didn't know which was the worst, and which one to work on." The women described the vortex of confusion, "a whirlwind", which they felt awaited them when they began to look at themselves, resulting in
"not knowing which direction to go". When they tried to address their sexual abuse issues they were faced with their experience of cultural shame. In trying to reconnect with their cultural identity, they experienced the shame of a culture lost in a morass of alcoholism and violence. Sometimes the participants reported completely losing any sense of self, of "who I am." At times each of the women experienced a desire to give up; only their experiences with "unhealed alternatives" such as continued alcohol usage kept them on the healing journey. Clarice's words expressed the dilemma of the women: "You have to confront things that make you shameful, even though you don't understand it."

Most of the women described their first encounters with traditional native practices as negative. Clarice, during her first experience with burning sweetgrass at a native treatment centre, felt a lack of association with aboriginal practices: "I would just grit my teeth through the ceremonies. I was saying that stuff was not and never will be part of my life."

Nevertheless, the women felt compelled to continue their explorations. They sensed their ambivalent feelings about aboriginal culture were somehow connected to their experience of cultural shame. They sensed that understanding their aboriginal identity was a critical element in re-integrating the complexities of their shattered identities. As expressed in DL's words, each of the women struggled with
their ambivalent feelings towards attending native functions: "All this reminds me of who I am and I don't want to be reminded of who I am, which then tells me how much I need to know who I am."

The women sensed that they needed to "go back to [their] own people" in order to "know the core of me." Each of the women could describe helpful, indeed "vital", experiences when they were in native AA groups, sexual abuse support groups, healing circles, sweats and other healing ceremonies. Corena, for example, described the "miracle" of finding and listening to audio tapes from a group of native AA participants just as she was detoxing from alcohol. DL, in reflecting on the impact of attending a support group for adult survivors of sexual abuse where several other group members were aboriginal women, captured the participants' sense of the healing power in meeting with people with similar experiences and backgrounds:

Three women had brown eyes like I did. I wouldn't have got in touch with what I did had it not been for the other native women. There was no searching, no scrambling. I did not have to seek out to belong.

Jade described experiencing a healing sweat with other women survivors of sexual abuse as a "wonderful asset...We could remove all our clothes...and I remember holding my legs apart...it felt almost like something went right in and just healed me. It was safe to do that."
The women's experiencing of native healing rituals were not always positive. Corena, in describing her difficulties with aboriginal spiritual practices, reflected the unease and distrust of all of the participants with the form some of the practices take:

I can smell the authorities in there...my experiences with sweats and stuff is that they are really rigid about their rules and they use it as a form of control over you.

The women, particularly the older participants, drew strength from knowing that their harsh childhood experiences were instrumental in their ability to meet the challenges ahead of them. Some of this strength was drawn from their connection to their native identities. DL captured this sense of strength and resiliency through adversity:

Native women's experience is very unique. Indian women have had to endure...lots of stuff. Indian women have a core in them no one can touch.

Several of the participants referred to the aboriginal medicine wheel, which suggests that a person must pay attention to physical, mental, spiritual and emotional needs in order to lead healthy and balanced lives. Becoming clean and sober was a critical step for all the women. Developing a cognitive life raft that included concepts such as "multi-generational trauma" was another. Developing spiritual connections and dealing with the emotional aftermath of
their childhoods were experienced by the women as the most challenging areas of recovery.

The women described a process of gradually coming to accept that the sexual abuse happened and that, as expressed in Clarice's words: "Stuff's going to come up, probably for the rest of my life and that's the way it is. These issues have a purpose." The most important first step in the process, according to the women was to break their silence about the sexual abuse. As DL expressed it: "It's one thing to know you've endured it, but it's another thing to speak it. You can't take ownership of it until it's spoken."

The women understood that facing the abuse and owning their issues not only was a critical step before working with others in their families and communities, it had the additional benefit, as described by Jenny of "making room to remember the good."

Five of the women had attended support groups for survivors of childhood sexual abuse. They all felt that such groups were extremely important in helping them to trust their intuition, to "identify abusive behaviour", to "name" their feelings and share "strategies on how I can help myself to heal." Corena's words express the belief of the women: "I become more whole and complete when I'm able to understand my feelings a lot better", leading to "moments when I feel really good. I feel powerful." These experiences of having "my power" encouraged the women in
their struggle against the negative belief of not having any "self-merit."

The participants described another important aspect of reconstruction occurring in the area of interpersonal relationships. As the women's sense of themselves solidified into a tangible sense of entitlement, they experienced a concurrent ability to be more assertive about their needs and wishes. "Learning to say no" was experienced as a "revelation" and allowed the women to experience some self-determination in their lives without being overly controlling. Jenny's words captured the experience of the women: "I feel more balance when I'm not letting everyone walk all over me." This applied particularly to men. The women had to struggle against their childhood experiences, as described in Clarice's words, of "being devalued for being a female and told to place men's needs above mine." In learning to "value" themselves the women experienced a synchronous process of "appreciating decent men."

Those participants who had experienced some "reconciliation between me and the abuse" also reported that aboriginal traditions now had more meaning. The women perceived that reconciliation did not mean reconciliation with "the abuser" but with self. As Clarice expressed it: "You have to reach some kind of level of forgiveness with yourself to get any peace."

Each of the women described "brief sparks" of self-
acceptance, moments of "believing in the Creator" and discovering "serenity" as they continued their healing. DL described feeling closest to her "higher power" when she has made a "connection with the inner self." All of the women began to fashion their unique formulations of spirituality, often a combination of traditional and Christian practices. Those women who embraced native practices perceived they were able to express tolerance for the Christian principles they no longer practised.

The women gradually gained a sense of self-acceptance and integration, a process which varied according to the age of the participants. The younger women expressed their sense of having "a lot more work to do" and their hope that they would continue to "evolve", thus becoming "more and more complete." Lesley summed up the general goals of all of the women: "I hope I can learn to trust people, to relax and to not be so hard on myself." Jade and Jenny, both women in their fifties, described "being very connected" to their culture. Jade, in reflecting on the differences between the non-native and native perceptions of aboriginal culture, expressed the aspirations of all the women:

I'm proud...I feel what any other person from any other culture feels. I feel I have a vast cultural background...There is so much strength in being a native person and I feel a tremendous spiritual attachment.
CHAPTER FIVE

Discussion

It was the purpose of this study to explore the phenomenon of the experience of aboriginal women who had been sexually abused during childhood. The question which guided the research was "what is the meaning of the experience of childhood sexual abuse for aboriginal women?"

In this chapter, a narrative is presented, representing a synopsis of the essential structure of the women's sexual abuse experiences. The narrative is followed by a discussion of the results. Practical implications for counselling and an overview of research implications are also presented.

The Essential Structure

The essential structure is a condensed version of the participants' experience. The purpose of the essential structure is to present the meaning of the experiences as concisely as possible (Van Manen, 1990).

These aboriginal women's abusive experiences began when they were born into a harsh environment. Events that took place two, three, four and even five generations ago have cruelly shaped this environment into one of extreme deprivation and poverty, and chronic social crisis. These sexually vulnerable women lived on a reserve or on the edge of a small community; a predominant feature was rural isolation and few resources. The women's parents, grandparents and great-grandparents also suffered the
The ravages of alcoholism and domestic violence.

The participants' parents were sent away to residential schools at an early age. They were not allowed to eat familiar foods, speak a familiar language, socialize with family nor practice familiar traditions. The parents experienced an intensive introduction into another religion. They were themselves at high risk for being sexually abused by residential school staff. Trips back home were few and far between. Consequently the participants' parents became parents without any parenting skills. The participants in this study were part of large families. Those who were high in the birth order became surrogate mothers to the younger siblings; those low in the birth order were parented by a sibling not much older than themselves.

As children, the participants were subjected to various traumatizing experiences. They were verbally, physically and sexually abused. Verbal and physical assaults from both male and female parents humiliated and terrorized the women during their childhoods. Five of the six women had more than one sexual offender. The perpetrator was most often a family member, either from the nuclear family or the extended family. The sexual abuse, which most often occurred over an extended period of time, usually began as fondling and forced masturbation and progressed to oral sex and vaginal penetration. Each of the participants witnessed many scenes
of rape and assault. They experienced the devastating impact of alcohol. This deluge of abusive experiences resulted in a shattering of the women's sense of self, and in a sense of acute vulnerability and intense fear. The women attempted to cope by dissociating and minimizing these experiences. They learned to numb out their feelings and divorce themselves from their bodies.

The women came to blame themselves for the abuse. Each woman saw herself as unworthy, unlovable and shameful. Each experienced a loss of innocence, loss of personal empowerment and loss of control.

The women experienced both their extended families and their community as profoundly unsafe. They perceived that their extended family, far from being a wellspring of support and guidance, as another source of potential treachery. Gradually the women began to experience a sense of deficiency, to think that something must be inherently wrong with native people. This thought was confirmed by the outside world which they perceived as delivering a racist summation of aboriginal people as "dirty, drunken and good-for-nothing." An intense feeling of cultural shame developed which permeated their future interactions with other native and non-native people.

As an adolescent, the participants adopted a number of other coping mechanisms in order to deal with the toxicity of their experiences. All turned to alcohol to deaden the
pain. Alcohol worked well at first, but eventually became a secondary problem. Similarly, other coping mechanisms, such as promiscuity, workaholism, caretaking and/or controlling behaviour delivered short-term relief but served to exacerbate their profound sense of helplessness and hopelessness.

The women reached maturity burdened with the toxic legacy of multi-generational trauma. Each felt doomed to repeat the experiences of her forebears, as they struggled with alcohol, poverty and conflicted intimate relationships. Those who had children experienced an intense desire to parent their children well and especially keep them safe; however they felt extremely ill-equipped for the task.

The inexorable downward cycle was interrupted for the women, only when they decided to address their alcohol and drug abuse. Some turned to Alcoholics Anonymous or other mainstream treatment programs. Others attended native treatment centres or participated in native Alcoholics Anonymous recovery groups. Through this type of gathering, some of their isolation was reduced and they were exposed to the concept of multi-generational trauma. The women began to learn about the contributing and alienating impact of the residential school system. Slowly, the women began to understand that they were not personally responsible for all the abuse they had suffered in their lives. They began to experience some hope that their lives could change.
As part of their efforts to understand themselves and their experiences, the women began tentative explorations of native culture, experiencing ambivalent feelings of connection and revulsion as they struggled to come to terms with their feelings of cultural shame. At some point each woman was propelled, either by internal pain or external confrontation, to examine her childhood experiences of sexual abuse. The women began to understand and accept the many complex layers to this healing process. Although painful, the women persisted and gradually began to rediscover lost parts of themselves. Each woman began to forge a new identity as a woman, an aboriginal woman and a survivor of childhood sexual abuse.

Through the process of recovery, the women learned new life skills. They acquired and continue to implement safety, communication and relationship skills. The women discovered that their success in implementing these skills varied widely; revealing the depth of their childhood victimizations, the arduousness of the healing journey and the wondrousness of their emerging identities, as survivors rather than victims.

Results

This study yielded eight themes common to six aboriginal women who had experienced childhood sexual abuse. The situation in which the abuse occurred and the meanings the women attached to their abuse experience revealed subtle
differences deserving of attention.

The first three themes identified in this study - sense of shame and guilt, sense of being unlovable and unworthy and a yearning to make sense of their abuse experiences - are well-represented in the literature regarding the short- and long-term effects of childhood sexual abuse (Arlett et al, 1988; Beitchman et al, 1988; Browne & Finkelhor, 1986; Lundberg-Love et al, 1992; Women's Research Centre, 1989). In addition, anthologies of survivor testimonies (e.g., Bass & Thornton, 1983; McNaron & Morgan, 1982; Wood & Hatton, 1988) reveal the commonality of these themes. Non-native survivors frequently report a sense of shame and guilt, a sense of being unlovable and unworthy, and a yearning to make sense of their abuse experiences (Herman, 1981; Meiselman, 1978; Russell, 1986; Wachtel, 1988). It is frequently reported, for example, that survivors assume blame for the onset of the sexual abuse, mistakenly believing it was some character flaw in them or action that initiated the abuse (Courtois, 1988; Herman, 1992; Meiselman, 1990). Similarly, many survivors report confusion and difficulty separating concepts of love and sex (Bass & Davis, 1988; Maltz & Holman, 1987; Westerland, 1992). Nor is it uncommon for survivors from mainstream culture to report perceptions that no one could love them just as they are without expecting sexual favours (Briere, 1984; Maltz & Holman, 1987). Finally, there are frequent discussions in
the literature describing the efforts of many survivors to understand why the abuse occurred. Indeed Meiselman (1990) suggests that the central healing task for many survivors is to answer the why question without blaming themselves. Certainly, for the women in this study, these three themes were prominent aspects of their experiences of childhood sexual abuse.

The theme identified as a sense of acute vulnerability appears to mark a divergence between the experiences of native and non-native survivors of childhood sexual abuse. Most incest survivors grew up in nuclear family constellations in which the family members were unable to provide for the needs of the children and protect them from harm, leaving children feeling exposed and vulnerable (Feinauer, 1988; Women's Research Centre, 1989). Summit (1983), for example, describes the various ways children who are being sexually abused attempt to accommodate the profound negative impact of the offender's actions in order to maintain some level of security in the family unit. However, the participants in this study grew up in extremely deprived socio-economic conditions. They also described witnessing and/or experiencing domestic violence on a frequent, almost daily, basis. Sexual abuse was only one of the many forms in which this violence was expressed.

While there may be some similarity between the levels of acute vulnerability experienced by aboriginal survivors
and experienced by children who grew up in environments in acute disarray (e.g., severe alcoholic homes), the aboriginal survivors in this study also had to deal with several exacerbating factors. Due to the nature of multi-generational trauma the native survivors' communities were in crisis. Abject poverty was the norm. Acute alcoholism and domestic violence were rampant. Daily (1988) estimates, for example, that 100 per cent of native people have been harmed by exposure to alcoholism. Although the participants had been taught as children to value and utilize the resources of an extended family, they often experienced these family members as additional sources of abuse and trauma. Instead of being able to rely on others for a sense of a measure of safety, the participants had to be constantly wary. Their experiences suggested that offenders were potentially everywhere and that they could not trust anyone not to abuse them. Moreover, little help was available. Members of both nuclear and extended families of origin, who were not themselves abusive to the participants, tended to turn a "blind eye" to these traumatic events. Consequently, the participants grew up feeling not only profoundly exposed to danger but completely powerless to protect themselves. Thus, for the women in this study, this heightened sense of acute vulnerability served to create a different impact than that which might be experienced by women survivors from mainstream culture. For example, far greater amounts of
energy that should have been directed towards developmental processes were instead diverted towards mere survival. The effect of exposure to continuous and chronic trauma also served to increase the sense of being shattered and the participants' loss of self-efficacy and control.

The participants in this study also described a sense of profound invalidation, of being discounted and devalued solely on the basis of race. Essentially the participants reflected the experiences of other oppressed minorities (Assanand, Bain & Lowe, 1992; Ho, 1990) compounded by several generations of systematic government effort, via the Indian Act, to destroy indigenous culture. These efforts resulted in the system of reservations; small, cramped, poor and desolate communities with few resources. Geographically separate from non-native people, the participants received potent messages of being the "other". Staff in schools and churches not only failed to respond to the participants' cries of distress but, in some cases, notably residential schools, were themselves sources of trauma (Haig-Brown, 1988). In one participant's case, a clergyman responded to her disclosure of sexual abuse by declaring her possessed. While other survivors have commonly reported experiences of invalidation upon disclosure (Bass & Davis, 1988; Courtois, 1988; Sgroi, 1982), it is clear that the experiences of the aboriginal women in this study were also influenced by racist judgements. Members of neighbouring communities
participated in the process of invalidation through overt and covert acts of racism. Casual taunts linking being native with being sexually available were commonly reported occurrences for all the women. These kinds of invalidating and diminishing experiences became meshed with the participants' experiences of sexual abuse, fusing new meaning that appears to be missing from the experience of non-native survivors. Baldly stated, this new meaning proclaimed the inevitability of Indians being sexually abused.

The outcome of their experiences of sexual abuse combined with their experiences of being aboriginal was a profound sense of cultural shame. Cultural shame is a theme that is not mentioned as a salient component of the aftermath of sexual abuse for women from non-native cultures (Browne & Finkelhor, 1986; Russell, 1986). However, for the women in this study cultural shame became an integral part of their understanding as to why they were abused. As poignantly stated by one of the participants, "dirty, drunken Indians abuse their kids." The implications of this deceptively simple cognitive distortion were staggering. Set apart from others in society, marred by a sense of profound cultural deficiency, the participants experienced themselves as "less than" virtually all others and consequently felt somehow deserving of all forms of the abuse that had been heaped upon them. In coming to recognize and reluctantly
accept that sexual abuse was pervasive in their lives and in their communities, the participants also had to accept that they would not receive protection or help from others. They were left very much on their own to fend for themselves.

Participants also had to confront the inevitability of "walking the negative path." Other non-native survivors may fear they will become like their offender(s) but they also usually have other role models that may provide alternate influences (Courtois, 1988; Feinauer, 1988). The participants in this study reported no such childhood role models. The vast majority of the people around the women engaged in "substance abuse and people abuse" (Daily, 1987, p. 100), increasing the expectation and hence self-fulfilling prophecy that they too would follow suit. Consequently, for the women in this study, their self structure became based on, and created from the assumption that they were "no good", deserving of the abuse, and in all likelihood destined to repeat the abuse by assuming the role of the perpetrator.

The participants found that cultural shame provided another cruel twist when they resolved to heal their childhood wounds. The cultural shame was so pervasive that the women in this study found it very difficult to find a suitable beginning place for healing. If they decided to address their sexual abuse issues they came up against cultural shame; if they tried to address cultural shame
issues they came up against a morass of violence and alcoholism. The enormity of the reconstruction task seemed overwhelming. This component of cultural shame is not reported as part of the experiences of survivors from mainstream culture and is not reflected in the white, mainstream literature regarding the treatment of sexual abuse (Courtois, 1988; Herman, 1992; Kluft, 1990; McCann et al, 1989; Meiselman, 1990). If the cultural aspect of their identity is not distorted, these non-native survivors may have a foundation upon which to negotiate the other aspects of their identity as women and as survivors. The women in this study had no such foundation and often experienced themselves as not knowing which area of childhood injury to address first.

Participants in this study also reported a sense of being shattered. Some aspects of this sense of being shattered such as dissociation and varying degrees of memory loss are extremely common among sexual abuse survivors, regardless of culture or ethnicity (Herman, 1992; Kluft, 1990; Putnam, 1989). Another aspect of the sense of being shattered - the loss of innocence, efficacy and control - is also shared by the majority of survivors (Browne & Finkelhor, 1986; Butler, 1978; Courtois, 1988; Russell, 1986). However, there are several aspects to the experience of being shattered that were quite different for these aboriginal survivors. For example, the degree of loss
suffered by these women was more extensive and extreme due to the above-mentioned influences of acute vulnerability, invalidation and cultural shame. The combination of these losses served to fracture their identities on many levels: as women, as aboriginal people and as aboriginal women. Many mainstream survivors of sexual abuse, irrespective of their cultural backgrounds, do not have to deal with a pervasive notion that they are fundamentally flawed because of their culture, as they address identity-related issues in their process of healing. In addition, many non-native women reportedly experience their core sense of self being shattered within the sexually abusive family setting (Briere, 1984; Courtois, 1988; Women's Research Centre, 1989). However, non-native survivors might also experience validation from alternative sources such as school, sports or other family members (Bass & Davis, 1988; Courtois, 1988). Such alternative sources of validation did not exist for the women in this study and therefore further hindered the development of a healthy and positive sense of self (Kegan, 1982).

The final theme extracted from the protocols of the participants related to the process of reconstructing self. All survivors of childhood sexual abuse must undertake this process to some degree. Bass & Davis (1988) outline fourteen stages in the healing process which allow a survivor of childhood sexual abuse to re-associate and re-integrate
painful and toxic memories and experiences. Bass and Davis point out, however, that this overview of fourteen stages - the decision to heal, the emergency stage, remembering, believing it happened, breaking silence, understanding that it wasn't your fault, making contact with the child within, trusting oneself, grieving and mourning, directing anger, disclosing and confronting, forgiving oneself and maybe others, defining spirituality and moving on - may not be experienced or be necessary for all survivors in order to achieve resolution. The participants in this study described recovery experiences and milestones that generally conform to these stages. Most survivors of childhood sexual abuse have to reconstruct a sense of themselves as people and as women (Courtois, 1988; McCann, Pearlman, Sakheim & Abrahamson, 1989; Meiselman, 1990). However, once again, the women in this study had greater difficulty with this process because they had to negotiate a sense of themselves as Indian women despite their profound cultural shame, as well as a sense of themselves as women and survivors, not victims, of childhood sexual abuse. All of the above issues of acute vulnerability, constant invalidation and cultural shame added heavy burdens to the women and greatly increased their difficulty in forging new identities for themselves as survivors, women, and aboriginal women.

It was necessary for most of the participants in this study to utilize their exploration of native culture as a
means to discover not only their aboriginal identity but their identity as survivors and women. Through gatherings with other aboriginal people, the women in this study came to understand the concept of multi-generational trauma which, in turn, relieved them of some of their sense of self-blame and cultural shame. In coming to understand that they were simply experiencing the legacy of many generations of oppression, the women were able to formulate a tentative foundation upon which to build a new self-structure. Moreover, participation in traditional aboriginal activities such as talking circles, pow-wows, sweat lodges and pipe carrier ceremonies demonstrated positive aspects of the culture, thereby further reducing the women's sense of cultural shame and fostering formation of new identities.

In addition, all of the participants in the study struggled with alcohol abuse. It is not uncommon for aboriginal survivors to present for treatment with dual problems of alcoholism and sexual abuse (Daily, 1988; Hodgson, 1990; McEvoy, 1990b). It is generally agreed among clinicians that alcohol and drug abuse issues must be treated first before addressing sexual abuse issues (Middleton-Moz & Dinwell, 1986). However, the severity of many native survivors abuse experiences often results in memories and feelings surfacing after a relatively short period of sobriety (Daily, 1988; Hodgson, 1990). Certainly, the women in this study experienced a need to address sexual
abuse issues long before they felt grounded in their sober lifestyles, necessitating a delicate juggling act that may not be experienced by many survivors of mainstream culture (Hodgson, 1988).

In summary, the findings of this study appear to indicate that native and non-native survivors of childhood sexual abuse have similar experiences of feeling shame and guilt, and of sensing that they are unworthy and unlovable. In addition, both groups of survivors express a yearning to make sense of their abuse experiences. The women in this study, however, reported experiences of acute vulnerability, profound invalidation and cultural shame that appeared to compound the impact of the sexual abuse. Although all survivors of childhood sexual abuse experience a sense of their core self being shattered, and subsequently must reconstruct new identities as women and survivors, the women in this study also had to create healthier identities as aboriginal women. They experienced severe difficulties in this reconstruction process because of the presence of factors such as acute vulnerability, profound invalidation and cultural shame.

**Implications for counselling**

The findings of this study have important implications for counselling female aboriginal survivors of childhood sexual abuse. Although numerous aspects of the experience of aboriginal women who were sexually abused as children
correspond to the experiences of mainstream survivors as reported in the literature (Bass & Davis, 1988; Courtois, 1988; Herman, 1992; Russell, 1986), several subtle but important differences were noted in the experiences of the aboriginal women who participated in this study. The findings suggest that due to the different context in which the sexual abuse took place for these women, the survivors attached some different meanings to their experiences which may also need to be explored in counselling. As has been demonstrated, the aboriginal women survivors of childhood sexual abuse in this study appear to have experienced differing levels of acute vulnerability and profound invalidation than most other survivors from the mainstream culture. In addition, the women reported a pervasive sense of cultural shame. These factors combined to create a childhood environment that appears to have fostered shattering of ego and loss of self, and greatly hampered the development of a healthy identity for these women. Thus, these issues may be unique to First Nations clients and may need to be explored in counselling.

The women in this study, not unlike many survivors of childhood sexual trauma, experienced multiple traumas including early childhood sexual abuse by more than one family member and/or other close relative, and the subsequent detrimental effects of dysfunctional family relationships. In counselling adult survivors of childhood
sexual abuse, regardless of ethnicity and culture, it appears necessary to explore the means by which the survivor coped (Courtois, 1988, Meiselman, 1990; Herman, 1992)). Dissociation, denial, minimization, and memory loss are frequent methods to lessen the toxicity of the abuse experience (Herman, 1992; Putnam, 1989). In addition, it appears necessary for all survivors to have the opportunity in counselling to understand that many of the negative cognitions they hold about themselves, such as beliefs that they are unworthy and unlovable, originated with the sexual abuse.

All of the participants in the study, like so many other survivors, experienced intense feelings of shame, guilt and self-blame. One of the most insidious aspects of child sexual abuse is the experience of isolation. Breaking the silence of the sexual abuse secret appears to be an important step in healing for all survivors (Courtois, 1988, Finkelhor & Browne, 1985; Herman, 1992). The powerful and ambivalent feelings the participants expressed towards their offender(s), non-offending parent(s) and siblings also correspond to the experiences of mainstream survivors (Bass & Thornton, 1983; Berliner & Conte, 1990; Briere, 1984; Wood & Hatton, 1988). Finally, the women in this study all encountered difficulties in their current intimate relationships, highlighting issues of mistrust, dependency, boundary violations and sexual dysfunction as ongoing
struggles. Again, these issues have been frequently cited in the literature as common long-term sequelae of childhood sexual abuse. Hence, for the issues cited above, it appears that treatment approaches that have been previously outlined (Bass & Davis, 1988; Blume, 1990; Courtois, 1988; Herman, 1992; Kluft, 1990; Meiselman, 1990; Sgroi, 1982) may help to serve the needs of First Nations clients. These approaches include individual treatment modalities such as psychodynamic abreactive therapy, cognitive grounding and a number of expressive techniques including journalling, art therapy, and body work. Group work for survivors of childhood sexual abuse is also frequently endorsed as a method of re-establishing relationship skills and connections that have been severed by the abusive experiences (McEvoy, 1990a).

However, the findings of this study suggest that native women survivors may also require additional or differing attention during the counselling process. These differences include attention to: the extent of the deprived socio-economic circumstances and chronic exposure to violent acts that the women endured, the involvement of extended family in abusive experiences, the pervasive experience of cultural shame, mistrust of the judicial system, and the importance of traditional aboriginal healing approaches.

Hodgson (1990) suggests that the most effective approaches to individual therapy with native clients are
physical body work, drawings, and visualization because these methods break the silence of abuse in less threatening ways than direct verbal interaction. Consistent with this perception, all of the participants in the study who had been exposed to art therapy were very enthusiastic about the ability of this process to help articulate their inner states. Art therapy may be particularly useful with aboriginal clients, not only because it represents a child's medium of communication (Oaklander, 1978), and therefore may assist with issues of arrested development, but because many First Nations clients have limited language and literacy skills. All of the participants in the study also spoke of the power of survivor support groups to break their feelings of isolation. Those women who had participated in a survivor support group with other aboriginal women stressed the pivotal influence of observing other native women struggling with similar issues. It seems important, therefore, to not only offer aboriginal clients an opportunity to partake in a survivor support group but to also ensure that there are at least two aboriginal clients in each group. Generally survivors of sexual abuse receive the most benefit from group experiences when they have been able to identify their primary issues prior to attending the group (McEvoy, 1990a).

Counsellors must keep in mind the extent of the deprived socio-economic circumstances in which most aboriginal clients were raised (York, 1990). Several
participants in the study noted that their deprived living conditions exacerbated the domestic violence they witnessed and experienced. Each discussed, for example, how living in cramped quarters afforded little privacy or ability to avoid or escape the perpetrator(s). Addressing the exacerbating impact of these conditions may help aboriginal clients re-evaluate their beliefs that they are personally to blame for their sexual abuse experiences.

In recent years clinicians and theoreticians (Terr, 1991; Goodwin, 1990) have begun to address the consequences of continued exposure to violence and have argued that post-traumatic stress disorder does not adequately cover the multitude and severity of clinical manifestations frequently reported by survivors of sexual abuse. Herman (1992) has argued that people who experience and witness prolonged, repeated trauma need counsellors who not only understand the range of issues involved in chronic, complex post-traumatic stress reactions, but who also offer their clients recognition of the effects of prolonged exploitation. All of the participants in this study witnessed and/or experienced prolonged trauma during childhood, adolescence and young adulthood. Consequently, all of the participants experienced many of the elements of complex post-traumatic stress disorder including alterations in their affect regulation, consciousness, self-perceptions, perceptions of the perpetrator, relations with others and systems of meaning.
(Herman, 1992). Therefore, counsellors working with aboriginal clients may need to familiarize themselves with post-trauma literature (Donaldson & Gardner, 1985; Figley, 1985; Herman, 1992; McCann & Pearlman, 1990; Terr, 1991; van der Kolk, 1987) and use it to guide their interventions with aboriginal clients.

All of the women in the study had to first deal with issues of alcohol and drug abuse before they could address issues related to sexual abuse. Although clinicians debate the length of sobriety required before such intrapsychic issues are explored (Black, 1990; Middleton-Moz, 1986), it is clear that both substance abuse issues and sexual abuse issues must be addressed, whether in individual and/or group therapy. Therefore, clinicians who are familiar with both issues may be best able to offer validation, support, and guidance for the feelings and reactions their aboriginal clients may be experiencing as they address their substance abuse and their sexual abuse issues. In addition, clinicians familiar with both issues may be more readily able to adjust counselling to meet the native client's needs. Emphasizing personal safety and adopting a slower pace in counselling may be practical suggestions for clinicians working with these clients.

Five of the six participants in the study had more than one offender and the majority of these offenders came from both the nuclear and extended family constellations.
Counsellors must be aware that most Canadian aboriginal tribes place high value on the extended family and community mindedness (Hodgson, 1990). Hodgson explains the concept of community mindedness as the sense of understanding that individual actions, both positive and negative, reflect on the entire community. Counsellors familiar with the typical nuclear family may have to extend their focus to include the nuclear family of origin and the extended family of origin when working with native women. Hodgson (1988) quotes an elder who, in referring to extended families, said: "For many of us, our greatest strength is our greatest weakness" (p 125). Therefore, when clients disclose their abuse they may have to deal with not only perpetrators who are family members but also others in the family structure. Reverberations from such disclosures can be intense. Clinicians must be cognizant of the paradox that most native women survivors may not receive support from their family members. In the absence of this primary support system, native survivors must be assisted in seeking out other sources of support.

Participants in this study reported efforts to get help from social workers, police, clergy and other white people to little avail. For many aboriginal people, the fear of the "system" is well-entrenched and not without good reason (York, 1990). Participants in this study spoke of their personal and community distrust of "outsiders" who had
the powerful ability to remove children, but seemed to offer little help. When addressing issues that involve the judicial system, such as laying charges against a sexual offender, counsellors must be aware of the extreme distrust many indigenous people hold towards members of the mainstream establishment.

All of the women in this study had to address issues of cultural shame. It seemed to be a necessary prerequisite for the women to explore the meaning of being an aboriginal woman as a way of contextualizing their experiences as a survivor of childhood sexual abuse. Participants reported various reactions to healing activities such as talking circles, pow-wows, sweat lodges, fasting, and specific healing ceremonies. Daily (1987) suggests that one of the differences between mainstream and native communities is the emphasis on spirits and spiritual abuse as a result of physical and sexual abuse. Dissociation, for example, may be described in the following spiritual context: "We would say that the child's spirit was leaving their body in order for them to survive that moment" (p 101). It may be useful for counsellors to assume that some exploration of traditional native culture is appropriate although the timing of this exploration must be left to the individual client (Dunlop, 1990). Participants in this study, for example, began their explorations at varying times in their process of healing. It may be also useful to assume that native clients may
receive some benefit from traditional healing rituals once
the client has some familiarity and comfort with indigenous
cultural activities. It is important, however, that
counsellors not assume a beneficial outcome of such
explorations for all aboriginal clients.

Several of the women in this study talked about the
challenges in individual counselling with a therapist who
appears to hold stereotypic notions about the character of
aboriginal people in general and aboriginal women in
particular. These participants referred to both negative
stereotypes such as "drunken Indians" but also so-called
positive stereotypes such as "Indians are so spiritual." The
women perceived that these stereotypes made it extremely
difficult for their counsellors to see them as individuals.
It may be useful for counsellors contemplating working with
aboriginal clients to prepare themselves by understanding
principles of cross-cultural counselling in order to
perceive their clients' experiences and values more clearly
(Ponterotto, 1991; Sanderson, 1988). In addition, literature
about cross-cultural perspectives on domestic violence may
inform the counsellor about differing cultural values and
beliefs (Assanand, Bain & Lowe, 1992; Goodwin, 1982; Ho,
1990).

In summary, counsellors working with aboriginal
survivors of childhood sexual abuse need to be well-versed
in the short- and long-term sequelae of childhood sexual
abuse, chronic post-trauma reactions, First Nations socio-political issues, and general cross-cultural counselling principles. A counsellor who has the ability to introduce diverse treatment approaches may be best able to serve the aboriginal client.

**Implications for further research**

As indicated in Chapter 3, little attention has been paid to the experiences of aboriginal people who suffered childhood sexual experience. This initial study revealed some differences that command attention and further research.

The sample in this study consisted of only six women. There is a need to conduct further research involving interviews with more aboriginal women to further refine the themes identified in this study. There is also a need to interview aboriginal men to determine how their experiences are similar to and different from those of aboriginal women and non-native male survivors.

If a larger sample determines a different experience from that of non-native survivors of childhood sexual abuse, researchers and clinicians might look for guidance to the experiences of other minority cultures where women are highly oppressed. Cultures where female infanticide and genital circumcision are practised, for example, may provide direction for both further research and clinical intervention.
Future researchers might also wish to evaluate the usefulness of repeatedly interviewing a sample of aboriginal women as they move through the various stages of the healing process. In so doing, we may learn more about the process of healing and the factors most facilitative to healing the pain of adult aboriginal survivors.

Researchers need to keep in mind that many First Nations people have limited language and literacy skills. Consequently there is a need to incorporate methods of examination and data collection that focus on non-verbal approaches such as art therapy.

The women in this study all experienced multiple forms of abuse. Perhaps it would be helpful to interview native women who did not grow up on reserves and/or in abject poverty and who don't have these experiences confounding their experiences of sexual abuse.

It might also be useful to look at differences in experience based on tribe. Not all aboriginal women will experience sexual abuse in the same way and tribal culture and customs may influence this experience.

Finally, it would be helpful to examine women who turn to native healing practices and those who reject these practices in terms of understanding how they negotiate their healing from sexual abuse and their experience of cultural shame.
Summary

In this study six First Nations women were interviewed about their childhood experiences of sexual abuse in order to determine the meanings they attached to their experiences. Interview data was analyzed using Colaizzi's (1978) phenomenological approach to data analysis. A total of eight themes were drawn from the participants' protocols.

The first three themes identified in this study - a sense of shame and guilt, sense of being unlovable and unworthy and a yearning to make sense of their abuse experience are well represented in the literature regarding the sequelae of sexual abuse. Five other themes - sense of acute vulnerability, sense of invalidation, sense of cultural shame, sense of being shattered and sense of reconstructing self - appear to mark a divergence in the experience of aboriginal survivors from the experience of non-native survivors in subtle but important ways.

These differences in experience may have important implications for clinical intervention, particularly in addressing the tasks of reconstructing healthy identities as survivors, women and aboriginal women. Further research is needed to refine this initial efforts.
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Appendix A

104-825 West 7th Avenue
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February 27, 1992

Dear

I would like to take this opportunity to introduce myself and the research project I am undertaking as my Masters' Thesis in Counselling Psychology at the University of British Columbia. I am researching the experiences of native women who have been sexually abused during childhood.

This research will be a phenomenological study and will take the form of an open-ended interview of 2-4 hours with each participant. After the interview has been transcribed, participants will be asked to meet again to validate the transcript. The research will be supervised by Dr Judith Daniluk, who can be reached at 228-5768.

Participants in the study will be asked to reflect on their experience of child sexual abuse in terms of their present relationships with self, family, extended family and spouse/partner.

Therefore, I am contacting counsellors and group leaders who may know of native women who may be suitable for this study. Participants must have experienced unwanted sexual contact, (either intra- or extra familial) ranging from attempted petting to rape under the age of eighteen. It is important that participants have completed enough therapy that they are able to address the topic candidly and articulate their experiences. Participants have the right to refuse to participate or to withdraw from the study at any time, without penalty or prejudice.

If you are aware of any native women who may be interested in participating in this confidential study, I would appreciate it if you could draw their attention to this letter and invite them to contact me for further information. I can be reached at 873-3278. I would be pleased to answer any further questions you might have.

Thank you for your consideration.

Sincerely yours,

Maureen McEvoy
PARTICIPANT CONSENT FORM

Project: A discussion of the experience of childhood sexual abuse among native women

I hereby agree to participate in the investigation conducted by Maureen McEvoy (873-3278) under the supervision of Dr. J. Daniluk (228-5768), concerning my experiences of childhood sexual abuse. I understand that I am free to contact either of them at the listed telephone number to ask any questions I might have.

I understand that I am free to refuse to participate or to withdraw my participation at any time without any penalty or prejudice.

I understand that I am agreeing to participate in a taped interview that will explore the meanings I have attached to my childhood experiences and to the impact of those experiences on my relationship with myself and others. I agree to prepare information on my life history prior to the interview and to provide this information to the researcher. During the taped interview, I agree to the use of techniques such as drawing and Early Recollections. These techniques have been fully explained to me. I understand that these recollections might be painful and that assistance in dealing with these feelings will be provided if necessary.

I will not be paid for my participation. I understand that the tapes will be transcribed and that I will meet with the researcher again to validate the transcripts.

I understand that the tapes will be erased upon completion of the research and that published transcriptions of taped materials and reproductions of personal documents will delete or alter identifying data to protect my confidentiality.

I have received a copy of this signed consent form.

Name: _____________________________________________
Address: ___________________________________________
Date: ______________________________________________
Signature: __________________________________________
Appendix C

INTERVIEW SCHEDULE

0 Administration:
signing of consent form, explanation of audio-taping and transcription process, request for pseudonym.

0 Orientation by researcher:
"We know very little about sexual abuse in native communities. We know that sexual abuse happens and is one of many social problems for people living in native communities, particularly reservations.

From our research in non-native communities we know that child sexual abuse can have many short- and long-term consequences. It can affect a person on one or all of four levels: physical, emotional, mental and spiritual. It can certainly affect a person's perception of themselves, the way they look at themselves and others around them.

We do not know what the experience of being sexually abused is like for native people. We can make some guesses, but we need to ask people to tell us what their experience has been.

This study is a small step in that direction. I am interviewing a few First Nations women and asking them to reflect on their experiences of being sexually abused in terms of the way they think and feel about themselves and the way they think and feel about other close relatives. I'll also be asking about the sexual abuse experience in terms of how it relates to their relationships with their partners/spouse(s).

I'm going to be asking some questions and asking you to do some small tasks. The purpose of the first task is to help you go back to early childhood memories, to jog your memory so to speak."

0 Early recollections:
"I'm going to give you a brief relaxation exercise and then I'm going to ask you to tell me some of your earliest memories. I would like you to work forward in time telling me the memories that come into your awareness. I would like you to tell them to me in the present tense and in as much detail as you can. We will record them one at a time and then stop for a few moments before continuing with the next one."

Make yourself comfortable. Allow yourself to relax, letting go any tensions and allowing your breathing to deepen. Notice your breathing slow down and deepen. Imagine yourself at the top of some stairs. In a moment you will go down the stairs. When you have reached the bottom you will be back in time as early as you can remember. There is lots of time. Notice the detail with all of your senses. When you
are ready, tell me what is happening, using the present tense.

After each memory is recorded, the researcher will give the participant an opportunity to process any feelings that are contained in the memory. To facilitate this process, the researcher may ask:
- what is clearest about this memory?
- what emotion/feeling is involved in this memory?
- what is the message/ meaning/ "moral" in this memory?

The researcher follows the participant's lead. If these memories lead to the participant speaking about her feelings and thoughts about herself and the experience of sexual abuse, then the researcher will allow the participant ample opportunity to express herself. Open-ended questions and reflective listening will be used to facilitate this expression of experience.

Should the participant require prompting, some possible prompting questions might be:
- Can you remember a time before you were sexually abused? If yes, can you remember how you felt about yourself? Can you remember how you felt about yourself during the period when the sexual abuse was occurring? How do you feel about yourself now? How do you understand the difference?
- How did you explain the sexual abuse to yourself? How did you make sense of it?
- When did you realize that you were an aboriginal person?
- When did you realize that what was happening to you was called sexual abuse? Did those two facts go together somehow for you?
- How is your sexual abuse experience a part of who you are now?
- How is it a part of who you are in relationship to your parents, siblings, spouse/partner?
- What has been important for you in the process of healing?

0 Drawing activity:

The researcher will use her discretion as to when to introduce this activity. Since it is essentially a metaphor for self, this activity may be introduced while the participant is discussing her relationship with herself. Or it may be used as a concluding activity.

The researcher will introduce the activity by saying:

"Sometimes people find it helpful to draw as a way to
express their thoughts and feelings. This activity isn't about art; it doesn't matter if you can draw or not. You can use any of the colours in any way you wish. What I would like you to do is draw a picture of a tree that somehow represents you. Don't worry about explaining it to me. You'll be able to say what you need to say.

Participants will draw a picture.

The researcher will ask the participant to describe the picture using the "I" voice. For example, the participant might say "I have a sturdy trunk." etc.