

INCEST AND SUICIDE ATTEMPT IN ADOLESCENCE

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ABSTRACT

Research regarding incest victims who attempted suicide in adolescence has received little attention although incest is considered as one of the most destructive forms of sexual abuse; and the rate of suicide attempts in adolescence has been on the rise.

This study employs an exploratory approach, investigating four female adolescents, aged 15-19, who experienced both, incestuous relationships in the past and suicide attempt in adolescence. Using an open-ended questionnaire, the subjects were interviewed and the recorded responses were transcribed and analyzed, using Glaser and Strauss' 'constant comparative method of analysis'.

The conceptual findings indicate that the incest victims have gone through a process comprising three stages: i) becoming a victim, ii) escalation of problems, and iii) the healing process. The transition from one stage to another entailed change in the victims' lives. These stages included a number of categories and properties with their types, dimensions and conditions. The data suggest that incest is associated with suicide attempt in adolescence thus, incest victims should be considered a high risk group regarding suicidal behaviour in addition to the other sequels of incest. The conceptual categories and the themes that emerged from the analysis have implications for social-work practice, policy and further research.

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CHAPTER ONE

INTRODUCTION

In this study, the relationship between incest and suicide attempt will be examined. Since the mid-1970's the phenomenon of sexual abuse has become a topic of concern, many studies and research have been done on this issue. Clinicians as well as researchers have indicated that self destructive behaviour is found to be a common problem among the effects of sexual abuse. (Weber, 1977; Justice and Justice, 1979; Goodwin, 1981; Herman, 1981). Suicide and suicide attempts are of worldwide concern. Statistics indicate increasing rates of suicide and suicide attempts. The number of completed cases of suicide each year is over 500,000 (Battin, 1982). However, research studies regarding the relationship between sexual abuse and suicide attempt or suicide are very limited.

Most of the studies to date have been concerned with the suicide attempt as one of the sequels of sexual abuse in general and not with the specific phenomenon of incest relations. As has been pointed out by Slager-Jorne (1978), the child is much more likely to get family support when the offender is not known to the family. It is much easier for the child as well as for the family to deal with the reporting of a case involving a stranger. The child does not have to deal with issues such as blame or disloyalty. It is understandable then, that psychological problems are more likely to be present when the offender is a family member. It is assumed that this type of sexual abuse would be more traumatic for the incest victims group than it would be for other sexually abused victims. It would follow that incest victims may well constitute a higher risk class as far as suicide or its attempt is

concerned.

It was previously found that 90-95 percent of offenders in intra-familial sexual abuse relations are males (Russel, 1986; Butler, 1978; Finkelhore, 1984). This incidence is supported by other studies such as Weinberg (1955), Maisch (1972), Herman and Hirschman (1977) and Rush (1980), which in addition, recognize the same percentage of females as victims. For the purpose of this study then, the class of incestuous relationships will be restricted to include only father-daughter incest relations.

In this study, incest is defined as sexual victimization, it can take various forms: fondling the child, exposing the child to pornography or pornographically exploiting the child, masturbating the child or forcing a child to masturbate an adult, and/or oral, anal, or vaginal intercourse.

Suicide attempts are defined as self-destructive behaviors taking place in the context of a suicidal plan (Goodwin, 1982). Suicidal threats and ideation are excluded.

Adolescents, as an age group, were chosen for several reasons. 1) Data show that prior to the mid-1960's, there has been a linear correlation between age and suicide, but from the mid-1960's a change in this relationship between age and suicide rates began to be observed. For example, in Canada in 1971, suicide among males aged 15-19 occurred at a rate of 12.7 per 100,000, compared to a ratio of 21.5 per 100,000 in 1982 (Statistics Canada, 1982). The fact is that since the 1960's, suicide rates among adolescents have increased markedly when rates for older age groups have been dropping. These statistics reinforce the need for further studies regarding adolescents as a specific population. 2) In the adolescent stage the incest victim acquires other sources of information and she is more fully aware of what is an acceptable

father-daughter interactions and perhaps understands that sexual relationships are forbidden. She is able to use increasingly general knowledge, age, psychological and physiological maturity as resources to diminish the father's hold over her, and any further advances by the father may be resisted. The victim at this stage, may also disclose her "secret".

(Cantwell, 1981; Pino and Goodwin, 1982). 3) Most of the studies concerning this issue concentrated on adult women and much less on adolescents. These women reported their childhood and adolescent experiences by recalling from a retrospective point of view, that is, reflecting upon past experiences. It is hoped that by studying incest victims who are close to the incest experience and to the suicide attempt, the information gathered would be richer, more authentic, and will contribute to knowledge regarding this complicated phenomenon.

The purpose of this study is to explore and develop better understanding of the relationship between incest and suicide attempt. The emphasis in this study will be on the incest effects as well as on the developmental stage of adolescence as factors contributing to the suicide attempt. The following questions will be addressed: 1) What are the experiences of these adolescents following the incest? This will include the disclosure, the changes and the interventions which have taken place after the disclosure. 2) When and under what circumstances have they made their suicide attempts? This will include their perception of how the incest and the adolescent stage affected them in attempting suicide.

It is hoped that the proposed study will contribute to both practice-theory and policy development within the social work profession. In practice, therapists working with suicidal adolescents need to be aware of and sensitive

to the possible contribution of the incest experience to the adolescent's current condition. Incest is a kept secret, which is not easy to disclose and the suicide attempt is sometimes a "cry for help". Individuals with suicidal behaviour should be examined for incest histories. Helping the adolescent to deal with her experience and the feelings it generates may make the adolescent less prone to suicidal behaviour. In addition, the proposed study will contribute to therapists' greater awareness of the possibility of future suicide attempts among adolescent incest victims, in addition to the other known sequels of incest victimization.

At the policy level, the knowledge of risk factors such as the process which the incest victims are going through; and the circumstances under which they are most likely to attempt suicide are also conducive to targeting prevention as well as better intervention strategies.

The following chapter of this thesis will discuss the research literature available on suicide attempt in adolescence as a sequel to the incest experience. Given the limited literature which embodies both the incest phenomenon and adolescents who attempt suicide, I will discuss the existing research literature which takes up the issues of suicide attempt in adolescence and the incest phenomenon separately, and try to find out whether there exist common characteristics and factors in both which could then be unified.

Chapter three outlines the methodology used in the research. This will include a description of the subjects and the instrument. A rationale for the selected approach will be offered. This chapter will also discuss the way data have been collected and analyzed.

Chapter four presents the findings of the study; the categories that

emerged from the interviews are grounded and supported by the statements made by these adolescents, and general themes will be discussed.

The final chapter includes the limitations of this research and the implications drawn from the findings of this study for social work practice, policy and future research.

CHAPTER TWO

LITERATURE REVIEW

There is little research concerning the relationship between sexual abuse and suicide attempt although suicide is of worldwide concern. Statistics indicate increasing rates of suicide. The number of completed cases of suicide each year is over 500,000 (Battin, 1982). The situation regarding suicide attempts is much worse. The ratio of attempted suicide to completed suicide is 120:1, (Emery, 1983; Miller, 1975).

The literature concerning the relationship between incest and suicide attempt in adolescence is quite limited. Sedney and Brooks (1984) report that of the 301 female college students investigated, 16 percent of those with sexual abuse experience had made at least one suicide attempt in the past, compared to 6 percent with no such sexual experiences. Briere (1984) also reported that 43 percent of the 105 female clients in a community health centre crisis intervention service had a history of sexual abuse before the age of fifteen, and that 51 percent of these former victims had made at least one suicide attempt in the past, versus 34 percent in the case of the non victims.

Anderson (1981) studied case histories of four girls who attempted suicide, and who were incest victims in their childhood. The four victims were in their mid-teens. The offenders were the victims' fathers or step-fathers. The type of the suicide attempt ranged from an overdose of pills and cutting wrists to setting fire. All the victims were hospitalized after the suicide attempt. The timing of the attempts varied, two after the disclosure, one

after a rape by her drunk boyfriend and one after being molested by her step-father who followed her biological father's molestation. Anderson, concerning the incest victims' motivations with respect to the suicide attempt in adolescence, states:

"Many children who have been sexually abused over a period of time in their earlier years are extremely vulnerable to feelings of guilt, depression and unworthiness which are exacerbated once they reach adolescence and have to grip with their own sexual developmental urges." (p.159).

Goodwin (1982) studied eight suicide attempts of female incest victims aging 14 to 16 which were recorded in the casework charts. The casework charts included 201 families which were followed for a period of 3 to 33 months in a protective service agency that provides treatment to families where intrafamilial sexual abuse has been substantiated. Seven subjects had taken overdoses of a variety of drugs. The other subject pushed her hand through a window. Only one of the subjects was hospitalized after the attempt. Three of the suicide attempts occurred immediately after a sexual crisis with a boyfriend. In three other cases the victims' suicide attempts occurred at a point when the victims interpreted the agency's actions as siding with the mother. In the two other cases the attempts occurred one year after the disclosure. This is interpreted by Goodwin that it might have signaled an anniversary reaction. The victims had behaviour problems such as running-away, drug abuse and promiscuity, which are seen by Goodwin as signs of masked depression. None of the eight families managed to remain intact after the disclosure, either the father or the victimized daughter had moved out of home. In all cases the mothers actively blamed the daughters for the breakup of the family. Two of the mothers attempted suicide themselves. Regarding the adolescence as the time of the suicide attempt occurrence, Goodwin points out

that,

"It is almost as though that the 14 to 16 age range developmentally produces a vulnerability to suicide regardless of the age at which the incest occurred or was revealed. It may be that the combination of adolescent sexual experimentation and adolescent exploration of values rekindles feelings of moral repugnance about the incest, which may be directed toward the self as well as toward parents." (p.112)

Although providing an informative description regarding the subjects and their suicide attempt experiences, neither Anderson nor Goodwin however, discussed or developed any model providing a fully understandable explanation concerning how the incest itself, along with its effects, and the developmental stage, along with its characteristics affect the process through which incest victims go until the act of the suicide attempt is committed. There is lack of sufficient information regarding the many factors related to the incest itself and the process involved in the development of the suicide attempt.

Since the literature which embodies both incest and adolescents who attempt suicide is limited, this chapter will discuss the existing research literature which deals with the issues of suicide attempt in adolescence and the incest phenomenon separately in order to investigate whether there exist common characteristics in both which could then be unified.

Many of the research studies which have been done on suicide or attempt suicide take the view that suicidal behaviour is a coping mechanism concerned with changing the individual's situation. According to Lazarus (1966), coping has two functions. First, coping is concerned with changing a situation which is stressful or crisis-laden. This may be achieved by changing the nature of the situation itself or by changing the person's reactions to the situation. The second function involves the attempt to manage or deal with our thoughts, feelings and bodily reactions under conditions of stress or crisis necessarily

trying to change ourselves or the situation in any systematic way. However, the question is why do adolescent incest victims choose suicidal behaviour to cope with their situations? The following discussion concerning the understanding of the suicide attempt in adolescent incest victims focuses on two categories, the characteristics of the incestuous family, and the victims' emotional state. The family is the immediate environmental context which influences and significantly contributes to the psychological processes through which one interprets and responds to experiences. The emotional outcome generated by various experiences also influences one's cognitive processes and behavioral functions. Both these categories mutually affect the victims' responses to the sexual abuse experiences as well as to the process of the suicide attempt. Both interact in a continuous and an unfolding process.

The family plays, in many ways, the most important role in an individual's development. The family is the context of origin; it is where an infant spends all of his or her time and first discovers the joys and limitations of reality. (Berger and Luckman, 1967). Attachment theorists view the parents as being the source for meeting the developmental needs of the growing child, who early in life, requires a warm and secure relationship with the parents who provide a safe base from which the child develops a sense of identity, trust, self-awareness, security and explores new things, and to which he can return when stressed. Through experiences the child develops the skills necessary for graduation to subsequent developmental stages. Children who enjoy this secure attachment are more able to develop problem-solving and social skills which enable them to try out new skills and to take risks because there is a safe relationship with their parents who can provide

reassurance, support and comfort when it is needed.

The interactional model assumes that the problems of pathology of a social group or system are often expressed through one of the individuals who is a part of the system. Within this framework, suicide is regarded as a symptom of family system function, expressed through one member of the system (Speck, 1968). Richman (1971), by studying 100 families with suicidal members identified a number of patterns of family functioning which appeared to be characteristic of a majority of his sample; which he calls the "suicidal family system". Among the more important patterns identified are:

1)intolerance for separation, 2)symbiosis without empathy, 3)fixation upon infantile patterns, 4)fixation upon earlier social roles, 5)closed family system, 6)double-bind relationships, 7)family depression, 8)communication disturbance, and 9)intolerance for crises.

The family system orientation toward incest is very similar to suicidal behaviour. Ronald (1984), Spector (1979) and Justice and Justice (1979), postulate that incest involves a crossing and stability function of a homeostatic mechanism of the family system. In the incestuous family the marriage is unstable in terms of unmet needs, the spouses fluctuate between intimacy and abandonment. The triangulation of the daughter is the solution for the instability. This coping mechanism for staying together suggests fears of abandonment, indirection in communication, and the forming of coalitions.

The role reversal mechanism has been discovered as one of the characteristics which is consistently found in families of father-daughter incest as documented by Ronald (1984), Furniss (1985), Cohen (1983) and Herman and Hirshman (1981). The daughter takes over the traditional role of the mother in the system by performing household chores which are inappropriate

for her age. She may also be expected to calm the father when he is angry and provide emotional nurturance to each spouse as a replacement for the other. The role reversal mechanism was also discovered as one of the characteristics present in the suicidal family (Teicher, 1979; Kneider and Motto, 1974). Role reversal, they state, creates hostility because the individual is deprived of normal nurturance and is being forced to take on responsibilities without asking for or wanting it. The adolescent who feels guilty because of these hostile feelings can become suicidal.

Additional characteristic which can be found in both the incestuous family and the suicidogenic family is a symbiotic relationship which exists between the child and the family. This symbiosis, is seen by Richman (1978) as being the central factor in the etiology of adolescent suicide because the adolescent is going through a developmental phase in which differentiation, individuation, and forming relationships outside the family are important issues. The adolescent seeks and strives for independence from adults and parental controls. This process involves anxiety, ambivalence, sadness and loosening of infantile object ties in order to become a member of society. The adolescent in the suicidogenic family is, as the incest victim, trapped and unable to see the way out of this symbiotic relationship where separation equals threat, and when the response to this threat is suicidal actions. The incest experience affects the ability to develop boundaries, independence and separation which are crucial in adolescence and play one of the factors in the suicidal behaviour.

Scott (1984) who examined the long-term and short-term effects of the loss resulting from sexual abuse found that the incest victims experienced loss of the father and mother image, loss of childhood and losses following

placement. For a young child, parents are the primary care providers. They provide love, security and other emotional and physical nurturance. The child is dependent and relies on them. When incest occurs all these aspects are shattered. The parents deprive the child of nurturance and protection which are necessary for her development. The father becomes the offender and the mother, whom the daughter expects to provide protection and stop the abuse, usually becomes part of the molestation, passively or actively. After the disclosure, if the mother does not believe the daughter, blames her, takes the father's side and stays with him, the daughter's feelings of mother's loss and her experiences of deprivation of the mother's function which is to love, protect and nurture, is heightened. Sometimes the abuse has been part of a whole complex of deprivation of emotional, psychological and physical nurturance. The daughter, after the disclosure, may lose her father, as a source of affection, who, in many cases, was the only one to provide love, affection and attention to the victim. Childhood is an enjoyable stage that should provide loving parents, safety and trust thus, preparing the child for the passage to adulthood through the experiences which he is going through. A child who has been sexually abused experiences fear, anger, isolation, powerlessness, hopelessness and negative self-concept, all of which do not help the victim in the adolescent stage to reach and pass, in a normal way, the stage which is required in order to develop independence and separation from the parents and explore new and different relationships outside the family, especially so with peer-groups. The incestuous family does not prepare the victim to cope with these kinds of losses and separation which are important features of the adolescent stage. Another loss, frequently connected with sexual abuse, is the one that accompanies foster home placement. The

removal from a familiar family setting (mother, friends and the like) and from the physical environment may precipitate further losses for the child. Ner Littner (1956) who discusses the effects of the placement points out,

"No matter what the realistic reason for the separation, the child seems to experience first either consciously or unconsciously, a feeling of abandonment, which contains elements of loss, rejection, humiliation, complete insignificance and worthlessness".(p.8).

Loss and separation are among the factors which studies and research suggest as characteristics of the suicidal adolescent. Freud observed that,

"...the suicidal person ambivalently hating and loving an object which is lost, or seems lost to him. The lost object is introjected and this incorporation represents both an attempt to preserve the loved object and an attempt to destroy the hated object. Guilt feelings result from the recognition of hostile feelings toward the lost loved object, followed by a turning inward of these aggressive, hostile feelings, leading to suicidal behaviour as a way of acting out these feelings and expiating the guilt." (Gould, 1965; pp.228-229).

The family dynamics as well as the incest experience affect the emotional and the cognitive orientation of the child. It is not the event itself but the interpretation that the child gives to his experiences and around which he constructs his internal and external world. The sexual behaviour is inappropriate to the child's development. Instead of having and experiencing love, nurturance, warmth and security, which are very important to the process of building positive self-esteem, the child experiences fear, betrayal, loneliness, feels different, bad, unworthy, rejected and so on. These feelings contribute to low self-esteem which is critical in the adolescent stage. In this stage, the adolescent concentrates on self evaluation; he has to decide whether he is good enough, and asks himself whether he has the ability to participate in various social activities, whether he is attractive enough to interest and succeed with the opposite sex. Arising from conflicts between the child and adult roles, and from his cognitive development, it is not

surprising that the youngster wants to know 'who am I', 'what am I', etc., (Erikson, 1968). His own views of himself, good or bad, kind or selfish, popular or unpopular are affected by how other people view him, and by his relationship with others. Finkelhor and Browne (1985) state that the sexual experience and the dynamics of stigmatization give the victims the sense of being unworthy and shameful leading to an eventual tendency toward suicide or other form of self destructiveness. Studies on suicidal adolescents also indicate that one of the factors that takes place is low self-esteem (Meuringer, 1974; Asbacher and Rowen, 1965).

Other issues involved in the sexual abuse phenomenon may bring about feelings of guilt associated with having taken the mother's place and/or guilt over having pleasurable experiences like nurturance, kindness, tenderness and so on. The sense of self-blame and guilt may also come directly from the abuser who may blame the victim for the activity, "...when there is pressure for secrecy from the offenders, this can also convey powerful message of shame and guilt", (Finkelhor and Brown, 1985, p.4). They feel they must have done something "bad" to have caused the abuse to happen. Many feel that in some way, they are to be blamed, that they are responsible. After the disclosure, the victim may also be blamed by other people in the family as well as the environment for the molestation. At this age, the adolescent is very much aware of social attitudes and thus, experiences stigmatization. This is especially so if during the abuse or after the disclosure the victim incorporates responsibility for the act, or sees herself as deserving it. She is more likely to blame herself and to become introspective. The notion of self-blame partially motivates self destructiveness. Anxiety over guilt may be a factor in the tendency toward acting out to ward off anxiety. The acting out

can also become self-punitive in order to deny feelings of guilt. Freud mentioned, regarding suicide, that,

"...guilt feelings result from the recognition of hostile feelings toward the lost loved object, followed by a turning inward of these aggressive, hostile feelings, leading to suicidal behaviour as a way of acting out these feelings and expiating the guilt" (Gould, 1965; p.229).

Hendin (1982) also observes guilt as a factor among the youngest suicidal patients,

"One can see feelings of guilt and the need for self-punishment bluntly. Their guilt preoccupations will vary from promiscuous sexual activity, incestuous fantasies, a body racked with imaginary syphilis, and misdeeds in service to, in a very deteriorated case, the feelings that he is a "bad boy". The underlying emotional theme in these patients involves their feeling worthless, no good, afraid, deserving of punishment, and filled with self-hatred for their failure, fears, and incapacities. For them suicide is a self-punishment in response to what amounts to delusions of guilt and sin." (p.209).

Anger is one of the emotions which results from the incest experience. Justice and Justice (1979), Alter-Ried (1986), and others suggest that the anger stemming from betrayal is part of what may be behind the aggressive and hostile posture of some sexual abuse victims, particularly adolescents. The victims are often bitter and angry towards their fathers, the offenders, towards their mothers and toward themselves. When the victims grow up and fully understand that they were betrayed by their fathers who exploited their trust in them as father figures, they feel betrayed and angry. The anger towards the mother is due to not taking the time to find out what was happening, and not stopping the abuse. Most girls believed that their mothers should have known what was going on and did not protect them. After the disclosure, if the mother stays with and believes the offender, the anger may increase. The daughter may feel angry with herself for participating in the sexual abuse behaviour, for being too weak to confront the father and by not stopping it earlier. If the sexual abuse entails a trial through the court

process she may feel angry as a result of feeling responsible for all the changes resulting from the disclosure such as: divorce, the father's going to jail and the mother's depression. Many family aspects which take place in the incestuous family, such as role reversal and symbiotic relationships, by not allowing the child to have normal relations outside the family, and by inducing feelings of rejection, loneliness and powerlessness, create a dilemma for the child. Anger is also aroused in situations in which placement takes place, (Ner Litner, 1956.) The daughters are not only victims of parents who are unable to provide genuine and supportive models of adult behaviour, but may also be victims of a society that holds them responsible for the actions of adults and will not permit them to be angry and insist on their right to their own bodies.

Anger is also one of the suicidal features. Jacobs (1971) states that,

"It seems that the most important motive for suicide was a need for punishment. The patient had been attempting to escape his anger toward his mother for some years; finally this escape was no longer possible, and it was necessary for him to see that he was angry towards her. He was unable to tolerate this feeling and attempted to deal with it by running away...yet this was not successful, and finally he felt hopeless, as if he had felt all alone. At this point he made his suicidal attempt. It would seem that what was really operating here was an attempt to get back into the good graces of his mother by 'castrating' himself (by attempting to kill himself), and in this way to expiate his guilt." (pp.10,11).

The incestuous family is a relatively closed system which is characterised as being isolated from the environment, avoidant of the differentiation of roles and functions, and one that uses the incestuous behaviour as just one more means to avoid the growth and change that is inherent in adolescents seeking outside contacts and eventually leaving home. The father cuts the daughter off from normal social experiences, prevents her from forming friendships, and induces her to believe that she is alone in the world. The victim's feelings such as insecurity, low self-esteem, fears, and

guilt, discourage her from developing relationships outside the family and she feels loneliness and being isolated from her peer group. Cohen (1983) states, "Typically, the adolescent daughter is socially isolated, feeling that she can share with no one her sexual experiences, which she knows, are different and taboo." (p.156). The interpersonal sequels of sexual abuse include problems of trusting others (Courtis, 1971; Briere, 1984), fear of intimacy and long term relationships, isolation, alienation and abandonment issues. The daughter feels loneliness also within her family. In spite of the extreme enmeshment, family members seemed to know very little about each other. After the disclosure, as a result of shame or the fear of being blamed by the family and the environment, the feelings of isolation are intensified. The adolescent may feel that no one cares for her; and the sense of powerlessness, low self-esteem, anger and fears are enhanced and may push her to destructive behaviour. Briere and Runtz (1986), who in their study examined suicidal thoughts and behaviour in former sexual abuse victims, state that "A final potential dynamic in the development of suicidality among sexual abuse survivors relates to the effects of sexual victimization on interpersonal functioning." (p.419). Interpersonal relationships, especially with peer group, play a main role in the adolescent's quest for an identity, which is one of the important tasks of this stage, because there he can test out his self-conceptions as he relates to others. Peer relationships are particularly important in the formation and maintenance of the self-concept.

Social isolation is another critical factor that influences suicidal behaviour. Durkhiem distinguished three types of suicide: egoistic, altruistic and anomic. The egoistic suicide results from lack of integration of the individual into society. "The stronger the forces throwing the individual onto

his own resources, the greater the suicide rate is the society in which this occurs." (Simpson, 1951, p.14). Stengel (1965) states that lack of a secure relationship with parents may have a long-term effect on an individual's ability to establish relationship with others. Such individuals may find themselves in social isolation which, Stengel asserts, is one of the critical causal factors in suicidal behaviour. Barter et al. (1968, p.527) postulate that "The teenager who is alienated from his family and who does not or cannot live at home, who has poor peer relationships, and an inadequate social life may be the one for whom the risk of committed suicide behaviour is high."

The child who is involved in an incestuous relationship lives in a destructive environment which produces anxiety, fears, loneliness, isolation, a sense of powerlessness, unworthiness, and lack of security and love. All of these features may contribute to depression. Adams-Tucker (1982) in his study of 28 children who had been sexually victimized found that "The children molested by their fathers appeared to suffer more than the other children. Diagnosis for these children varied, but most indicated depression and/or withdrawal." (p.1253). He also found that,

"The most tragic sequel to sexual abuse is pervasive, depressive feelings of inability to enter comfortable adult life, and that rewarding, intimate relationships are impossible to achieve. More depressing is the lack of a coherent sense of self and feeling that whatever fragments of a self exist are degraded and worthless." (p.473).

Kaufman et al. (1954) studied 11 victims of parental incest who had been referred to the Judge Baker Guidance Centre in Boston. They reported that all of the girls were depressed and most of them had suicidal ideation. Molnar and Cameron (1975) who studied 10 incest victims, who were psychiatric hospital patients, also noted depression in their sample. This depression was accompanied by suicidal thoughts, which they suggest to term "incest

syndrome".

Apparent from the review of the literature is the fact that depression has been linked with suicidal behaviour. However, not all suicidal individuals are depressed and not all depressed individuals are suicidal. In the Diagnostic and Statistical Manual of Mental Disorder (D.S.M III), suicidal behaviour is assumed to be an important symptom of depression. Among young adolescents depression may appear in acting-out behaviour, or in what has been termed "masked depression", restlessness, having feelings of isolation, emptiness, loneliness, and restlessness.

The victim experiences lack of control over life events which directly affect one's well-being. The father is the authoritarian figure for the child. In incestuous relations he uses his power to force the child to participate in the incest act, usually by continual commands and by threatening serious harm. The daughter experiences a sense of powerlessness. As noted by Finkelhor and Browne (1985), "a basic kind of powerlessness occurs in sexual abuse when a child's territory and body space are repeatedly invaded against the child's will. This is exacerbated by whatever coercion and manipulating the offender might impose as part of the abuse process" (p. 532). Even if there is no threat, the child's feelings of being trapped, if only by the realization of the consequences of disclosure, can create a sense of powerlessness. Katman (1973), and McVicar (1979) also report increased perceived helplessness and powerlessness among sexual abuse victims. If the child was a previous victim of physical or emotional abuse, she may have already been suffering from a disempowering dynamic before the abuse occurred. A situation after the disclosure may also create a greater degree of powerlessness. After the disclosure a great many authorities may become involved in the experience; the

child may be forced to leave home, and to tell the story in repeated occasions. One reaction to powerlessness is fear and anxiety, as a person feels unable to control anxious events that are occurring. A second major effect is the impairment of a person's sense of efficacy and coping skills. This sense may also be associated with the despair and repression which can lead to suicidal behaviour often noted among adolescents. The victim may feel unable to cope with her ongoing pain and the surrounding environment and thus, suicide may become the only solution to her problems.

As noted by Farberow and Schneidman (1961), suicide attempts may represent a "cry for help" among certain individuals who believe themselves to have no effective means of communicating or relieving their psychological pain. Farberow (1968) claims that suicidal motivation can be either of an interpersonal nature or of an intrapersonal nature. If the motivation is interpersonal, "the suicidal behaviour can thus be seen as a means to influence, persuade, force, manipulate, stimulate, change, dominate, reinstate, etc., feelings or behaviour in someone else." (p.392). If, on the other hand, the motivation is intrapersonal, "the individual's action seems aimed primarily at expressing the pressures and stresses from within and at fulfilling important needs in himself" (p.392). Schuyler (1973) claims that suicidal motivation has two components. The first component is death seeking, to escape what is believed to be an unbearable life situation. The second is instrumental, an attempt to influence another person's behaviour.

Jacobs (1971) described the suicide attempt as a process,

"1. A long-standing history of problems (from childhood to the onset of adolescence). 2. A period of 'escalation of problems' (since the onset of adolescence and in excess of those 'normally' associated with adolescence). 3. The progressive failure of available adaptive techniques for coping with old and increasing new problems which leads the adolescent to a progressive isolation from meaningful social

relationships. 4. The final phase, characterized by the chain reaction dissolution of any remaining meaningful social relationships in the weeks and days preceding the suicide attempt." (p.64).

The suicidal process, described by Jacobs, may apply to cases of suicidal behaviour of incest victims in adolescence. In the first phase, a long-standing history of problems has occurred in the victims' lives since the time the incest has taken place. Sometimes, the problems were initiated before the incest. This happened when the child was deprived of emotional and physical nurturance from early childhood as a result of the dysfunctional family and problematic parents. These problems, as described earlier, isolate the individual from social relationships, create negative feelings of low self-esteem, guilt, fears, anxiety, powerlessness, depression and anger. In the second phase, according to Jacobs, there is a period of escalation of problems. In the case of incest, the disclosure may take place at the adolescent stage, and may initiate changes in the victims' lives such as removal from home, social isolation, mothers' blaming and disbelief. The disclosure may also affect the victims' families by things such as the father's imprisonment or hospitalization, divorce and loss of financial support all of which may enhance the victims' feelings of guilt and self-blame. Moreover, aside from the history of the victims' problems and the present escalation of problems, there are other problems which are associated with the developmental stage. These are: the search for identity, forming relationships with outsiders, separation and individuation from parents which are accompanied by emotional turmoil. In the third phase, there is a period through which the victim has a sense of failure in the use of adaptive techniques to cope with her situation. The victim who through her childhood has not had a stable home, and loving and protective parents, could not

develop appropriate coping skills to exercise and tolerate the stresses and frustrations accompanying the sexual abuse effects along with the adolescent stage problems. She has not had the gradual lessening of the symbiotic ties from her parents, has not gained trust and security at home, has not developed socialization skills, and has been trained to be both dependent as well as passive in seeking help in times of stress. Adolescence is confounded by anxiety over passivity that mobilizes an active stance against infantile feelings, helplessness and incompetence. (Freud, A., 1969). Incest victims may turn to maladaptive behaviour such as, running-away from home (Adams-Tucker, 1982; Herman and Hirshman, 1981; Weber, 1977), prostitution (Silbert and Pine, 1981; Lukianowicz, 1972), and substance abuse (Herman and Hirshman, 1981; Alter-Reid, 1986). Adolescents generally have a difficult time expressing themselves and asking for help. This is especially so in cases of incest victims who are afraid of not being believed or being blamed for the sexual abuse. The victim may turn to maladaptive solutions as a result of a reduction in the other available alternatives and resources. The last phase is characterized by the chain reaction -- dissolution of any remaining meaningful social relationships. The circle of events constricts around the victim who further experiences the feelings of powerlessness, helplessness, isolation, anger and depression, all of which get intensified. In this phase there exists a cognitive state in which the incest victim perceives death as the only solution to her ongoing problems thereby putting a stop to her traumatic experiences. The suicide attempt is a defence or a coping mechanism against the continuation of the sexual abuse or its effects. As Brier and Runtz (1986) have put it, "The possibility that one's own death (or danger of same) could be used as a coping mechanism highlights the highly aversive nature of sexual

abuse and the extreme powerlessness seemingly experienced by many victims." (p.419). This act may play a role of gaining control and be a 'cry for help'.

The above discussed literature, although dealing with the phenomenon of incest separately from the characteristics which exist among suicidal adolescents, points to the interesting fact that many of the characteristics present in each, are actually common for both. In fact, it seems that suicide attempts in adolescence may be the effect or a way to deal with sexual abuse. Thus, it seems promising to join the two phenomena, that of incest and of suicidal adolescents, in order to further explore and develop a better understanding of the association that may exist between incest and suicide attempts. This is the purpose of this study.

CHAPTER THREE

METHODOLOGY

METHOD

The purpose of this study is to better understand the experiences of female incest victims who attempted suicide in adolescence. The method used for the investigation in the present study is qualitative. The primary value of qualitative research is the gain from the insight into individual needs, problems, dilemmas and behaviour. Estroff (1981) in his ethnographic study in a psychiatric setting concludes, "An individual's perceptions, beliefs, feelings, experiences and behaviours constitute the most important unit of analysis and understanding in any contemporary social scientific endeavour". (p.37)

The emphasis of qualitative research is to allow for the collection of subjective perceptions on part of the subjects rather than to a more experimental approach which would tend to focus on verification of specific causal relations formulated as hypotheses. The qualitative researcher seeks to understand the gestalt, the unifying nature of particular events, settings perceptions or interactions.

"Qualitative measures describe the experiences of people in depth. The data are open-ended in order to find out what people's lives, experiences, and interactions mean to them in their own terms and in their natural setting. Qualitative measures permit the evaluation researcher to record and understand people in their own terms." (Patton, 1988, p.22).

The intent of this research with its focus on the perspectives of female adolescents about their incest and attempted suicide experiences is clearly consistent with the rationale underlying a qualitative methodology. The major hypothesis is that the incest victim goes through a process which begins with

the sexual abuse in childhood (the first stage) and which ends with the attempt suicide (the final stage of the process for the purpose of this study). According to Glaser (1978), "BSP's (Basic Social Process) are ideally suited to generation by grounded theory from qualitative research which can pick up process by field work continuing over time." (p.97).

Researchers who focus on quantitative methods criticize qualitative methods on the grounds that they employ a small number of subjects and its analysis is biased therefore, it is viewed as a preliminary understanding of certain phenomena, which is limited to develop, clarify or modify concepts in order to generate hypotheses. The assumptions of status hierarchy has been rejected from a variety of perspectives. Patton (1980) addressed this criticism by saying, "Numbers do not protect against bias, they merely disguise it." (p.336). He also pointed out that,

"In many ways the real trade-off between quantitative methods and qualitative methods is a trade-off between breadth and depth. Qualitative methods permit the evaluator to study selected issues in depth and detail; the fact that data collection is not constrained by predetermined categories of analysis contributes to the depth and detail of qualitative data. Quantitative methods, on the other hand, require the use of standardized stimulus so that all experiences of people are limited to certain response categories. The advantage of...(this) is that it measures the reactions of many subjects to a limited set of questions, thus facilitating comparison and statistical aggregation of data. By contrast, qualitative methods typically produce a wealth of detailed data about a much smaller number of people and cases." (p.336).

The focus of an exploratory study is not to generalize or replicate the findings but, rather it seeks to capture what people say about their experiences and attempts to understand individuals from their point of view. Yet exploratory research stimulates the development of concepts, hypotheses and theories, rather than specific relationship being especially tested for verification. Reid and Smith (1981) state,

"...the intent, according to many, is to gain an initial look at a piece

of reality and to promote ideas about it. At this level, research yields a sense of what is possible, rather than what is probable, although the possibilities may have generative effects in that they may support other sources of evidence or may provoke new ways of construing reality."

The qualitative and quantitative approaches can complement each other depending on the specific research problem and its goals. There is lack of evidence for "scientific" superiority of one form of data over another.

SELECTION OF SUBJECTS

The four, non-sampled, adolescents interviewed for this study were incest victims who attempted suicide in adolescence. Their ages ranged from 15 to 19 years of age. Two of the victims lived in a group home, two lived in their own and one, a native Indian, was a single mother to a one year old baby.

All subjects were in active treatment at the time of the interview. The issues that were investigated were very sensitive and painful. Thus, it was important for the researcher to be sure that the interviewees were in a stable emotional state and that the issues of the sexual abuse as well as the attempt suicide were discussed throughout the present treatment with the subjects' therapists. This criterion was also important in cases where the interviews activated stress, pain or other emotions in the interviewees which were addressed either as they arose in the interview or in a subsequent interview with their therapists.

These adolescents were approached verbally by their therapists in Fairmont Family Practice and in the regional offices of the Ministry of Social Services and Housing, to determine their agreement to participate in the study. After they agreed to be interviewed, their names were given to the researcher and contact was initiated. The interviews took place in Fairmont Family Practice and in the social worker's office at the Phoenix Group Home.

The offenders included two natural fathers, who molested the victims after the divorce from the victims' mothers, and two mothers' common-in-law husbands who still live with the adolescents' mothers. Three of the offenders had denied that they sexually abused their daughters, in the fourth case no confrontation had taken place. The duration of the sexual abuse ranged from two to six years and varied from fondling, to exposing to pornography, masturbation and intercourse. The victims disclosed the sexual abuse relationships five to seven years prior to the present interviews. The disclosure, in one of the cases, was made by the victim's sister to the mother and in the rest of the cases the victims themselves revealed the secret, in two cases, to their mothers and in one of the cases to the family's social worker. Court procedure have not taken place in any of the cases. All the victims had other sexual abuse experiences apart from the incest. The above information is summarized in Table 1.

TABLE 1

Summary of main sample characteristics
regarding incest

	Subject			
	No.1	No.2	No.3	No.4
Age	18	19	15	19
The Offender	Father	Father	Mother's Common in law	Mother's Common in law
Duration of Abuse	2 yrs. (9-11)	6 yrs. (7-13)	5 yrs. (6-11)	3 yrs. (12-15)
Type of Sexual Contact	Fondling, Intercourse.	Fondling, Exposing to Pornography.	Fondling.	Fondling, Inappropriate Kissing, Masturbate the offender.
Sexual Abuse Experiences Other than With Father	A caretaker, A neighbor, 2 guys in the neighborhood, Daddy's friend.	Mother, 2 family's friends, 2 rapes.	Grand- father, Uncle.	Neighbor, 2 uncles, A guy in the village.
How relations ended	Victim disclosed to social- worker.	Victim disclosed to mother.	Victim's sister disclosed to mother.	Victim disclosed to mother and thera- pist.

All the subjects had made at least one suicide attempt. Two of the subjects, who had more than one suicide attempt, committed it at the age of eight. One of them tried to jump out of a window, and the other described her suicide attempt as follows: "I thought my daddy hated me, but it was really stupid the way I tried to commit suicide. I have heard about lead poison, I ate lead from a pencil. I was suicidal, I wrote a note on the door, everything. Nobody ever knew about it". These two subjects had serious attempts later on and were hospitalized in a psychiatric ward. The ages of the subjects at the time of the suicide attempt in adolescence ranged from 15 to 18 years. The type of the attempts were: one dose of pills and/or cutting wrists. One of them intentionally put herself in a dangerous situation in order to die by allowing a violent gang to beat her up and was consequently hospitalized. Table 2. presents summary statistics regarding the various details of the attempted suicide.

TABLE 2

Summary statistics of details regarding
the suicide attempts

		Subject			
Attempt		No.1	No.2	No.3	No.4
First	Age:	16	8	15	8
	Type:	Pill-overdose.	Jump out of window.	Put herself in danger.	Lead poison from a pencil.
Second	Age:	-	16	-	15
	Type:	-	Cutting wrists.	-	Cutting wrists.
Third	Age:	-	17	-	16
	Type:	-	Cutting wrists.	-	Pill-overdose, (hospitalized).
Fourth	Age:	-	18	-	-
	Type:	-	Cutting wrists + pill overdose, (hospitalized).	-	-

DATA COLLECTION

Experiences of incest as well as of suicide attempts are sensitive, personal, painful and taboo topics. Thus, face-to-face interviews appear to be the most appropriate technique to obtain the necessary data in this exploratory study.

An interview guide (Appendix A) was developed in order to address the following particular questions: 1) What were the experiences of these adolescents following the incest? This included the disclosure, the changes and the interventions which have taken place after the disclosure. 2) When and under what circumstances have they made their suicide attempts? This included their perceptions of how the incest and the adolescent stage affected them in attempting suicide. Using these questions, the researcher focused on the subjects' perceptions, feelings, thoughts, beliefs, and ideation about their experiences. All questions were open-ended questions. Although the investigator went to each of the interviews with the same interview guide, changes and additions were made during the interviews when warranted. Consequently, the interview guide became more flexible than was originally planned. This flexibility was more in line with the subjects' preferences as well as with the researcher's interviewing style. The questions listed in the interview guide were always answered, but only asked directly if not mentioned in their own telling of their experiences. Basically, the subjects told their 'life story' and the interview guide served as a 'guard' ensuring that all the issues, aspects and especially their thoughts and feelings concerning the experiences were covered. The interview guide, as Patton (1980) states,

"...simply serves as a basic checklist during the interview to make sure that all relevant topics are covered. The interviewer is required to adopt both the wording and the sequence of questions to specific responses in the context of the actual interview." (p.198).

This instrument, on the one hand defines basic parameters and outlines the area which the researcher is interested to focus on in the interview and, on the other hand, it provides flexibility allowing the subjects to share their experiences in their own way, thereby allowing for added richness of the data.

One question which was originally posed as: "Tell me about your attempt to commit suicide" was changed to "Did you have any attempt to cause harm to yourself?" It was changed after the first interview because the subject's response was "I haven't. I have thought about it for a long time but never really (pause)... One time I took a bunch of pills..." This response brought about the thought that maybe each of the subjects labeled "suicide attempt" differently, and maybe labeling it as "suicide attempt" or addressing it in a direct way can raise resistance to talk about it, as a result of shame, embarrassment, stupidity etc. The revised question was found less threatening.

The interviews were taped in their entirety and hence selection bias was likely to be avoided. This also permitted the interviewer to be more attentive during the interviews to factors which might have influenced the way the subjects reported their subjective data (Patton, 1988).

Notes were taken throughout the interviews. Patton (1988) points out that,

"Notes can serve at least two purposes: (1) notes taken during the interview can help the interviewer formulate new questions as the interview moves along, particularly where it may be appropriate to check out something that was said earlier; and (2) taking notes about what is said will facilitate later analysis." (p.247).

DATA ANALYSIS

Glaser and Strauss's constant comparative of analysis was used to analyze the data gathered in this study. The process of data analysis, following a

ground theory approach, began with the transcription of the taped interviews. Each sentence or a group of such with a common subject linking them were constructed as indicators and were coded in the margin (see Appendix C). Miles and Huberman (1984) define a code as: "... abbreviation or symbol applied to a segment of words - most often a sentence or paragraph of transcribed field notes in order to classify the words." (p.56). For example, when one victim was asked about her sexual abuse experience she responded:

"Well, I don't know at these days if I called it sexual abuse, but I guess it is if your father touches you everywhere."

This statement was coded as 'uncertainty regarding the definition of sexual abuse'. Another victim responded in a similar manner to the same question, specifically,

"Once when I was seven or eight I think that my mom came to my room, rubbing on me for a long time. I was eight, now I am thinking this was not normal. I don't know if it is for a mother putting cream on her kid, she was really slow rubbing cream everywhere (pointing to her genitals). It is a very distorted memory. I can't tell if it's healthy or not."

This statement was coded as 'confusion about normal and abnormal, healthy or unhealthy mother-touching.'

Glaser (1978) states that,

"From the comparison of indicator to indicator the analyst is forced into confronting similarities, differences and degrees of consistency of meaning between indicators which generate an underlying uniformity which in turn resulted in a coded category and the beginning of properties of it."

These similar codes were listed as a group which indicated a common element in these two responses, and were labeled as 'Attempts To Define Sexual Abuse'.

The codes that emerged from the transcriptions were sorted through and developed a system of properties and categories. The question "Tell me about the sexual abuse" entailed a description and an explanation which included three properties: i) Other Sexual Abuse Experiences, ii) Attempts To Define

Sexual Abuse, and iii) Details About Incest. These three properties comprise and appear to be of different dimensions of the category Sexual Abuse.

This process continued until each case was analyzed. Throughout the open coding process, codes were memoed when it was necessary. Glaser (1978) defines a memo as, "... the theorizing write-up of ideas about codes and their relationship as they strike the analyst while coding." (p.83). Strauss (1989) in his guideline for open coding suggests,

"Frequently, to interrupt the coding in order to write a theoretical memo. This leads quickly to accumulated memos as well as moves the analyst further from data and into a more analytic realm." (p.32).

A memo to the above example of the victims' responses might be:

The confusion and the attempts to define sexual abuse raise the question of what is normal and abnormal, and what is healthy and unhealthy concerning sexual behaviour which may affect the victims' concepts about sex and heterosexual relationships later in their lives. At adolescence, when their search for sexual identity and relationships with the opposite sex will take place, confusion and problems might arise. For them, sexual relationships might be connected with the notions of exploitation and being victims, or a 'dirty' issue, a way to get love and closeness, and other distorted thoughts and feelings that may enhance their difficulties and problems which may contribute to the suicidal behaviour.

The transcription was reviewed again until all the indicators agreed with the developed categories and their properties, and each concept reached a point of saturation. Strauss (1988) postulates that theoretical saturation occurs "When additional analysis no longer contributes to discovering anything new about a category." (p.21).

The process was repeated with each of the four cases. The properties and the categories that emerged were continually compared with the categories and the properties in the previously analyzed cases. The coding, properties and categories were changed or modified in order to better reflect the data. This process was one of developing a system of categories and properties to a level of abstraction that would include and clearly represent the incest and the

suicide attempt experiences of these adolescents.

The data analysis of the victims' experiences generated a basic social process which encompasses three stages. Each stage groups several categories and their properties, and has a beginning and an end. A critical juncture led to the transition from one stage to the next.

In the next chapter, which presents the findings, the relation between the categories, the various stages, and the relation and integration among the stages and the entire process will be discussed.

CHAPTER FOUR

FINDINGS

The data analysis of the victims' experiences generated a Basic Social Process which encompasses three stages: i) becoming a victim, ii) escalation of problems and iii) the healing process. These stages

"...tie together various sets of conditions, properties, etc., in a manner which allows for a high amount of densification and integration at the same time it allows for conceptual grab and tractability. And, stages allow for the theoretical tracing of and accounting for change over time." (Glaser, 1978, p.99).

Each stage had a beginning and an end, and the transition from one stage to the next one happened after a critical juncture which was the turning point. Each stage has several categories with their respective properties and conditions. Each category relates to the other categories and all of them grasp the whole stage. Each stage is connected and is related to the other stages and to the entire process. Glaser points out that Basic Social Process by developing into stages

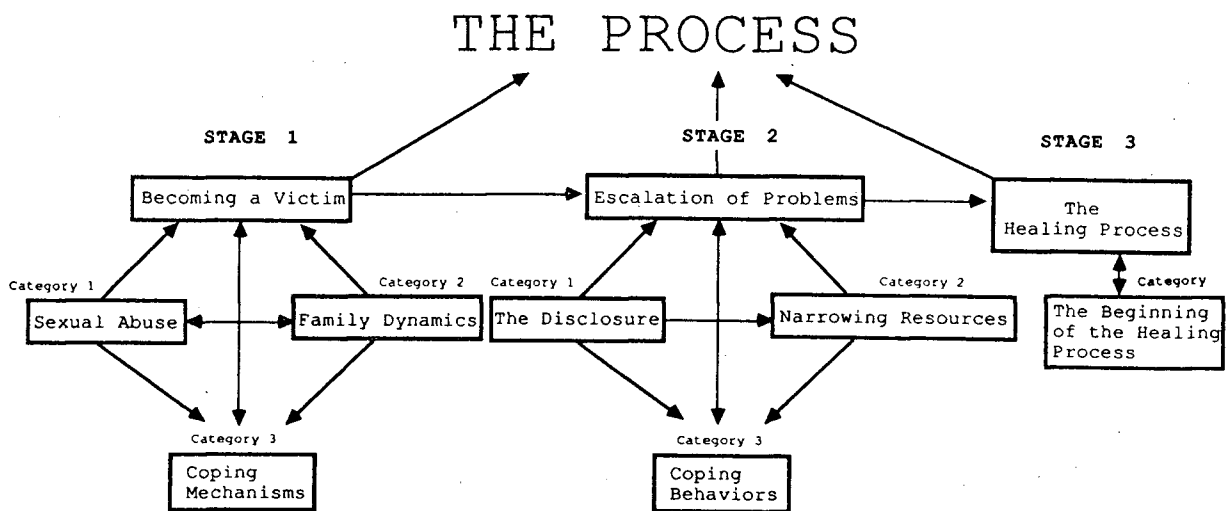
"...allows one to follow changes over time, yet remain in grasp of a theoretical 'whole' process which has a beginning and end. When the stages and their properties, conditions, consequences and so forth are integrated into the 'whole' process, when each stage's relationship to the process and to the other stages - how they affect it, shape it, and so forth, are integrated, then the process can be conceptually followed from stage to stage the change over time being theoretically accounted for, without the imagery of the overall process being lost." (p.99).

The first stage, termed 'Becoming a Victim', represents the period during which the incest was initiated and ended. The turning point from the first stage to the second was the disclosure which stopped the incestuous relationship and entailed changes in the victims' lives. This stage is termed 'Escalation of Problems' as the incest victims described it. The end of this stage happened with the victims' suicide attempt. The suicide attempt had

been the crucial juncture to the third and last stage which is referred to as 'The Healing Process'.

This BSP is a theoretical reflection and a summary of the patterned, systematic uniformity flows of the victims' social life and experiences which they had gone through, and which can be conceptually capture and enhance the understanding of their experiences which is the purpose of this study. Figure 1 summarizes The Process.

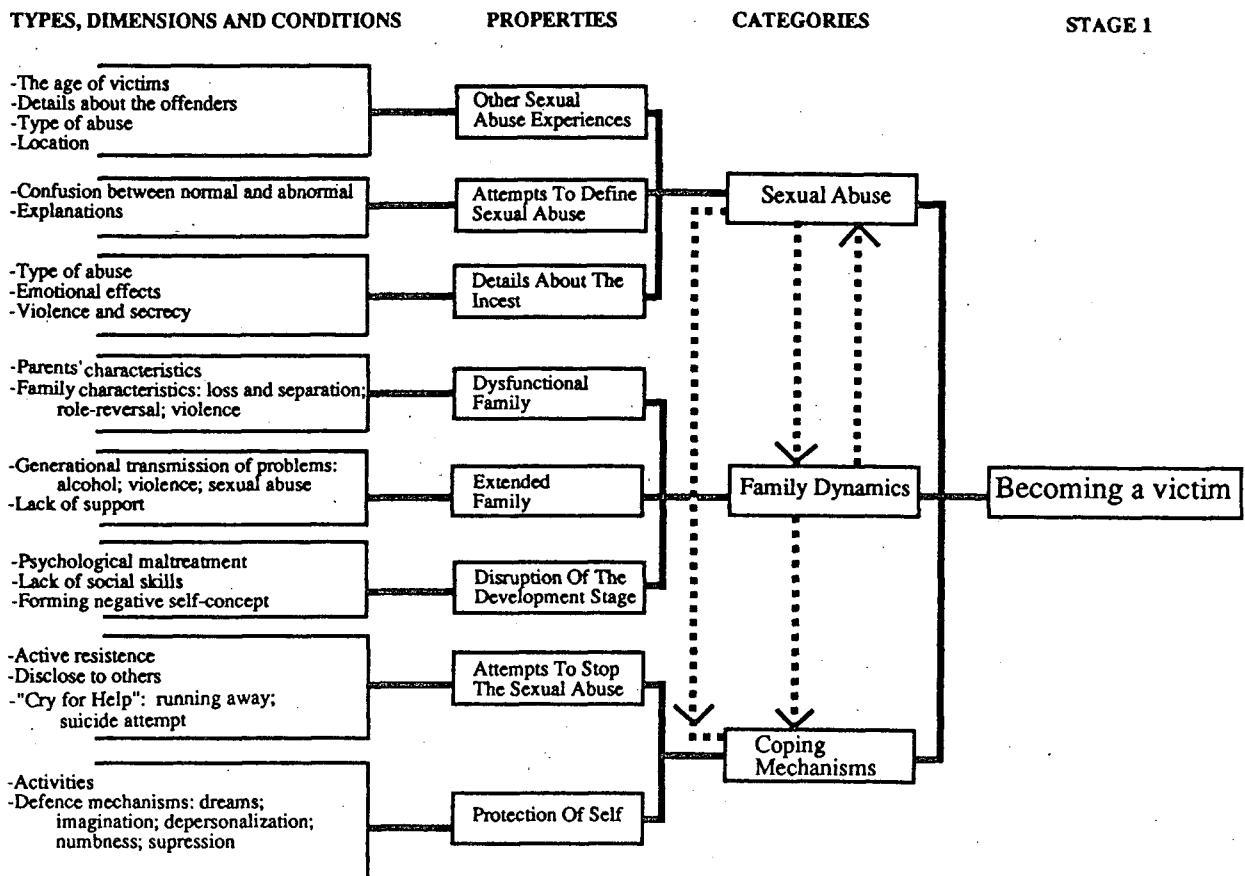
Figure 1: The Process



STAGE I: BECOMING A VICTIM

The first stage of the process had started when the child became a sexual abuse victim and ended when the incestuous relationship had stopped. Becoming a victim resulted not only from the incest experience but also from the environment within which the incest took place which enhanced the problematic situation and further contributed to the experience of becoming a victim. This stage includes three categories: i) the sexual abuse, ii) the family dynamics and iii) the victims' coping mechanisms during that period of time. Figure 2 summarizes the categories, their properties and types, dimensions and conditions which comprise this stage.

Figure 2: Schematics of Stage 1



CATEGORY I: SEXUAL ABUSE

When the question "Tell me about the sexual abuse experience" was presented to the victims they provided a description which included three properties of the first category: other sexual abuse experiences, attempts to define sexual abuse, and details about the incest experience. In the ensuing discussion I will elaborate on each of these properties.

All the adolescents had recalled other sexual abuse experiences that took place prior to the incest, at the time of the incest and/or after that. The first sexual abuse initiated when the victims were very young, the age ranged from 2 to 4 years of age. They remembered the experiences but as young children not all their recollections were clear. As one of them recalled:

"The first time I remember I was really young, maybe two. I grew up not really remembering who the fellow was, now I quite sure I do know. I and my sister were in this little room at this little bed, he called us in but not together, I just remember he was touching both of us and he was lying at this bed".

The fact that the offenders were neighbors, family friends or extended family members facilitated the physical and emotional access to the victims. The victims, being very young, did not have the full capacity to understand the severity of the situation and as a result could not effectively resist the perpetrators or ask for help.

"I was 3-year-old, maybe I was a bit older, but I was quite young. And my mom left me with my uncle. I remember I was in the bed, having napping and he came in and just touched me. I know he did it, I just have this small piece in my mind"

"...my mom's girlfriend, her boyfriend when sleeping on the bottom bed, like, I and my brother had bunkbeds and we came, it was time to go to bed and I was wearing my nightgown and he grabbed me and he pulled my nightgown up and he touched me and then he bit me on the inside of leg and I screamed and my mom came down and she grabbed him and she threw him out of the house and her girlfriend along with him and um, another time, we were living in this co-op and the caretaker was going around abusing all the little girls, like, sexually molesting them and stuff, and I

remember him touching me and giving me quarters and stuff and telling me not to tell, like, this would be our little secret, type thing."

"I remember so many (sexual abuse experiences), like they (my parents) use to had these parties all the time and once a guy came up sat down beside me put his hand on my bum. And once when I get my hair cut, there was a guy fondling me. So I have a lot of these yucky memories."

The victims described their 'other sexual abuse experiences' as introductory to the incest relationship. The sense of being a victim was enhanced by the repetition of the victimization especially so when the offenders were family friends, extended family members and people in the neighborhood and the community. The offenders used their power as adults, who the victims could not resist, especially so since they were very young and their understanding of sexual behaviour was blurred and limited. The victims grew up in incestuous families in which communication is a problematic issue. Also, the parents, due to their problems, were physically or emotionally unavailable to the victims in times of stress. These aspects contributed to the extrafamilial sexual abuse to happen. Being exploited and victimized by known adults shattered the victims' innocence, their trust and respect for adults in childhood and later on in life. The sexual abuse behaviour enhanced the child's confusion and the sense of being exposed to victimization without getting protection or defence from parents as well as other adults in general. These feelings led the victims to perceive themselves and their surrounding environment in an obscured manner. The accumulated trauma resulting from being abused repeatedly contributed and influenced the incest sequels and the forming of the role of being a victim.

The victims in recalling their experiences seemed to attempt to and search for a definition of sexual abuse. They were confused and tried to draw a line between normal and abnormal sexual behaviour. Although they were young

at the time the sexual abuse had taken place, they still had the sense that something was wrong and inappropriate.

"Well, I don't know at these days if I called it sexually abuse, but I guess it is if your father touches you every where, its strange. I think when I was young he was used to call me "we cunty" which was really gross word to me when I was young. Because it is sexually. And he used to, I don't remember what happened when I was very young, but when I was 7-year-old I used to sleep with him in the same bed and he was always holding and fondling me and I woke up and his hands were on my 'boobs' and he had been said: "I'm so lonely, I'm so lonely."

"He had been trying to grab my bum, this is in one occasion, and as I grew older and I started developing my breasts he always comment "Hey you finally have tits" and try to squeeze them every time when he hugged me, I felt very uncomfortable. Once he said "I always feel uncomfortable to hold your hands because I think maybe you will think that it is sexual abuse or incest." It was even in his mind. And I hadn't really put two and two together. I just knew that he is an alcoholic and he is wierd. But lately with you and looking back it was definitely strange".

"I touched him for money. I was too ashamed, because I went there knowing that, I knew that it was something with sex, but if someone asked me what sex is, I wouldn't know what it was, what sex is I wouldn't know what it was."

For the victims the molestation and the definition of sexual abuse were very confusing. In childhood, and even when they recalled their experiences at a later stage they were trying to figure out what was healthy or unhealthy, normal or abnormal. Some experiences were still being very distorted as one of them, who had been molested by her father described an event with her mother:

"Once when I was seven or eight I think that my mom came to my room, rubbing cream on me for a long time, I was eight, now I'm thinking this was not normal, I don't know if it is for a mother putting cream on her kid, she was really slow rubbing cream everywhere (pointing to her genitals). It is very distorted memory, I can't tell if it's healthy or not."

When the abuse was accompanied by violence and/or by inappropriate explanations by the offenders the victims as children were more confused, they got a double message which was very difficult to handle and understand. As one of them described:

"I didn't understand why he was doing that to me. Like, I knew it was wrong but I didn't understand why he did that to me. And he used to say all kinds of things to me like, if he ever hit me or something, he'd say something like "I'm only doing this because I love you" or "This hurts me more than it's hurting you" and I couldn't understand that either because he's like really hitting me."

The confusion of the victims in childhood about the sexual relationship in which they were involved brought about the questions concerning what is normal and abnormal, and what is healthy and unhealthy. This may have affected the victims' concepts concerning sex and intimate trust relationships later in their lives. Affection and love might have been confused with sex. At adolescence, when search for sexual identity and heterosexual relationships take place, confusion and problems may arise. For them, sexual relationships might have been connected with the notions of exploitation and of being victims. It may also bring them to view sex as a 'dirty issue', a way to get love and closeness or other distorted thoughts and feelings that may enhance their difficulties and problems which, in turn may contribute to the suicidal behaviour.

After describing the other sexual abuse experiences and the confusion regarding what was a normal or abnormal sexual behaviour, the victims recalled their incest experiences.

Whether the offenders were the natural fathers, or whether they were the mothers' common-in-law husbands, who have been father figures to the victims, the types of the sexual abuse varied. The abuse ranged from intercourse through to other experiences such as: fondling, masturbating and exposing to pornography.

"When I went to visit him he had a bachelor apartment and I had to sleep in the same apartment in the same bed. Sometimes I have seen him walking nude. Or when I was younger and I came over to see him, he was with a bunch of his friends looking at porno movies or when I was younger he was in bed right next to me and had sex with his girlfriend and I was totally

awake and I heard them. So it was really weird my life was always right there with sex."

Shame, anger, hate, powerlessness and blame were emotions described by the victims as accompanying the incest experience.

"I went seeing him for money but getting money I had to touch him, masturbate him, touching it or feel it. I remember him touching me, because my pants were down. He used to tell me to lock the door. I had sensation when I was touched. I know with him I did, and... I was really ashamed about it."

"And I hated him for the rest of his life. He had a stroke and I had hated him even when he was sick and couldn't move, he lost his mind, I still hated him, he still scared me."

"I always, I always know, in my dreams when I sleep I see myself killing him. I'll stab him, I'll beat the shit out of him. I see him burning in a house and we all live together and I get my whole family out of the house except for my dad and I watch that, like, that's what I see in my dreams all the time, ever since I was a little kid. He's always been in a house and he's been burning and I won't save him, I can but I won't, you know. Like sometimes I'll have a ladder and I could put the ladder up there and he can climb down but I won't, I'll hold on to it and I won't do it, you know."

Secrecy was a common feature in the experiences recollected by the victims.

Keeping the abuse as a secret resulted from rewards and direct threats made by the offenders. For a child to live with such a kept secret is harmful, destructive and a powerless enhancing situation especially when the victim, as a child, is threatened by punishment and abandonment. The thoughts about others' reactions to the exposed secret also enhanced fears and helplessness.

As one of them described:

"We had a social worker at the time, and he used to say never to say anything to her because she'll take you away and she'll put you in a bad place and people will beat you up all the time."

"And at the last time when my pants were down, somebody walked into the house, I heard them coming. I jumped up, I knew it was wrong, I didn't really know what sex was, but I can't explain it, but I had to jump up to put my pants on."

The sexual abuse experience for victims during childhood is a very

distorted one. The secrecy, the verbal and physical violence accompanying the sexual abuse, the exploitation and the exposure to sex by adults whom the child knew, loved and trusted enhanced the confusion, powerlessness, anger, helplessness and other feelings which were very difficult for the victims as children to handle. The incest was described as the most destructive sexual abuse experience. Being molested by the father, on whom the child depends for her basic needs, impairs the bond between the father and the child and the later's well being. The offenders used their power and authority against the victims to establish the sexual abuse relationship, in addition to the rewards and threats they have inflicted upon them. The victims felt powerless in relation to their victimizers. The common feelings regarding the sexual abuse were anger, depression, low self-esteem, helplessness and shame. Even at the stage of adolescence, the victims attempted to define and understand the sexual abuse, which may indicate how difficult and complex this experience has been. It has been an experience that left many scars and problems to surface in years to come.

The sexual abuse as a category, which is described above, had taken place in the context of a dysfunctional family. Issues related to family dynamics are elaborated on in the following section.

CATEGORY II: FAMILY DYNAMICS

When the adolescents described their incestuous families they related it to three issues which comprise the properties of this category: the victim's dysfunctional family, the extended family and the disruption of the developmental stage.

The victims described their families as dysfunctional. Their parents

were perceived as providing inappropriate examples of marital relationships as well as parenthood. They described their fathers as alcoholic, violent and not having stable jobs.

"I just knew that he is an alcoholic and he is wierd... he is screwed up all the time with drugs and alcohol. He is adolescent mentally and I deal with him like a total mental person, he is such an idiot."

"My father was alcoholic, drinking, they fought all the time, I'm sure that he beat her and raped her. When I was a baby he broke my arm once, he used to hit me a lot in serious spank, threats, yelling, rage, you know, typical alcoholic family."

"My father was alcoholic, he has several jobs. He was a policeman when we were kids. And then he was in construction and then he fished. I think that's all he has done."

"He mostly beat me and stuff, he just hit me all the time for whatever reasons. I guess sometimes he'd have fights with his girlfriends and stuff and he'd take it out on me that way."

The father as the abuser violated the trust of the child and instead of protection he became the child's problem. As one of them described her fears and vulnerability resulting from the loss of the father's protection.

"...when I was then and my dad had already done something to me, like, the guy downstairs was a friend with my dad and he had brought up a case of beer and he and my dad were drinking. Me and my brother were lying in bed and reading comic books and he went over to my brother's bed and he started french kissing my brother and then he came over to my bed and he started running his hand up the blankets, like underneath them, and I freaked out and I ran into the other room screaming and I stood behind my dad and I just kept on screaming and crying and I couldn't tell him what this man was doing because he was doing it to me too so I couldn't say this man just did this and so I didn't. He told me to just get back to bed so I did. I don't think he would have cared anyway."

The fathers, in addition to being the abusers, were also described as weak, inadequate, insecure and incompetent in their intrafamilial and social functioning. This father-model has contributed to the victims' future problems in choosing appropriate partners and forming relationships with them.

The mothers were alcoholics and/or drug users and were described by the victims as passive and unable to provide support, care and love. They were

unavailable physically and emotionally.

"She was like a stone all the time. I always remember like I had nightmares, telling her things and she was not listening, not connecting or not believing me."

"I don't relate very well with my mom, I think, me and my mom are more like friends than mother and daughter."

"My mom was borne on Valentine's day, it is wierd, she does not have a heart at all. She and her husband abused me all the time physically and emotionally."

The victims expressed ambivalent feelings toward their mothers. On the one hand they viewed them as passive, dependent, selfish, helpless and problematic. They felt that the primary bond of nurturing caring and trust was violated and absent, and blamed them for not being available and stopping the abuse. On the other hand, they tried to protect their mothers, love them and cared for them. One of them expressed her ambivalence toward her mother as follows:

"I love my mom because she's my mom and the part of me that hates her is because I couldn't understand why she sent me to live with my dad, you know, and I just, I thought she knew about this, how could she do that to me? Like, what did she think? Did she think, oh, because I'm his real daughter, he wouldn't do that to me? He did, just did it to my sisters because they're not his real daughters? And I didn't understand that."

Although they had experienced disappointment regarding their mothers' reactions, they still had the fantasy and the longing to have a 'normal' mother; a mother who takes action, a mother who can alleviate pain, fears and provide comfort. Each attempt contributed to the accumulated feeling of being abandoned, unloved, unprotected and a one for whom nobody cares. If the mother, who is the nurturing and loving figure, cannot provide the kind of support needed by the child then the feeling that no one else can provide it is created.

Loss and separation were common features in the victims' early lives.

Prior to their parents' separation the victims were witnesses to fights and violence between the parents; they lost their parents as caring, loving and protecting figures. One of them described her experiences:

"... when I was young, my mom and dad used to get in fights all the time. My dad would beat the shit out of my mom. My mom would pack up all of her stuff and we would leave in the middle of the night. And we went to a transition house once and one time my mom left my dad, we moved into a house and um, my brother got taken away and put into a foster home and emergency services told my mom that if she didn't get back together with my dad, then my brother couldn't come back to live with us. So my mom did that and then my dad went totally nuts again and he took a two-by-four to her and he beat her up really bad and um, when my mom got a chance then we left again and we moved downstairs from my aunt and uncle and while we were out they changed the locks on the door and everything and they kicked us out and they wouldn't let us back in so my mom had no place to go. She's got me and my little brother and she didn't know what else to do so she gave custody of us over to my dad and that was when I was seven years old and when I was seven till I was eleven I stayed with my dad."

The role reversal mechanism was also described by the victims. They described themselves taking roles such as: taking responsibility of house chores, taking care of siblings, and being the father's wife. It created feelings of unfairness, anger and confusion.

"A couple of days before we got taken away from him he took off his wedding band and put it on my marriage finger. That's how sick he was. Like, I wasn't his daughter, he got to a point where I wasn't his daughter anymore. I was like his girlfriend, his wife."

"If my dad was home and my brother did something wrong it would be my fault because I was responsible for him, so, I had to take care of him."

"She has worked ever since I was... all forever. I supposed to do the house chores but it wasn't fair. We had a lot of fights, eventually we took turns."

The extended family could provide help and support during periods of stress and crisis. The victims described their respective parents' families of origin as dysfunctional when they spoke about their parents. Problems such as violence, alcoholism, and mental illness were features transmitted from generation to generation. The sense of lack of support and help was enhanced

because the victims knew that their extended family members were problematic themselves.

"His father got shock treatment, he had a nervous breakdown when he was 25. My dad's brother is manic depressive, he is always on drugs, and his sister is married to an alcoholic. And the other brother seems very passive. And my dad is definitely alcoholic."

"She (her mother) has seven brothers and sisters. They don't have drinking problems. One of the brothers married a woman who his kid was sexually abused by her grandfather. This family is screwed up because of that. Other sister married to dope addict."

The victims reported that their parents were also victims of sexual, physical and/or verbal abuse as children. Their parents' own resources to deal with stress problems and family relations appeared distorted to the victims. These parents did not have positive and normal models of parenthood and they transmitted problems to their present families. As one victim described:

"I know he's sick and he's had a rough childhood himself, like, he's been abused sexually by his mother. His father shot himself in the head when he was young. He committed suicide, his dad did, my grandfather, from what I was told by my grandmother. My grandmother had her left breast cut off once because she had cancer and she used to have one of those foamy bras so you can't tell and he used to go up to her and he'd squeeze them and go, "well oh, this one feels pretty real" and I remember him doing that when I was young and remember thinking, you know, there's something wrong here, and I think about it now and I think, God, he must be really sick, I mean, I could never do that to my own mother. I couldn't see anybody doing that to their own mother. There's just no way."

When the victims and their siblings identified that they were molested by their grandparents and their uncles it increased the feelings of abnormality of their own family and the feelings of isolation and lack of support later in their lives.

"He was (the grandfather) babysitting us also, my brother was at home, he sent us all to bed, and then he let me and my sister get out of bed, my brother had to go to sleep. My sister was under the blanket with him, laying on the couch, he was touching here, and I'm not sure if he had never touched me. I don't think so."

The victims' parents had been abused and psychologically maltreated as

children. They themselves were deprived and the cycle of abuse repeated itself from generation to generation. The parents, as adults, still had problems with their parents and transmitted their immaturity, lack of differentiation and their unresolved feelings to their children.

The victims had the sense that instead of having loving, caring and protecting parents they were abandoned and neglected. As they described:

"I can just remember so many nights she wouldn't come home till it was really, really late. I was so scared to be attacked or being murdered... I always freaked out, because always I was left alone till really late even since I was six."

"I hated him sometimes, but I wanted him so bad to love me. He always teased me and made fun of me. He enjoyed doing it to me because I used to cry. My brother was his favorite."

"I wanted to have it (sex) too, because I always didn't have any attention, they were busy with sex, always with their lovers. My grandmother used to say to my mom I'm going to send her to a foster home."

"She mostly had pot pot pot, they used to like sitting in groups smoking pot and passing it to me. I felt my dad was always drunk, I pictured him like in another planet, and my mom had pot, and I felt why can't I be there. I hated them leaving me, because I knew when I was looking on all these faces they were all somewhere else."

The victims carried memories and feelings of longing to have a normal childhood and normal parents. They felt that their needs as children were not met. As expressed by them:

"I wanted so much to have a normal home, you know, chicken on Mondays, salad on Tuesdays, just to have a normal home."

"I really did not have any childhood. I always was so mad I wasn't a child. I was so mad, how come I knew about sex, drugs, money? Why were all my friends adults? I wanted to be a kid."

"My parents did not have any concept about the child's mind. I have never taken a child to see "Joe's Tommy" or these movies of sex and drugs, it just freaked me out."

The sense of being a victim was enhanced by the feelings of abandonment and emotional neglect. The feelings of unfairness, the feelings that the father

and the mother could not provide care and love, the loneliness and helplessness of the situation at home, gave them the sense of being scapegoats, of being victims who have been determined to suffer. The incestuous family and its characteristics contributed to the disruption of the victims' development. The child's needs for love, care, protection and preparation for future developmental stages were ignored and violated. The child grew up with a sense of loss of childhood, having inappropriate parenting, and lack of love and care. The child's basic foundations of self-concept became negative and confused as a result of the traumatic experiences.

Throughout childhood one develops her fundamental sense of identity and self-concept. The parents, as well as significant others, play a crucial role in this stage. As was described earlier, the parents, the extended family and the lack of friends have all contributed negatively to the child's well-being, violated the child's security, sense of being protected and being loved and thus, contributed to the formulation of a negative self-concept:

"At this time the children at school called me names well, 'cause they say that to me, I thought its true, I started believing it cause they kept saying it and you know, well, it must be true if they kept on saying it and this happened at grade 6, like, everyone started doing this to me and then I transferred because I went to the foster home and I started at a new school and they did it to me too, so I thought, okay, for sure, man, then I must be really ugly or something, you know. I still don't like having my picture taken, and all my pictures I think they look bad and stuff."

"Uh, he used to call me a bitch all the time and he called me a whore. Once when the police brought me home from when I got jumped in that alley and, um, he waited till they left and right in front of my friend he slapped me across the face and said "You whore, you probably asked for it" and that's, I'll never forget that."

"Well, what my dad used to do to me just makes me feel dirty, makes me feel bad, like, I know that its not my fault and everything but, you know, it still makes me feel really, like, gross, sick and sometimes I thought when they called me these names that they might see it, like they might somehow know. They might have found out or something and that's why they're calling me that too."

"I was out-spoken I didn't respect adults obviously because my parents weren't respected. I was very loud, outspoken because that's how I talked to my parents. I was a really hard child to discipline."

The incestuous family with its characteristics prevented the victims, in their childhood, from building appropriate social skills. The closed family system, in which they grew up, did not provide the necessary opportunities for exercising social skills outside the family thus, contributing to their feelings of being different, loners and outsiders. As they described:

"I had maybe one or two friends when I was in elementary schools. I was more a loner. I didn't really hang around with anybody but my brother."

"I never fit in because I always felt like my innocent was one-like sex, and I used to hate that I knew so much. So I tried to explain them. I tried to see if they know about sex, smoke, drinking, drugs. I couldn't invite them over, because my mom had drugs and I had to lie all the time. They came from these little happy families and they didn't understand, worry about good grades or make-up or something, and I became completely isolated, loner."

The victims also described experiences of being victimized by peers at school. That further enhanced the perception that they were victims:

"I went all the way through elementary school with people calling me dog and saying "you're ugly" and stuff like that and this was mostly the girls. I mean this is why I don't get along with girls very well is because of that and the only reason why they did that is, that I can figure, is because I did not dress with like, brand new clothes like that. My clothes were like, my jeans were all ripped up in the knees and stuff. My runners were like old runners. They had brand new shoes and brand new designer jeans and nice clothes and they did their hair nice and they wore makeup and I wasn't allowed to wear makeup and in the morning I didn't really have time to do my hair and I didn't know how to style it like they did."

The insecurity, fears and helplessness, resulting from the sexual abuse and the dysfunctional family, were enhanced by the lack of friendships with peers. There was no place or way to get support or to develop a sense of trust.

CATEGORY III: COPING MECHANISMS

At this stage, the victims tried to achieve a change by two ways of coping which are the properties of this category. The first is characterized by attempts at changing the nature of the situation itself, that is to stop the sexual abuse. The second is characterized by attempts at managing and dealing with their thoughts and feelings regarding the situation using defence mechanisms to protect the self.

Despite their young age, the victims had the sense that something was wierd and wrong and they tried various ways to stop the abuse. They tried to resist and to say 'no' in several ways as they described:

"When he called me names or something, I had said 'don't', I remember, when he tried to touch me, I went to the back when he started to hug me I always pulled away. I tried but I don't think I did."

"I'd be sleeping at night and he'd just come in and he'd climb in with me... only once, think he was really violent and it was when I was fighting back and I kneed him in the nuts and he hit me a couple of times but I was too scared to do anything so I didn't really fight back very much."

They also tried to get help from others when their attempts had not succeeded. One of them described her attempt to get help from a stranger in a park, as she recollected:

"This lady was with her kids at the park and she was talking with me and I just had to tell somebody so I told her everything and then I just got up and I walked away and I left. I never saw her again. I went home but I didn't tell her my name or anything so she couldn't have done anything. I've never seen her before either."

In cases when the victims tried to stop the abuse by telling their mothers about the abuse they did not get any help. The mothers, as described earlier, were passive, depressed and dependent, and were unable or unwilling to defend and protect their daughters. They ignored the information given to them by their daughters, denied it, or refused to believe it and did not take any

action to alleviate the situation.

"I told my mom "can you please tell him not to treat me this way?" My mom told me "you have to tell him yourself." But he didn't listen to me. I felt frustrated and angry. Because I already told him to stop it, and he just laughed. I wish he'd stop treating me like that, like a sex object. I was scared of him. I was afraid to stay home alone with him then."

"So when I was young I don't remember her response, I just remember when I told her about what's going on with my dad, she said, "Oh really! That's not the way it is." She never dealt with me. She even said she went through a nervous breakdown for a couple of years. She was like a rack."

The sense of helplessness, powerlessness and disappointment, which have resulted from the lack of help, were enhanced and led them to several actions, such as suicide attempt and running-away as additional ways to express a "cry for help" and getting a reaction:

"Once when I was eight I tried to jump up out the window. I was used to think about it a lot. I remember myself telling once my mother "you know yesterday I sat on the window trying to kill myself" and she just said as always "Oh". Because she was like a stone all the time. So, you see I couldn't get any reaction, it was like "what can I do? Nothing."

"I thought my daddy hated me, but it really stupid the way I tried to commit suicide. I have heard about lead poison, I ate lead from a pencil, I was suicidal. I wrote a note on the door, everything. I don't remember what I wrote. Nobody ever knew about it."

"I used to save my money and then I ran-away. I took this guy with me, nine years old. It was wierd, I just joked with him that we are going to Niagara Falls. I don't really know anymore if I intended to or not. I don't remember the facts. We got caught after that day and this guy told everyone. I wanted to go to Niagara falls to commit suicide and jump off the falls."

"I just have money that I had, at this time I delivered newspapers and I collected all the money and ran-away for about two weeks. I couldn't stand it anymore."

The lack of outside resources to stop the sexual abuse, the sense of failure of other actions and their young age with its limitations pushed the victims to try and protect the self and to cope with their problematic situation by transforming their fears, powerlessness, helplessness and anger

into some activities. Being a good student was one way of coping, as one of them expressed,

"So I had certain things I could do right -- school, being the best, being a star, there were very few things that I could focus on."

Close relationship with siblings was also a way to feel 'I'm not alone' there is someone with me,

"I was more of a loner. I didn't really hang around with anybody but my brother. We used to play together and go out together and we did everything together so its like I didn't have any other friends and the friends I did have, I wouldn't bring them home with me."

Using defense mechanisms such as dreams, imagination, suppression and denial helped them to go through their traumatic experiences.

"I wanted to kill him, I just imagined killing them (the parents) with their boyfriends and girlfriends."

"I felt scared and I hated him. I just wanted to disappear. I also wanted to kill him too at the time but I couldn't because I was young."

"Basically, I just became the really 'good' and the really bad girl. I had perfect grades, I had been the principal pat and every one pat. I had been the best athlete, but at the same time I was smoking, looking at playboy magazines. I had these two really different spaces."

In their dreams and imagination there were shifting of power from the offenders to themselves, providing them with a sense of control and power, as was described by two of them:

"Well, I always, I always know, in my dreams when I sleep I see myself killing him. I'll stab him, I'll beat the shit out of him. I see him burning in a house and we all live together and I get my whole family out of the house except for my dad and I watch him and he's on the top floor and he can't get out and it burns and he dies. And I always watch that, like, that's what I see in my dreams all the time, ever since I was a little kid. He's always been in a house and he's been burning and I won't save him, I can but I won't, you know. Like, sometimes I'll have ladder and I could put the ladder up there and he can climb down but I won't, I'll hold on to it and I won't do it, you know."

"In my dreams as a child I dreamt that we are together living happily. I pretended that it was a prefect home. I've never allowed myself to think differently."

In the first stage, where the children became victims, the sexual abuse as well as the context in which it had taken place (the dysfunctional family) brought about the deprivation of the victims' needs as children. The victims were sexually as well as psychologically abused. Their needs for love, care, protection and security were neglected and ignored. Their self-concept turned negative, they felt dirty, unworthy, powerless, helpless and lonely. The problem-solving skills, the social skills and the strength of their personalities were all deficient. They tried to cope with the situation in a variety of ways by active resistance to the abuse, by asking for help and involvement of their mothers, running-away, attempting suicide and using several defence mechanisms. This has continued until the transition to the next stage which changed their situation.

STAGE II: ESCALATION OF PROBLEMS

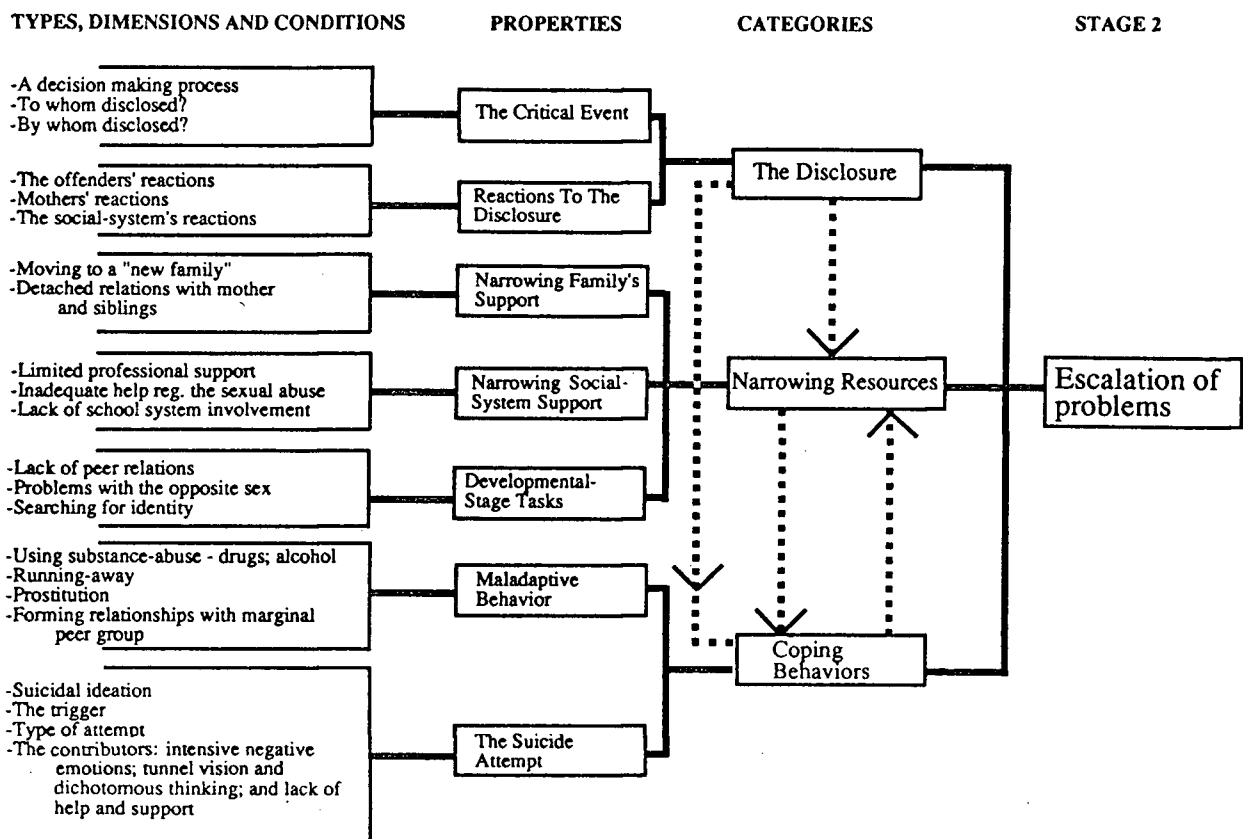
This stage of the process began with the disclosure. When the secrecy was violated, changes started appearing in the victims' lives. The duration of this stage was case specific. However, all victims had gone through similar experiences and changes. This stage includes three categories: (i) the disclosure, (ii) narrowing resources and (iii) coping behaviors. The suicide attempt ended this second stage and was the turning point leading to the third stage. These are depicted in Figure 3.

CATEGORY I: THE DISCLOSURE

The victims described the disclosure category by two main properties: the critical event and the reactions of the significant others to the disclosure. Attempts to disclose had taken place earlier, in the first stage, but at that

stage it did not bring about change and the sexual abuse had continued. At this stage however, they were older and had more understanding regarding the sexual relationship they were involved in as well as having more resources than they had before. These facts have contributed to their decision to break the secrecy. The disclosure varied in terms of the age range, from 11 to 15. In all cases the disclosure stopped the sexual abuse and entailed other significant changes in the victims' lives.

Figure 3: Schematics of Stage 2



Before disclosing their secrets, the victims had gone through a decision-making process. They were older, less afraid of the offenders' threats and more prepared to take risks in order to stop the abuse. They described a critical event which stopped the sexual abuse. One of them made her decision when she got 'tired' of the abuse and decided to take a risk and tell the family's social worker.

"Well, I got tired of being hit all the time and stuff and my dad used to tell me, like, we had a social worker at the time, and he used to say never to say anything to her because she'll take you away and she'll put you in a bad place and people will beat you up all the time and stuff. And I thought well, maybe he's wrong and I can't handle it so maybe its better there than it is here. And I told my social worker, I sat in the car for two hours and I cried and I told her everything that ever happened to me in the house."

One of them disclosed to her psychiatrist when she was hospitalized after a sexual assault event. At this time the disclosure stopped the sexual abuse. Earlier she had disclosed it to her mother but the mother did not take any action. As she described,

"We came to look for treatment, I was 15. It was right after that guy tried to rape me. It was few days after just I and my mother came here (to Vancouver). She thought that her boyfriend was like that, and that is not an issue. "He does it to all these ladies" she said. Well, I felt 'I'm not a lady, I'm a teenager". He started when I was 12-13-14-15. The thing was that I did talk to the psychiatrist about it. He and my mom came to a meeting he said 'you're looking good', whatever he was saying to me. And we confronted him about that, and since then the abused stopped."

Moving to another city after disclosing the secret was the critical event for another victim.

"I told her once I think when I was I don't know how old I was, maybe eleven. I said "mom my dad is scary he touches me and tells me that he is lonely" and she said "don't sleep there any more", that's all. You know denial, not knowing how to deal with things. In the second time, we just moved to Vancouver, and then it stopped."

The victims who through the molestation act have been left with a need for repression and denial after the failure of active resistance to stop the

abuse as well as getting help from others, also developed the need for revelation. At this stage, the victims were more mature and acquired more assertiveness and rebelliousness as typical to adolescence. The ongoing abuse with its effects became unbearable. Although afraid to reveal their secrets as a result of the offenders' threats and the fears of others' reactions to the disclosure, they mobilized an active stance against the helplessness and the powerlessness that they felt. The feeling that nothing worse can happen contributed to the disclosure.

The disclosure entailed reactions of the parents as well as other significant people. In cases in which the offenders were confronted, their reactions included denial, resentment and anger towards the victims. The confrontation was a very uncomfortable and scary situation for the victims, as one of them expressed:

"She (the social worker) tried to get me to sit down and talk with him about it and there was no way I was going to do that and we both kind of sat there and didn't say a word and I couldn't handle it and they asked so I said I wanted to leave... I wanted to get out there. I'm not - there's no way I could talk to him. Like I was scared to even be in the same room 'cause he told me that he'd kill me if I ever said anything. She told him, he denies everything...., he hated me, basically, from what my brother says, I don't know. I didn't, I never went near him again after that. My brother says he used to talk bad about me and stuff and said that I'm nothing but a whore and a little bitch and stuff like that."

In all the cases the disclosure ended up the relationship between the victims and their offenders.

"When I told him again that I think he making sexual passes at me. He was mad, he said "you told your mother and I that we didn't love you and I tried to be compassionate". That's what he said to the psychiatrist. We never talked since. We never looked to the eye, just say 'Hi'."

"I haven't seen him since, well, I've seen him, like, I've seen him sitting at a bus stop, and walking across the street and on a bus but I've always managed to get off really quick or get away from him. Like, I haven't visited him or nothing for eight years now since I've been taken away and I don't plan on it ever again."

The abrupt cut-off in the relationships between the victims and their fathers resulted from the victims moving to other places, either to live with the mother or, in other cases, in foster homes. For the victims, not seeing the offenders, apart from ending of the abuse, it was also a way to deal with the sexual abuse. By keeping physical distance they tried to protect themselves and attempted to resolve the effects of the sexual abuse.

The mothers' reactions were very disappointing for the victims. The feeling of being abandoned and unprotected by their mothers were very painful. The mothers did not take any action to support their daughters or to confront the abusers. The mothers remained passive and tried to minimize the severity of the sexual abuse experience. In a case where the mother did not believe the victim, it enhanced the feeling of helplessness as one of them recalled,

"My mom told my aunt that I just made it up. After that last time that I spoke with her boyfriend, she told my aunt that I made it up. I was really upset, I was crying. And then I didn't know how to deal with it. Mom likes this guy, she took his side. I didn't push it either, I just forgot."

One of them did not even know if her mother knew about the abuse, she was still afraid to talk with her about that, afraid of being punished and also tried to protect her mother:

"I'm just scared that she's not going to talk to me. Like, I know she blames herself for everything that's happened to me. So I'm worried that if I tell her that she's not going to be able to handle it and she won't talk to me anymore."

The mothers' responses generated pain, feelings of loneliness, unfairness, insecurity and had effects later in the victims' ability to trust others or to ask help in situations of stress. They had learned that they could only rely on their own resources which were very limited as described before.

When the social-system support was involved after the disclosure, the

support was very limited. As a result the victim's feeling of "I'm alone" was enhanced. Only in one case the social worker and the teachers at school were supportive and helpful after the disclosure, as was described:

"So at lunch time in school we got called down to the principal's office and she told the principal and the teachers what was going on and teachers and stuff and that we were being taken away and put in a receiving home not too far away from the school so we still attend the same school and if my dad was to come around that we were to go straight to the office and tell them that he was there and not to go up and talk to him....my teacher was really nice to me and he gave me extra attention and stuff and he didn't get mad at me often for not paying attention because he knew why I wasn't able to concentrate."

When social workers or other professionals were involved they did not relate to the sexual abuse as an issue for treatment, and basically the victims were left alone to deal with the effects of the sexual abuse by themselves. In all cases a court procedure did not take place. The professional interventions were limited to apprehend the child from home and/or to confront the offenders.

"I didn't talk, I talked about it to my first social worker. I told her everything and then they took us away and then I never brought it up again. No, they sent me to see a psychiatrist... They just wanted me to go see him and he asked me all these questions and showed me pictures and stuff and I went once and that was it."

The disclosure stopped the sexual abuse which was a positive change for the victims. However, in and by itself it was just a temporary relief which could not have dealt with the severe impact the sexual abuse had exerted on the victims' souls. The reactions on the part of family members and other important people were a disappointment and the feelings of loneliness and helplessness were intensified. The victims did not receive any support from either the non-offender parent or from the social-system establishment. The pattern of deprivation, helplessness, lack of understanding and support continues into this stage and again, leaves the victims stuck with their

traumatic feelings and experiences. As in the first stage, they had to cope with the trauma on their own without having sufficient resources. As the process continues, the problems worsen, as will be shown in the next category of this (second) stage.

CATEGORY II: NARROWING RESOURCES

Although the abuse stopped immediately after the disclosure, the victims had the feeling that the problems worsened. They described three properties which characterized this category: worsening problem within the family, narrowing of social-system support, and worsening problems connected to the developmental stage tasks.

A physical change took place after the disclosure in that the victims moved to different places to live. In two cases the mothers and the victims moved to a new place. In two other cases the victims were removed from their families of origin to foster homes. These changes entailed tremendous difficulties and gave them the sense that their lives had worsened. In the cases where the victims were removed to foster homes the fears, confusion and loneliness intensified. As described by one of them:

"She (the foster mother) drank a lot and she'd get to the point where she'd pass out on the couch and she'd have like, cigarettes lying all over the place and she'd say where are my cigarettes, did you take them, and they're like, right in front of her. And, um, I just, I packed some of my clothes and I took off and I wasn't going to go back and the cops picked me up, the cops, and they took me home and she wasn't there so they took me to the emergency services and I waited there for two hours and the foster mom showed up and she was all drunk. And she brought me home and we had a big fight and she threw a wine glass at Gail, her daughter, and, um, I ran upstairs and she came after me and she was yelling at me saying all these mean things to me and stuff and I went in the bathroom and I tried to shut the door and she got in and pushed the door open and then she grabbed me and she went to hit me and I slammed her up against the door and I called her a bitch and then I ran out again, and then I waited a couple of days and then I came back and I packed up all my clothes and I left."

The relationship with their mothers and siblings got cut off; they rarely met them and got the feelings of loneliness. Although the mothers were described as passive, dependent and alcoholic or depressed, the victims still felt longing to be in contact with them. The loss and separation were very difficult for them to handle.

"I was in the receiving home and then they took me to a foster home after eight or nine months after being in the receiving home and I never had any contact with my mom until I moved into my foster home. After eight months I moved into my foster home and I was there for about a year and I didn't really know how to get in contact with my mom."

And when meetings were arranged the daughters still felt detached from the mothers, they could not discuss issues that were important for them such as the sexual abuse. The need to have a mother who cares and loves was not met.

"Well I didn't speak with her about the sexual abuse, I just went to visit her and we went to like, McDonald's or something like that. I couldn't tell her. I'm just scared that she's not going to talk to me. Like, I know she blames herself for everything that's happened to me. So I'm worried that if I tell her that she's not going to be able to handle it and she won't talk to me any more."

"Since I'm here (in a group home) I did go there anymore. I hate them both. My mother was born in Valentine's day but she does not have any heart. Yesterday she came here to sign the consent form. So I saw her but we did not talk much, there are no relations between us. I just worry about my younger sister and brother."

The victims described limited and inadequate professional support in addition to the lack of family support, which enhanced their sense of narrowing resources. The inadequate help and involvement of the professionals increased their feelings of powerlessness, anger, frustration and confusion.

"When I was first taken away from my dad I had this lady, Linda, who was my social worker and we had her ever since I was a little kid so I trusted her and everything and then all of a sudden she said, well, I'm not going to be your social worker any more, there's this other lady that's going to and then this other lady, I didn't like her, I never really got along with her, I never talked to her or nothing."

One of the sexual abuse effects is the victim's feelings of powerlessness. The

professionals did not have the proper knowledge of or the sensitivity to the effects exerted by the sexual abuse. Decisions regarding treatment or removing from home have been made without consultation with the victims themselves, and consequently contributed to power struggles between the victims and the system in addition to feelings of anger, powerlessness and loneliness. It impaired the victims' sense of efficacy and coping skills. This sense may also be associated with the despair and repression which can lead to suicidal behaviour often noted among adolescents. The victims felt unable to cope with their environment. One of them recalled,

"No, that's more my social worker. She just took over my whole life and made all the decisions for me and she didn't ask me or nothing. Like, she put me in the receiving home and then nine months later I found out I was being placed in the foster home and I had no idea... I was really mad because like, I was really shy and I was really quiet so I wouldn't stand up for myself but it made me really angry that she didn't ask me like, you know, what do I want. Where do I want to live and stuff."

When the victims had professional help, the sexual abuse issue was not addressed at all. The victims acquired the sense that no one cared about them or really understood them. The sense of isolation and abandonment which they had carried through their childhood intensified during this stage not only by the detachment from family members but also from others in the social system. One of them described her therapeutic experience as follows:

"The first therapist I went to a year before (the suicide attempt) said that I was so screwed up that I need to go for a year and a half to a farm. That's freak me out, at this time I was really bulimic. The first reason that I got there was my eating disorder. We met when I was 16. The therapist had to understand that the sexual abuse was still a big issue for me, but always they want me to quit. They didn't really understand what's going on with me."

The school system did not provide any help or was not engaged in any intervention although the victims showed they had problems. The sense of failure and the feelings of not being understood or supported in the school

system, a place where adolescents exercise their various skills, enhanced the loneliness and isolation.

In this stage, in addition to the worsening problems regarding family relationships and the lack of the social-system support, the victims had to struggle with tasks which the adolescence, as a developmental stage requires. Peers at this stage are very important, but the sequels of the sexual abuse which include problems of trusting others, fear of intimacy, alienation, low self-esteem and feeling different prevented the victims from developing normal social friendships. Moving to a new place after the disclosure, was an event of crisis for the victims. They did not have social skills, their ability to cope with changes and with experiences of separation and loss were limited. To change physical environment, schools and the few friends they had gave them the feeling of intensified problems.

"I learned how to socialize and growing up, I tried to be happy and achieving goals. I loved the school, I was in French emersion and I was dancing every day. I was in the swim team. I was in everything. And then my mom decided to move. It was easier for her to deal with her past. I didn't want to move from downtown Toronto to Richmond. In two weeks I got raped. I was at a new school. I didn't know anyone and raped. Everyone at the dance school hated me, people couldn't handle me, I couldn't make friends. So I became a total helpless, I just was very miserable."

"In elementary school I was popular at the beginning. I don't know if the abuse affected me, but later yes it did... I drank, I liked to stay home, I didn't want to go out and see or talk to anybody, I had a lot of crying, I was 15."

Relationships with the opposite sex and the formation of sexual identity are also significant features of the adolescent stage. The hope to get love, care and closeness through the relationships with their boyfriends was shattered and again, they felt victimized. The relationships were problematic; on the one hand, the victims were afraid of forming relationships, but on the other hand they were promiscuous. They were confused between care and love and

sexual relationships. They did not have the opportunity to let go of their feelings regarding the sexual abuse experience, and seek to work out their conflicts, which had resulted from the incest, within their heterosexual relationships. They could not master social interpersonal skills and felt that the role of being a victim goes on.

"I was 13 when I really liked this guy. He just like that I was a virgin. He didn't really like me. Right from the first night he tried to get to bed with me. That was really scary. And he said he doesn't want to see me anymore. I felt that I was gonna die. Then we were back together. This was the first time I stayed out all night... he was 16, I was 13. I didn't know about sex. After three months he left me. I felt really bad, because that's what he wanted and he got it and I let him do it."

"Like guys you know. They came up to you and you must meet a guy and he says 'you're very attractive or you're pretty' or something, I laugh at him because I think that he's just making a pass at me, I don't think he really means it. He just wants to sleep with me, that's all I think, right, so that's I'm very sensitive to. And he could be, like, really sincere and we could be, like, just total friends but I'd still think that, unless he was gay."

"I had problems with men, because I kept demanding so much from them. I don't know, I just felt they were not there for me when I needed them. I just needed so much love and if they didn't give it to me I just got so frustrated."

For the victims, the sexual situations aroused unresolved problems connected to their traumatic experiences. It seems that the victims engaged in heterosexual relations that were not sexually or emotionally satisfying. Having boyfriends meant to be a victim in several ways, it included being a prostitute, as one of them described:

"I was sixteen and then I met this guy and he made me like him a lot and then he'd turn around he said 'I can't see you anymore because I don't have very much money and this girl offered to work for me and stuff' and I liked him so much. I said that I'll work for him because I want to be with him so I went out and started working the street again."

Searching for an identity and for a firm self-concept also intensified the stress and the sense of problems worsening. One builds his/her identity through experiences, relationship with parents and peers who provide a mirror

function. For the victims this task was very confusing. As sexual-abuse victims they perceived themselves as worthless, dirty, ugly, powerless and loners. These feelings became more problematic because the peer relationship as well as relations with the opposite sex were very problematic. They described negative self concept, confusion and questioning their normality:

"I didn't know who I was, and I had a low self-esteem. That's why I had to ask people, I didn't know to whom to believe."

"They thought I was psycho, because I was, I also thought that I'm crazy."

"A number of things affected my life - the sexual abuse is one and the way my dad made me feel. I could never do anything right. I have been called 'stupid', I have been called names. I still don't have a good self-image. I felt like worthless as human being then I shut myself out of people. I thought that I'm such an ugly person and hated myself so much."

"I was bulimic, anorectic, and I had sex at fifteen and doing pots and just had rape. But all the adolescents are going through those things. I don't feel different from others. So I think that I'm different from most people. But I did not know if its a combination of all what happened to me. I know that my reactions are the same to persons that went throughout those experiences. The feelings, the anxieties, the insecurity, the traumatic stress."

The professionals, as described earlier, were not sensitive to the needs and the problems of the victims and by that they also affected the victims' attitudes toward themselves, their identity and their negative self-concept.

As one recalled:

"At the time to me they weren't people, like, they didn't care they were just putting me like you're a piece of paper, like, you go on this shelf, and you go on this shelf. I didn't feel like I was being treated like a human being."

The identity was very fragile, and others' attitudes or comments were very powerful and destructive in the process of searching the self. The sexual behaviour is inappropriate to the child's development. Instead of having and experiencing love, warmth and security, which are very important to the

process of building positive self-esteem, the child experiences fear, betrayal, loneliness, being different, being bad, unworthy, rejected and so on. These feelings contributed to the victims' low self-esteem. As was expressed by one of the victims,

"People can say whatever they want and other people, they can go "Well, I don't care", that's their opinion, you know, but I can't do that. Its hard enough as it is for me to connect with people and when people like me, its really hard for me to do that, and if someone's just walking in the street and they said that to me, I would get really offended and I would start to think, you know, well, am I dressed like a slut, do I look like a slut? Why are they calling me that?"

The support resources for the victims were limited as a result of being sexually abused as well as due to growing up in incestuous families and the characteristics they possess as was described in the first stage. In this stage it is demonstrated that after the disclosure the resources available to the victims have further narrowed down. The narrowing of the available resources was reflected in three major areas: the family, the social-system's support and in the victims' own resources. The family, that was dysfunctional to start with, remained unsupportive to the victims who satayed with their passive, dependent and confused mothers. The situation was not much better regarding those victims who were removed to foster families; since these families turned out to be problematic as well and caused the victims to feel that their problems continued and even got intensified. The victims had the expectations that many of their problems will be resolved after the disclosure. However, the family in its role of the immediate surrounding again failed to be supportive, loving and care giving. The social-system support was minimal, and even when help was given it was done in a way that brought about conflicts between the victims and the system representatives. The victims had the sense that they were misunderstood and that their problems emanating from

the sexual abuse experience were not properly addressed. Consequently, the feelings of narrowing resources, powerlessness, helplessness and negative self-concept had all intensified. In addition to the narrowing of the external resources available to the victims, there was a narrowing of the victims' inner resources resulting from the drain exerted by the needs accompanying the adolescent stage. Due to their specific situation, the victims were not able to acquire the necessary tools to cope with the conventional problems present in adolescence. In the social arena, the feeling of loneliness had intensified, social relations with peers were a failure and destructive and so it was regarding the opposite sex. The self-concept, that was negative to begin with, worsened and questions like 'who am I' and 'what is my identity' caused confusion, pain and helplessness. These negative feelings became especially acute when juxtaposed with the lack of supportive individuals either family members or others.

In the ensuing category the victims' coping behaviour will be discussed.

CATEGORY III: COPING BEHAVIORS

The victims had the sense that problems had worsened, the family as well as the professionals involved were not supportive, their self-concept was negative, peer relations were also problematic, and their own resources were very limited as a result of lack of problem solving skills and their weak personality. Two properties describe their coping behaviors: maladaptive behaviour and the suicide attempt.

At the beginning of this stage the victims continued to deal with the sexual abuse experience by suppressing and trying to forget it. This was the

only way that they could handle it, the lack of family and/or professional support caused the whole issue to remain a taboo.

"I don't think that there's been really anyone that's done anything, that was just me, myself, like, I helped myself out and talked to myself. Um, I couldn't, at the time, I couldn't really open up and tell anybody about it and I just kept inside of me and filed it back in the back of my head and just tried to forget about it."

"At this time I'm not really sure why some things I couldn't remember because I've blocked them out of my head."

The victims also tried to deal with their problems by being good students and by being 'a good girl'. One of them described her efforts to play the roles and rules that were expected of her,

"Well, I didn't like it too much at the beginning because my social worker and her - they sat down and they decided, well, I'm going to come in at this time and I'm going to school here and I'm going to do this and I'm going to do that and its like I had no choice like they were taking over my life and I wasn't used to that. I was used to staying out as late as I wanted or not coming home for days and just doing whatever, you know, and they told me that I have to be in at like, eight o'clock at night or something, and its like, say what? I just didn't understand it at all. And I was always late so I got grounded a lot. We went on for about a year and a half. I played along with her and I went with her rules and stuff and then I couldn't take it anymore and she was drinking all the time and my dad drank heavily so it really bothered me."

As was described earlier, the victims were not equipped with the necessary social or problem-solving skills. Their limited resources and the lack of parental and otherwise support led them to an acting-out type of behaviour which is a way of coping by gaining control, especially so in the adolescent stage. The victims tried to alleviate their fears and to find support in several ways such as using drugs, alcohol and other types of destructive behaviors.

"I always felt alone no matter what. And I think that it had a lot with why I started doing my own drugs and drinking, because I hated to feel alone. It was basically abandonment."

"Having no inhibition, or boundaries of nothing, not from men, drugs, sex

just nothing, no inhibitions. I didn't see the self-destructiveness when I started. When I was sixteen I was very bulimic too. I just spent evenings eating and after a while I started to go out with rich people. I flew to Europe and I met this Rock star so I got into drugs and drinking, sleeping around, and I didn't think that something was wrong, because I didn't have any boundaries. When I got to a new place and people ask "where are you from" I just say Canada. I just felt that I had no home, I didn't consider Vancouver as a home, because I did have only few peers. And I hated it. With that lack of any foundation in my mind I could do everything, go everywhere any time. I rarely called home, I thought it was wonderful and fine but eventually my life became miserable because I had no foundation, I didn't feel loved, I didn't love myself. I was self-destructive, I kept demanding more and more stress to get comfortable, because my life was so stressful."

The victims felt isolated and lonely. The peer relationships were problematic, as was discussed earlier, and they suffered from a negative self-concept. They found themselves associated with outside marginal peer-groups of rejectees. At this age having social friendships, peers and boyfriends are very crucial and important. Although these were friendships with problematic peers, it was a way to cope with their own feelings of being rejected and powerless. They found comfort and belongingness among these peers:

"There was a whole bunch of us, like, just one big gang of people and a couple of us girls were runaways, there were some from New West and one from Burnaby and there were two of us from Vancouver and us girls, we all hung around together because we're all like, the same thing and um, I don't know, we'd just stay up all night partying and if we got tired we slept on the bus bench at the loop and there was a roof over top of it so we didn't get wet if it was raining. We used to go into 7/11 and we'd steal things and we used to go down to Fields and we'd try on jeans and put our own jeans over top of them and walk out with them and we used to crash at people's places, like, guy's houses all the time and stuff like that."

"The parents in the foster home did not pay any attention to me, they have their own baby. I felt again loneliness, that no one cared about me, it was again, like in my own family that I ran-away. So I ran away again to the street, there I had care from the other street kids."

The victims at this stage were adolescents. The coping mechanisms, such as pretending, dreaming and imagining, which worked at the first stage, when they were younger, did not work any longer. At this age the desire to have

control is very crucial. Acting-out, rebelliousness, withdrawal or physical separation from the problems are means by which an adolescent may choose to cope with the problems experienced during this stage. The victims choose a variety of destructive types of behaviour in order to gain control over their internal terrorized environment, fears, loneliness, helplessness, low self-esteem, rejection and confusion.

This second stage ended with the victim's suicide attempt. The progressive failure of both the adaptive and maladaptive types of behaviour for coping with ongoing problems which have intensified during this stage, and the lack of coping skills had led the victims to a progressive isolation from meaningful social relationships, and to the sense that there was no way out, and that suicide was the only solution. The suicidal ideation had been with the victims ever since they were youngsters, as they described:

"I have thought about suicide lots of times."

"I was used to think about it a lot, I think. I remember myself telling once my mother 'you know yesterday I sat on the window trying to kill myself', and she said as always 'Oh', because she was like a stone all the time. So, you see I couldn't get any reaction."

Another victim, whose father had committed suicide when she was 11 years old, and two of her friends committed suicide as well, ate lead poison at the age of eight, and recalled having suicidal ideation since she was 13 years of age. She described:

"I was violent, vulgar, like really ugly. I think even I was around 13, I was really suicidal. I used to say 'I'll commit suicide'. I also remember strangling myself with a nylon bag and I think that a few times I wanted to use a knife, and I did not."

The suicidal ideation was translated into action in this stage, after the incest victims who experienced exploitation, pain and terror saw few options beyond death as a way to avoid further trauma and problems. This act might

have played a role of gaining control or a 'cry for help'. They did not have the social skills or were afraid of asking for help, and through this act they tried to get support. These victims, who through their childhood have not had a stable home, and loving and protective parents, could not have developed appropriate coping skills to exercise and tolerate the stresses and frustrations accompanying the sexual abuse effects along with the adolescent stage problems. They have not had the gradual lessening of the symbiotic ties from their parents, have not gained trust and security at home, had not developed socialization skills, and have been trained to be both dependent and passive in seeking help in times of stress.

The trigger, in all the suicide attempts, was connected to problems and crises in the relationships with a boyfriend. As described earlier, the relationships with the opposite sex in adolescence are very important and meaningful. For the victims, these relationships were attempts at building a new unit of love, care and closeness which they were deprived of ever since their childhood. When the crisis with their boyfriends happened, the sense of failure and of being hated, isolated, and unprotected was overwhelming. These crises and events opened up scares, fears, pain, loneliness, anger and helplessness which they denied and suppressed, and at that point in the process it was too overwhelming and impossible to handle any longer. As was described:

"He (the boyfriend) wanted me to work (as a prostitute) and I didn't want to anymore, and I wanted to be with him all the time and if I didn't work he'd take me home and drop me off and we had this big fight and he didn't call me for two days and I couldn't get him on the phone and I didn't know where he was so I was all upset and everything, I didn't want to be without him so I guess that's why I did that."

A similar experience was described by another victim:

"I had a boyfriend, I was drunk at this night and he didn't arrive. I

called another Saudi-Arabian guy, 'If you love me we have to fly to Greece or somewhere' I told him. Anyway I ended up in Greece leaving this boyfriend. I don't know if I loved him or not. I was screwed up. He (the Saudi-Arabian guy) was a coke addict, he had a boat with tons of drugs, I constantly had drugs and kept drinking. I felt totally like an object. They spoke Arabic, I couldn't speak this language, I didn't have money. I felt like a piece, a total piece, like a total prostitute. And one night I don't really know what happened. They said that I tried to jump up out of the boat. I grabbed razors and cut my wrists, there was blood everywhere. They said that I kept saying 'Nobody loves me anymore'. I was so frustrated. He was flirting with this Turkish girl, in the ship and I knew what's going on. It was completely feeling of helplessness. No one to talk to, no one would believe me. I just felt totally helpless and frustrated and I just couldn't handle it any more. I just felt like a victim and helpless. It was the same feeling of being abused."

When the question "What were the contributors to the suicide attempt" was asked they provided the following descriptions:

"Drugs, alcohol, problems with men, and low self-esteem and feeling of not having a foundation, feeling unloved, feeling empty. I hated my life, I hated everything. My all attitudes, my anxiety, my ideas about sex and relationships which were very distorted because of my childhood and the sexual abuse, all of these contributed to this. And I'm always seeking love from the wrong people."

"I felt like nobody cared about me and nobody will ever care about me. People always just hurt me and I just, I wished I was dead. I didn't understand like, why was I ever born? Was I born to be abused and hurt and suffer? So I did not understand it."

The tunnel vision and dichotomous thinking were also described as contributors to the suicide attempt,

"Its (the suicide attempt) got to do with my boyfriend but a lot of it is got to do with my abuse because that put me in a situation where I felt that nobody cares about me, and nobody loves me and my dad never loved me, how could he love me and do that to me. And that makes me look at my boyfriend and say, well, he doesn't love me, if he loved me he wouldn't make me work the street, he wouldn't treat me like this. So he obviously doesn't love me. My mother doesn't, she doesn't care about me, otherwise she wouldn't have sent me there and I just felt all alone and everything. I had no one I could talk to about it and I had all this stuff kept inside of me and I couldn't get it out. I didn't know what else to do so that's what I did."

"I just didn't feel I have any reason for leaving. I can't explain why I felt really dark and empty, very, very alone. I was feeling very extreme to the point where I didn't think logically. I felt so empty, that there is nothing, no boundaries again. Like now, for example, I think in the

same situation, I can think I have a job, I have my boyfriend, I have my mom, I have so many things, then I hadn't nothing. It was just like completely out of control."

The victims described lack of available help as one of the crucial contributors to the suicide attempt. They were subjected to progressive isolation from meaningful social relationships, family and professionals. One of them described her fear of getting help from peers and staff in the group home because she thought that they might control her, she preferred to attempt suicide, which she perceived as having control, rather than asking for help and risking her 'freedom' by having others control her.

"I knew that if I told them, they'd watch me, you know, they'd come down and check on me and everything and um, I didn't want them to do that, you know, then I'd feel like, I don't know, I'd feel really bad, and I'd just, I'd hate it, I'd move out, I'd run away or just not come home for long periods of time and stuff."

Even when they asked for help before the suicide attempt they did not get it.

As one victim described her last "cry for help" from her boyfriend:

"When I took them (the pills) I called him, he asked why I was calling him and I said because I wanted to talk to him, and um, like, we had a fight a couple of days before this and he wasn't talking to me and I asked him, like didn't he hate me now or what? and he said 'No, I don't hate you' and, um, he said 'Well, I'm really tired and I'm going to go to sleep' and I heard people in the background and I heard a girl's voice that I didn't recognize and I didn't know, I was crying on the phone and I said, 'I need to talk to you' and he said 'Well, I'll talk to you tomorrow' and I said, 'No, I need to talk to you now' and he said 'well, I'm really tired and I'm going to go so if you don't say goodbye then I'm just going to hang up' so, um, I said, 'Fine, then' and I hung up on him and I went back to my room and I shut the door."

The victims who had more than one suicide attempt described lack of family and professional help even after the suicide attempt had occurred, and then the feeling of being alone and not getting help was enhanced:

"I have been in N.Y. and flew to Seattle. I was so screwed up, and I did not get attention from him (boyfriend) I broke up all the mirrors, I slit my wrist. He was freaked out and sent me home. When I got home I think it was a couple of nights later. After all this trauma I have been staying alone in my apartment. My mom asked me if I want to go to my grandma or

the shrink's house. Why should I go to the fucking shrink's house? I just wanted love and didn't want to go to a psychiatric ward. And when I came from Seattle I wanted to live with my grandmother and she said 'no'. And then I got scared because I thought they also get scared of me, they thought I was psycho, because I was, I also thought that I'm crazy. I admitted myself to a psychiatric ward that night, after the attempted suicide (the second one). I was there one night. And then I said fuck that, I'm going back to modeling and make a lot of money. Because the doctors totally didn't understand me."

A similar recollection was described by another victim:

"I can remember when I was 17 I told my mom I'm sick of this pain and emptiness. I felt that she still didn't hear me. I don't know what I expected her to do. I wanted her to do something, but she didn't know what to do. After I slashed my wrists I called her to say: 'Mom, do you think coming over staying with me two or three days?' It seem obvious if your daughter taking drugs or... don't you think spending sometimes with her? After the attempted suicide I thought they would take me more seriously or put more attention to me but instead the psychiatrist told them: 'You have to pull back, there is nothing you can do. You have to pull back they are on suicidal trip.' I felt just alone as ever before."

The second stage, which began with the disclosure entailed changes in the victims' lifves. Throughout this stage problems escalated and resources narrowed. Stopping the sexual abuse after the disclosure created only a short relief for the victims and rather entailed escalation of problems and narrowed their resources. The victims, whether they stayed with their mothers or removed from home, had a crisis. Moving to a new place was not an easy change to handle. Separation and loss were problematic features for the victims since their childhood due to up-bringing in incestuous families. They were not prepared to exercise changes and the lack of secure relations, and social and coping skills enhanced their feelings of isolation, fears, helplessness, anger and powerlessness. Narrowing support occurred in the family system. The relations with the offenders were cut off but the mothers could not provide the support, love, care and other of the victims' needs as a result of being dependent, passive and problematic themselves. The social-system support such as, social workers or teachers, did not provide help and support, and when

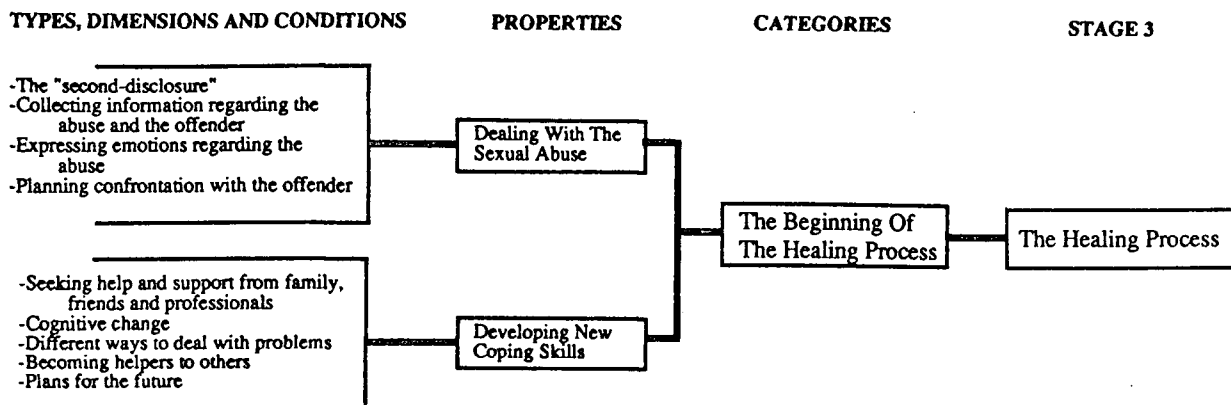
provided it was inadequate. The feelings of isolation, powerlessness and not being protected increased also by the adolescent tasks: forming peer relationship and the searching for self-concept and identity. The feelings of being unworthy, ugly, bad, abnormal and different were common among the victims. They tried a variety of ways of adaptive and maladaptive coping mechanisms in order to cope with their problems. The progressive failure to resolve their ongoing problems and the progressive isolation from meaningful familial, social and professional relationships contributed to the perception that the only way to resolve their problems was by attempting suicide. The suicide attempt was a turning point which ended the second stage and started a new stage for the victims. The suicide attempt was the driving force of the beginning of the healing process which is presented in the next and last stage of the process.

STAGE III: THE HEALING PROCESS

The suicide attempt entailed changes in the victims' lives and seems to have catalyzed a new stage characterized by a healing process. The suicide attempts were accompanied by ambivalent feelings of a 'wish to die' and of a 'cry for help'. The victims 'hit the bottom' and might have realized that a drastic change had to take place. After the suicide attempt, three of them were hospitalized and in addition received a more intensive and appropriate help and support from their families and professionals. This may also explain the beginning of the healing process. This stage includes one category: the beginning of the healing process. Two properties which comprise this category: (i) dealing with the sexual abuse and (ii) the development of new coping

skills. This stage is depicted in Figure 4.

Figure 4: Schematics of Stage 3



At this stage the victims described a change in their ways of dealing with the sexual abuse experience. Instead of suppressing or forgetting the experience they talk about it with friends, family members or professionals. For them it became the 'second-disclosure' opportunity and a breaking of the secrecy in a different way than that which happened in the second stage, when they were younger. Now they are more mature, less ashamed, have more understanding of the dynamics of the sexual abuse experience and feel more capable of speaking about and dealing with it. They try to explore and to find the connection between their lives, the process they had gone through and the sexual abuse. Talking about the sexual abuse gave them a sense of relief, of no more keeping the big secret. One of them expressed how the disclosure to her siblings, 5 years after the 'formal' disclosure, was important and made her closer to them than before:

"I went to them (her sisters) and I told them. It just came out of me. I couldn't stop once I started and I told them everything that happened. We cried. Then it brought me and my older sister together... I want everybody to know about it, you know, its like a big secret to me and it hurts to hold it inside."

The victims also tried to get information and/or to discuss the sexual abuse with their mothers or their siblings. When they were children their memories were blurred and in addition they did not really understand what had happened; now they are eager to have more information as means of having more control. They make efforts 'to put small pieces together' in order to have a clearer picture about the sexual abuse experience.

"About two months ago I tried to ask her (the mother) questions about that 'Did I show something?' But she couldn't remember what."

"It was a long time, nobody knew about it, till my aunt knew about it. I felt guilty, I felt really ugly and everything, but my mom, just mention that my aunt used to see him also for money."

At this stage, the connection between the sexual abuse and the victims' present feelings gave them a sense of control and decreased their fears,

"Now I know that my reactions and my emotions are the same as persons who went through these experiences. The feelings, the anxiousness, the insecurity, the traumatic stress are connected to the sexual abuse."

The victims in this stage are more capable of expressing their emotions and fears than before. Expressing anger, for example, became a common feature which was addressed toward their offenders, their mothers or others, instead of inverting it and hurting themselves. As one of them described her anger and revenge toward her father:

"No, I hate him, thoroughly. I feel sorry for him maybe, that's about as positive as I can get. To me he should be slowly, slowly tortured, long and painful death and if it were not to kill him he should have his tongue cut out so he can't say nothing, he should be blind so he can't see any female, and deaf so he can't hear any female, with no hand so he can't touch anybody and that would leave him able to stand and walk around and bump into things and stuff. He'd be totally nuts. It's the best punishment I could ever give him to make him a vegetable, to have to sit in a chair... That means, that's because of my anger for him."

Plans of confronting the offenders still arose fears. The victims are afraid of meeting the offenders and try to avoid them but planning the meeting in and by itself gives them a sense of control, a sense of hope to work on the

'unfinished business' of the sexual abuse experience.

"Sometimes I think I'll plan for it. Because I always know where he is. I know where he is right now. I have for the past couple of years. I thought of blowing up his apartment building but then I'd injure innocent people, so I haven't done that. And I thought of taking a guy with me, like, a big guy and go down and have this guy beat him up and see how he likes it and say everything that I ever wanted to say to him with this person here with me and then I know that I'm safe and he can't do nothing to me."

The victims also searched for information and explanation regarding the sexual abuse. They tried to collect information about their parents' families of origin and to see how the problems had been transmitted from generation to generation. Through this searching they tried to understand the abusive behaviour and to answer the crucial question "Why did my father molest me?"

"I know that he's sick and he's had a rough childhood himself. Like, he's been abused sexually by his mother. His father shot himself in the head when he was young. He committed suicide, his dad did, my grandfather, from what I was told by my grandmother."

During this stage, there is a change in the way of coping with the sexual abuse experience. Earlier, they tried to suppress, forget, pretend or use self-destructive behaviour to alleviate and cope with the pain and the other emotions resulting from the sexual abuse experience. In this stage, their behaviors and ways of coping are productive and adaptive. They try to gain more control and power by planning confrontation with the offenders; getting information about their molestation from siblings or their mothers; making connection between the molestation, the family dynamics, and their parents' families of origin. They are more open to discuss their molestation with friends, family members and professionals. They express feelings of anger, revenge, loneliness and fears more freely than before.

At this stage the victims started to use others' help and support. They used professional help as well as peers and family members. It was a

meaningful but not an easy change. One of the victims, who lived in a group home, described that even after being there for two years she still did not have trust and closeness to the other girls as well as to the staff. In this stage, change took place. It had taken her a long time to feel secure and to trust others, but the suicide attempt and the social worker's support made an important shift, as she expressed it:

"When I was used to I used to have a really bad, Carolyn called it like, a wall that's invisible but its all around me and nobody can get to me unless I want them to, like, here there's a lot of hugging and like, we call it hug therapy and we all cry and we all have like, one big group you know, everybody hugs each other in one big group circle and stuff like that. When I first moved in, nobody could touch me or come near me and I talked to people only if I wanted to otherwise I would get up and I'd get up and walk away while they're talking to me, you know, if it was something I didn't want to hear or something I didn't want to talk about, I'd just get up and walk away. With Carolyn, it took her a long, long time, like, she's really good, like, this is the best group home in Vancouver, I think, and it took her a long, long time to break through to me but when, I don't know, I guess, she puts it like when I started getting to a point when I was bringing it down a bit, I'd come up and I'd put my arm around her neck so her head would be right here and this is about as close to a hug as I could get, you know, I'd be behind her so she couldn't hug me so I'm safe that way. I can sort of hug her and be safe without having her hug me because it would upset me. That's why I was scared of getting upset, someone touches me I'm going to cry and I didn't want to cry so I'd always avoid all these things that would make me get upset."

When the question "What advice would you give to adolescents in your situation?" was asked, they provided a description of the cognitive changes that had begun after the suicide attempt, and which had contributed to the expansion of their problem-solving skills.

"Talk to somebody, talk to people, talk to anybody if you can talk to your parents, just try to talk to one person at least, try to say everything. I have never talked to anybody about everything. I told pieces to different people, but just talk to someone that you trust, now I know it is very important. To tell everything, I kept everything inside, making all my own decisions without having any clue what I'm doing. There is no way you can handle it alone. You have to verbalize what you are feeling. I have never verbalized it and it came in strong ways - self destructive, suicide. It's also the intimacy that you have when you are doing that, you can tell everything when you trust me. I

have never trusted people that maybe why I couldn't tell people about it. But doing that you start to develop trust. When you don't have trust everything just so imbalance."

"My mom and my sister don't know about it (the attempted suicide). My sister would kill me because her saying for that is 'That's the chicken's way out' which is true. I mean you can't cope with life and the people around you then, and you want to kill yourself it means that you're not strong enough to survive and you're just being a chicken.... It was like a stupid thing to do and I regret doing it, I'm glad I'm not dead or anything but I'm just, I didn't want to tell them, I was embarrassed about it, I'm embarrassed about it now."

At this stage suicide attempt is no longer a solution for problems and stress.

The dichotomous thinking had changed, they could recognize more adaptive ways to deal with problems.

"I think I'll never do that (suicide attempt) again. It made me strong, because at that time I was going through a lot and I made it through that, and people tell me well, you're a fighter, and I think now, it doesn't matter what happens to me, I'll always be strong and I'll get through it.' You know. And it also made me realize that I can't keep..."

"I was feeling very extreme to the point where I didn't think logically, I felt so empty (at the time of the attempted suicide), that there is nothing, no boundaries. Like now, for example, I think in the same situation, I can think I have a job, I have my boyfriend, I have my mom, I have so many things."

"I wouldn't tell them to commit suicide, that's for sure. If anything I'd tell them to talk to someone and if they can't talk to someone, to write it all down on a piece of paper and then you could either rip it up or burn it or save it 'cause you have to get your problems out of your system or even like, its better to talk to someone about it."

"My emotions switch up and down. When I have hard time I'm saying to myself that 'it will go away'. It's not suicide, it's hating waking up in the morning, hating to do things, hating myself. But I keep saying I had hard time and I have got over them well enough, things get better, things get worse, but things always get better again. That nothing is bad enough to kill yourself."

"I always was desperate to someone to understand me, to help me, help me, help me. I didn't know what's going on. Now, today I feel the need to talk but I don't go around screaming like, crying for help like teenagers do. I'm sure that I'm crying for help but I'm not going to tell everybody. Now I know that I can talk to my therapist."

The victims also started to deal differently with problems related to the

relationships with the opposite sex and their sexuality. They talked about discussing and negotiating issues and problems instead of positioning themselves in the victim role.

"With me at the time, I had problems with my boyfriend, for instance, so if there was someone and they were having problems with their boyfriend, I would try to suggest, like, to sit down and talk with them about this, and find out what's really going on and why he's acting that way."

"I was sexually abused, I had a hard time dealing with it, blaming myself, thinking that I am a really ugly person because men slept with me. I didn't want to, but I couldn't say no. Now I keep saying to myself it was not my fault, there are circumstances, something in my mind, holding me of standing up and saying: 'Hey, I don't need you, I don't need you using me, fuck me and don't want know me anymore'. But now I start being more and more assertive, and I tried not have relations with disturbed people, like sick guys in their heads who still think about sex."

The victims themselves became helpers to other peers who were in a similar situation. They expressed sensitivity and concern toward others who are going through the same experiences. It seems like a role shifting; they started acting as helpers thereby getting rid of the victim's role.

"I was close to my brother before, but I kind of drew myself away about three years ago. He called me and talked about suicide. I was really worried about him, something seems really wrong with him. My uncle said "This is the stage, he will be okay" but still he did not get over it. My brother phoned me up and said he is going to jump off the Granville bridge. I started crying. I told him and for most people I'll tell that they'll hurt more other people. It wouldn't solve anything if they make harm to themselves. If I know them I just tell them that I love them, I'll mention other people that love them. Try to tell them that it's not worth it."

"I can see it coming, like I know when people get to the point where they're going to do thing 'cause I know, I've been there and I can see it happening and I will go down and I will, like, one of them here, goes through a lot of this stuff and I went down to her room one time and I talked to her, you know, like, she's new here so she doesn't really understand too much, and she doesn't have anybody she can turn to and I made friends with her rather quickly and um, I went down and I said you know, 'Is there something that you want to talk about, or something, you don't look like you're too happy and stuff, right' and I explained to her, like, 'You don't have to worry, like if you don't want me to say anything to anybody else or staff then I won't, you know, that's like, that's up to you but if you need to talk to me, I'm here, like I'm here

for you and she did. Like, she started crying and she told me all about what her problems were and stuff... We were both crying and then I cheered her up after she got everything off her chest, she felt better but ever since then she hasn't done anything. She knows that if she does I'll be really choked at her. That helps because she cares about me enough to not want me to be mad at her."

The victims by their advice and suggestions as to how to help others who are in similar situations described the importance of providing a sense of love, care and support to suicidal people who feel loneliness, isolation and helplessness.

The victims feel more hopeful about the future. They have productive plans and activities. They are again students, getting high school degrees, and plan on having more control over their lives.

"I'm doing upgrading right now so I guess I'd be in grade eleven. Um, and I am also getting my independent living so I'll be living out on my own. I'm still looking for an apartment. I've been looking since December for a place for January so now its like February 1st, I'm moving. I've always wanted to be on my own, ever since I was thirteen years old. I wanted my own apartment, you know, and now I've got the chance to do it so I'm really happy but at the same time I'm sort of sad 'cause I'm going to miss everybody here."

"I'm at school again, this is a way to go on, to feel better about yourself about your self-worth."

The suicide attempt was a catalyzer of the beginning of the healing process which has taken place in the victims' lives. The victims are in treatment, trying to deal with their traumatic experiences -- the sexual abuse and its derivative effects. The victims started to develop new and better problem-solving and social skills. As victims, growing up in incestuous families, the deprivation of love, care, security, support and normal development they were not able to develop sufficient and supportive social skills which enhance their loneliness, powerlessness, low self-esteem and frustration that had led them to self-destructive behaviour. In this stage, after the suicide attempt, a change happened which led them to try and develop

different ways of dealing with their past experiences and the present situations. They perceive that there are more options to deal with problems, aside from self-destructive behaviors, by getting help from others, by providing their help to others and by not perceiving the world in a dichotomous way. They are more aware of their problems and are more willing to face their situations and struggle with them. The process of healing is in the midst of its development. It is a painful process escorted by resistance, ups and downs, confusion, fears and uncertainty however, it is also a process which provides a great sense of regaining the lost power and control. It is a process of hope and courage.

CHAPTER FIVE

CONCLUSIONS AND IMPLICATIONS

The intent of this study has been to explore the experiences of female adolescents who were incest victims and attempted suicide in adolescence. The analysis of the data, which had been obtained from interviews, generated the existence of a basic social process (BSP) which has provided a conceptual framework for the understanding of the victims' experiences. The data suggest that suicide attempt is associated with the incest experience however, causal relationship between these two phenomena cannot be concluded. Several studies support this assertion, (Brier and Runtz, 1986; Butler, 1978; Goodwin, 1982; and Fredrick et al, 1985.)

Regarding treatment, whether the suicide attempt has been caused by the incest experience itself or by other variables such as the dysfunctional family's characteristics, which were found by Tiecher and Jacobson (1966) as important factors regarding adolescents who attempted suicide, does not matter much. The present data add to the better identification and understanding of the experiences shared by these victims and the various stages they have gone through which was the purpose of this study. Their perceptions about their experiences, needs, feelings, attempts and failures at coping with their situations and their encounters with social-system support contribute significantly to the broadening of our understanding the issues involved which may lead us to provide and develop better services and support systems at both the practice and the policy levels.

This study depicts three stages which comprise the process. The help for the victims should be directly related to each of these stages and to the

specific needs and characteristics of the problems faced by the victims as is expressed in each of the stages. This study also shows that three mutual levels of responsiveness occur during the victims' lives throughout the process: (i) the individual, (ii) the family and (iii) the environment. Suitable, adequate and effective treatment dealing with sexual abuse victims should take these three levels of intervention into consideration. Neglecting one of them could limit the effectiveness of the support available to the victims.

Implications for Social-Work Practice and Policy

The first stage, 'Becoming a Victim', is the stage during which the sexual abuse takes place. Secrecy is one of the features of sexual abuse which takes place in a closed family-system that prevents information from flowing within and out of the family and hence, preventing potential support from being given by either the family members or the outsiders. In the first stage, there exist many indicators that the lack of awareness contribute to continuation of the sexual abuse, sometimes for years. During this stage, the only way to reach this population is by developing more awareness. Features common to these incestuous families are being dysfunctional, alcoholic, violent and plagued with marital problems. Social workers dealing with these families should be more aware and sensitive to the possibility that sexual-abuse might exist in these kinds of problematic families. Teachers in the school system who see their students daily, could also contribute to identify sexually abused children. They may interpret behavioral problems at school, the absence from school or symptoms of withdrawal and isolation of a child from peers as alarming signs pointing to problems at home possibly stemming

from sexual abuse. Family doctors also can identify symptoms and indicators which may result from sexual abuse. Police officers who encounter run-away children (as was the case with all the subjects in this study) might also interpret this 'problematic' behaviour as a 'cry for help' on part of these children who might have chosen this outlet to tell their secret of being victims of sexual assault. Educating these professionals as well as parents and broadening their information regarding this issue may lead to the unveiling of the secrecy earlier in the process. Unveiling of the secrecy early in the process is a preventive strategy in that it might reduce the length of time of being a victim, which in turn reduces the potential cumulative trauma and the destructive sequels of the sexual abuse. As the data show, the sexual abuse had been accompanied by verbal and/or physical violence, by fears and by other psychological maltreatments which disrupted the child's development and her well-being.

The first stage of this process calls forth a policy which involves and develops professional and public awareness. Different levels of expertise, knowledge and programs should be designed to solve the problems alluded to above.

During the second stage, which began with the disclosure, the victims described escalation of problems. The various professionals were not aware of and did not have the knowledge concerning the dynamics and sequels of the sexual-abuse experience. Treatment and help, when provided, were limited to apprehension or confrontation of the offenders. The victims had not been given treatment enabling them to deal with their sexual-abuse experiences. The intensive feelings of powerlessness, helplessness, low self-esteem, anger and depression had been enhanced by the professionals' inadequate treatment. It is

of utmost importance to have the victims involved in the discussions following the disclosure. Powerlessness and helplessness, as described by the victims, were very strong emotions experienced throughout the victims' lives. Professionals, therefore, should be aware of and sensitive to these feelings in order not to intensify them and escalate the problems thereby leading to a power struggle which later on may result in self-destructive behaviour. As was described by one of the victims,

"No, that's more my social worker. She just took over my whole life and made all the decisions for me and she didn't ask me or nothing. Like, she put me in the receiving home and then nine months later I found out I was being placed in the foster home and I had no idea... I'm really mad because like, I was really shy and I was really quiet so I wouldn't stand up for myself but it made me really angry that she didn't ask me like, you know, what do I want? Where do I want to live? and stuff."

Children who have been sexually abused need a long-term therapy. The victims through their feelings, interpret their external and internal world and this influences their behaviour. Therapy should be the tool with which to help the victims express and alleviate the feelings they had suppressed and tried to forget in order to cope but, despite the efforts at suppression, as described by the victims, these feelings emerged later in the process, and were the most crucial contributors to the attempted suicide.

Ignoring the sexual abuse and its effects at the time intervention takes place amounts to narrowing of the child's support resources. The feelings of being alone and powerless and the sense that no one cares, helps or protects even after the disclosure, prevents the victim from seeking help later when he/she needs it, for example, when the ideation of suicide takes place. It also narrows the victim's own resources because she continues to feel ugly, worthless, powerless and cannot therefore, transform these feelings into a positive change regarding her situation.

In therapy, helping the victim to develop new coping and social skills is very important. The first step required to achieve this goal is by providing 'corrective experience' through the therapeutic relationship. Empathy, sensitivity and genuine attitudes on the part of the therapist, aside from knowledge and expertise in the area, are crucial in bringing the sexually-abused victims to therapy, especially so in adolescence when the victims at this age are much less likely to participate in long-term therapy. The therapeutic relationship may involve strong expressions of anger, resistance and other transference reactions on the part of the victims however, it is also an opportunity for them to develop a sense of trust, a sense that there are people from whom help can be obtained because they care about them. One of the victims expressed her feelings toward her social worker in a group-home as follows:

"Well, we have, they have these groups and stuff, and people would talk and girls have been there longer than I have, when I first moved in so they were like, really, connected with Carolyn. Everybody likes her. There's not one person that hates her when they move in, I've seen girls come and go through there, like, I've been in here longer than anybody since this place opened and there's not one person I know that doesn't like her... she's like my second mom now, you know. I talk to her more than I talk to my own mom. I don't think that I could have opened up like this without her help."

The findings of this study also suggest that clinicians who work with sexual-abuse victims should be aware of the possibility that the victims may attempt suicide in addition to the other adverse sequels of the sexual-abuse experience, especially so in adolescence. Clinicians should address it in a direct manner by asking about suicidal ideation or plans.

At the family level, during the second stage (after the disclosure), the data suggest that the professionals should put more effort to keep the child in contact with her family. This unit of intervention is very significant in

preventing the victim from being suicidal or from using other forms of self-destructive behaviour. The victims, although blaming, hating or being angry at their mothers, also express love, care and protective feelings toward them. They longed for relationships with their mothers despite them being problematic, not supportive, dependent etc. An abrupt cut-off from the family could be destructive for the victim for whom loss and separation are among the problematic features of growing up in an incestuous family, especially so when the victim is in her adolescence -- a stage during which separation and individuation are of much significance and for which the victim had not been prepared to deal.

Policy concerning this aspect should relate to the victim's family and especially the non-offender parent, the mother in the present study, as a target unit for intervention regardless of whether the child stays with the mother or removed from home. Helping the mothers to deal with the situation after the disclosure amounts to the expanding of the resources available for the victim. Relationships characterized by a detachment from family members, after the disclosure, turn into just another crucial component which leads to the isolation of the victim from meaningful social relationships, a fact which has been identified as one of the features of suicidal behaviour.

In cases where victims have been removed from home, policy should address the aspects concerning the protection of the child and making sure the child is not exposed to a victimizing situation any longer. It is not only the thorough examination of the sexually abused child's 'new family' which should carefully be addressed, but it is also the responsibility of the social services to provide guidance to foster-home members about the child, his vulnerabilities and the problems they may be faced with him especially at the

beginning. Victims who have fears, distrust others, feel powerless and loneliness could transform these feelings into acting-out type of a behaviour, a situation which the foster family may not be able to handle properly. We should be aware of the fact that at this stage the victim is an adolescent whose rebelliousness and other acting-out types of behaviour are ways of handling, not just the coping with the sexual abuse effects, but also the tasks of separation and individuation, and searching for an identity. Interpreting these behaviors as problematic by the new family members and consequently punishing and/or threatening the victim just enhance the victim's feelings of being a victim, being abandoned, helpless and having no control, as one of them has described:

"I didn't like the foster home much at the beginning because my social worker and her - they set down and they decided, well, I'm going to come in at this time and I'm going to school here and I'm going to do this and I'm going to do that and its like I had no choice, like they were taking over my life and I wasn't used to that. I was used to staying out as late as I want or not coming home for days and just doing whatever, you know, and then they tell me that I have to be in at like, eight o'clock at night or something, and its like, say what? I just didn't understand it at all. And I was always late so I got grounded a lot."

The environment which includes the school system, peer groups, the community or other social organizations, should also be accounted for in the intervention strategy. As the data indicate, there exists mutual influence between the victims as individuals and the environment. The sensitivity and the adequate responses from the environment could expand the victims' network of support. It may help to achieve a cognitive shift in the victims' perception that there are more resources for them to utilize apart from suicide and other self-destructive behaviours as ways of coping with their stressful situations. By excluding the victims from social-support systems which exist in the victims' environment, especially the school system, the

victims will remain stuck with their own and limited resources. The environmental context is significant to the psychological process during this stage.

During the third stage, when the healing process begins after the suicide attempt, the therapist should be aware of the possibility that suicide attempt could happen again due to the fact that developing new coping skills is a time consuming process. It is important to reframe the suicide attempt and other self-destructive behaviors as coping and survival responses. By providing this reframing they may gain more understanding of and insight to their self-destructive behaviors and will probably be less likely to cope in like manner in the future.

This stage is a beginning of a new process that the victims are going through, a process of dealing with the sexual abuse, and developing new social and coping skills. It seems that the adolescents in this study have gotten appropriate help, though unfortunately only after the suicide attempt or after several attempts and not after the disclosure. It may be the case that if this kind of support would have been given to them immediately after the disclosure, the suicide attempt might not have occurred.

The findings of this study suggest that when working with suicidal adolescents, sexual abuse experiences should be investigated and examined. Sexual abuse is a taboo topic, and by revealing the sexual abuse experiences and dealing with in a proper manner we may be able to prevent the reoccurrence of such suicide attempts. As is suggested in the present study, attempting suicide can serve as a coping mechanism.

Further Research

This study has explored the experiences of four non-sampled adolescents who were childhood incest victims and attempted suicide during adolescence. The findings of this study and the limitations concerning the data set raise several suggestions for further research which are highlighted in a point form.

(1) Glaser and Strauss (1967) claim that the level of generality of the concepts derived from the raw data is flexible enough to be applicable to a variety of situations,

"To achieve a theory general enough to be applicable to the total picture, it is more important to accumulate a vast number of diverse qualitative facts on many different situations in the area. This diversity facilitates the development of a theory with both a sufficient number of general concepts relevant to most situations and plausible relations among these categories to account for much everyday behaviour in the situation." (p.243).

However, the sample used in this study is small from a quantitative perspective and limits generalizations. Thus, to enhance the conclusions arrived at in the present study it would be helpful to follow a similar analysis applied to additional subjects.

(2) As was mentioned earlier, although the data generated an association between incest and suicide attempt, this study does not claim a causal relationship between these phenomena. It is important to note though, that several studies have found that among suicidal adolescents the family is dysfunctional and the characteristics of these families such as problems of loss and separation, role-reversal mechanisms, and symbiotic relationships are contributors to suicidal behaviors, (Richman, 1971; Speck, 1968.) These variables are also found in incestuous families, (Finkelhor, 1984; Ronald, 1984; Spector, 1979). These variables have not been statistically controlled

for (kept constant) thus, causal relationships can not be claimed since incest can be correlated with other significant variables that contribute to the phenomenon of suicide attempt. Further research using quantitative methods may shed light on this relationship.

(3) While several similarities among the studied adolescents such as their age group, the (father) abuser, the fact that all had at least one suicide attempt and that all were in treatment, there were also several differences among the subjects such as age, the type of the incest, the duration of the abuse period, the age the suicide attempt took place, the numbers of attempts, and the amount of support they had received from the families and the social-system support. A more detailed research of incest and attempted suicide, taking into account the variables mentioned above, would increase our knowledge regarding the various aspects of the incest phenomenon that directly contribute to the suicide attempt.

(4) One of the reasons for choosing this age-group was that they are chronologically close to the experiences involved in incest and especially to the attempted suicide. However, as was mentioned earlier, it is quite possible that this very same reason could have introduced a limitation to the study. One of the subjects was 15 years-old, one was 18 years-old and the two others were 19 years-old. There was a wide gap between the 15-years-old's interview and the others' interviews. It seems that she was in a different developmental stage as well as in a different stage of dealing with her sexual abuse and the suicide attempt experiences. She was less articulate in her thoughts and feelings regarding her experiences compared to the other subjects. Her social worker, who concurred with this impression, said that this victim's verbal ability in expressing herself is very limited, and in art-therapy she is one

of the most creative girls in the group. The experience with this subject brought about questions regarding the use of additional instruments in addition to the face-to-face interviews with adolescents of her age. It may be useful to add participants' art work, which is another form of self expression, to the data base, if it is available. Documents from the subjects' different therapists can also be used as an additional data source to be analyzed. The interest of this study has been with the subjects' perceptions, thoughts, and feelings about their experiences expressed in their own words and not in the interpretation that others give to these experiences. It would be interesting to study the professional workers' perceptions about these subjects' experiences. The researcher has acquired the sense from the data that a gap will be detected, and may add to the understanding of the tragic solution of attempting suicide and other self-destructive behaviors of this population.

(5) It is of importance to study adolescents who were incest victims and did not attempt suicide in adolescence. By knowing the similarities and dissimilarities between these two groups of victims we may broaden our understanding of the matter and be able to provide better services and support to those who are in need. Possible valuable questions are: have victims in the two groups gone through the same process and if so, what have their coping mechanisms been? Have the victims who have not resorted to a suicide attempt received more support from their families and from professionals?

(6) All the participants in this study were in treatment. It is of interest to investigate like subjects who were not in treatment. Comparing different types of subjects in such a context may help resolve questions of whether the suicide attempt itself serves as a catalyzing factor for the

initiation of the healing process or whether other important factors, such as the treatment itself, generate the healing process. Do subjects who share similar experiences but without treatment go through different stages after the suicide attempt? Also, of much importance is the realization that research which deals with subjects who are not in treatment raises questions related to ethical issues which have to be dealt with by the researcher.

(7) A follow-up study of the investigated population is recommended in order to further explore the healing process and its characteristics.

(8) This study has concentrated solely on father-daughter type of incest. It may be of interest to explore other intrafamilial types of incestuous relationships and see whether they have gone through a similar process and have ended with an attempt-suicide as well, thereby enabling further generalization or differentiation.

(9) Our knowledge of the problems involved and solutions suggested can be enhanced by investigating and studying suicidal adolescents and find out whether they were subjected to sexual abuse experiences, thereby helping us in determining the relationships that exist between sexual abuse and suicidal behaviour.

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APPENDIX A

INTERVIEW GUIDE

- 1) Tell me about the sexual abuse.
 - when did it begin?
 - where did it take place?
 - how long had the abuse continued?
- 2) Looking back over this period of life, how would you describe the effects of the sexual abuse on your relationships? (with each member of your family, with peers, or others.)
- 3) How would you describe your feelings and thoughts at this time?
- 4) How was your sexual abuse experience disclosed?
 - by whom?
 - to whom?
 - when?
- 5) What were your family members' responses? (thoughts, feelings, actions.)
- 6) How did non family members respond?
- 7) How did the disclosure change things for you? (moving from home? court? contact with professionals? contact with friends?)
- 8) What was the disclosure like for you? (thoughts, feelings)
- 9) In what ways did you try to handle the situation?
 - yourself?
 - your family members?
 - professionals?
 - friends?
- 10) Who, if any one, was helpful to you, and what did they do that you found helpful?

- 11) Who, if any one, was not helpful, and what did they do that made things difficult?
- 12) Did you make any attempt to cause harm to yourself?
 - what did you think?
 - what were your feelings?
 - what led you up to it?
 - what did you do?
- 13) Where you able or did you try to talk to or get any help from others?
- 14) What do you view as the major contributing factors to your suicide attempt? (things/people).
- 15) Has anything positive come out of this?
 - has it changed your situation? If so, how?
- 16) What advice would you give other adolescents who are faced with similar issues?
- 17) We have talked a lot about your experiences today, are there any other things that have not been discussed that you think are important?

APPENDIX B

INTERVIEW CONSENT FORM

For the research study entitled:

"Incest and Suicide Attempt in Adolescence"

Researcher

Shlomit Kim B.S.W, M.S.W (candidate)

School of Social Work, University of British Columbia.

Research Consultant

Dr. Garry D. Grams

Assistant Professor, Department of Family Practice.

The investigator in this research is studying self destructive behaviour in adolescents who have been sexually abused. The purpose of this interview is to better understand your experiences and by sharing these you will help us improve our knowledge in this area.

The interviews are conducted by Shlomit Kim, a U.B.C. graduate student who is working as a therapist in Fairmont Family Practice Unit which includes a Sexual Abuse Project.

Confidentiality will be respected, with the exception of new disclosures of sexual abuse, which by law must be reported to the Ministry of Social Services. No identifying information such as names or addresses will be used in the research study.

If you consent to the interview, you are free to withdraw at any time, or refuse to answer any of the questions. Any such choice will in no way jeopardize further treatment or services. The interview will take approximately two hours, and to ensure accuracy, interviews will be audio-taped. Following the transcription and analysis of the data these recordings will be erased.

As you are aware from your therapy, dealing with issues regarding the sexual abuse and the suicide attempt can be difficult and painful. Strong emotions may be aroused in you, and these can either be addressed as they arise, or in a subsequent interview with your therapist.

Please indicate your formal consent to being interviewed and to the utilization of the interview material for the above noted research project. Your signature also acknowledges your receipt of a copy of the consent form. As you are under legal age, your parent or guardian will have to give consent to your participation in the study.

Signature(Subject)_____ Date_____

Signature(Interviewer)_____ Date_____

I consent/do not consent to the child in my care participating in the above mentioned study.

Signature(Parent/Guardian)_____ Date_____

I: I really appreciate you willing to participate in this interview. Before we start I have to get you to sign a consent form. It basically talks about my research and why I am doing that.

S: O.k

I: I have a list of some questions that I have been asking all the participants in this study. It will take about one hour and a half. I have been working in this field for about ten years and found that there is not a lot known about the sexually abused adolescents who attempted suicide. In this study I would like to further explore and study the experiences which these adolescents go through in order to improve our knowledge and to provide better treatment and help to these adolescents. Let's start. How was the sexual abuse like for you?

S: Yea, its... I don't know what to say. Your asking me to just say it?

I: Um..

S: Um... It would be easier if you asked me a question. Um...I was just about ten but I had, like, other experiences, like, yea, when I was really young, I didn't really get abused but my mom's girlfriend, her boyfriend when sleeping on the bottom bed, like, me and my brother had bunkbeds and we came, it was time to go to bed and I was wearing my nightgown and he grabbed me and he pulled my nightgown up and he touched me and then he bit me on the inside of leg and I screamed and my mom came down and she grabbed him and she threw him out of the house and her girlfriend along with him and um, another time, we were living in this co-op and the caretaker was going around abusing all the little girls, like, sexually molesting them, and stuff and I remember him touching me and giving me quarters and stuff and telling me not to tell, like, this would be our little secret, type thing. But one of the girls he took

Timing

First sexual abuse

Offender

Location

Type of the abuse

Mother's reaction

Second sexual abuse

Type of the abuse

Reward

Secrecy

into the shed and he raped her and she was like in really bad shape and her mother was going around with, asking all this girl's friends and she was yelling it at me and I got all upset and I was scared and I was crying. I didn't know what to say and my mom said, its okay, like, you didn't do anything wrong, she said, this guy's a bad man and he needs to be punished for it and so if he did anything to you or to anybody else that you know you should tell us so I told and this guy got sentenced to jail and when I was living with my dad when I was ten and my dad had already done something to me, like, the guy downstairs was friends with my dad and he had brought up a case of beer and he and my dad were drinking. Me and my brother were lying in bed and reading comic books and he went over to my brother's bed and he started french kissing my brother and then he came over to my bed and he started running his hand up the blankets, like underneath them, and I freaked out and I ran into the other room screaming and I stood behind my dad and I just kept on screaming and crying and I couldn't tell him what this man was doing because he was doing it to me too so I couldn't say this man just did this and so I didn't. He told me to just get back to bed so I did. I don't think he would have cared anyway.

I: When did the sexual abuse with your father begin?

S: I was nine these two guys jumped me in the back alley and then the police brought me home to my dad and then after that he started.

I: Your father...

S: Yea. Um... well it didn't happen very often. He mostly beat me and stuff, like, he just hit me all the time for whatever reasons. I guess sometimes he'd have fights with his girlfriends and stuff and he'd take it out on me that way.

Effects of abuse

Mother's support

Timing

Third sexual abuse

Abuse of sibling

Type of the abuse

Feelings

Helplessness

Feeling unprotected

Timing

Incest

Physical abuse

Reasoning the abuse

I: Where were your mother at this time?

S: Me and my brother lived with my dad and my mom lived with her boyfriend. Well, when I was young, my mom and dad used to get in fights all the time. My dad would beat the shit out of my mom. My mom would pack up all of her stuff and we would leave in the middle of the night. And we went to a transition house once and one time my mom left my dad, we moved into a house and um, my brother got taken away and put into a foster home and emergency services told my mom that if she didn't get back together with my dad, then my brother couldn't come back to live with us. So my mom did that and then my dad went totally nuts again and he took a two-by-four to her and he beat her up really bad and um, when my mom got a chance then we left again and we moved downstairs from my aunt and uncle and while we were out they changed the locks on the door and everything and they kicked us out and they wouldn't let us back in so my mom had no place to go. She's got me and my little brother and she didn't know what else to do so she gave custody of us over to my dad and that was when I was seven years old and when I was seven 'till I was eleven I stayed with my dad.

Description of family

Violence

Separation

Emergency services

Extended family relations

Explanation regarding custody

Timing

I: Until when did the sexual abuse take place?

S: Well...um... I guess when I was around - in between that year and ten and eleven 'cause I got taken away from him shortly after.

Duration of incest

I: So it was about one year.

S: Yes.

I: Looking back over this period of life, how would you describe the relationships with your family members, with your peers, friends?

S: Well, I don't have a lot of friends. I have a couple of friends and most of my friends are, most of

Peer's relationship

them are guys, actually I get along with guys better than girls. Um... I don't relate very well with my mom, I think, me and my mom are more like friends than mother and daughter because, um, well I blame her because she sent us to live with my dad when she could have put us in care but she didn't and I decided no I can't bring it up and tell her that this happened like, you know, say something and, um..., she never asked me or anything and we just bypass that subject.

Limitation of social skills

Relationship with mother
Blaming mother

I: What were your thoughts at this time?

S: I have two older sisters and my dad went after the oldest one and she ran away from home and then he raped the other one and they went to court about it but all the charges were dropped and, um, so my mom knew, like, she knew - I don't know if she wanted to believe it or not. She still knew about it.

Abuse of siblings

Blaming mother

I: How would you describe your feelings at the time the sexual abuse took place?

S: I felt scared and I hated him. I just kind of wanted to disappear. Um... also I probably wanted to kill him too at the time but I couldn't because I was young. At this time the children at school called me names well, 'cause they say that to me, I thought it, I started believing it 'cause they kept on saying it and you know, well, it must be true if they keep on saying it and this happened at grade 6, like, everyone started doing this to me and then I transferred because I went to the foster school and I started at a new school and they did it to me too so I thought, okay, for sure, man, then I must be really ugly or something, you know, I still don't like having my picture taken, and all my pictures I think they look bad and stuff.

Hate
Fear
Homicidal ideation

Helplessness

Being victimized by peers

Negative self-concept

I: What do you think made you feel like that?

S: Uh, he (her father) used to call

Verbal abuse

me a bitch all the time and he called me a whore once when the police brought me home from when I got jumped in that alley and, um, he waited 'till they left and right in front of my friend he slapped me across the face and said "You whore, you probably asked for it" and that's, I'll never forget that. Well, what my dad used to do to me just makes me feel dirty, makes me feel bad, like, I know that its not my fault and everything but, you know, it still makes me feel really, like, gross, sick and sometimes I thought when they called me these names that they might see it, like they might know somehow know. They might have found out or something and that's why they're calling me that too.

Effects of incest on self

I: Did your brother who lived with you and your daddy know about the sexual abuse?

Questioning peer's
behaviour

S: No, I don't think... he wasn't around. He's my little brother and so even if he knows he wouldn't be able to do anything.

Role-reversal-protection
of sibling

I: And what did you think at this time?

S: I didn't understand why he was doing that to me. Like, I knew it was wrong but I didn't understand why he did that to me. And he used to say all kinds of things to me like, if he ever hit me or something or something he'd say something like "I'm only doing this because I love you" or "This hurts me more than its hurting you" and I couldn't understand that either because he's like really hitting me. I mean he's not one that's filling, the hits so..

Questioning the incest

Offender's explanation
regarding abuse.

Confusion

I: Could you tell me more about the sexual abuse?

S: Well, I'd be sleeping at night and he'd just come in and he'd climb in with me um... only once, I think, he was really violent and it was when I was fighting back and I kneed him in the nuts and he hit me a couple of times but I was too scared to do

Details about incest

Violation
Resistance

anything so I didn't really fight back very much.

I: Who did the chores at home?

S: Who did the chores?

I: Um...

S: I did everything.

I: Do you think it affected your life then?

S: I didn't... I don't really know. Like, at the time I did it, like, I didn't know what my friends did at home. I had no ideas. I had maybe one or two friends when I was in elementary school and I used to get like comments from teachers like "She doesn't participate with the rest of the class. She mopes around. She seems depressed all the time" Stuff like that. You know. Like I didn't, I was more a loner. I didn't really hang around with anybody but my brother. We used to play together and go out together and we did everything together so its like I didn't have any other friends and the friends I did have, I wouldn't bring them home with me, 'cause I was scared of what he might do or, you know, I didn't want them to see anything, hear anything so I just didn't bring them home.

Social isolation

Loneliness

Relationship with sibling

Reasoning social isolation

I: What did you feel about it?

S: Um... I don't know. We just, we were always together like we got in trouble together and stuff like that. If my dad was home and my brother did something wrong it would be my fault because I am responsible for him so, I had to take care of him and stuff.

Relation with sibling

Role-reversal

I: Who was the first one you told about the abuse?

S: Um... a stranger in the park. I just... this lady was with her kids at the park and she was talking with me and I just had to tell somebody so I told her everything and then I just

Disclosure

got up and I walked away and I left.
I never saw her again.

I: And then what happened?

S: What happened after I told her.
I just got up and I walked away. I
went home but I didn't tell her my
name or anything so she couldn't have
done anything. I've never seen her
before either.

Explanation regarding lack
of response to disclosure

I: You told me that the sexual abuse
took place until you were eleven.
What made it stop then?

S: Well I got tired of being hit all
the time and stuff and my dad used to
tell me, like, we had a social worker
at the time, and he used to say never
to say anything to her because she'll
take you away and she'll put you in a
bad place and people will beat you up
all the time and stuff. And I though
well, maybe he's wrong and I can't
handle it so maybe its better there
than it is here. And I told my
social worker, I sat in the car for
two hours and I cried and I told her
everything that ever happened to me
in the house and I said, you know,
she said "well it might take time to
get you out", and I said, "well you
better have me out by tomorrow after
school or I'll take my brother and
we'll both be gone and you'll never
see us again." So at lunch time in
school we got called down to the
principal's office and she told the
principal and the teacher what was
going on and teachers and stuff and
that we were being taken away and put
in a receiving home not too far away
from the school so we still attend
the same school and if my dad was to
come around that we were to go
straight to the office and tell them
that he was there and not to go up
and talk to him.

Making decision regarding
disclosure

Offender's threats

The critical event
regarding disclosure

School-system's
involvement

Placement

School-system's support

I: And for how long have you stayed
in the receiving home?

S: I was in there for about eight
months, I think.

Timing

I: With your brother?

S: Um... Well my brother was there for about maybe four or five and he couldn't handle it because he was always getting grounded and these people were really mean to us and he moved back in with my dad and um... there was no way I was going to do that so I stayed there and then they sent me to a foster home.

Separation from sibling

I: What was your father's reaction to the disclosure?

Explanation regarding placement

S: Yea. She (the social worker) tried to get me to sit down and talk with him about it and there was no way I was going to do that and we both kind of sat there and didn't say a word and I couldn't handle it and they asked so I said I wanted to leave... I wanted to get out here. I'm not - there's no way I could talk to him. Like I was scared to even be in the same room 'cause he told me that he'd kill me if I ever said anything. He denies everything.

Confrontation

Fears of offender

Offender's denial

I: How did he react towards you after the disclosure?

S: Um... Well, he hated me, basically, from what my brother says, I don't know. I didn't, I never went near him again after that. My brother says he used to talk bad about me and stuff and say that I'm nothing but a whore and little bitch and stuff like that.

Offender's reaction to disclosure

Verbal abuse

I: Did you meet him since then?

S: No, I haven't seen him since, well, I've seen him, like, I've seen him sitting at a bus stop, and walking across the street and on a bus but I've always managed to get off really quick or get away from him. Like, I haven't visited him or nothing for eight years now since I've been taken away and I don't plan on it ever again.

Relation with offender

I: What do you feel about seeing him?

S: It scares me. My heart pounds and I don't know what to do, like,

Feelings
Fears

part of me is really scared and everything and part of me wants to just kill him right, and it puts me in a position where I don't know what to do so I just sit there and in the long run I end up running away.

Revenge

Confusion

Running-away

I: Avoiding this meeting or situation?

S: Yea, but I bet probably in a couple of years I'll be able to go up to him and I'll hit him, I'll punch him right in the...

Healing-planning
confrontation and revenge

I: How do you imagine the meeting? When you dream about him, what do you dream?

S: Well, I always, I always know, in my dreams when I sleep I see myself killing him. I'll stab him, I'll beat the shit out of the him. I see him burning in a house and we all live together and I get my whole family out of the house except for my dad and I watch him and he's on the top floor and he can't get out and it burns and he dies. And I always watch that, like, that's what I see in my dreams all the time, ever since I was a little kid. He's always been in a house and he's been burning and I won't save him, I can but I won't, you know. Like, sometimes I'll have a ladder and I could put the ladder up there and he can climb down but I won't, I'll hold on to it and I won't do it; you know.

Homicidal dreams

Having power & control

Shifting roles

I: And when you imagine this meeting, what do you think?

S: Um, sometimes I think I'll plan for it. Because I always know where he is. Like, I know where he is right now. I have for the past couple of years. I thought of blowing up his apartment building but then I'd injure up innocent people so I haven't done that. And I thought of taking a guy with me, like, a big guy and go down and have this guy beat him up and see how he likes it and say everything that I ever wanted to say to him with this person here with me and then I know that I'm safe

Planning revenge

Control

Concern for others

and he can't do nothing to me.

Safety

I: What would you like to say to him?

S: Um, just that you're sick and you need help. And, just that... I know that he's sick and he's had a rough childhood himself, like, he's been abused sexually by his mother. His father shot himself in the head when he was young. He committed suicide, his dad did, my grandfather, from what I was told by my grandmother. My grandmother had her left breast cut off once 'cause she had cancer and she used to have one of those foamy bras so you can't tell and he used to go up to her and he'd squeeze them and go, well oh, this one feels pretty real and I remember him doing that when I was young and I remember thinking, you know, there's something wrong here, and I think about it now and I think, God, he must be really sick, I mean, I could never do that to my own mother. I couldn't see anybody doing that to their own mother. There's just no way.

Concern for offender

Offender's family of origin

Abuse of offender

Grandfather's suicide

Normal vs. abnormal regarding sexual abuse

I: Do you have any positive feelings toward your daddy?

S: Like, positive, like what, like good feelings?

I: Ummm...

S: No, I hate him, thoroughly. I feel sorry for him maybe, that's about as positive as I can get. To me he should be slowly, slowly tortured, long and painful death and it were not to kill him he should have his tongue cut out so he can't say nothing, he should be blind so he can't see any female, and deaf so he can't hear any female, with no hand so he can't touch anybody and that would leave him able to stand and walk around and bump into things and stuff. He'd be totally mute. Its the best punishment I could ever give him to be make him a vegetable, to have to sit in a chair... That's mean, that's because of my anger for him but I never think about doing

Hate

Torture the offender

Offender's helplessness, powerlessness

Punishment

Anger at offender

that to anybody else, like, if somebody asked me, do I have a lot of enemies, I would say no, and its true, I don't have anybody I hate, you know, there might be some people that don't like me but I don't hate them for that, that's there choice but with my father its like, he's the only person I really hate. I mean, the last, a couple of days before we got taken away from him he took off his wedding band and put it on my marriage finger. That's how sick he was. Like, I wasn't his daughter, he got to a point where I wasn't his daughter anymore. I was like his girlfriend, his wife. ???? It makes me wonder what he did to his other wife 'cause I know he was married before and had kids and he was divorced.

Explanation regarding punishing the offender.

Hate

Role-reversal

Questioning offender's history

I: And then he got married with your mom?

S: Yea, so it makes me kind of wonder what they went through. And its funny because one of my ex-boyfriends went out with my stepsister from my dad's family. It was shocking. He said, that she's doing really good and she just got married and now she's got a baby due.

I: How did your mother react to the disclosure?

S: I'm not sure if she knows or not about it. So I have no idea.

Relation with mother

I: Did you meet her after the disclosure?

S: No, I was in the receiving home and then they took me to a foster home after eight or nine months after being in the receiving home and I never had any contact with my mom until I moved into my foster home. After eight months I moved into my foster home and I was there for about a year and I didn't really know how to get in contact with my mom but my mom, she called my social worker and my social worker called me and gave me the number.

Receiving home
Foster home

Renewing contact with mother

I: And then did you speak with your mom about that?

S: Well, I didn't speak with her about it, I just went to visit her and we went to like, MacDonald's or something like that. I couldn't tell her.

I: Why? What did you feel?

S: Well, I'm just scared that she's not going to talk to me. Like, I know she blames herself for everything that's happened to me. So I'm worried that if I tell her that she's not going to be able to handle it and she won't talk to me anymore.

Fears of being abandoned
by mother

Protection of mother

Fears of mother's
reactions to disclosure

I: How did non-family members respond to that?

S: Well, my teacher was really nice to me and he gave me extra attention and stuff and he didn't get mad at me so often for not paying attention because he knew why I wasn't able to concentrate. I didn't tell anybody else. My foster mom - I didn't tell her until I lived there for about a year and a half, I think and then I told her bits and pieces but not very much. And she just felt sorry for me, sort of.

School-system support

Disclosure

I: How was it like for you in the foster home?

S: Well, I didn't like it too much in the beginning because my social worker and her - they sat down and they decided, well, I'm going to come in at this time and I'm going to school here and I'm going to do this and I'm going to do that and its like I had no choice, like they were taking over my life and I wasn't used to that. I was used to staying out as late as I want or not coming home for days and just doing whatever, you know, and then they tell me that I have to be in at like, eight o'clock at night or something, and its like, say what? I just didn't understand it at all. And I was always late so I got grounded a lot.

Involvement of social-
worker

Feelings
Being controlled
Powerlessness

Rebelliousness

I: And then what happened?

S: Well, we went on for about a year and a half. I played along with her and I went with her rules and stuff and then I couldn't take it anymore and she was drinking all the time and my dad drank heavily so it really bothered me.

Timing

Attempts to adjust

Fears of being victimized

I: Wasn't there a father?

S: Oh, there was just one. Her husband died a long time ago. But she drank a lot and she'd get to the point where she'd pass out on the couch and she'd have like, cigarettes lying all over the place and she'd say where are my cigarettes, did you take them, and they're like, right in front of her. And, um, I just, I packed some of my clothes and I took off and I wasn't going to go back and the cops picked me up, the cops, and they took me home and she wasn't there so they took me to emergency services and I waited there for two hours and the foster mom showed up and she was all drunk. And she brought me home and we had a big fight and she threw a wine glass at Gail, her daughter, and, um, I ran upstairs and she came after me and she was yelling at me saying all these mean things to me and stuff and I went in the bathroom and I tried to shut the door and she got in and pushed the door open and then she grabbed me and she went to hit me and I slammed her up against the door and I called her a bitch and then I ran out again, and then I waited a couple of days and then I came back and I packed up all my clothes and I left.

Description of foster family

Running-away

Police involvement

Relations with foster mother

Verbal abuse

Physical abuse

I: To where?

S: Well, I went down to this bus loop, all these people, like, I knew a couple of people down there and I started hanging around with these people and I met this guy and we started going out and used to stay over at his place or in odd places or just stay up all night and walk around and party with these people.

Joins street kids

I: Did you go to school at this time?

S: No, I missed three months of school so they failed me in grade eight.

Problems regarding school

I: Did you have friends at school at this time?

S: Um, well, I had, two girls were my friends in art class and there was a girl, like, there's one of the guys in my class I was friends with, his older sister. And me and her used to do stuff after school but I wouldn't, like, I wouldn't, like nobody else from the school I really made friends with. I was never really good at making friends. I'm still not.

Limitation of social relations

Lack of social skills

I: During this period have you met your mom again?

S: Yea, there were a couple of times. My foster mom let me spend one night with her but my mom, she lived in a hotel so its not very appropriate for me to stay over there.

Relation with mother

I: In what ways did you try to handle the situation?

S: When I was first taken away from my dad I had this lady, Sarah, who was my social worker and we had her ever since I was a little kid so I trusted her and everything and then all of a sudden she said, well, I'm not going to be your social worker any more, there's this other lady that's going to and then this other lady, I didn't like her so I didn't really, like, I never really got along with her, I never talked to her or nothing.

Frustration/anger at social-support system

I: Do you think you had any opportunity to speak with someone about the sexual abuse experience at this time?

S: Right now?

I: No, not right now, back then, after the disclosure.

S: Um, I didn't talk, I talked about it to my first social worker, Sarah. I told her everything and then they took us away and then I never brought it up again. No, they sent me to see a psychiatrist and um...

Limited treatment
regarding abuse

I: What for?

S: They didn't tell me. They just wanted me to go see him and he asked me all these questions and showed me pictures and stuff and I went once and that was it.

I: Did your case go to court?

S: No. Probably because I didn't, I couldn't have pressed charges anyway if it did go to court. I'm not really sure why. Some things I can't remember because I've blocked them out of my head. We might have gone to court, I'm not sure. But I don't remember.

Lack of court procedure

Coping mechanism

I: What were your feelings at that time?

S: She (the social worker) just took over my whole life and made all the decisions for me and she didn't ask me or nothing. Like, she put me in the receiving home and then nine months later I found out I was being placed in the foster home and I had no idea...Well, I'm really mad because like, I was really shy and I was really quiet so I wouldn't stand up for myself but it made me really angry that she didn't ask me like, you know, what do I want. Where do I want to live and stuff.

Powerlessness

Timing

Frustration/anger at
social-system support

I: Who, if anyone, was helpful to you and what did they do that was helpful?

S: Um... just, well, I don't think that there's been really anyone that's done anything like, with back then, that was just me, myself, like, I helped myself out and talked to myself. Um, I couldn't, at the time, I couldn't really open up and tell anybody about it and I just kept inside of me and

Loneliness

Protection of self

filed it back in the back of my head.
and just tried to forget about it.

Coping mechanism

I: Who, if anyone, was not helpful
and what did they do that made things
difficult?

S: Well, my foster mom for one, I
mean, I don't know, it used to, it
bothered me a lot that, that my
social worker knew that my dad was an
alcoholic and she took me away from
him and put me in with this foster
parent and she was an alcoholic too,
and so it really bothered me and that
had a lot to do with it. It used to
always stay in the back of my mind
that she was going to get like my
dad.

Frustration/anger at
system

Fears of being victimized

I: Could you tell me more about your
feelings at that time?

S: Well, I was angry, wanted to tell
everybody where to go and just to
leave me alone. I hated all social
workers, the whole government and
everything, I hated them all. I
guess, I was upset too. At the time
to me they weren't people, like, they
didn't care they were just putting me
like, you're a piece of paper, like,
you go on this shelf, and you go on
this shelf. I didn't feel like I was
being treated like a human being.

Frustration, helplessness,
anger at social-system

I: Then what happened after you left
the foster home?

S: Well, I was on the streets for
about six months and I started
drinking and smoking pot and we did
all kinds of things.

Self-destructive behaviour

I: What do you mean?

S: We didn't know when, there was a
whole bunch of us, like, just one big
gang of people and a couple of us
girls were runaways, there was some
from New West and one from Burnaby
and there was two of us from
Vancouver and us girls, we all hung
around together because we're all
like, the same thing and um, I don't
know, we'd just stay up all night
partying and if we got tired we slept

Joins street kids

on the bus bench at the bus loop and there was a roof over top of it so we didn't get wet if it was raining. Um, we used to go into 7/11 there and we'd steal things and we used to go down to Fields and we'd try on jeans and put our own jeans over top of them and walk out with them and we used to crash at peoples' places, like, guy's houses all the time and stuff like that. And I guess I did that for about six months and then, um, I was over at the school grounds with my boyfriend and his friend and my foster mother saw me and came running up and she grabbed me by the wrist and she started calling me a fucking little slut and stuff like that and she slapped me across the face and I ran down the stairs away from her and I called her a bitch and I ran across the street and I almost got hit by a car. There was about ten cop cars all driving around in the same area looking for me so it was like, I couldn't run away from them, every time I turned a street they were there so I sat down behind a parked car and I cried for a while. And then I went to find my friends and they said there's this black cop who wants to help you and he's waiting for you by 7/11 so I went into Bino's and I clean the mascara off my face 'cause it ran down my face 'cause I was crying and I went over and I talked to him and then he said well we'll take you to emergency services if you don't want to go back in your foster home, we won't put you there we'll put you in a group home and um, I was like, I don't know, they treated me like I was some criminal or something. They put me in the back of the car and a female lady sat beside me and the guy drove and another car was behind us escorting us down to emergency services. I felt like, you drive past people in cars and they stare at you and they think what did you do, kill somebody? I just, I felt really bad about that. And then I got to ES, they put me in Cypress House and I stayed there for a couple of months and then I ran away again and I lived downtown and I started working the

Delinquency

Timing

Physical and verbal abusive relations with foster mother

Police involvement

Emergency services

Frustration/anger at system

Group-home

Running-away

street.

I: Why did you leave this group home?

S: Well, it was okay, like, I liked it and everything and um, I just, the kids, there, most of them were from downtown and were hookers and stuff and I got involved with these people and then I started doing, I started working the street myself and I found out that I could make all this money just from doing this, sleeping with these men and so I did it.

Description regarding prostitution

I: What did you do after you left the group home?

S: Well, I started working in the streets in down-town when I was thirteen. I worked until I was fifteen and when I was fifteen I decided to quit doing that and to stop drinking and stop doing drugs and everything and I did that, I quit and until I was sixteen and then I met this guy and he made me like him a lot and then he'd turn around and he said I can't see you anymore because I don't have very much money and this girl offered to work for me and stuff and I liked him so much I said that I'll work for you because I want to be with you so I went out and started working the street again when I was sixteen and then I stopped. Shortly after, I broke up with him because he used to say he loved me a stuff and I loved him, like I'd do anything for him. That's why I went out and I worked but slowly he started saying well, if you don't go out and work I'm taking you home, right, and he'd know that I wanted to be with him and he'd take me home because I wouldn't go out to work. And I got really choked about it and I started hating him for all these things that started building up and building up and then I couldn't take it anymore so I broke up with him and then I stopped and I haven't worked since.

Duration of being prostitute

Timing

Abusive relationships with boyfriend

Decision regarding ending prostitution

I: At the time you worked in the street, where did you live?

S: Well, I was staying at a Cypruss House and then I started making lots of money and some friends of mine they wanted to get a hotel room and so I grabbed myself from there, from Cypress House and moved into this hotel with them and then we stayed there for a month or two and then we got a new apartment. This guy, he had the apartment and it wasn't even a one bedroom, it was a bachelor but there was this couch that folded down to a bed, and a chair that folded into a bed, and we had sleeping bags and stuff so there was about five of us living in there.

Moving from a group-home

I: Ummm...

S: Me and my girlfriend and three guys and a dog and two kittens. At the time, I was into partying a lot and stuff, and I didn't, like, I didn't care about myself, you know, I didn't care what happened, like I didn't even think about what could have happened to me. I thought, well, my dad used to do this to me so it wouldn't bother me if one of these men did it to me and I'll get paid for it and I just kept on getting all this money so I'd just lie there and I wouldn't think about it. And then I'd have all this money and we'd get beer and we'd sit and drink and we'd party and we'd just hang around restaurants and stuff.

Self-destructive behaviour

Effects of abuse on self

I: What made you quit or try different possibilities?

S: Well, I started getting sick of doing it all the time and everything and I decided that I didn't want to do that anymore and I had no place to go because the guy we were living with, he moved to L.A., he went to L.A. and he got the locks changed so our keys wouldn't fit and all our stuff was there so I had no money and no place to go and I was hungry. So I called up my social worker and asked her to meet me and I said I wanted to be placed in Cypress House again so she got me placed in Cypress House and from Cypress House I went to Equinox, from Equinox I moved in

Decision regarding ending prostitution

Asking for help

Group-home

here.

I: When did the attempted suicide take place?

S: I haven't. I have thought about it lots of times but never really.... One time I took a bunch of pills but I made myself get sick because I thought of my mom and I thought, like, if I'm doing this, how was she going to handle that, like, is she going to do the same thing and I didn't want to do that to her, because I didn't know if she, how she would take that.

Suicidal ideation

Overdose pills

Protection of mother

I: How old were you when you took the pills?

S: When I was, um, sixteen.

Timing of the suicide-attempt

I: Did you live here in the group home?

S: Yes, I lived here.

I: Was it at the beginning of your coming to this group home?

S: Yea, um, actually when I was going out with that guy, his name's Paul. And it had a lot to do with him. I just couldn't handle it.

Reasoning the attempt

I: What were your difficulties at this time?

S: Well, he wanted me to work and stuff and I didn't want to anymore and, um, you know, like I wanted to be with him all the time and if I didn't work then he'd tell me, like he'd take me home and drop me off and we had this big fight and he didn't call me for two days and I couldn't get him on the phone and I didn't know where he was so I was all upset and everything, and um, I was just, I didn't want to be without him so I guess that's why I did that.

The trigger of the suicide-attempt

I: What did you think at this time?

S: Well, I felt like nobody cares about me and nobody will ever care about me. People always just hurt me

Feelings as contributors to the suicide-attempt

and I just, I wished I was dead. I didn't understand like, why was I even born? Was I born to be abused and hurt and stuff so I didn't understand it.

I: And what happened after that?

S: Well, I made myself sick and the next day I was really sick. I kept on getting sick. I couldn't stop and every time I ate something or I moved I got sick.

Physical effects of the suicide-attempt

I: Because of the pills?

S: Yea.

I: How many pills did you take?

S: The whole bottle. There's about thirty-six pills in the bottle.

I: Did anybody here knew about that?

S: No. It was like about, three, four o'clock in the morning and I was down in my room listening to the radio and I got all depressed and I started writing a note.

Timing of the suicide-attempt

I: To whom?

S: Well, I wrote one for Paul (her ex-boyfriend) and I wrote one for my mom and my family, type thing. And I kept rewriting them, rewriting, rewriting them, and I took all these pills and then I sat there and I read these letters over and over and over and then I started thinking about my mom and I got upset and I started crying and I changed my mind and so...

suicidal notes

I: Do you remember what you wrote on these letters?

S: Well, I wrote, to Paul, I wrote that I love you and just stuff like that, basically. And to my mom I wrote that I'm sorry and I just can't handle this anymore and to forgive me for doing this, for what I'm doing. And I wrote that she could have all my stuff.

Ambivalence regarding the suicide-attempt

Content of the suicidal notes

I: And then you took the pills and...

S: I took them and then sat and I waited for it to set in, the more I waited the more upset I got and the more it made me think about it too, and then I got really upset and I didn't want to do it because I felt well, if I'm killing myself, maybe this will kill my mom too. And I didn't want to do that so... and part of me loved her and part of me hated her and then the part of me that loved her won. And I didn't go to sleep, I got up and I went to the laundry sink and I put my fingers down my throat and made myself throw up the pills.

I: Uhmm

S: Yea, and some of it was in my system and so it made me get sick and I couldn't stop getting sick and the shakes and every time I moved I had to run to the bathroom.

I: I would like to understand when you said that part of you loved her and part of you hated her. What do you mean?

S: Well, I love my mom because she's my mom and the part of me that hates her is because I couldn't understand why she sent me to live with my dad, you know, and I just, I thought she knew about this, how could she do that to me. Like, what did she think, did she think, oh, because I'm his real daughter, he wouldn't do that to me? He did just did it to my sisters because they're not his real daughters? And I didn't understand that.

I: And what were the feelings towards your father at these moments?

S: Well, at that time, I really didn't think about him too much. Like, I tried to forget him, like, that he was my father, like, as far as I was concerned my father was dead.

Feelings & thoughts after the attempt

Upset

Concern for mother

Ambivalence towards mother

Physical effects of the overdose pills

Ambivalence towards mother

Blaming mother

Feelings towards offender

I: Was it helpful for you to treat him like that?

S: Yes.

I: When you took the pills, where you able or did you try to talk to or get any help from others?

S: Yea, I called my boyfriend.

I: Ummm...

S: When I took them I called him and he said, he asked me why I was calling him and I said because I wanted to talk to him and, um, like, we had a fight a couple of days ago before this and like, he wasn't talking to me and I asked him, like, didn't he hate me now or what and he said "No, I don't hate you" and, um, he said "Well, I'm really tired and I'm going to go to sleep" and I heard people in the background and I heard a girl's voice that I didn't recognize and I don't know, I was crying on the phone and I said, "I need to talk to you" and he said "Well, I'll talk to you tomorrow" and I said, "No, I need to talk to you now" and he said "well, I'm really tired and I'm going to go so if you don't say good-bye then I'm just going to hang up" so, um, I said, "Fine, then" and I hung up on him and I went back in my room and I shut the door.

Lack of boyfriend's help & support

I: And what about the girls or the staff here?

S: No, everybody was sleeping, there, everybody was sleeping, nobody was awake.

I: Before taking the pills, did you try to seek help from the staff or the girls here?

S: Well, see, in February I will have lived here four years and it was in the second year when this happened and um, I wasn't - it takes me a long time to get close to people and trust them, alright, and at the time I wasn't, like I trusted them but not

Timing

Effects of abuse on self

enough to say this to them. And I knew that they'd do something about it - they'd watch me all the time or something, so I didn't tell them about it. Even after when I was getting sick and they were, like, all thought oh, I just had stomach flu or something because I didn't tell them. Just this year, sort of, people found out. I think Sandy and Carolyn know about it - Maybe Ronny. I couldn't tell him I was - I started getting my life together and stuff and understanding - and I didn't want to tell them - it was like a stupid thing to do and I regret doing it, I'm glad I'm not dead or anything but I'm just, I didn't want to tell them, I was embarrassed about it, I'm embarrassed about it now.

Fears of being controlled

Secrecy

Healing-cognitive change

I: Because ...

Secrecy

S: Well, my sister, my mom and my sister don't know about it. My sister would kill me because her saying for that is that "That's the chicken's way out" which is true. I mean you can't cope with life and the people around you then, and you want to kill yourself and you go through with it means that you're not strong enough to survive and you're just being a chicken.

Healing-cognitive change

I: Your sisters, as you told me, were also sexually abused...

S: Um, the younger one was, the older one, my dad, he grabbed her a couple of times but that was it. There was always a big fight. Like, he never raped her. One time when he tried to she ran out of the house and he couldn't catch her and she went and she stayed with her boyfriend.

Abuse of siblings

I: And did you speak with them about your experiences?

Disclosure to siblings

S: Um, my sisters know now. I talk to them about it because, I talked to the younger one first and um, she has a really big mouth and she told my sister, the older one and then she told me, Rina told me this, right. But she didn't push, like, like one

night I spent the night there and we were both lying on the couch, they have one of those big square couches and we were lying on them sideways and we both had our heads in the middle and we were talking about stuff and it was rather late at night and I started telling her about these things and um, she goes, "I know, Rina told me" and I got really upset - Rina told her, you know, and I made her promise me that she wouldn't tell anybody and she told my other sister so I got choked at her but I told her and everything and it made me feel a lot better when I actually told her. Now if I just tell my mom then everything would be okay, but I can't so.

Effects of disclosure

Difficulty to disclose to mother

I: When did you speak with them?

S: Um, when I was about sixteen. I talked to my younger sister and then I guess I was almost seventeen when I told the older one.

Timing of disclosure to siblings

I: How was it like for you to share with them this experience, and what pushed you to do that?

S: Well, we, the house, like, we have Wednesday groups, once a week and we talk about this stuff and um, sometimes if we get really upset we'll come in here with Carolyn and we talk to her about it and she'll help us to understand why we're feeling this way and what we can do to stop feeling this way or to get support when we do feel this way and we were talking and I was telling her how I'd like to tell my sisters and everything but I'm scared to, right, and she goes, she talked to me about it and, um, I can't really remember what she told me but I just, I went to them, and I told them. It just came out of me. I couldn't stop once I started and I told them everything that happened. We cried. Then it brought me and my older sister together and it sort of pushed me and the other one apart but nobody get along with my younger sister anyway because she's such a big mouth.

Group-therapy

Social-worker supportive and helpful

Effects of disclosure

I: Why was it important for you to speak with them about this experience? What do you think?

S: Um, I want everybody to know about it, you know, its like a big secret to me and it hurts to hold it inside so, um, I wanted them, at the time I wanted them to know and I told them I was working the streets too and they got really choked at me for that. The one, the younger one didn't, right, she asked me for money, actually, she asked me if she could borrow fifty dollars so I got choked at her because of that and it pushed us apart and we don't really talk now. And the oldest one gave me shit for it and that's what I was looking for, someone to get mad at me for doing these things to myself and also to hug me for knowing what I went through with my dad. But I had to tell her what happened with him so that she'd understand why I started working the street.

Sibling's reaction to disclosure regarding prostitution

I: Do you think she might have helped you to decide to quit?

S: Um, no. I quit by myself. That was me myself. There's girls out there who like sex a lot and it doesn't bother them to do it. They can do it, and do it and do it. You know, and then there's other ones out there who just, you can do it for a while and then you stop and then when you go back to second time, its, you have a total different look, you're disgusted, you can't handle it and it makes you feel really dirty inside and outside.

Decision-making regarding ending prostitution

I: What do you feel about that right now?

S: Um, part of me sees it as a learning experience and the other part, I regret doing it and sometimes like, um, I was with my mom once and we were shopping in Chinatown, and this man, he used to be a regular date of mine, drove up and he started yelling my name out across the street but the thing is that when I was working I told everybody that my name

Feelings & thoughts regarding the prostitute experience

was Kathy, my name's Sheila, and he kept on going Kathy, Kathy, Kathy and my mom's going "Who's he yelling at?" and I said, "I don't know" and we and just kept on walking and he followed us around for a bit and then he just left us alone. But I thought I was going to die, that he was going to kill me. I was so scared I didn't know what to do.

I: What do you view as the major contributing factor to your attempted suicide, or taking the pills?

S: Um, yea, well, its got to do with my boyfriend but a lot of its got to do with my abuse because of that put me in a situation where I felt that nobody cares about me, you know, and nobody loves me and my dad never loved me, how could he love me and do that to me. You know, and that makes me look at my boyfriend and say, well, he doesn't love me, if he loved me he wouldn't make me work the street, he wouldn't treat me like this. So obviously doesn't love me. My mother doesn't, she doesn't care about me, you know, otherwise she wouldn't have sent me there, and I just felt all alone and everything. I had no one I could talk to about it and I had all this stuff kept in inside of me and I couldn't get it out and I didn't know what else to do so I that's what I did.

The contributors to the suicide-attempt

I: How do you explain that even though you have lived here in the group home for about two years, you still felt loneliness, and you didn't ask for help?

S: Well, I knew that if I told them, they'd watch me, you know, they'd come down and check on me and everything and um, I didn't want them to do that, you know, then I'd feel like, I don't know, I'd feel really bad, and I'd just, I'd hate it, I'd move out, I'd run away or just not come home for long periods of time and stuff.

Difficult to go for help

I: Its sounds to me that you are sensitive when people watch you, or

give you orders...

S: Well, I care about people and people's feelings and I care about what they think about me and whether I like them or not, you know, I mean, I might, I might hate the person but I still care about what they think about me. You know, like if I was walking down the street, and someone didn't even know me and they gave a dirty look and said, "Hey Slut" or something I would get very upset, I wouldn't understand why, why is this person calling me a slut, they don't even know me. You know, like I'm really, I don't know.

Concern for others

fragile self-esteem

I: How do you understand this, that even if you don't know these people you still get hurt. How do you understand that?

S: Yea, I know, yea. People can say whatever they want and other people, they can go "Well, I don't care", you know, that's their opinion, you know but I can't do that. Um, like, it's hard enough as it is for me to connect with people and when people like me. Like, it's really hard for me to do that and if someone's just walking on the street and they said that to me, I would get really offended and I would start to think, you know, well, am I dressed like a slut, do I look like a slut. Why are they calling me that, you know, I never did anything to them and it would upset me. You know, I went all the way through elementary school with people calling me dog and saying "you're ugly" and stuff like that and this is mostly the girls. I mean, this is why I don't get along with girls very well is because of that and the only reason why they did that is, that I can figure, is because I dress with like, brand new clothes like them. My clothes were like, my jeans were all ripped up in the knees and stuff. My runners were like old runners. They had brand new shoes and brand new designer jeans and nice clothes and they did their hair nice and they wore makeup and I wasn't allowed to wear makeup and in the

Vulnerability

Explanation regarding sensitivity and vulnerability

morning I didn't really have time to do my hair and I didn't know how to style it like they did, so it was like... Well, no, like, all the way through growing up and stuff, I always felt I'm really ugly and stuff but to have a female sit down with me and say well, you are good looking and explain things to me, you know, and stuff, that would help, but....

I: Uhmm...

S: Yea. Like once in a while I'd be on the bus, or something and a old couple would be on the bus and they'd sit and they'd look at me, you know, like I was on the 49th bus one time and this old couple were sitting there and they kept on looking back at me and they were smiling and when they got up to leave the lady got off the front and she smiled at me as she went off and the old man got off the back and he winked and waved at me and I'm just thinking "Whoa.." (giggle) You know, it made me kind of laugh but it made me wonder why are they smiling at me, you know.

Feeling insecure

I: How do you feel and what do you think when people like you or like the way you look?

S: I guess. (giggle). Its like, well, people, like guys, you know, they come up to you and they, or you just meet a guy and he says you're very attractive or you're pretty or something, I laugh at him because I think that he's just making a pass at me, I don't think he really means it. He just wants to sleep with me, that's all I think, right, so that's, I'm very, like, sensitive to that stuff. And he could be, like, really sincere and we could be, like, just total friends and I'd still think that, you know, unless he was gay. (laugh).

Difficulties regarding relations with the opposite sex

I: Then you are sure that sex is not involved.

S: Right. Yea.

I: You tried to protect yourself,

somehow...

S: Not so much as I used to, when I was used to I used to have a really bad, Carolyn (the social worker) called it like, a wall that's invisible but its all around me and nobody can get to me unless I want them to, like, here there's a lot of hugging and like, we call it hug therapy and we all cry and we all have like, one big group hug, you know, everybody hugs each other in one big group circle and stuff like that. When I first moved in nobody could touch me or come near me and I talked to people only if I wanted to otherwise I'd get up and walk away while they're talking to me, you know, if it was something I didn't want to hear or something I didn't want to talk about, I'd just get up and walk away. With Carolyn, it took her a long, long time, like, she's really good, like, this is the best group home in Vancouver, I think, and it took her a long, long time to break through to me but when, I don't know, I guess, she puts it like when I started getting to a point when I was bringing it down a bit, I'd come up and I'd put my arm around her neck so her head would be right here and this is about as close to a hug as I could get, you know, I'd be behind her so she couldn't hug me so I'm safe that way. I can sort of hug her and be safe without having her hug me because it would upset me. That's why I was scared of getting upset, someone touches me I'm going to cry and I didn't want to cry so I'd always avoid all these things that would make me get upset.

Protection of self

Group-therapy

Difficulties regarding interpersonal relations

Positive feelings towards social worker and group-home.

Maintaining control and safety

Protection of self

I: So how would you explain that Carolyn could reach you?

S: Well, we have, they have these groups and stuff, right and people would talk and girls have been there longer than I have, when I first moved in so they were like, really, connected with Carolyn. Everybody likes her. There's not one person that hates her when she move in, I've seen girls come and go through here,

Social-worker supportive, helpful

like, I've been in here longer than anybody since this place opened and there's not one person I know that doesn't like her besides my ex-boyfriend and he doesn't like her because she's a real person and he's playing pretend games and she's telling him to be real, right, and telling me that he's not good for you, if he did love you he wouldn't make you work the street, he wouldn't do all these things, and I'd go and I'd say to him, well, Carolyn says, you know, if you really did, and I'm starting to believe that and he'd get all pissed off so he's the only person I know that doesn't like her.

I: Has the relationship with Carolyn change anything for you?

S: Yea, she's like my second mom, now, you know. I talk to her more than I talk to my own mom. I don't think that I could have opened up like this without her help.

Social-worker a "second mom"

I: That's great. Going back to the event of taking the pills, has anything positive come out of this, has it changed your situation after that, what do you think?

S: Well, I think I'll never do that again. Its made me strong, because at that time I was going through a lot and I can get through that, like, I made it through that, and, like, people tell me well, you're a fighter, you know, and I think now, it doesn't matter what happens to me, I'll always be strong and I'll get through it. You know. And it also made me realize that I can't keep my problems and if I everything inside, I have to talk to someone about it and if I don't get them out of my system I'll blow up and, you know, I'll either beat someone up, which I haven't done for ages, or, um, I'll just do something stupid. I won't do it again, but, you know.

Healing-suicide-attempt a catalization to a positive change.

Importance to talk out

I: So after this experience you thought that there are different ways to deal with your problems like talking to people, and getting

outside help.

S: Yea.

I: What advice would you give other adolescents who are faced with the same experiences?

Importance to talk out

S: Well, I wouldn't tell them to commit suicide, that's for sure. If anything I'd tell them to talk to someone and if they can't talk to someone, to, like, write it all down on a piece of paper and then you could either rip it up or burn it or save it 'cause you have to get your problems out of your system or even like, its better to talk to someone about it, how you feel, but if you can't, like, you know....

I: Ummm...

Awareness of others' situation

S: Well, I can see it coming, like I know when people get to the point where they're going to do this 'cause I know, I've been there and I can see it happening and I will go down and I will, like, one of them here, goes through a lot of this stuff and I went down to her room one time and I talked to her, you know, like, she's new here so she doesn't really understand too much, and she doesn't have anybody she can turn to and I made friends with her rather quickly and um, I went down and I said you know, "Is there anything that you want to talk about, or something, you don't look like you're too happy and stuff, right" and I explained to her, like, "You don't have to worry, like if you don't want me to say anything to anybody else or staff then I won't, you know, that's like, that's up to you but if you need to talk to me, I'm here, like I'm here for you and she did. Like, she started crying and she told me all about what her problems were and stuff.

Healing-helping others

I: Did it help her knowing that you had the same experience in the past to be more open to you?

S: Yea, we were both crying and then I cheered her up after she got

Being supportive, empathic and caring for others

everything off her chest she felt better but every since then she hasn't done anything so...

I: Its helpful when you have someone...

S: She knows that if she does I'll be really choked at her, too so that helps because she cares about me enough to not want me to be made at her and I said I won't hate you, I can never you, I'll still care about you and everything but I will be pissed off, and I said, and I don't get pissed off. When I do its not for very long, it is there.

I: Can you think about more advise for adolescents with the same experiences that you had?

S: Well, with me at the time, I had problems with my boyfriend, for instance, so if there was someone and they were having problems with their boyfriend, I would try to suggest, like, to sit down and talk with them about this, and find out what's really going on and why he's acting that way. Um, with feeling bad about myself, um, I don't think that there's really much I could say for that, like, you know, if I had someone else there telling me stuff about myself to make me feel better, then I wouldn't, you know, that might have changed my mind a bit.

Healing - new problem - solving skills regarding heterosexual relations

The importance of having support

I: Now you are going back to school. Which grade?

S: Um, I'm doing upgrading right now so I guess I'd be in grade eleven. Um, and I am also getting my independent living so I'll be living out on my own. I'm still looking for an apartment. I've been looking since December for a place for January so now its like February 1st, I'm moving.

Healing - plans for future

I: What do you feel about that?

S: I hate it.

I: You hate it?

S: Well, I can't find a place. Like, I've always wanted to be on my own, ever since I was thirteen years old. I wanted my own apartment, you know, and now I've got the chance to do it so I'm really happy but at the same time I'm sort of sad 'cause I'm going to miss everybody here and uh, I'm worried, I can't find a place so I'm thinking, "What, am I never going to be able to find an apartment, or what?". That's how I feel, right.

Hope

Ambivalence regarding
leaving the group-home

I: Are you going to live by yourself?

S: Yes, by myself.

I: Oh, it sounds like a big change.

S: It's going to be so nice. Peace and quiet. I've always... that's what I wanted ever since I was thirteen.

I: You went through very difficult situations and experiences. We have talked a lot about your experiences. Are there any other things that have not been discussed that you think are important?

S: Uh, no, I don't think I can think of...

I: Good luck, hope your future plans be successful and thank you very much.

S: Thank you, I felt a little anxious before the interview, but now I feel ok. It was a nice experience for me.

I: Thank you again.

END OF TAPE.