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# *Childhood Emotional Abuse:*

# *Exploration of abuse factors that contribute to the long-term impact on childhood victims.*

CLAIRA NEWTON

A thesis submitted to The University of Huddersfield

as partial fulfilment of the requirements of

the degree of Master of Philosophy

February 2021

(88024 words)

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# *Abstract*

Child abuse is a widespread issue. Each year, millions of children experience some type of abuse, usually perpetrated by a parent or primary caregiver (Spinazzola, et al., 2015). From the existing literature around child abuse, particularly child emotional abuse, it is evident that issues associated with abuse are longer lasting than the abuse itself (Newton & Gavin, 2020). In order to explore child abuse experiences, and the ways in which emotionally abusive elements of child abuse can negatively impact victims, a multi-item scale was developed to obtain anonymous accounts of survivors' own perceptions. Using a mix of data collection, and data analysis methods, research findings suggest that victims of abuse are at an increased risk of experiencing mental health issues and, that a range of maladaptive coping methods are prevalent in individuals with abuse histories. However, a number of potentially positive and effective coping methods were also identified, relating to both childhood and adulthood. Further exploration of findings revealed that nearly half of the abused group disclosed or attempted to disclose their abuse to an adult, during their childhood, with the majority reporting negative disclosure outcomes. Feelings of being denied love and protection in childhood was found to be a recurrent theme among victims of child abuse, which was also identified as being one of the hardest elements of abuse to overcome. This apparent lack of love and protection from caregivers was found to be associated with a multitude of relationship and parenting issues in adulthood. Additionally, findings suggest that 65% of abused participants now use family avoidant strategies, meaning they have cut or limited contact with their parents, their abuser(s) and/or their entire family in an attempt to protect themselves from further abuse and/or the negative issues

surrounding it. Current findings could have practical implications in terms of early identification and intervention for children at risk of emotional abuse. Furthermore, findings could assist with the development of therapeutic interventions and identification of individual's requiring additional support in order to deal with and overcome their abusive childhood experiences.

*Keywords:* Emotional abuse, abuser, disclosure, coping methods, childhood, protection, relationships, contact abuse.

# *Disseminated findings*

### *Publications*

Newton, C., & Gavin, H. (2020). “My reality is just different from yours, that doesn’t mean I’m crazy.” Exploring the impact of childhood emotional abuse on adult emotional adjustment. *Journal of Aggression, Maltreatment & Trauma, 29*(1), 2-21. doi: 10.1080/10926771.2018.1525461

Newton, C. & Gavin, H. (2020). *“I knew I had power on the inside…” – Coping methods associated with surviving childhood abuse.* Manuscript in preparation.

Newton, C. & Gavin, H. (2016). Studying the long-term psychological effects of emotional abuse experienced in childhood. *The 4th International Academic Conference on Social Sciences,* Barcelona, 4, 41-49. Retrieved from http://socscienceconf.com/wp-content/uploads/IACSS-2016-Proceedings_1.pdf

### *Presentations and Research Seminars*

Newton, C. (April, 2015). Studying the long-term psychological effects of emotional abuse experienced in childhood. *Postgraduate Research Students' Research Festival,* University of Huddersfield.

Newton, C. (July, 2016). Studying the long-term psychological effects of emotional abuse experienced in childhood. *The 4th International Academic Conference on Social Sciences,* Barcelona.

Newton, C. (May, 2017). ‘I'm not crazy. My reality is just different from yours’ - exploring the impact of emotional abuse on adult mental health. *Centre for Applied Childhood, Youth and Family Research,* University of Huddersfield.

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# *List of abbreviations and acronyms*

| | |
|---|---|
| BTT | Betrayal Trauma Theory |
| BPS | British Psychological Society |
| CA | Child Abuse |
| CBT | Cognitive Behaviour Therapy |
| CEA | Child Emotional Abuse |
| CPP | Child Protection Plan |
| CPR | Child Protection Register |
| CSA | Child Sexual Abuse |
| CSAAS | Child Sexual Abuse Accommodation Syndrome |
| CSE | Child Sexual Exploitation |
| DID | Dissociative Identity Disorder |
| DV | Domestic Violence |
| HAVOCA | Help for Adult Victims of Child Abuse |
| IPV | Intimate Partner Violence |
| JWH | Just World Hypothesis |
| NAPAC | National Association for People Abused in Childhood |
| NICE | National Institute for health and Care Excellence |
| NSPCC | National Society for Prevention of Cruelty to Children |
| PTSD | Post-Traumatic Stress Disorder |
| SLT | Social Learning Theory |
| SCT | Social Cognitive Theory |
| UNCRC | United Nations Convention for the Rights of the Child |
| […] | Text removed from a participant quote |

# *Acknowledgements*

I am extremely grateful that the participants of this research were able to share their harrowing stories with me. Without which, this research would not have been possible. I hope I have portrayed their stories and their feelings respectfully.

In addition to the participants, this research wouldn't have reached so many people if it wasn't for the organisations and charities that assisted me in getting my survey out to those with stories to tell – thank you for all your help!

# *Dedications*

Speak to me
And I will speak with you.
I need to reclaim my body
my spirit
my peace of mind.

I want you to hear me
to understand
how I was forced
not to be a child.
A childhood taken away
destroyed
never to be reclaimed.

I need you to listen
not to speak, but to listen
Will you help me?
Can I be reclaimed?

I am asking you to believe me.
And more importantly
to believe in me.
It makes all the difference.

Listen carefully
For my voice is soft
like that of a child.
And if you speak
I will listen.
I am waiting.

A poem written by a male survivor (Wickham & West, 2002).

I have tried to really listen to the brave survivors and to the stories that they have so kindly shared with me. I hope I have accurately interpreted how they have felt and what they have faced.

For all of you…

# PART 1

*Chapter 1:*

# *Child Abuse in Context*

*"Children who experience emotional maltreatment undergo a unique form of abuse. The weapons used against them are not visible such as hands, belts, cords, or sexual acts, but rather ugly, hurting words or cold, uncaring silence."*

*(Horner, 2012: 438)*

## *Introduction to chapter*

Research into childhood abuse and the effects associated with abusive childhood experiences has been widely researched, particularly in relation to sexual abuse (Lovett, 2004). However, there remain a multitude of unanswered questions in relation to childhood abuse, more specifically, the long-term damage that can be caused and how, or if, emotional abuse contributes to the long-term issues experienced. Throughout the current thesis, some of this past research will be presented in relation to the specific areas of child abuse explored. However, in order to better understand the context of the current research, this chapter will present a brief overview of what is known of the prevalence of child abuse, the issues with defining and identifying it, and also the legal context around child protection.

## *Childhood abuse - Beginning to understand the problem.*

As a society, it is now more commonly recognised that child abuse can take a variety of forms, including, physical and sexual abuse, emotional or psychological abuse (Norman, et al., 2012), physical or emotional neglect and/or witnessing

domestic violence (Johnson & Sullivan, 2008). This increase in awareness regarding the many forms of child abuse is a positive shift, however, less commonly acknowledged is the idea that, irrespective of the type of abuse experienced, emotional abuse underpins all other forms and, any child experiencing physical, sexual abuse or neglect will also be experiencing elements of emotional abuse (Iwaniec, 2006). Garbarino, Guttman and Seeley (1986) recognised this when they suggested that emotional or psychological abuse should be placed at the centre of all future attempts to understand abuse. This important recognition that emotional abuse is at the centre of all abuse types has been further acknowledged in more recent years. For example, Loring (1994) claimed that all forms of abuse include an element of emotional abuse, irrespective of whether the victim of abuse is an adult or a child. Iwaniec (2006) argued that emotional abuse has a much more damaging impact than any other form or acts of abuse, and Newton and Gavin (2020) considered childhood emotional abuse to be the most prevalent, the most difficult form of abuse to recognise and therefore, the form of abuse that remains the least reported. They also concluded that emotional abuse is "at the core of all other forms of abuse" (p.17).

### *Statistics and prevalence of childhood abuse*

Despite this recognition within the literature that emotional abuse is at the core of all other abuse types, UK child protection procedures are guided by the philosophy that children "who are suffering, or are likely to suffer, significant harm" are in need of continued protection (HM Government, 2015:92). Vulnerable children identified as being at a continued risk of harm may be subject to a Child Protection Plan (CPP) and/or placed on the Child Protection Register (CPR), which means that the child's local authority is then required to intervene in order to protect the child

and promote their safety and development (HM Government). Within the UK, each nation has their own child protection guidance, procedures and, in some cases, their own specific definitions of child abuse, making it difficult to present accurate UK-wide statistics. However, when reviewing and pulling together child protection statistics of each individual nation within the UK, it is evident that reported numbers of children placed on the CPR or subject to a CPP within the UK have been steadily increasing each year for at least the past 5 years, rising from a total of 56,226 children in 2014 to 61,500 children in 2018 (Department for Education, 2018; Scottish Government, 2018; StatsWales, 2018; Information Analysis Directorate, 2018)[1]. The child protection statistics for England alone, presented by the Department for Education (2018) illustrate that childhood neglect was found to be the most common, neglect was closely followed by emotional abuse in each consecutive year, with a rise of 3.5% in children subject to child protection plans for emotional abuse over a 6-year period (Department for Education, 2018). Given the previous considerations that emotional abuse is at the core of all other types of abuse and, that it is believed to be the most difficult form of abuse to identify, it could be argued that the figures relating to emotional abuse are in fact, under-represented.

### *Child protection legislation within the UK*

The United Nations Convention on the Rights of the Child (UNCRC:1989) declared that "for the full and harmonious development of his or her personality, [children] should grow up in a family environment, in an atmosphere of happiness, love and understanding" (p.3). However, from the extensive reports and research

[1] Child protection statistics for each individual UK nation between 2014 and 2018:
England 48,300 (2014) – 53,790 (2018) (Department for Education, 2018)
Scotland 2,877 (2014) – 2,668 (2018) (Scottish Government, 2018)
Wales 3,135 (2014) – 2,960 (2018) (Statistics for Wales, 2014; StatsWales, 2018)
Northern Ireland 1,914 (2014) – 2,082 (2018) (Information Analysis Directorate, 2018).

studies conducted into child abuse and its negative effects, it is evident that this is not the case for many children growing up. Therefore, the laws and legislations that govern child protection and safeguarding procedures need to be considered. There are many differing legislations, policies and procedures between countries and states, too many to consider within the scope of the current thesis. Therefore, only the main UK legislations, policies and guidance will be considered, with a particular focus on English and Scottish frameworks.

In England, the legislative framework that guides child protection policies and procedures is the Children Act 1989. The key principle of the Children Act 1989 that guides English policies is that the "child's welfare shall be the court's paramount consideration" (p.2). In addition, the legislation sets out the expectations and requirements on parents, guardians and local authorities in the care and protection of children. This act was then strengthened by the introduction of the Children Act 2004 which states that it is the role of the Children's Commissioner to promote and protect children's rights within England. This 2004 act also encouraged the involvement of children in the development of their own plans, in order to make sure that their views around any potential decisions, are heard (Children Act 2004). Partnerships and multi-agency communication are a requirement under the 2004 act which places a duty on local authorities and any other professionals working with children to co-operate and work together to effectively safeguard and promote the welfare of children (NSPCC, 2019). Both the Children Act 1989 and 2004 place a specific duty on local authorities to provide support and services to children identified as being in need. Furthermore, under these acts, local authorities are required to investigate any suspicions that a child "has suffered or is likely to suffer significant harm (HM Government, 2018:5). Although this duty is primarily placed on local

authorities within these acts, dependent on the children's sector involved, other legislations will also be used to guide necessary policies and statutory guidance. These include the Children and Social Work Act 2017; Children and Families Act 2014 and, Children and Young Persons Act 2008. Irrespective of the specific act referred to, the overarching principle is that everyone should endeavour to work together to safeguard the welfare of their local children (HM Government, 2018). Within England, these acts have contributed to the development of statutory guidance intended to be used to guide all organisations, agencies and professionals in any such roles that relate to children; including the police, local authorities and schools, etc. This guidance also highlights that "it applies to all children up to the age of 18 years whether living with their families in state care, or living independently" (p.6). The key aim of this statutory guidance is for all agencies and people working with children to adopt a child-centred approach when dealing with families and making decisions, as placing the child at the centre is fundamental to protecting and promoting their welfare.

This child-centred approach is also adopted within legislation pertaining to children in Scotland, and although the intended outcome is similar, Scottish policies are governed by slightly different legislations. The legislative framework that guides child protection policies and procedures in Scotland is the Children (Scotland) Act 1995. The key principles of this act are that children's health, development and welfare is safeguarded and promoted and, direction and guidance are provided to the child in an age-appropriate manner. Children (Scotland) Act 1995 was the driving legislation behind the national statutory guidance in Scotland which - similar to English policies - highlights the need for both a child-centred approach and the need for agencies, organisations and professionals working with children to work together

in order to support, promote and safeguard all children. Additional to this statutory guidance, Scottish child protection procedures include the *Getting It Right For Every Child* (GIRFEC) framework (Scottish Government, 2014). This framework was developed in order to further protect children's rights and, with the intention of improving children's outcomes. The emphasis of the GIRFEC framework is on early intervention which can prevent a relatively small problem from escalating into one that poses a significant risk of harm to the child. The framework also identifies 8 key areas that are believed to be significant in the context of child protection outcomes. According to the GIRFEC framework, children must be; safe, healthy, achieving, nurtured, active, respected, responsible and included (Scottish Government). These 8 key areas indicate that some consideration has also been given to the child's emotional wellbeing within the family environment as at least three of these 8 areas relate to positive aspects of a parental relationship or family environment e.g. nurtured, respected and included.

In terms of emotional wellbeing or abuse, further consideration has been given to this in a recent domestic abuse bill which now recognises the inclusion of emotionally abusive elements of domestic violence, such as "controlling, coercive, threatening behaviour" (HM Government, 2019:5). This bill also acknowledges that emotional abuse and witnessing domestic abuse in childhood is likely to cause psychological suffering. This new domestic abuse bill is applicable to agencies, organisations and families across both England and Scotland, and although it is primarily focused on domestic abuse in over 16s, the introduction of emotional abuse to this legislation signifies a substantial shift within perceptions and understanding of the long-term impact of emotionally abusive experiences.

### *Issues with terminology and definitions*

This shift towards a better understanding of emotional abuse is a positive one, however, there remain contentions and complexities around the terminology and definitions of emotional abuse and some of the concepts that are associated with it (Rees, 2010). Garbarino (1978) termed childhood emotional abuse "the elusive crime" as he stated that although theorists and practitioners are aware of the existence of emotional abuse, the elusive nature of it has meant the development of an operational definition has been difficult. Although research into emotional abuse has been carried out for at least the past 40 years, there remain a number of areas that have not yet been investigated. Even in 1978, Garbarino recognised that "child abuse is not simply "less than optimal" childrearing" (p.92).

Newton and Gavin (2020) suggest that this lack of an operational definition and the use of a multitude of terms used to encompass emotional abuse, provides further barriers to identification and reporting of it. For example, Loring (1994) used the term emotional abuse, however, other terms used to describe emotional abuse include, emotional maltreatment (Yates & Wekerle, 2009), mental cruelty and psychological abuse (O'Hagan, 1995), psychological maltreatment (Spinnzzola et al., 2015), and Gavin (2011) considered the term non-physical abuse. Throughout the current thesis, the term emotional abuse has been adopted to encompass all of the non-physical behaviours that are deemed emotionally abusive and may at times, be used interchangeably with other terms[2].

As is often the case with behaviours that are largely misunderstood, there is also a myriad of ways to define emotional abuse and a wide range of behaviours that

[2] When any of the other terms have been used e.g. in reference to participant responses or specific literature etc, they have been intended to mean emotional abuse.

can and/or should be considered as emotionally abusive (Horner, 2012). For example, Loring (1994) reported that “emotional abuse is an ongoing process in which one individual systematically diminishes and destroys the inner self of another. The essential ideas, feelings, perceptions and personality characteristics of the victim are constantly belittled” (p.1). Horner (2012) pointed out that experiencing physical or sexual abuse in childhood can also lead to experiences of childhood emotional abuse. She recognised that emotional abuse is not simply an element of other abuse types and it can in fact, be experienced alone, in the absence of other forms of abuse. Horner accurately depicts emotional abuse by describing it as “a unique form of abuse” (p.438) that does not require physical weapons to inflict physical harm, instead she explains that emotionally abusive acts can result in harm that lasts significantly longer than any physical injury endured. This is supportive of Rees (2010) who reported that while bruises and broken bones heal, “the damage of uncorrected emotional abuse is lifelong” (p. 59).

There is clearly an understanding that experiences of emotional abuse in childhood can have a long-term damaging impact. Moreover, with the difficulties in the development of an operational definition of emotional abuse, some have attempted to list behaviours or actions that may be considered emotionally abusive. For example, the UK Government (2018:11) defines emotional abuse as:

> “The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate.

> It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone."

This definition describes a number of behaviours and feelings that could be categorised as emotional abuse, and provides some excellent examples of what a child may be experiencing. Glaser (2002) argues that attempting to base an overall definition of emotional abuse on a list of parental behaviours or interactions is impracticable, and instead, she proposed an alternative framework that recognises the individuality of the constantly developing child. This alternative framework is comprised of 5 categories derived from elements of her overall definition of emotional abuse, which are:

1. Emotional unavailability, unresponsiveness, and neglect;
   e.g. the child's primary caregiver is unable to respond appropriately to the child's emotional needs.
2. Negative attributions and misattributions to the child;
   e.g. belittle, diminish or reject the child.
3. Developmentally inappropriate or inconsistent interactions with the child;

e.g. exposure to traumatic events or interactions, overprotection and limitation of exploration and/or developmentally inappropriate expectations of the child.

4. Failure to recognise or acknowledge the child's individuality and psychological boundary;

   e.g. using the child to fulfil parental needs or support.

5. Failing to promote the child's social adaptation;

   e.g. this includes psychological neglect and corruption of the child.

   (pp. 703-704).

Evidence of emotional abuse within the parent-child relationship does not need to include elements from each category and, although Glaser's (2002) framework is a useful classification of emotionally abusive interactions, based upon a recognised definition, O'Hagan (1993) would argue that in attempting to establish a useful definition of emotional abuse, you first need to consider how it impedes on the emotional or psychological development of the child. His definition of emotional abuse suggests that: "*emotional abuse is the sustained, repetitive,* inappropriate *emotional response to the child's expression of emotion and its accompanying expressive behaviour*"[3] (p.28). O'Hagan argues that the key element of this definition is the sustained and repetitive nature of the inappropriate response to the child's attempts at communicating with a primary caregiver. He explains that within a parent-child relationship whereby a healthy and secure attachment is present between the two, occasional, inappropriate emotional responses from the parent can be afforded e.g. when the parent dismisses the child's excitement over a school project or loses patience with the child over losing a shoe when they are running

[3] Original authors use of italics.

late, etc. These examples of emotional responses may be inappropriate but are not considered emotionally abusive if the healthy emotional responses are quickly resumed. However, when these inappropriate emotional responses are given to the child repetitively, multiple times a day, every day, these inappropriate emotional responses then become ‘sustained’ and ‘repetitive’ and begin to demonstrate emotionally abusive behaviours. Glaser and Prior (1997) supported this idea as they suggested that “emotional abuse refers to a relationship rather than an event” (p.1).

Other complexities around an appropriate and practical definition of emotional abuse have been debated, such as, whether the definition should encompass the abusive behaviours, the consequences to the child, or if the definition should recognise both the abusive behaviours and the consequences to the child (Glaser, 2002). Glaser suggests that evidence of harmful interactions or ill treatment should form the basis of the definition as there are many other factors that could contribute to a child’s impairment or functioning. Additionally, Glaser and Prior (1997) point out that potential harmful consequences of childhood emotional abuse may not present themselves at the time, and may only become evident as the child develops. Therefore, a definition based on the negative impact to the child may be ineffectual in helping to recognise and intervene in order to protect the child from the imminent emotional abuse. As a result of some of these contentions, Smith Slep, Heyman and Snarr (2011) “adopted an “act plus impact” framework for all forms of abuse” (p. 785). They argued that using this approach helped to distinguish between acts of discipline i.e. minimal detrimental impact, with acts of abuse that resulted in a significant impact to the child.

Other authors have suggested that acts of omission, such as failing to act to protect the child from harm (Coohey, 2006), and causing harm, with or without intent

(Hibbard et al., 2012) should also be taken into consideration when attempting to define emotional abuse. This is partially supported by Bentley et al (2018) who defined non-specific child abuse as: “A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm” (p.11). This ‘failing to act to prevent harm’ will be further examined in later chapters where the actions of the ‘non-abusive parent’ are considered to be vital to the impact on the victim. Shull (1999) describes emotional abuse in a simple and fairly accurate way. Put simply, Shull suggests that emotional abuse is “Any imaginative form of cruelty visited on a child that is not a beating or a sexual contact” (p.1667). This description essentially means that emotional abuse is any form of abuse that is not defined under sexual and physical abuse definitions.

It is evident from the varying definitions reported here that a clear definition of emotional abuse that works to define, explain and describe emotional abuse has proven extremely difficult to develop, owing to the fact that cases of emotional abuse are extremely difficult to identify, and each child may potentially display considerably different tell-tale signs and behaviours related to their abuse (Wolfe & McIsaac, 2011). Therefore, in terms of an effective definition of emotional abuse, there does not appear to be a “one size fits all approach”, with some definitions using overly restrictive parameters and others being operationally insufficient (Smith Slep, Heyman & Snarr, 2011). For the purpose of this thesis, elements of all of these definitions will be considered and may be referred to in subsequent chapters. With an underlying understanding that emotional abuse refers to a repeated pattern of behaviours (O’Hagan, 1993), that it is not simply an element of other abuse types (Horner, 2012) and that it can have lifelong, negative repercussions on the child, long into adulthood (Rees, 2010).

### *Glossary of relevant terminology*

Further definitions or terminology pertinent to the current thesis can be found below:

*Victim/survivor* – These are terms that have been used to describe any child or adult who have experienced abuse. The term “victim” has been used exclusively when referring to a child and the term “victim” and/or “survivor” has been used interchangeably when referring to an adult dependent on the aspect of abuse being referred to. In addition, “she” has occasionally been used generically to mean the victim in order to avoid the repeated use of “the child”, “the victim” or “he/she”. This has not intended to diminish the male victims within the current study or any other male victims of abuse.

*Acknowledged abuse* – This term has been given to abused individuals who acknowledge that they experienced abuse as a child.

*Unacknowledged abuse* – This has been applied to individuals who have not acknowledged that they experienced abuse during childhood but who have answered abuse related questions with positive responses i.e. indicating potentially abusive experiences.

*Contact abuse types* – This refers to abuse that generally requires physical contact with the child e.g. sexual and physical abuse. Although the non-physical aspects of sexual abuse are recognised, for example, being forced to watch pornography, etc, the term ‘contact abuse’ has been used when distinguishing between emotional elements of abuse and the sexual and physical abusive elements.

*Primary caregiver* – This is used to define any adult who has had main responsibility for the care and protection of the child, most commonly a parent or step-parent who is a consistent parental figure.

*'Non-abusive' or 'non-offending' parent* – These terms have been utilised in situations where one parent (or both parents if the abuse has been outside the immediate family), has not been the adult responsible for directly harming the child (Hooper & Humphreys, 1997).

*Intergenerational continuity* – This term has been used when referring to parents with abuse histories continuing the cycle of abuse onto the next generation (Thornberry & Henry, 2013), e.g. abusive experiences having a negative impact on their own children, regardless of intent. Previous research has also referred to this as *intergenerational transmission* of abuse (Barnes et al., 2013).

*Disclosure* – Alaggia (2004) distinguishes between disclosure (to a professional) and "telling" (to a friend/family member). However, the term disclosure has been used to describe any sharing of abusive experiences whether formal, informal or official, etc. This includes all disclosure types, including disclosures to peers, professionals and parents, and verbal, behavioural and/or accidental, etc. Where respondents have specified the type of disclosure they made, this will be highlighted.

*Direct disclosure* – this term is used where the child has made a purposeful and verbal disclosure to an adult or recipient (Allnock & Miller, 2013).

*Indirect/accidental disclosure* – where the disclosure was not made intentionally by the child, e.g. the abuser has been observed carrying out abuse or the abuse has been discovered through other means e.g. young child has obtained a

sexually transmitted infection (Alaggia, 2004). The child did not directly tell of abuse in cases of indirect or accidental disclosures.

*Non-verbal/Behavioural disclosures* – this term is used to describe any/all actions where the participant has explicitly said they were trying to attract the attention of adults through their childhood behaviours and/or that it is evident that the child's behaviours have been carried out with the intention that behavioural signs or signals would alert someone to the abuse without them having to disclose directly (Allnock & Miller, 2013).

### *Introduction to research aims*

The primary aim of this research is to examine experiences of child abuse from a psychological perspective, and increase knowledge and understanding of the multiple issues associated with experiencing child abuse, both during ongoing abuse (e.g. in childhood) and following experiences of childhood abuse (e.g. in adulthood).

A secondary aim is to explore whether emotionally abusive elements of abuse exacerbate the negative effects associated with other forms of abuse and what, if any, strategies child victims employ in order to protect themselves from the immediate abuse and the long-term damage.

### *Structure of the thesis*

This thesis has been divided into two parts. Part 1 will illustrate the study context, theoretical underpinnings, previous literature, rationale and the research aims and objectives (Chapter 1-3). Also included in Part 1 is an explanation of the methodology chosen to carry out the research (Chapter 4).

The thesis will then continue to Part 2 which includes four individual findings chapters presenting the qualitative research findings (Chapter 5-8). Each of these four findings chapters will include the significant themes which emerged for each area, and a discussion of the overall findings presented within that chapter. Finally, Chapter 9 will conclude the thesis, explain how the research findings have met the research aims and answered the research questions and, the research implications will be presented.

### *Summary of chapter*

The current chapter has provided a brief overview of the historical issues around childhood abuse including what is known of its prevalence, and the problems associated with identifying and defining childhood emotional abuse. UK child protection legislation is clear that the child's safety and protection should be of paramount importance for anyone working with children, directly or indirectly (UK Government, 2015). The following chapter will examine the relevant theoretical framework which underpins the current research.

*Chapter 2:*

# *Theoretical Perspectives*

*"Whether we're conscious of it or not, our life is profoundly influenced by the inner images, beliefs, expectations, assumptions, and opinions we hold. Intrinsic imprints […] can lay a blueprint for how our life unfolds, limiting the way we take in new experiences and affecting the way we heal."*

*(Wolynn, 2016: 150)*

## *Introduction to chapter*

In this chapter, the relevant theoretical framework which underpins the current research is presented, starting with how the social learning theory explains the impact of childhood abuse on learning, development of schemata and the development of internal beliefs about the self and others. The feminist perspective and gender-role stereotypes will then be applied to the concept of mother-blame and 'failure to protect' in order to explore the impact of these concepts on child abuse victims and adult survivors.

## *Social learning theory*

Personality theories imply that behaviours are driven by innate forces that largely operate beneath our level of consciousness. This is demonstrated by theories such as, psychodynamic theory which suggest that conscious and unconscious forces e.g. id, ego and superego, each battle to achieve their own goals with the "ego" essentially acting as the middle ground between the demands of the individual and those of the external world (Quinodoz, 2018). However, personality theories that

attribute each individual's actions to internal impulses, motivators or unconscious conflicts have been hugely criticised for their inability to account for the variation of human responsiveness to external and social influences, and also for their methodological flaws in attempting to support their rigid claims (Ewen, 2014). To counter these limitations, learning theories shifted the focus from internal attributes and motivators, towards external and social influences on human behaviours (Pervin, 2003). Using a more behaviour focused approach meant that, researchers such as Skinner were able to demonstrate that human responses were determined by the environment and that, in order to alter or improve human behaviour, the environment should be altered appropriately. Thus, suggesting that behaviours could generally be induced, replicated or eliminated simply by altering external or environmental influences (Ewen, 2014). This led to further developments in learning theories that viewed behaviours as driven by external and environmental forces, rather than by internal or subconscious drives. However, this position also received much criticism, as it implied that, if behaviour is entirely determined by environmental and social influences, then people have little to no control over their own behaviour, essentially neglecting human cognitive processing abilities and free will (Ewen, 2014). Although Ewen suggested that Bandura was highly critical of theorists such as Skinner as they emphasised the sole importance of the environment on controlling human behaviour, Bandura (1971) himself suggested that rather than traditional behavioural theories being inaccurate, they merely provided an incomplete picture of human behaviour. Nevertheless, with the development of the social learning theory (SLT), these criticisms were addressed as it was recognised that "man is neither driven by inner forces nor buffeted helplessly by environmental influences" (p.2).

In contrast to Skinner, more traditional learning theories generally explain human behaviour to be a product of consequences resulting from direct or vicarious experience (Ewen, 2014). Although the SLT acknowledges Skinner's position, i.e. the impact of direct consequences or conditioning on behaviour, it also places a heavy emphasis on vicarious based learning e.g. from observing not only the behaviours of others but also the consequences arising from other people's behaviours (Ewen, 2014). Findings from the famous Bobo doll study (Bandura et al., 1963) demonstrated that, although children may learn new behaviours through observing or modelling others, the likelihood of the children carrying out those newly acquired behaviours were dependent on the perceived consequences i.e. positive incentives. The general principles of Bandura's (1971) early learning theory suggest that behaviours are learned through both direct and vicarious experiences, such as:

- Direct experience – which is largely underpinned by positive or negative reinforcement e.g. rewards for favourable actions and punishments for unfavourable actions.
- Observation or modelling of others – these terms are often used interchangeably and suggest that this method of learning allows individuals to learn through observing the behaviours of others. Using this method of learning, individuals are able to learn about expected behaviours, which behaviours will result in positive or negative consequences, and also about what behaviours should be feared and avoided or, actively encouraged; without having to engage in an extensive process of trial and error (Ewen, 2014).
- Imitation of others – this adds another element of observational learning. However, Bandura (1971) argued that in order for an individual to imitate the

behaviour of another, they must have both a desire to act, and an example to follow which, if followed accurately, should then be positively reinforced. He also argued that this imitative behaviour does not result in a new learned behaviour, rather it is a simple imitated action.

These basic concepts of learning have become widely recognised and accepted as components of Bandura's SLT, which he rebranded as the social cognitive theory (SCT) in 1986, as his theory began to evolve (Grusec, 1992). One important aspect of this evolved theory was that children not only acquire new behaviours and behavioural responses during the observation or modelling of others, but that they are also able to acquire emotional responses, which were termed 'vicarious conditioning' (Pervin, 2003). An example of this would be a child observing a fear response from a parent, towards a previously neutral stimuli such as a spider. The child would then likely develop a "vicariously conditioned fear response" towards spiders based on that parental observation (Pervin, p.88). While discussing Bandura's social cognitive theory, Pervin observed that vicarious conditioning could happen even when the circumstances of the observed behaviour was a brief encounter, suggesting that if the emotional response was intense enough for the observer, the duration of the observation had little bearing on the intensity of the emotional reaction. He also explained that the emotional reactions for the observer could be long-lasting even in the absence of any direct experience. In support of this, Corvo and Johnson (2013) included SLT in their review of theoretical perspectives in an attempt to understand domestic violence perpetration. They suggested that intergenerational transmission of domestic violence could be explained using the SLT as both "exposure to, or observation of, violence in the family of origin creates beliefs, ideas and norms about the appropriateness of aggression" (p.176). However,

they concluded that while violence within the family of origin may provide an additional risk factor for the presence of intergenerational transmission of violence, it could not ascertain a causal link due to the many other factors involved. This supports Bandura's argument that behaviour can be determined by both external factors such as the violence within the home, and also by internal factors, including the individuals' beliefs, expectations and perceptions of the self, etc. Not only that, Bandura suggested that external and internal forces also play a role in shaping the external behaviours and preferences that an individual chooses to partake in. For example, internal beliefs, expectations and preferences will determine what television program is chosen, however, that choice will also be determined by which television programs are available to watch. Therefore, both internal and external factors contribute to the behaviour displayed (Ewen, 2014).

There are many other significant aspects of Bandura's work and of the SLT/SCT e.g. self-regulation, motivation, and goal attainment, etc. However, not all of these aspects will be discussed here as they are not all relevant to the premise of this thesis or the current research. The further social and cognitive attributes that are relevant, and that contribute to an individual's behaviours, particularly in children, are related to the development of schemata and internal belief systems (Pervin, 2003). The development of schemas has been utilised in many psychological theories e.g. cognitive theories, personality theories, attachment theories, and memory theories, etc. These theories all help to explain and understand the role of schemas in how individuals perceive information, organise it and how it affects their behaviour (Pervin, 2003).

In the context of psychology, a schema generally refers to a cognitive structure responsible for organizing new information and making sense of one's life

experience (Pervin). Put simply, new information will be categorised based on similar or existing information held e.g. animals will be grouped into different categories such as, a dog or a bird depending on what information already exists within the current schemas. Such categories, or schemas, are cognitive structures which refer to how individuals perceive both the external world and the self. There can be culturally recognised schemas and there can be schemas that are different for each individual, as people differ in how they process information and also what information is available to them (Pervin). Most internal schemas begin to develop in childhood and they tend to lay the foundations for how a child perceives themselves and others in later life (Messman-Moore & Coates, 2007). Wright et al (2009) would suggest that in loving and consistent environments, with loving and responsive caregivers, a child is likely to internalise the belief that “others” are also loving and supportive, and that they themselves are worthy of that love and support. However, negative factors such as emotionally abusive or neglectful caregivers, contribute to the development of maladaptive beliefs or schemas about the self and others; which the child then internalises and these beliefs form the foundations for negative and damaging perceptions of the self and others.

One issue with attempting to address these damaging and maladaptive beliefs is that they are internal models developed via direct experience and/or observation of others, therefore, an individual will not easily recognise or accept that their perceptions are inaccurate (Messman-Moore & Coates, 2007). Furthermore, adults who developed these maladaptive beliefs in childhood have held on to them for many years and as a result may have struggled to form meaningful relationships or attachments to others, which only serves to reinforce their negative beliefs that they are not worthy (Young, Klosko & Weishaar, 2003). In addition, as the function of

these internal schemas is to process incoming information and, filter it into existing categories, further life experiences will likely be processed and categorised into existing negative and damaging schemas which then strengthens the individual's negative belief systems (Messman-Moore & Coates, 2007). This idea could relate to Vallone et al's (2009) research as they suggested that experiencing abuse in childhood increases the likelihood of further abusive experiences in adulthood, by as much as 50%.

The development of adaptive and maladaptive schemas across various life experiences has been an area of interest for many researchers. For example, Messman-Moore and Coates (2007) examined the role of childhood psychological abuse on maladaptive schemas and how this impacted interpersonal functioning in adulthood. They found that childhood psychological abuse contributed to the development of maladaptive schemas about the self and others. These maladaptive schema's included beliefs that others cannot be trusted, that others are not reliable or consistent pillars of emotional support, and/or believing that others had the potential to abandon or abuse them. Other maladaptive beliefs were found to include feeling flawed or defective as an individual, and experiencing feelings of shame (Messman-Moore & Coates). Wright et al (2009) also identified vulnerability to harm as a schema emergent from individuals who had experienced emotional abuse or neglect during childhood. They suggested that this internal belief comprised feeling helpless in the fight against potential personal catastrophes.

Copp et al (2019) argued that although the concepts of the social learning theory helped to explain the role and potential influence of an individual's family on the development of attitudes and beliefs, this does not mean that individuals' life experiences and opportunities are set in stone. When considering the premise of the

SLT, it would predict that a child observing a parent (model) committing acts of domestic violence would likely model that behaviour within their own relationships, particularly if there was also a positive incentive observed e.g. the parental conflict is ended quickly or the violent parent receives a perceived reward (Barnes et al., 2013). In contrast to this prediction, Barnes et al conducted a study which analysed indicators of intimate partner violence (IPV) on a large twin sample in order to examine whether intergenerational transmission of IPV could be explained using only the social learning theory, i.e. as a result of learned behaviour, or if there was also a genetic influence. Their findings disputed the sole influence of the SLT i.e. learning through observation, and they reported that genetic factors explained approximately 50% of IPV indicators.

An alternative viewpoint here would suggest that this could also be explained using aspects of the social cognitive theory as Bandura later developed his theory to include a concept that he termed “self-efficacy” (Pervin, 2003). The concept of self-efficacy essentially relates to an individual’s beliefs about their own capabilities and capacity to deal with people, situations and/or life events that arise (Reber and Reber, 2001). Self-efficacious beliefs, such as confidence, competence, and ability to carry out specific tasks, are thought to influence an individual’s desire or motivation to carry out tasks, how they are likely to perform and, how they feel about themselves during that task. Again, this concept places an emphasis on the external situation, however, it also recognises the influence of cognitions and perceptions of the self on any given external situation (Pervin, 2003). The reason this is considered to be relevant is, as Copp et al (2019) pointed out, the concepts of learning (i.e. learning by observation or modelling) do not solely determine an individual’s life trajectory, cognitive perceptions of the self also play a role.

The current research recognises the influence of a child's social environment on their learning, behaviours and, the development of internal schemata. One potential challenge of attempting to understand and explain adult behaviour via an individual's learnt experiences in childhood, is that this theory potentially excludes the impact or relevance of further life experiences, or further abusive relationships. In order to address this potential challenge, the importance of self-efficacy and individual cognition has also been recognised as impacting adult behaviours, and the survey questions developed were specifically intended to gather information around adult experiences and further abusive relationships, etc. Therefore, the social learning theory and concepts borne as a result of this theory have been applied to the current findings.

### *Feminist Discourse*

It could also be argued that gender differences and parental relationships also play a role in determining individuals' life trajectories. Researchers have sought to examine, understand and explain gender differences for many years, predominantly between males and females, as it has long been acknowledged that men and women are vastly different in certain areas (Wizemann & Pardue, 2001), such as biologically (Doyal, 2000). Doyal argues that due to these biological differences, it is unnecessary to fight for gender equality in health outcomes as it is already known that males and females start from extremely different biological constitutions. Therefore, any attempt to make life expectancies, health outcomes and morbidity rates equal across genders is an unachievable task. Instead, she argues that the focus should be on equal opportunities to access medical care, resources and treatments across genders.

Other areas of research have also established gender differences, for example, cognitive differences have been demonstrated by Yoon, Choi and Oh (2015) who identified that men and women process information differently; and gender differences in personality traits have being recognised as early as the 1990s. Feingold (1994) found that men were more assertive, experienced less anxiety and had higher levels of self-esteem than women. He also reported that women's scores on "tendermindedness (e.g. nurturance)" (p.449) were notably higher than scores of men. However, despite these recognised differences between men and women, there also exists a large body of research around sex-role or gender stereotypes which, in basic terms, posit that "maleness" includes behaviours that are sexual, aggressive and lacking in nurture, while schemata surrounding females are associated with caring and nurturing individuals' who are responsive to others needs (Hetherton 1999). With the help of these gender stereotypes, and other similar schemata surrounding the expected behaviours of males and females, such as, males being the breadwinners of the family and females being the stay-at-home parent, the feminist movement began which aimed to address these misconceptions around gender-roles and fight to reduce the gender assumptions attached to male and female roles (Smith, Alexander & Campbell, 2017).

Doyal (2000) suggests that in terms of sex and reproductivity, men need not have any further involvement in the developing foetus, following initial conception. She also points out that while this appears to be a biological advantage of male reproductivity - that they can continue to have children with little bearing on their physical health - premature death among males (both men and babies) is more prevalent than that of females. Which, according to Doyal, essentially means that biologically, males are the weaker sex. However, the societal perception around

gender-roles contrasts this biological one argued by Doyal, and subsumes that males are the dominant sex and females are considered to be weak and submissive (Gavin, 2010). Corvo and Johnson (2013) reviewed the use of gender-roles in explaining domestic violence (DV), and they summarised that the feminist perspective explains domestic violence as "being the product of "patriarchy"" (p. 176), with violence being perpetrated against women in an act of male dominance. However, after further exploration of the research into male and female violence, Corvo and Johnson concluded that DV perpetrated by women, either in heterosexual or same-sex relationships, was just as prevalent, if not more so, than violence perpetrated by men towards females. It could be argued then that these stereotypical gender-roles are actually harmful to victims of DV or abuse perpetrated by women. Hetherton (1999) points out that socialization of women as gentle and caring nurturers may inhibit partners from disclosing female perpetrated violence, particularly as social perceptions of males as the dominant sex may help to secure continued silence and/or confusion around their abusive experiences.

### *Feminist perspective on maternal protectiveness and 'failure to protect'*

Other gender-role stereotypes that can be harmful are related to the roles of mothers and fathers, or more accurately, society's view of the role of mothers as the primary caregivers and protectors for their children, and the lack of similar expectations of fathers' responsibilities towards the care and protection of their children (Humphreys & Absler, 2011). The terms '*failure to protect'* (see Coohey, 2006; Johnson & Sullivan, 2008), '*mother-blame'* (see Moulding, Buchanan & Wendt, 2015; Toews, Cummings & Zagrodney, 2019) and '*maternal protection'* (Humphreys & Absler, 2011) are becoming ever more recognised within the literature surrounding domestic violence and child abuse.

With the feminist movement addressing major gender inequalities, including opportunities afforded to both men and women for work, school or higher education, and the recognition of individual choices with regards to relationships and reproduction, etc, the old-school or 'traditional' belief that men are superior to women and women's contributions are of lesser value, has largely been overturned (Meade & Wiesner-Hanks, 2004). In addition, the 'fathers' rights' movement has meant that fathers are now notably fighting for more rights, equal to those of mothers, in an attempt to participate in parenting and maintain contact with their children, following a separation or divorce from the mother (Flood, 2012). With this seemingly obvious reduction in the gender gap and increased awareness of the importance of both parents' rights and responsibilities towards their children, why is it that mother-blame and 'failure to protect' remain so heavily attributed to mothers' roles, even when their 'failure to protect' is a direct result of the fathers violent or abusive behaviours, as in some cases of domestic violence (Humphreys & Absler, 2011). Previous research has attempted to answer this question. For example, Toews, Cumming and Zagrodney (2019) applied a just world hypothesis (JWH) to mothers of children that had been exposed to sexual abuse. According to Toews et al, the JWH assumes that "people have a need to view the world as one where there is no such thing as an innocent victim; that is, the world is fair and just" (p.4661). This belief about the world results in victim blaming, as it suggests that victims are not innocent. However, Toews et al used focus group discussions to apply the JWH to mothers of children who had experienced sexual abuse i.e. mothers who did not directly experience the abuse or trauma. Their findings suggested that participants did attribute blame to mothers for the sexual abuse of their children via various themes. One such theme indicated that mothers' choice of babysitter, gender of babysitter and, inadequate

vetting of the chosen babysitter was directly related to the perceived level of blame she deserved. With male babysitters, and lack of adequate vetting or background information resulting in more mother-blame. Some participants within Toews et al's study also indicated that leaving the child with any other person would result in increased perceptions of mother-blame as mothers should not place their full trust in anyone else to care for her child(ren). This 2019 finding appears to relate to the traditional view that mothers should stay at home and be the child's sole caregiver. Furthermore, additional findings from their study identified that if the mother could not care for her children due to engaging in extra-curricular activities that were related to the child, or of direct benefit to the child or family, she was attributed less blame than if she engaged in extra-curricular activities that were for her own benefit or enjoyment.

Other researchers have also found similar mother-blaming reactions in child protection workers assigned to victimized women. Johnson and Sullivan (2008) interviewed twenty battered women[4] in order to explore their interactions with workers from child protection services. Seventeen of the 20 women they interviewed reported that they were immediately blamed for the violence they had received, and that they had been questioned regarding the "role they had played in the abuse" (p.246). This finding that child protection workers hold judgemental and blaming attitudes towards mothers is supported by Humphreys and Absler (2011). They found similar negative perceptions towards mothers in domestic violence relationships and reported a notable absence in parenting assessments and interventions of male perpetrators. Their finding highlights that although women are still considered to be the primary caregiver and are held responsible for the care and

[4] Original authors use of the term battered women/mothers.

protection of their children, even while they themselves are being victimised, the father (or male abuser) is neither held responsible for his own actions, or held responsible for the care and protection of his children. Johnson and Sullivan (2008) also identified that extensive requirements are placed on mothers in order to evaluate the mother's ability to continue to parent and protect her children. However, no such sanctions or requirements were placed on fathers who were found to escape responsibility and, in some cases, were not even confronted by caseworkers regarding the impact of their abuse or their behaviours. This finding is further supported by Strega et al (2008) who reported a limitation of their study to be a lack of data or information recorded about abusive fathers, by social workers, due in part to a failure of social workers to contact fathers directly regarding their behaviours.

Kopels and Sheridan (2002) acknowledge the intensive civil sanctions placed on a mother for failing to protect her child(ren) from either direct harm or from witnessing harm towards the mother. They described the case of a child who was removed from her mother's care in Illinois due to continued physical violence perpetrated by the father, towards the mother. Although child protection services described the child as happy and healthy, the judge was satisfied that the home environment was harmful to the child's emotional well-being, which resulted in the child's removal. A further case described by Kopels and Sheridan was that of a mother who had her parental rights terminated because the court viewed her many attempts at protecting her children from their father's violence, as unsuccessful, despite her argument that she had done everything in her power to protect her children. Further research conducted by Wendt, Buchanan and Moulding (2015) identified that mothers subject to DV in their intimate relationships do attempt to protect their children from abuse, even finding subtle ways to minimise any potential

violence e.g. trying to predict their partners mood and possible episodes of violence and remove the child before the situation escalates, etc. However, they also identified the mothers' limitations in attempting to protect their children, from their father, in the context of their own experiences of abuse and violence. Factors such as hopelessness, depression, poor health, lack of food or finances, fear, anger, self-guilt, and self-blame were all found to inhibit the mothers' ability to protect their children.

As is evident from these previous studies, the impact of DV or abuse from fathers, has largely been overshadowed by the mothers' responsibilities as a parent to protect her children from that abuse. Multiple authors (e.g. Humphreys & Absler, 2011; Johnson & Sullivan 2008; Kopels & Sheridan, 2002; Moulding, Buchanan & Wendt, 2015) have talked about the fathers' lack of responsibility or sanction in comparison to the view of the mother as 'failing to protect' and she is therefore, unfairly considered to be failing to carry out her maternal role effectively. Humphreys and Absler (2011) also point out that despite the issue of accountability, or lack of accountability, imposed on male perpetrators, and the misplaced blame, judgement and responsibility attached to mothers, women should instead be provided with support in order that effective child protection interventions could potentially avoid the removal of the child from their mother. Furthermore, with the social advancements brought about by the feminist movement, and a shift towards gender equality, together with the recent introduction of the 'fathers rights' movement, it could be argued that this maternal responsibility to protect, should, in today's society, be gender-neutral, and be re-termed, a 'parental responsibility' to protect.

### *Is there such a thing as a 'non-abusive parent'?*

There are obvious issues with this potential shift in labels attached to both parents, rather than only mothers. Hooper and Humphreys (1997) suggest that the feminist perspective critiques the use of treating both parents as a unit, and they argue that using a combined parental approach, confuses the individual roles that the parents have in their child's life. Instead, the term 'non-abusive' or 'non-abusing' parent has often been utilised in situations where one parent (or both parents if the abuse has been perpetrated outside the immediate family), has not been the adult responsible for directly harming the child (Hooper & Humphreys, 1997). The idea of the 'non-abusive' or 'non-offending' parent (usually the mother) has frequently been referred to in literature and research pertaining to childhood abuse (Coohey, 2006), disclosures (Lovett, 2004), and domestic violence (Wendt, Buchanan & Moulding, 2015). However, attaching this label to mothers assumes a level of innocence which may, in some cases, be misplaced. According to Coohey (2006), failing to act to protect a child, which results in actual harm, or a risk of harm to that child has been mandated in law for many years. With child protection services now being able to initiate investigations into the 'non-offending' parent in order to hold them accountable if allegations of failure to protect are upheld. Coohey argues however, that one important criterion for the mothers' accountability is that she knows the abuse or harm is occurring and still fails to act to protect, or remove the child from harm, as it is unfair to expect a mother to protect her child from an unknown threat. Coohey makes a valid point. However, she also reported that of the 31 mothers' in her study who had been substantiated for failure to protect their child(ren) from sexual abuse, 30 of them had knowledge of the abuse beforehand and had failed to act protectively.

One explanation for this is potentially offered by Wendt, Buchanan, and Moulding (2015) who interviewed mothers who had been subject to DV relationships. They found that the women's ability to protect their children was hindered by their violent partners and any protective strategies that were employed, such as, pleasing the partner to prevent eruptions of violence and/or protecting the image of the father in order for the children to maintain their relationships with him, can actually serve to further victimise the mothers and protect the abuser from responsibility. Therefore, 'failure to protect' in the context of DV is further complicated by the mother's own experiences of abuse.

While 'failure to protect' children in the context of DV is a serious issue, one that is understandably complex (Moulding, Buchanan & Wendt, 2015), it does not alter the underlying concern that many children are lacking the protection that they need when subject to abuse in childhood; whether this abuse is as a result of DV, or otherwise. Previous findings have highlighted the impact that 'failure to protect' (predominantly positioned with the mother) has had on child victims of abuse. For example, Moulding, Buchanan and Wendt (2015) explored maternal protectiveness in domestic violence, interviewing individuals who had either mothered in DV relationships, or had grown up in DV homes. They found that some individuals who grew up with domestic violence had negative perceptions towards their mother, often identifying her as weak, feminine, and emotionally vulnerable. Individuals were also found to harbour feelings of resentment towards the mother for these traits, but not the abusive father for the violent situation. Alternatively, findings proposed by Leifer, Kilbane and Skolnick (2003) suggest that a secure attachment to the mother provides a perceived level of security to the child which acts as a protective factor against the detrimental effects of trauma and abuse, without which, the child is likely

to experience further emotional and behavioural distress. Hooper and Humphreys (1997) recognised this potential for positive relationships to act as a protective factor against child sexual abuse. However, they also suggested that:

> "Children's relationships with their mothers are almost inevitably damaged by sexual abuse, especially, but not only, where the offender is the woman's partner and has deliberately manipulated the estrangement of the mother and child. Even when mothers respond supportively, children tell of complex feelings towards their mothers, which may involve anger at and a sense of betrayal by their mothers for not protecting them" (pp. 300-301).

Despite this early recognition of the complexity of the mother-child relationship with regard to trauma and abuse in childhood, the impact of this damaged relationship on abuse victims has not been explored extensively. Therefore, the current research also aims to expand on current knowledge regarding the long-term impact of mothers 'failure to protect' from childhood abuse. Due to the recurring theme of the current findings, that maternal relationships and a perceived lack of maternal protection were prevalent[5], the feminist perspective and concepts associated with that have been applied throughout the current thesis.

### *Summary of chapter*

This thesis has adopted a multi-theoretical framework in order to effectively examine various elements of child abuse, and its impact. It was also considered that by applying multiple theories, this will help to compensate for the conceptual challenges of each individual theory (Azzopardi, 2015). The psychological

[5] As will be demonstrated in subsequent chapters.

perspectives that have been applied will help to expand understanding of the research findings, which will be demonstrated in later chapters. However, psychological positions have not been applied in the absence of previously established research and literature, therefore, the research and literature relevant to the research aims and questions will be presented in the following chapter.

*Chapter 3:*

# *Critical review of the literature*

*"Her harsh self-blame echoes the abuser's demeaning comments and becomes an internalized shaming mechanism, diminishing self-esteem and eroding the sense of self."*

*(Loring, 2004: 25)*

## *Introduction to chapter*

A review of the existing literature around child abuse, and the various issues associated with that, was carried out before the research direction was chosen. Although the overall aim was to examine experiences of child abuse from a psychological perspective, more specific research objectives and questions were generated from identified gaps in the literature. Some of the gaps in knowledge and literature that were identified at the start of the research have since been explored by others, however, the literature relevant to the areas of study will be presented within this chapter.

## *Coping with abusive experiences*

Experiencing childhood abuse has been found to increase an individual's likelihood for adverse effects on mental health in adulthood. Studies such as Comijs et al (2013) indicate this when they compared data from both depressed and non-depressed individuals and found a significant association between experiences of childhood abuse and the onset of depression in adulthood. Their study highlighted that the higher the incidence rate of abusive behaviours in childhood, the higher the

probability that depression would be developed in adulthood. Comijs et al's findings also suggested that the most common types of childhood abuse experienced (in order) were; emotional neglect, psychological abuse, sexual abuse and then physical abuse. Furthermore, psychological and physical abuse were most frequently associated with the development of adult anxiety disorders. Findings from Comijs et al's study were later supported by Estefan, Coulter & Vandeweerd's (2016). They explored pre and post-test survey responses from a sample of female participants entering a community-based program designed to assist low-income families with abusive partners. They reported that experiences of emotional abuse from partners occurring more than once a week increased the women's likelihood of reporting depression by 5 times; and worry regarding potential contact from abuser increased depression reporting rates by approximately 6 times. Moreover, Estefan et al reported that, with the exception of emotional abuse, no other forms of abuse demonstrated these effects on depression, indicating that emotional abuse "may be the most crucial form of violence to consider when studying and intervening in the long-term mental health of victims" (p. 1407). However, despite these significant findings, it should be noted that this study was conducted in relation to intimate partner violence in adulthood, and not abusive experiences in childhood.

Research studies have been conducted into the effect of abusive childhood experiences on adult health and mental health and those studies have reported a variety of findings. For example, Gavin (2011) explored the relationship between childhood psychological abuse and adult well-being. She found that childhood emotional abuse has significant negative effects on adult health outcomes, even in cases where the individual did not recognise that their childhoods or childhood events had been abusive. Further studies, such as, Vallone et al (2009) carried out a

comparative study between children who witnessed domestic abuse and children who suffered abuse, particularly sexual or physical abuse. They reported that behavioural disorders, such as, attention deficit hyperactivity disorder (ADHD) were more closely related to witnessing abuse than experiencing it, and experiences of sexual or physical abuse were more closely linked to PTSD. Additionally, both groups were alleged to report some form of anxiety disorder in adulthood. Although these findings are noteworthy, it is unclear from Vallone et al's study whether emotional abuse in childhood also impacted on behavioural disorders or mental health issues.

Edwards et al (2003) attempted to assess the impact of childhood emotional abuse on adult mental health. They did this using a large sample of adults who were exposed to dysfunctional families during childhood, including childhood abuse and witnessing domestic violence. They then assessed the adults' mental health and found that the presence of childhood emotional abuse increased the likelihood of mental health issues arising. Within their study, Edwards et al suggested a general consensus that as the intensity of emotional abuse increased, the adults' mental health scores reportedly decreased. They also confirmed an overall trend between multiple abuse types experienced and poorer mental health reports. This finding was also supported by Newton & Gavin (2020) who conducted a study exploring the impact that emotional abuse in childhood has on emotional adjustment in adulthood. Their findings support those of Edwards et al (2003) as they also highlighted a link between multiple abuse types reported and a wide range of mental health issues in adulthood, including PTSD, depression, anxiety, addictions and self-harm, etc. With the significant impact that childhood abuse has been shown to have on adult mental

health, it seems only natural that adults will attempt to find different methods of coping with these mental health and/or negative issues in adulthood.

Previous studies have highlighted a myriad of different coping methods employed by childhood abuse victims. An example of these include the use of drugs and alcohol (Newton & Gavin, 2020), dissociation (Vallone et al., 2009), self-harm (Berelowitz et al., 2012), eating disorders (Doyle, 2001), and unsafe sex/promiscuity (Walker et al., 1999).

Berelowitz et al (2012) investigated child sexual exploitation (CSE) and the many issues surrounding it. They interviewed CSE victims and found that children and young people who had been sexually exploited were more likely to have drug and alcohol problems, depression, personality disorders and severe low self-esteem. They also found that, of the victims of CSE that were interviewed, 85% of them had engaged in self-harming behaviours or had attempted suicide as a direct result of their abusive experiences. Another finding highlighted by Berelowitz et al is that there was a significant gender stereotype associated with CSE. They argued that professional's perceptions of CSE is influenced by the gender of the victim. For example, boys that had been sexually exploited by an older woman were considered by professionals to be 'lucky' to have had that experience. Whereas girls were perceived by professional's as being 'promiscuous' and therefore deserving of their abusive experiences. Although this stereotype was found to apply to CSE, it is worth considering, as female participants may be less likely to report promiscuity as a method of coping due to this potentially stereotypical perception.

Previous studies reporting these harmful coping methods have commonly explored victims' experiences of child sexual abuse (Chaffin, Wherry & Dykman,

1997; Phanichrat & Townshend, 2010). However, Doyle (2001) interviewed 14 adult survivors of childhood emotional abuse and reported that, other than the support offered by family or friends, school and religious groups, participants also described ‘negative escapes’ and ‘non-human lifelines’ as ways that helped them survive their abusive childhoods. Drugs, alcohol and disordered eating were categorised by Doyle as ‘negative escapes’; and pets, toys and books were categorised as ‘non-human lifelines’. Doyle explains that six of the emotionally abused participants interviewed, described how books provided them with imaginary childhood friends or imaginary substitute families. It was suggested that even small but positive experiences outside of the abuse were enough to offset the negative and abusive experiences of family life. Nevertheless, Doyle acknowledges that the use of a small sample size had its limitations within her study.

Many of the above methods of coping with childhood abuse such as, drugs, alcohol and books, were also identified by Newton & Gavin (2020). They reported that many participants employed more than one maladaptive coping method, for instance, drugs, alcohol, self-harm, dissociation, eating disorders and promiscuity. Further findings from Newton and Gavin suggested that victims of childhood abuse reported reading books and/or writing as their preferred method of coping, thus, supporting Doyle’s earlier finding. Furthermore, they identified that the number of participants who reported using reading and/or writing as a coping method was the same number of participants who reported using drugs and/or alcohol, a more widely documented coping method. However, it was highlighted that this was not necessarily the same individuals using both of these methods.

An earlier study exploring adult survivors use of coping strategies was carried out by Phanichrat and Townshend (2010) who interviewed adult survivors of CSA.

They found that participants either employed “Avoidant coping” methods or “Problem-focused coping” methods. Phanichrat and Townshend categorised avoidant coping by three identified methods; “Suppression of thoughts and feelings” which consisted of denial, distraction activities, drugs, alcohol and self-harming behaviours. “Escapism” included behaviours such as over-dosing to escape the abusive situation and hiding in a secret place, etc; and “Dissociation” i.e. the unconscious process which protects the conscious from trauma. Phanichrat and Townshend suggested that the use of these avoidant methods leads to poor adjustment outcomes for adult survivors. Alternative coping methods found were labelled “Problem-focused coping” and these methods included; “Seeking support” in ways such as therapy, forums and support groups, etc. “Cognitive engagement” i.e. CBT in order to counter the self-blame and begin to understand that abuse was not the victims’ fault and, “Acceptance” of abusive past, of living with Dissociative Identity Disorder (DID), or accepting that healing from abuse is an ongoing process and won’t happen overnight. “Seeking meaning” was also identified as a problem-focused coping method and this consisted of helping other survivors and/or the desire to turn negative experiences into a positive for others. The use of these problem-focused methods, according to Phanichrat and Townshend, appear to facilitate more positive and healthy mental health outcomes. Findings from their study provide a valuable insight into survivors use of coping methods, however, it should be noted that Phanichrat and Townshend’s findings were based on a sample of only 7 adult survivors. In addition, although they have highlighted that avoidant coping can predict poor adjustment in adulthood and problem-focused methods predict favourable outcomes in adulthood, it is unclear whether the coping methods identified in their study were used exclusively in childhood or adulthood or, were

continued into adulthood from childhood. It appears that problem-focused methods of coping were predominantly identified as being employed in adulthood only and avoidant coping methods were predominantly related to use in childhood i.e. during abuse. Therefore, it is potentially unfair to predict favourable mental health outcomes in adulthood without also understanding the strategies of defence employed by those participants during their abusive experiences. The current research intends to build on Phanichrat and Townshend's study by exploring which methods of coping were employed in childhood and adulthood only and/or were employed in childhood and continued to be used into adulthood.

It could also be suggested that the use of coping methods in childhood were developed as a direct result of a negative disclosure reaction or outcome, which would likely portray to the child that the abusive situation was not about to end (Summit, 1983). This may lead them to develop their own ways of coping with their situation.

### *Why don't children tell?*

After carrying out extensive research into child protection issues for the NSPCC, Bentley et al (2017) suggested that awareness is increasing regarding the signs and symptoms of all kinds of abuse and more people appear to be willing to take action to prevent or protect a child from abuse. However, simply knowing the signs of abuse and how to react or report it does not necessarily mean that this action is taken. The following studies demonstrate that adult responses to a child disclosing abuse have not always been as clear cut as one would hope. For example, Flåm and Haugstvedt (2013) studied caregivers' awareness of their children displaying first signs of sexual abuse, retrospectively. They found that

children's disclosure of sexual abuse largely depends on how the children believe that disclosure will be reacted to by the "trusted recipient" and, if children don't feel safe or comfortable with the adult and how they feel their disclosure will be received, they will not continue with their disclosure. Flåm & Haugstvedt also suggest that children will test adults by asking seemingly rebellious questions e.g. "*do I HAVE to go to Uncle's house?"* In order to gauge how the adult will respond. The child will do this to check how the adult reacts and depending on those reactions, s/he will either continue or cease the disclosure. It has to be noted that Flåm & Haugstvedt's research was based on caregiver experiences following full disclosure, e.g. with the benefit of hindsight, so findings should be treated with caution. However, their study demonstrates that adult responses to children's disclosures, or potential disclosures, play a vital role to a child's decision to follow through and make a full disclosure.

Crisma et al (2004) studied disclosure experiences of sexually abused teens and found that half of the adolescents in their study had disclosed to various relatives, with the majority of these disclosures being positive i.e. adolescent was helped, believed and supported and the abuse was stopped. However, in a small number of cases, parents were reported to not have believed the disclosure, forced the child to keep the secret and blamed or punished her. This study also found that disclosures to professionals were much less supportive, indicating that of 18 adolescent girls who disclosed sexual abuse to a professional or asked a professional for help, only 6 of them felt believed or supported. They also found that out of 36 sexually abused adolescents, the abuse was never stopped by the intervention of a protective agency. Further results revealed that other participants simply did not reach out to services for help and the reasons for this were because they thought professionals would not be able to protect them from abuse, would not

believe them or would blame them. Some adolescents also feared retaliation from the abuser or did not want to bring trouble to the family.

Another possible explanation of why children do not disclose abuse may be offered by the Betrayal Trauma Theory (BTT) which was initially used to predict that victims' memories and awareness of abusive events will be impaired depending on the closeness of the relationship with the abuser and the extent in which the abuse constitutes a betrayal of that close relationship (Foynes, Freyd & DePrince, 2009). For example, the closer the relationship to the abuser or increased dependence on them as the primary caregiver, the higher the betrayal. Using BTT, it can be argued that the child's relationship or attachment to their abuser plays a significant role in how they feel about the abuse. For instance, even when the abuser is a primary caregiver, if the child has limited awareness of the abuse (as often happens in cases of emotional abuse), the child will have a better chance of maintaining their attachment to that caregiver, despite what type of attachment that is. However, children who are aware that they are experiencing abuse from a primary caregiver and who feel threatened or fear from that abuser/caregiver, are more likely to engage in behaviours that limit the abuse e.g. avoiding abuser, withdrawing from them or disclosing abuse, etc, this behaviour then also limits the positive aspects of that relationship that serve to maintain the attachment. Foynes et al suggest that using this theory, it could be expected that the abuser/caregiver may react to that child's withdrawal or avoidance by decreasing the positive behaviours that maintain the attachment and/or increasing the abusive behaviours within that relationship. Therefore, a child's disclosure of abuse by a primary caregiver would threaten the attachment and risk further withdrawal of positive behaviours and, would result in further abusive behaviours. Thus, choosing not to disclose abuse may serve as a

protective coping strategy in order to maintain the attachment and maximise the potential positive behaviours that can be received from the caregiver. The BTT would suggest that the closer the relationship to the abuser, the higher trauma betrayal experienced and the less likely the child will be to disclose and upset that attachment as the child considers the disclosure too high a risk to their own needs.

Research studies have also reported significant findings in relation to factors associated with sexual and physical abuse disclosures in childhood. For example, Goodman-Brown et al (2003) studied factors that influenced children's decisions whether or not to disclose sexual abuse. They found that children took longer to disclose sexual abuse when they feared negative consequences to others. Alternatively, Bottoms et al (2014) suggested that abusers use of fear inducing tactics were effective at preventing children's disclosures in the short term but in the long term, fear may actually be a motivator to disclose, particularly for sexual and physical abuse victims who were found to have an increased concern about obtaining serious injuries. This finding is disputed by Münzer et al (2016) as they found that the most frequent barriers against sexual abuse disclosures were shame; followed by threats made by the abuser i.e. scare tactics designed to secure the child's silence. Münzer et al also reported that some participants refrained from disclosing in order to protect the abuser or due to a fear of losing the abuser who the child perceived as an important attachment figure, supporting the BTT.

One of the few studies to examine adult survivors of CSA and their own perceptions of their disclosure experiences was carried out by Brattfjell and Flåm (2019). In terms of the barriers to disclosure, participants in their study reported a lack of knowledge regarding their body and boundaries, receiving rewards and later threats from their abuser, strong feelings of self-blame, fear and shame, protecting

other family members and the fear of not being believed. Brattfjell and Flåm also reported that participants recalled giving the adults around them hints and signs which they believed should have been sufficient enough to raise concerns. These signs were either in the form of exaggerated deviant behaviour for the specific context, designed to elicit questioning, or in the form of exaggerated positive behaviour, described by one participant as “good girl syndrome” (2019:230). In addition, Brattfjell and Flåm’s findings indicate that one of the main facilitators for a child deciding to go ahead with a disclosure occurred following direct questioning from an adult that they trusted, without which, the disclosure would not have gone ahead.

Finn (2011) explored forensic nurses’ narratives of receiving abuse disclosures from children, he found that important aspects of receiving a child’s disclosure included connecting with the child or building rapport, engaged listening and believing the child unconditionally. Finn also reported that first time disclosures were unique in the sense that the receiver of the disclosure has to have “the necessity to believe the unthinkable” (2011:255) as, if children did not feel that they would be believed, they would not continue with their disclosure.

This finding that children test how adults will take the disclosure before they continue to disclose abuse has been reported in a number of studies, however, there is limited research that has investigated the emotional impact of disclosures and if negative disclosure outcomes have further negative effects on victims of abuse. Allnock & Miller (2013:16) highlight that children do not always disclose abuse directly or verbally, instead, children’s attempts to disclose may appear in the form of indirect, non-verbal and/or behavioural disclosures. Flåm and Haugstvedt (2013) support this as they investigated parents’ recollections of children’s disclosures and,

with the benefit of hindsight, parents of abused children were able to recognise their child's indirect or behavioural attempts at disclosing their abuse, even reporting the disclosures as accidental in some cases. The use of various types of childhood disclosures will be explored further within the current study in order to see if adult victims of child abuse are aware of any particular behaviour changes that they exhibited in childhood, and if they changed their behaviours intentionally in order to alert others to their abusive situation.

As is evident from the previous research highlighted, many factors can influence the likelihood of disclosing specific types of abuse, for instance, Bottoms et al (2014) stated that physical abuse could potentially be less likely to be noticed and enquired about by others as people may consider the signs of physical abuse to be disciplining their child and not really a significant issue. Due to misconceptions such as these, other people may be less likely to consider that physical abuse is occurring and therefore, would be less likely to use probing questions. This in turn would mean the child will be less likely to disclose (Flåm and Haugstvedt, 2013). In addition, the emotional aspect of that physical abuse may have the child believing that they deserve it and if nobody else questions it, this may simply confirm their beliefs. Therefore, the child may not consider that they have anything to disclose.

### *Child Sexual Abuse Accommodation Syndrome (CSAAS)*

A large proportion of the research conducted into child abuse disclosures has been carried out on sexual abuse victims, and while this is important, it may not always apply to other abuse types. Summit (1983) devised a "syndrome" related to child sexual abuse disclosures intended to portray the stages or categories that sexually abused children go through when deciding whether or not the risk to

disclose is worth it. This syndrome which he termed, accommodation syndrome, was devised with the intention of improving clinicians understanding and acceptance of the complex position a sexually abused child is placed in. It needs to be highlighted that this ‘accommodation syndrome’ was never intended to be a diagnostic tool for children. Children do not suffer from accommodation syndrome, it is simply a useful model to improve understanding of the complexities sexually abused children face (Weiss & Alexander, 2013).

Summit (1983) explained that this CSAAS includes five categories pertaining to CSA:

1. Secrecy
2. Helplessness
3. Entrapment and accommodation
4. Delayed, conflicted and unconvincing disclosure
5. Retraction

1. Secrecy

Summit explains that because CSA usually happens when the child and the abuser are alone and the child is totally unexpecting of the possibility of abuse, she is likely to believe “whatever reality is assigned to the experience” by the abuser (Summit 1983:81). The most terrifying reality being that it is a secret that must never be shared because there will be terrible consequences, e.g. you will be sent away, nobody will love you anymore, the family will be split up, I will kill your dog, etc. Whether these threats are delivered in an intimidating manner or a “protective” manner, doesn’t matter. The child will internalise these thoughts that the abuse

needs to be kept a secret to protect herself and her family. Summit explains that this secrecy component is used to elicit both fear and the promise of protection for the child e.g. if you keep the secret, everything will be fine, and it explains why sexually abused children are reluctant to disclose.

2. Helplessness

Summit (1983) argues that the adult assumption that children will carry out self-protection measures against abusers and immediately disclose, ignores the basic premise of an adult-child relationship, particularly one of children and their parents. It is ingrained in children from a young age that they are subordinate to adults and whilst they are encouraged to avoid or disobey strangers, they are likely to be actively disciplined when it comes to disobeying any “trusted” adult. This creates feelings of intense helplessness within a sexually abused child who is experiencing abuse from a “trusted” adult or parent. They don’t have the option to fight, without being subject to consequences, they don’t have the option to run or hide from an adult they have been told to obey or “be good” for, so they are only left with the “freeze” option, i.e. they lay still and “allow” the abuse to happen and wait for it to be over. According to Summit, this helpless state can be mistakenly perceived by adults as consent. If this perception that the child has brought it on themselves is voiced, it leaves the victim with feelings of guilt, responsibility, self-blame/self-hatred, and rather than recognising that they were a vulnerable child who had little choice but to submit, they are made to feel like they allowed the abuse to continue, or even invited it.

3. Entrapment and Accommodation

For a child that is in a sexually abusive relationship with an adult, particularly a primary caregiver, it is extremely unlikely that sexual abuse has been a one-off. More likely, the sexual abuse has become a repeated pattern within that relationship which feeds the feelings of helplessness experienced by the child. If immediate disclosure has not occurred, and protection from the abuse is not an option, the child must learn how to accept and survive the abuse. Without the option to employ the fight or flight responses, the child will learn to accommodate the ever-changing relationship, the increasing abuse and the continued betrayal from an otherwise loving and caring parent or caregiver. However, the child again faces an internal conflict between the abusive relationship, and the idealistic caring parent who tends to her grazed knee, etc. Faced with this conflicting environment, the helpless child victim inevitably comes to the conclusion that the only reasonable explanation or justification is that they have somehow provoked the abuse and that they are being punished for something. With the child's logic, the obvious remedy is to learn to be the perfect child and then she won't need to be "punished" so frequently. This internalised responsibility and the inevitable failure of her good behaviour working to cease the abuse actually helps to maintain the cycle of abuse because she will do whatever she can to earn love and acceptance from the abuser. Additionally, the abuser uses this to their advantage by specifically indicating how the child can show how good she is and reap the "rewards", i.e. by meeting my needs, that means we won't need to involve your sister, by keeping the secret, you are protecting your mother from getting ill, etc. By using these effective tactics, the abuser is essentially handing over the responsibility of protecting the entire family, to a helpless child victim. According to Summit, this component of the CSAAS suggests that the child

will use whatever methods they can to survive this entrapment and accommodate her new role as the family protector, including, imaginary friends to share feelings with, dissociation and/or multiple personalities to share the pain and suffering with, etc. The survival strategies necessary for that child to survive then become severe obstacles to their psychological state as an adult.

Another aspect of the “Entrapment and Accommodation” stage is that the female victim of sexual abuse is likely to focus the majority of her anger towards her mother whom she believes has known about the abuse all along and has simply abandoned her to the needs of her father. The child intrinsically believes that the mother has not cared enough to intervene and the only rational explanation for this is because she, the child, is not worthy of love, care or protection. The breakdown of the mother-daughter relationship reinforces the child’s dependence on the abusive male in the hope of gaining love and acceptance and again, inevitably contributes to the continuation of the cycle of abuse.

4. Delayed, Conflicted, and Unconvincing Disclosure

When it comes to child sexual abuse, disclosed and investigated cases are not common, if anything, they are the exception. Due to the issues identified in the first three categories of the CSAAS, a victim of CSA is unlikely to disclose ongoing sexual abuse while they are still a child. Summit highlights that a more likely scenario is that the child grows up to be an adolescent, desperate for independence from the dysfunctional parental relationships and begins to challenge the parents’ authority. In doing so, she receives a label of a rebellious teen and her delinquent actions which are directly related to her history of abuse, such as, absconding, drug use, promiscuity, etc invite the expected punishments. However, when the victim

eventually pushes back against this authority and decides to take control and disclose all, her new label of “angry delinquent” prevents any family or authoritative figures from believing that it is an accurate story, and not just an attempt to escape from what they perceive as being a reasonable attempt to discipline her due to her latest behaviours. This will often be further embedded by the fathers apparently just exclamations of “*she will say anything to get out of her punishment, this is what I get for trying to be a good Father and keep her safe”, “would she be having sex at her age if I had done that to her like she claims?”* etc.

Alternative to an angry, rebellious adolescent, child victims may take the opposite approach and continue along the path of being the perfect, eager to please, child. This persona also comes with a ready-made explanation to dispel any later disclosures. For example, a popular, intelligent and achieving adolescent attempts to disclose historical or continuing abuse and they are likely to be met with dubious reactions such as, *“if this had happened, you wouldn’t have turned out so well adjusted”, “if this did happen, it has clearly not done any harm otherwise you wouldn’t be so popular, etc*”. Whichever direction the victim has taken has been a direct result of the abusive experiences she endured, and the way she chose to accommodate the situation in order to survive. However, upon later disclosure, either of these strategies will likely be interpreted by others to invalidate the allegations made.

5. Retraction

If the child is believed, despite all of these other components of the CSAAS, Summit suggests that whatever aspects of the sexual abuse are disclosed, the child is likely to later retract that disclosure. He claims that regardless of the situation that

led to the impulsive disclosure, underneath it remains a child with the internalised perception that she is solely responsible for protecting the family and keeping them together. In addition, all of the fears that have long secured her silence begin to emerge within the family dynamics e.g. her mother does not believe her and begins to blame her for trying to break up the family, she is interrogated and feels like she is to blame for everything, etc. As has become the custom, the victim bears the responsibility and has to decide whether to lie to protect the family and keep them together or tell the truth and be blamed for destroying the family. With a decision such as this, the child will retract her “story” and claim to have made the whole thing up out of anger. The fact that this lie is instantly believed by all involved, and the child is deemed not to be trustworthy in the eyes of adults, again continues the cycle of abuse and helplessness for the victim.

While it is recognised that this CSAAS is now more than 35 years old, it is considered to be relevant to the findings relating to child abuse disclosures presented later in this thesis. In addition, the CSAAS described by Summit is focussed on child sexual abuse disclosures. However, other researchers have described how the focus of child abuse should be shifted towards the impact of child *emotional* abuse. For example, Garbarino et al (1986) suggested that rather than perceiving psychological abuse as secondary to other abuse types, psychological or emotional abuse should be placed at the centre of any and all efforts to further understand abuse and family functioning. They argue that abusive acts are defined by the psychological consequences of those acts. For example, if a parent causes an injury to their child as a result of an accident or by intentionally inflicting harm upon them, the physical injury will remain the same regardless of how it was obtained, however the psychological consequence of that injury will be different if the

parent caused it by accident or if they did it intentionally. According to Garbarino et al, it is this consequence that determines whether or not it was an act of abuse. Newton & Gavin (2020) support this when they suggested that "emotional abuse is […] at the core of all forms of abuse…" (p.17), they also take this a step further when they claim that there are a number of significant factors associated with childhood abuse (e.g. multiple abuse types, relationship to abuser, age abuse started, etc) that can affect the emotional impact that abuse has on the child. This idea that emotional abuse is potentially the hardest hitting and the most damaging to the victim supports previous findings by Spinazzola et al (2015) who examined the co-occurrence of psychological maltreatment with physical or sexual abuse in maltreated youths. Their findings indicated that psychological maltreatment in childhood posed a significant trauma to the child when experienced alone. However, when psychological maltreatment was experienced alongside physical or sexual abuse in childhood, they found a significant increase in negative outcomes when compared with outcomes associated with only physical or sexual abuse.

Estefan et al (2016) studied factors relating to intimate partner violence and emotional health, and from their findings they suggested that emotional abuse may be the "most critical form of violence" (p.1407) when compared with other forms of abuse. Although this study is in relation to IPV and not childhood abuse, their findings may still be applicable as Estefan et al's findings may potentially be due to the impact that emotional abuse has on the mental health and self-esteem of victims.

***Effects of child abuse on the development of self-esteem***

According to the Oxford English Dictionary (Soanes, 2002:819), Self-Esteem is defined as "confidence in one's own worth and abilities." This essentially means

how a person values themselves and their own personal beliefs about themselves. Loring (2004) explains how a woman in an abusive intimate relationship becomes confused by the abuser's behaviours and begins to internalise the abusers harsh and demeaning words towards her, thus "diminishing self-esteem and eroding the sense of self" (p. 25). It is understandable then that if adult women are confused by their abuser's behaviours and begin to internalise his words, then children will also be vulnerable to this. HAVOCA (2014b) work with and support survivors of child abuse and they describe how children often develop low self-esteem or self-worth as a result of their childhood abuse which is often due to the negative messages abused children receive from the adults in their life. Repeated abuse, hence, repeated negative messages from their abuser leads a child to internalise those negative messages as their own which then become incorporated into the child's own belief system. Other factors may also cement these negative messages and further decrease the child's self-worth, for example, if attempts to disclose abuse are met with outcomes predicted by the abuser, such as, nobody will believe you, they'll say you're to blame, they won't care, etc. These responses will likely relay to the child that adults think they are lying, that they are responsible for their own abuse and that the abuse will not be stopped because nobody cares enough to protect them. This leads the child to experience further feelings of shame, helplessness and further decreases their perceived value or self-worth (HAVOCA).

It is very common for victims of abuse to blame themselves for their abuse because of the messages they receive from their abuser (Loring, 2004). Whether overt or covert, these repeated messages contribute to the child's ever decreasing self-esteem (Wright, Crawford & Castello, 2009). Wright, Crawford & Castillo examined the relationship between psychological distress, maladaptive schema's

and childhood emotional maltreatment among college students. They highlighted that if the constant criticism, put downs and rejection associated with emotional abuse and emotional neglect were internalised to form part of an individuals' belief system (e.g. maladaptive schema's), this would have a long-term negative impact on that individual. In addition, one of the many definitions of emotional abuse refers to the negative impact it has on an individual's self-worth e.g. portraying to the child that he/she is worthless, unloved, inadequate or valued only in the sense of meeting the needs of others (HM Government, 2018). Wright et al's (2009) point is that by internalising the abusers negative and destructive messages, abused children develop maladaptive schemata about themselves which HAVOCA identified as '*self-abusing'*; as victims begin to reinforce their abusers put downs and negative messages towards themselves. However, HAVOCA argue that it is difficult for survivors to recognise this inner abuser because the voice is their own, and the beliefs are usually deeply engrained which results in this self-abuse serving to continue the cycle of abuse, long after the direct childhood abuse has ceased. Additionally, they caution that this cycle of self-abuse, if left to continue, will affect loved ones, children and other family members so, in order to heal emotional wounds caused by childhood abuse, individuals need to first recognise and address their inner abuser.

While HAVOCA largely rely on their work with abused individuals to determine the impact child abuse has on adults, research studies have also supported this link between childhood abuse and low self-esteem. For example, Messman-Moore and Coates (2007) recruited a large sample of female college students in order to explore the relationship between childhood psychological abuse and interpersonal conflict in adulthood. They reported evidence that the experience of psychological (or

emotional) abuse in childhood resulted in a tendency to develop maladaptive schema's or beliefs around themselves and others. Reported self-beliefs included individuals that perceived themselves to be "flawed, defective, or shameful" (p.88).

Fergusson, McLeod & Horwood (2013) conducted a longitudinal study on participants who had experiences of child sexual abuse, they found that experiencing CSA increased the likelihood of mental health problems and PTSD symptoms and also resulted in low self-esteem and low life satisfaction when assessed at age 30. However, their study assessed experiences of CSA only, suggesting that the link between child abuse and low self-esteem may be higher when taking into account multiple abuse types.

As these previous studies have used a somewhat limited sample i.e., they examined only one abuse type and/or female participants only. The current study attempted to explore feelings, perceptions and impact relating to emotional, sexual and physical abuse experiences, across both genders.

### *Grieving the loss of an innocent childhood*

Some of those feelings and perceptions may relate to how some victims of child abuse, whether consciously or not, experience feelings of loss. These feelings can be associated with the loss of their childhood innocence, their virginity, loss of a normal childhood, loss of the family or the parental relationships that they wish they'd had, etc. Feelings of loss relating to childhood abuse follow a very similar pattern to the pattern of grief more commonly associated with the death of a loved one (Fado, 2018).

Kübler-Ross and Kessler (2005) describe grief as "the intense emotional response to the pain of a loss" (p.227), the key word here is a "loss" and not a death

as grief is more commonly associated with. They go on to say that grief reflects that of a broken connection. By their description, it is clear to see how grief is relevant to victims of child abuse. Abused children grieve for the loss of things, time, experiences, connections that they can never get back, such as, their childhood, their innocence, a loving family, their relationship with the abuser before the abuse commenced, etc. In their book on grief and grieving, Kübler-Ross and Kessler emphasise that grief is a necessary process in order to heal from a significant loss, and without grieving, healing cannot take place. Alternatively, complicated grief associated with unresolved loss, but not necessarily death, was termed by Boss (2010) as 'ambiguous loss'. She recognised that ambiguous loss is painful and traumatic and, that it bears similarities to trauma's that result in PTSD. Boss (2006) highlights that individual's will likely experience intense feelings of confusion around their unresolved loss and without achieving a certain level of detachment – that would usually be managed through the traditional bereavement process – the grieving process then becomes further complicated and drawn out. Boss (1999) suggests that in order for effective coping to begin, following ambiguous loss, acceptance needs to first be achieved.

### *Adult outcomes and intergenerational continuity*

In the context of emotional abuse, Loring (1994) distinguishes between the term attachment and connection, suggesting that attachment lays the responsibility of bonding at the feet of the abused person, whereas connection indicates a mutual, and equal responsiveness to each other. She also explains that the process of disattachment involves the separation of the abused person from the abuser, over a period of time. This process contrasts that of detachment which assumes an immediate and complete separation. Loring emphasises that it is unfair and

unrealistic to expect abuse victims to completely separate from any attachment or connection made between him/herself and their abuser until critical steps have been achieved. These steps include, recognising that they are being abused, developing their self-esteem and, the formation of non-abusive connections. Loring applies this to adult victims of emotional abuse e.g. within domestic abuse relationships; however, it can also be applied to adult victims of child abuse where there is still a connection or attachment to the childhood abuser(s) and/or further abusive experiences in adult relationships.

Research studies such as, Riggs and Kaminski (2010) suggested that children who are emotionally abused by their parents may develop attachment anxiety and relationship avoidance as a direct result of the abuse. This anxiety and avoidance of attachments increases the adult survivors' difficulty in forming secure attachments in intimate relationships and increases the likelihood of developing insecure attachments instead. As with many of the studies into this area, Riggs and Kaminski only examined experiences of emotional abuse which may indicate that it is the emotionally abusive elements of contact abuse types e.g. physical and sexual, that cause the long-term relationship issues. However, as they have not explored the link between emotional abuse and contact abuse types, this is difficult to determine.

Doyle's (2001) findings are also only applicable to emotional abuse experiences, however, this does not make her findings any less important. She interviewed 14 adult survivors of childhood emotional abuse and reported that the participants in her study wanted to highlight that experiencing emotional abuse in childhood does not cement survivors' inability to form healthy and positive adult relationships. Doyle's findings suggested that although half of her sample reported further abusive relationships in adulthood, the other half of participants also reported

that their spouse was their biggest support, with relationships lasting for anything up to 30 years. Furthermore, Doyle reported that there was little evidence to suggest that adult survivors of childhood emotional abuse inevitably continue the cycle of abuse with their own children. In fact, some participants in Doyle's study reportedly recognised the areas of parenthood that they may be lacking, particularly those parents who had entered into further abusive relationships and exposed their children to further abusive partners. However, of the participants in Doyle's study who reportedly had children, all indicated that they had "done everything they could to protect their children and show them acceptance, love and warmth" (p.397).

Later studies found results that both supported and contrasted those reported by Doyle, for example, Seltmann and Wright (2013) assessed various factors associated with mothers' childhood experiences of sexual abuse. Their findings suggested that the severity of CSA experienced, indirectly impacted the mother-child bond. Although good support from their partner was found to be a protective factor against some of the parenting difficulties experienced by mothers. Seltmann and Wright explored the bond between survivors and their children, the effectiveness of their parenting and enjoyment levels of motherhood. They found that mothers depressive symptoms also indirectly impacted parenting factors such as involvement and communication with their child; with low levels of mothers' depression but high levels of support from partners resulting in the least parenting problems. In contrast, mothers who reported low levels of support from partners indicated their struggles with engagement and communication with their child(ren). Seltmann and Wright only examined experiences of sexually abused mothers, their sample did not include experiences of fathers, despite this, their findings offer some insight into the intergenerational continuity of experiencing childhood abuse.

Bartlett et al (2017) examined the role of multiple abuse types and also the identity of the abuser on intergenerational abuse, among 417 young mothers. They found that mothers who reported at least one form of childhood abuse, regardless of whether the abuse was substantiated, were 72% more likely to be abusive towards their own children, although this figure was reportedly considerably lower when only substantiated abuse reports were examined. Further findings highlighted that mothers with a history of multiple abuse types posed an increased risk of maltreatment toward their own, however, multiple abuse types were associated with neglect and sexual or physical abuse, emotional abuse was not considered within their study. Nevertheless, overall findings suggested that children of abused mothers were more often maltreated and/or more likely to be maltreated than children of non-abused mothers. Bartlett et al also found that intergenerational continuity was particularly prevalent when mothers childhood abuse had been perpetrated by their own mother. However, another important limitation of Bartlett et al's findings is that results differed considerably when examining substantiated abuse reports compared with unsubstantiated abuse reports, suggesting that claims of childhood abuse experiences may have been over-reported in participants defence of their abusive actions towards their children.

Further support for the finding that experiencing multiple abuse types in childhood leads to an increase in negative effects in adulthood was found by Moeller, Bachmann and Moeller (1993). They carried out a study to examine the long-term health effects of experiencing childhood abuse on a sample of female participants visiting a gynaecology practice. Moeller et al discovered that 53% of the 668 female participants had experienced some form of childhood abuse, with findings indicating that the greater the number of abuse types experienced during childhood, the

greater the likelihood of further abusive experiences in adulthood. This finding is supported by Vallone et al (2009) who suggested that experiencing childhood abuse raises the victims' risk of recurrent abuse by 50%. They also described how a child's development can be negatively affected by an abusive and unpredictable home environment which can potentially lead the child victim to accumulate negative experiences and adversity into adulthood.

Gavin (2011) explained this accumulation of negative experiences using the cumulative disadvantage theory which highlights that the impact of negative experiences such as childhood abuse, can result in an individual continually experiencing negative encounters throughout their adult life. The compounded effects of such negative experiences as child abuse can include, poor health outcomes, for both physical and mental health, delinquency, further abusive relationships and learned helplessness (among others). Gavin highlighted a potentially useful countermeasure for this accumulation of negative experiences when she explored how adult well-being is affected by childhood emotional maltreatment. Using psychometric measures followed up with participant interviews, Gavin found that a small number of participants reporting healthy and satisfying adult experiences, despite their high levels of childhood emotional abuse, also reported using family avoidant strategies in adulthood. It was alleged that these participants felt family avoidant strategies were necessary in order to maintain their healthy adult lives. This method could be considered another avoidant coping strategy, which are not generally considered to be healthy methods (Phanichrat & Townshend, 2010). However, within Gavin's study, this measure of cutting all ties with abuser and/or negative family members, was considered to be an adaptive and healthy approach, which participants deemed necessary for moving on from their childhood emotional

maltreatment. This finding led to the further exploration of family avoidant strategies within the current study.

For adult victims of child abuse who cut contact with their primary and potentially only attachment figure(s), further negative outcomes may be expected as it could be assumed that victims of abuse would need at least some form of support system. However, further findings by Moeller et al (1993) relate to how freely abused participants felt they were able to talk about their abusive experiences with others. Their findings indicated that less than 4% of female participants had received any intervention as a child and 16% of their sample had reportedly never received any help or support for their experiences. Additionally, 12% of abused participants claimed they had never told anyone of their experiences before participating in the study. Alternatively, Moeller et al (1993) also found that 69% of abuse victims felt supported and able to discuss their childhood experiences with friends and, while 50% of the 668 women in their study had reportedly engaged in therapy, only 8% reported feeling able to speak about their experiences with a therapist. Nevertheless, Moeller et al's findings highlighted that therapists were considered the most helpful when attempting to cope with an abusive past, followed by partners (37.8%), and then friends (36.3%).

These previous studies into the negative effects of childhood abuse on adulthood and parenting have begun to direct the understanding of how seriously a person can be affected by experiences of childhood abuse. These studies and their identified limitations have also led to the development of the current research.

### *Aims of the current research*

As is evident from the literature and research reviewed, there remains areas of child abuse, and the long-term impact of abusive experiences in childhood, that require further exploration. The current research intends to bridge some of the gaps identified within the literature by meeting the following aims and answering the following research questions.

The primary aim of this research is to examine experiences of child abuse from a psychological perspective, and increase knowledge and understanding of the multiple issues associated with experiencing child abuse, both during those experiences of abuse (e.g. in childhood) and following those experiences of childhood abuse (e.g. in adulthood).

A secondary aim is to explore whether emotionally abusive elements of abuse exacerbate the negative effects associated with other forms of abuse and what, if any, effect the maternal (or parental) relationship has on those negative effects.

### *Research objectives and questions*

The overarching research objective is to meet the research aims and answer the research questions using a self-report survey format. The aims have been further broken down into the following research objectives and questions.

1) To explore the various coping strategies and tactics that victims of childhood abuse use in both childhood and adulthood, in order to help them survive the abusive experiences and cope with those experiences in the long-term.

Although the use of coping strategies has been investigated previously, there is limited research that has investigated the long-term use of specific coping methods, i.e. if coping methods employed in childhood continue to be employed in adulthood

or if particular methods are specific to children or adults. Such findings are important as there is a clear need to understand how child abuse victims cope with their experiences. Understanding and identifying such coping methods could potentially contribute to early identification and intervention of childhood abuse. This research objective sets out to answer the following research questions:

1a) What are the most salient methods of coping employed by children during experiences of abuse; and how effective are they perceived to be in helping them to cope or survive?

b) What are the most salient methods of coping employed by adult survivors of childhood abuse; and how effective are they perceived to be in helping them to cope or survive?

c) Do child abuse victims carry seemingly effective coping strategies with them into adulthood, and do they remain effective?

2) To examine victims' experiences of disclosure during childhood.

The previous literature surrounding disclosure has provided some useful insights into factors affecting childhood disclosures, however, much of this previous research has focused on sexual abuse disclosures. There is currently limited research that has investigated the emotional impact of negative disclosure outcomes on adult victims of child abuse. In addition, although previous research has investigated aspects of disclosure experiences, it remains important to understand how abused individuals perceive their disclosure experiences, what methods they used in their attempts to disclose and what reactions they received. Current findings could potentially guide future training and/or policies for people working closely with children e.g. Social

Workers, teachers, nurses, etc. This research objective sets out to answer the following research questions:

2a) How do abused individuals perceive their disclosure experiences?

b) What is the immediate emotional impact of negative disclosure responses and outcomes in childhood? and,

c) Is there a long-term emotional impact of negative disclosure responses and outcomes in childhood (secondary to the continuation of abuse), that continue to impact adult survivors?

3) To further understand the impact that emotionally abusive elements of childhood abuse has on individuals; and identify any long-term issues associated with childhood abuse.

The focus here is to explore the impact that emotionally abusive elements or consequences of child abuse have on individuals and what other factors, if any, are reported to contribute to the long-lasting damage experienced. Such findings could be useful in developing early therapeutic interventions for victims of abuse in order to try to reduce or impede the long-term damage done. This research objective sets out to answer the following research question:

3a) What aspects of childhood abuse do adult survivors identify as being the hardest to overcome or come to terms with, and what is the long-term emotional impact of that?

4) To identify and explore how childhood abuse impacts individuals in adulthood, particularly relating to adult relationships, parenting styles and how survivors attempt to move on.

Previous research has explored how childhood abuse impacts adults in various ways, e.g. impact on health, mental health, relationships, etc. However, the current objective was included to explore the impact on adulthood from the survivors' own perspectives. Additionally, intergenerational continuity of abuse, amongst both mothers' and fathers', is also explored within the current research. This research objective sets out to answer the following research questions:

4a) How do adult survivors of child abuse perceive their experiences to impact their ability to form and maintain relationships?

b) How do adult survivors of child abuse perceive their experiences to have impacted their ability to parent and,

c) How do adult survivors attempt to move on and heal from their abusive pasts?

***Summary of chapter***

The current chapter has reviewed some of the existing literature pertaining to child abuse, and the associated issues with experiencing childhood abuse. This previous literature has laid the foundations for the current research and helped to direct the aims and objectives of this research, which have also been provided within the current chapter. The following chapter will explain how this research was carried out.

*Chapter 4:*

# *Methodology*

## *Introduction to chapter*

There are many ways in which the current research aims could have been explored; this chapter illustrates the research position and the research methods which were chosen to carry out the current study and meet the research aims and objectives.

## *Research approach - Deductive vs. Inductive*

As with all research, there is a process used to drive the data collection phase, this process generally stems from one of two approaches; deductive or inductive. A deductive approach is used when the researcher already has a hypothesis or a theory that they wish to investigate, the hypothesis deduced drives the data collection process (Bryman, 2008). Alternatively, an inductive approach can be undertaken which allows the theory to be derived from the data collected. Bryman states that taking an inductive stance to research involves collecting data around the chosen topic and through the analytic process, drawing inferences from the findings or data obtained. Broadly speaking, an inductive approach has been utilised for the current research as data was collected around various topics relating to experiences of childhood. The survey questions were intended to cover multiple areas, not only to collect in-depth data but also to better understand what findings would be derived from the data collected, hence an inductive approach was used to drive the data collection process.

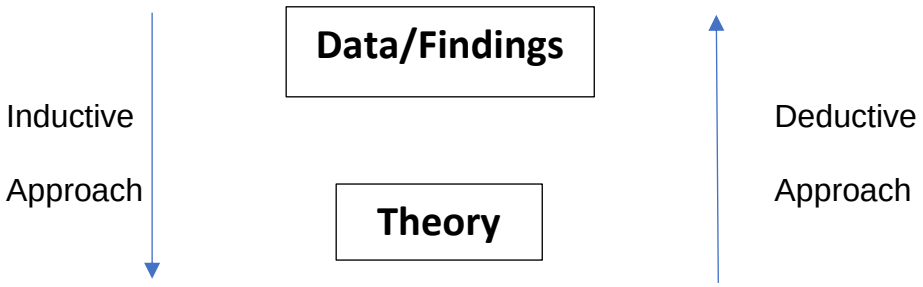


Figure 1. Inductive vs. Deductive approach (see Bryman, 2008).

***Epistemology and Ontology***

Qualitative and quantitative approaches to research have very different views on epistemology and ontology. Epistemology, in simple terms, refers to the theory of knowledge which is depicted from a philosophical standpoint (King, Horrocks & Brooks, 2019). The epistemological position assumed for this research is interpretivism, which directly contrasts a positivist epistemology.

Dudovskiy (2018) explains that a positivist epistemological position is based on the idea that 'factual' knowledge can only be gained through observational and quantifiable methods and that the researcher's role in gaining this knowledge should be entirely objective; e.g. remaining independent from the study. A positivist philosophy asserts that research findings should be interpreted wholly from facts with no relevance placed on subjectivity or meaning surrounding those facts. From a quantitative perspective, knowledge can be verified or falsified through direct methods of measurement which means that quantitative findings are studied objectively e.g. less likely to be affected by researcher bias (Field & Hole, 2003).

Quantitative research methodology would usually be associated with a positivist epistemology.

Bryman (2008) claims that directly contrasting a positivist philosophy is an interpretivist epistemological position, which suggests that empathic understanding of the subject matter should be the main concern. Whether it be human experience or behaviour, interpretivism would subsume that the *understanding* and *explaining* of human behaviour is entirely different. Therefore, the study of the social world, within a social context, requires a different approach to researching than the natural sciences (e.g. positivism). This divide between explaining (positivism) and understanding (interpretivism) human behaviour is said to reflect the epistemological clash between the two positions (Bryman).

As already mentioned, the epistemological position assumed here is interpretivism which also informs the related ontological considerations. Put simply, ontology refers to our view of reality. For example, an objectivist ontology asserts that there is one fixed reality to be discovered i.e. reality is subject to natural laws of cause and effect rather than influenced by the context or environment that it exists in (King et al., 2019). An alternative ontological position is that knowledge, and meaning, is shaped by time, context and experiences and that each individual can have their own reality which is *socially constructed* (Bryman, 2008). Gavin (2008) suggests that a qualitative approach to research seeks to discover individuals' personal meanings as valid knowledge and that 'knowledge' can influence the research process. Additionally, she suggests that the researcher's subjectivity and own personal values shape what is researched and to some extent, what is found.

The current research has been based, primarily, on an interpretivist epistemology with a constructionist ontology. Although it was acknowledged that

particular areas of childhood may in fact be subject to cause and effect and be objectively measurable, in order to have the best chance of obtaining a full and complete picture of participants lived experiences, a qualitative approach was deemed the most appropriate.

### *Qualitative analysis*

When it comes to qualitative research, there are several different approaches to qualitatively analysing data, depending on the research aims and the context of the data collected. According to Braun and Clarke (2006), thematic analysis should be the first method of qualitative analysis that researchers and students learn, as they claim that thematic analysis is a fundamental method of qualitative analysis. They argue that “through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data” (p.78).

During the research planning stage, thematic analysis was identified as the most appropriate qualitative method of analysis. However, during the analysis stage, it became apparent that participants were able to recognise and identify specific issues or patterns of behaviour, etc with little to no further interpretation needed. This was unexpected and therefore, the chosen qualitative method was evaluated and it was recognised that aspects of content analysis would also be a useful method of qualitative analysis for those particular survey sections (e.g. mental health, coping methods, etc).

Content analysis is predominantly a quantitative approach, used to identify and quantify aspects of a dataset in order to carry out statistical tests (Bryman, 2008). However, ethnographic (or qualitative) content analysis allows for a slightly different approach to data which not only emphasises that significant and/or

meaningful categories should emerge from the data, but also recognises that understanding of the data (or categories) and their meaning, may vary from context to context. Therefore, the context of the data collected should be emphasised and the researcher should play an active role in the construction of meaning from the text or data (Bryman). The use of the content analysis approach has also been used in previous research (Seale et al., 2006) to identify the frequency in which particular words in a dataset occur, allowing those key words or categories to direct a more in-depth thematic analysis.

As a result of this, both content and thematic analysis methods have been utilised for different aspects of the data collected. This helped to reduce the large set of data into a more manageable format and also allow any repeated key words within the dataset to direct the thematic analysis which followed.

### *Ethnographic content analysis procedure*

Before coding of the data commenced, it was essential to become familiar with the data by reading and re-reading the surveys before attaching any codes. A coding manual was then developed for the aspects of the data that were analysed using this method, i.e. where key words were identified and reported by the participants. This can be seen in Table 1.

Table 1: Coding manual used which demonstrates the variables identified and reported by participants in regards to their mental health and coping methods used.

| Variables relating to mental health | Frequency (*n* = 94) | Variables relating to coping methods reported | Frequency (n = 94) |
|---|---|---|---|
| Depression | 40 | Drugs | 24 |
| Anxiety | 31 | Self-Harm | 22 |
| Self-Harm | 22 | Disordered eating | 21 |
| Eating Disorder | 21 | Alcohol | 19 |
| PTSD | 19 | Reading/Writing | 16 |
| Addiction | 13 | Dissociation | 15 |
| Suicidal Ideation | 9 | Sex/Promiscuity | 14 |
| OCD | 4 | Criminal behaviours | 2 |
| Anger issues | 2 | Risk taking behaviours | 1 |
| Dissociative Identity Disorder (DID) | 1 | Tattoos | 1 |
| Psychosis | 1 | | |

This coding manual was data driven and all possible categories from within the data were considered within this coding manual in order to identify the frequency at which these mental health issues and coping methods were reported. Coping methods that do not appear within this coding manual (table 1) but have been reported within the qualitative analysis in subsequent chapters, are methods that have been alluded to by participants but not specifically reported, i.e. participant responses have been interpreted and placed within themes during the later thematic analysis.

***Thematic analysis procedure***

Thematic analysis is flexible both in terms of the types of data that it can be used for e.g. interview transcriptions, observations and written material (Gavin, 2008), and also how the analysis process is carried out. The point of thematic analysis is to organise the data collected in such a way that patterns, or themes, within the data can be discovered (Braun & Clarke, 2006) and although there are basic principles associated with thematic analysis, there is no clear agreement on the correct way to carry it out (Smith, 1995). However, Braun and Clarke (2006:86) suggest a 6-step process to thematic analysis which was followed during the analytical stage of the current research. This 6-step process is summarised below:

1. *Familiarising yourself with your data*: they suggest that regardless of how the data has been collected and how involved the researcher has been in that data collection stage, repeated reading of the data is vital in order that the researcher becomes totally immersed in the content. To begin this stage, each survey was read through multiple times in the order they were submitted on the online survey website used, regardless of the participants gender or background. However, as there were 94 completed surveys, some with quite

extensive responses, it was important to organise the data into a more manageable format before embarking on any coding. This involved separating the surveys into “male/female” categories and participants who “identified as abused/or not”. Following this, surveys for each section were read through once again and notes, comments and initial ideas were noted to return to at a later stage.

2. *Generating initial codes*: With the exception of comments and ideas noted during stage one (above), no coding was attached to any of the data until this stage. Braun & Clark suggest that the point of this stage is to organise the data into more relevant groups. With this in mind, all the data from each survey sub-section was grouped together to be coded e.g. all questions related to disclosure experiences or coping methods used, for each participant, were grouped and coded together and all other questions in each survey were checked for any relevance to disclosure or coping methods, etc. This made the large amount of data collected, much more manageable and easier to code. During this stage, equal attention was paid to each participant response, for each relevant question in the subset which was then given a code, no matter how small or significant, in order to identify interesting or repeated patterns (themes) within the data. Additionally, codes were intentionally descriptive in nature as interpretation (and generation of themes) came later. In line with Braun and Clarke’s thematic analysis process, everything was coded as extracts of the data could be deemed irrelevant and un-coded or could be coded many times, within multiple themes if relevant.
3. *Searching for themes*: Once all the data had been initially coded and a list of all the different codes across the dataset had been compiled, this stage

involved attempting to identify potential themes from the many different codes. Essentially, the point of this stage was to start analysing and interpreting the codes, even combining or discarding codes where appropriate, to form overarching themes which help to portray overall patterns or findings within the data. Due to the amount of data collected, and in order to ensure the data analysis was conducted in an organised and manageable format, the grouped survey subsets (established in stage 2) were kept in their groups for the current stage. Again, full survey responses were checked for relevance and other codes or questions were included where necessary. By the end of this stage, there was a clear collection of themes and sub-themes which portrayed the significant and meaningful aspects of the data.

4. *Reviewing themes*: This stage can only begin when all the themes have been identified and it involves thoroughly reviewing all the codes and refining the themes. During the review of the codes and the themes, it became apparent that there was actually not enough data to support some themes, themes such as this were either discarded due to lack of evidence to support it or were combined with another similar theme. This stage involved a lot of checking, rechecking and where necessary, recoding of particular themes. However, by the end of this stage, the researcher was satisfied that all the identified themes effectively represented the codes, concepts and meaning encased within the dataset. Some of those themes have not been included within the current report due to space constraints e.g. sibling relationships, parental addiction, etc.
5. *Defining and naming themes*: Once the themes had been reviewed and there was a clearly defined list of themes which accurately reflected the data, this

next stage involved defining and refining the themes to be presented within the analysis. The point here was not simply to present the extracts of the data which make up the theme, but instead, to demonstrate why the theme is significant or meaningful in terms of the research questions and how the extracts of the data support the researchers' interpretation of the data, or theme. The development of subthemes (smaller themes within a theme) was also necessary here to provide structure to certain themes that were particularly large or complex. By the end of this stage, it was important that each theme could be clearly and easily defined.

6. *Producing the report*: This stage involved the final analysis and write up of that analysis as can be found in the current thesis. Braun & Clarke emphasise that producing the findings of a thematic analysis should serve to reveal the complex story of the data in a concise, coherent, logical and interesting way which should aim to captivate the reader and convince them of the validity of the themes. The write-up of this analysis intended to include sufficient evidence to support the themes and demonstrate the prevalence of it without merely describing the extracts used. "Your write-up needs to do *more* than just provide data. Extracts need to be embedded within an analytical narrative that compellingly illustrates the story you are telling about your data" (Braun & Clarke, 2006:93).

The advantages and disadvantages of both qualitative methods were considered and it was decided that the final qualitative approach used would combine the two methods i.e. content and thematic analysis, in order to reduce the disadvantages of each and analyse the complex data using the most effective methods.

### *Ethical Considerations*

Prior to any participant recruitment taking place for this project, all methods and measures were scrutinised by the University of Huddersfield research ethics panel which were deemed to adhere to the ethical guidelines provided by the British Psychological Society (BPS, 2009). As a result of this, ethical approval was granted.

The principle of voluntary participation was followed when recruiting participants for this research, no participants were directly approached by the researcher and asked to take part. Although snowball sampling methods were used for recruitment, the third parties (e.g. charitable organisations) passing on research information and/or the survey link, were in no way benefitting from recruiting participants and so, coercive measures from third parties were highly unlikely. Contact details for the researcher and the University of Huddersfield were provided to participants during each stage of recruitment and participation in order for them to make contact and ask questions or highlight any concerns that they had regarding the research or procedure.

Participants were required to be 18 years old or over to partake in this research. The reasons for this were twofold; 1. to ensure volunteers were old enough to fully comprehend the research aims, the potential for experiencing psychological distress following this survey and to therefore make an informed decision regarding taking part and, 2. to ensure that any participants reporting childhood abuse experiences were reporting this on reflection, at the age of an adult.

Full study aims and objectives were explained to participants in a detailed briefing prior to any consent being requested or obtained (See appendix B). Participants then had the choice to provide consent and continue to the online survey or disregard the consent form and the survey without consequence. The

design of the online survey meant that the survey was only accessible following confirmation of consent. In this case, withholding research information from participants (i.e. deception) would not only have been unethical, it may have also been detrimental to the data collected as participants may have modified their responses to fit into inaccurate aims.

In terms of anonymity and confidentiality, all participants completing the questionnaire, did so online. No personal details e.g. name, address or contact details etc were required in order to take part and therefore, any personal details provided were done so voluntarily. In addition, any potentially identifiable information provided by participants has been redacted in later analysis e.g. school attended, siblings' names, etc. When referring to participant extracts within the analysis, I.D. codes were allocated to each participant in order to maintain anonymity and that code has been referenced throughout when referring to all participants. Only the researcher has access to the original material which is stored securely on a password protected website. However, in order for the researcher to identify the participants while maintaining participant anonymity, codes allocated to each participant consist of their survey number, preceded by either M or F (Male/Female) to indicate their gender.

Participants were also made aware that they had the option to withdraw from the survey at any point up to submitting it, however, following submission of their survey, withdrawal was not possible due to the anonymity measures taken. It was also made clear in the consent form that participants would have the option to skip any questions that they did not feel comfortable answering.

Following completion of the survey, contact details were provided for additional supportive organisations and help lines, including, Victim support, Rape

crisis, Mankind Initiative, NAPAC and Mind. These were provided alongside a detailed debrief of the research (See appendix C). It was also felt necessary to provide contact details for the NSPCC, in order to assist any person wishing to voice concerns regarding a child following survey participation.

Throughout all aspects of the research; design, recruitment, data collection, etc, minimising psychological harm to participants was always a priority. The assistance of the aforementioned charitable organizations provided the added advantage that any of the participants recruited via these organisations have already sought some level of support and counselling for their abuse and therefore it was expected that the risk of psychological distress was reduced for these individuals. However, great care was also taken for the participants recruited via other methods.

Additionally, all participants were informed that anybody with experience of a traumatic event or any form of abuse within the previous 12 months should think carefully before participating as it was believed that the survey could cause heightened distress to these individuals. This recommendation was included in both the participant information and the consent form in an attempt to ensure that anybody who had recently experienced trauma were fully aware of the risks and were making a fully informed decision to proceed.

All of these ethical considerations were taken into account before any sample selection or recruitment procedures were carried out.

### *Sample selection and recruitment*

The sample size for this research consisted of 94 participants, separated into two categories; abused and non-abused. Participants for this research were obtained via two non-probability sampling methods. This means that participants were not selected on a random basis, e.g., each member of the given population being

selected entirely at random with equal probability of being included (Gavin, 2008). The recruitment methods used to obtain the views of participants were opportunity and snowball sampling. *Opportunity sampling* is as it sounds, often referred to as convenience sampling, participants are recruited simply because they are available at the time, or have volunteered to participate (Coolican, 2004). *Snowball sampling* refers to a method of sampling whereby a person or organisation with experience of the research topic is selected and they then contact further potential participants that they think may be suitable (Coolican). These methods were utilised as the survey information (including the consent form and link) was posted and shared on various social networking sites and passed on to participants via word of mouth. The assistance of multiple charities and organisations, designed to support, counsel and provide information to adult survivors of many different forms of abuse were paramount in recruiting participants who had experienced abusive childhoods. These charities and organisations include; Help for Adult Victims of Child Abuse (HAVOCA), National Association for People Abused in Childhood (NAPAC), Rape, Abuse and Incest National Network (RAINN) and Mankind. The charities contributed to the snowball sampling method by posting the research information and survey link on their websites, forums, and/or social networking pages. As previously mentioned, recruiting participants who experienced childhood abuse via these organisations had the added advantage that these participants are more likely to have sought some level of support or therapy for their abusive experiences, thus helping to reduce the risk of psychological harm to these participants following participation in this study. Due to the recruitment method, restrictions were not placed on geographical location of participants with the aim of receiving responses from various countries. Although the source of contact for individual participants would have been interesting

information to record, it was felt that enquiring about participants source of contact or support may have deterred some individuals from participating as they may have assumed a research connection with the chosen charities. These vulnerable participants needed the extra security and assurance that their responses would be kept anonymous and confidential so this question was omitted.

### *Sample demographics*

A total of ninety-four participants completed the anonymous survey, these participants were predominantly British (58.5%), employed (58.5%) and ranging in age from 19-68 years (Mean = 36.78). Additionally, participants were predominantly female (79%) with 20 males participating[6].Participants reported abused (52%) and non-abused (48%) childhoods. The only criterion for participating in this research was a minimum age of 18. Due to the lack of geographical restrictions, responses were received from Britain, Cyprus, Australia, US and China, hence a range of ethnic backgrounds were also reported (e.g. British, Caucasian, Asian, Latino, etc).

[6] Within the current dataset, there were no participants who identified as any other gender; besides male or female, this question was intentionally open-ended to allow any gender differences to be represented.

Table 2: Sample demographics

| Abusive childhood | | | Gender | | |
|---|---|---|---|---|---|
| Yes | Age | | Female | Male | Total |
| | | 18 – 20 | 1 | 0 | 1 |
| | | 21 – 30 | 9 | 1 | 10 |
| | | 31 – 40 | 11 | 3 | 14 |
| | | 41 – 50 | 15 | 3 | 18 |
| | | 51 - 60 | 3 | 2 | 5 |
| | | 61 - 70 | 0 | 1 | 1 |
| | Total | | 39 | 10 | 49 |
| No | Age | 18 – 20 | 1 | 0 | 1 |
| | | 21 – 30 | 18 | 5 | 23 |
| | | 31 – 40 | 6 | 2 | 8 |
| | | 41 – 50 | 5 | 2 | 7 |
| | | 51 - 60 | 3 | 0 | 3 |
| | | 61 - 70 | 1 | 1 | 2 |
| | | Missing | 1 | 0 | 1 |
| | Total | | 35 | 10 | 45 |
| Total | Age | 18 – 20 | 2 | 0 | 2 |
| | | 21 – 30 | 27 | 6 | 33 |
| | | 31 – 40 | 17 | 5 | 22 |
| | | 41 – 50 | 20 | 5 | 25 |
| | | 51 - 60 | 6 | 2 | 8 |
| | | 61 - 70 | 1 | 2 | 3 |
| | | Missing | 1 | 0 | 1 |
| | | Total | 74 | 20 | 94 |

### *Strengths and limitations of Sample*

There are some clear strengths and limitations of the current research sample. Firstly, in order to understand whether participants were aware of their abuse and considered themselves to have had abusive childhoods; participants were asked (prior to any abuse related questions being asked) "*Do you feel that your childhood was abusive?"* Response options were "*Yes or No*". Participants who

answered Yes to this question were categorised as ‘abused’ and participants who answered No to this question were categorised as ‘non-abused’ participants. However, some participants (*n* = 11) stated that they did not have abusive childhoods but later responses indicated potentially abusive childhood experiences (i.e. unacknowledged abuse experiences). These participants did not fit easily into either the abused or non-abused categories. For the purpose of including them, these participants have been categorised as ‘non-abused’ as this is how they have categorised themselves and any relevant qualitative findings from this sample have been highlighted where necessary. Although this is considered a sample limitation, it is apparent that participant experiences could vary extensively from a single abusive event to chronic, long term abuse continuing into adulthood (see table 3). Therefore, categories of ‘abused’ or ‘non-abused’ samples have been determined by the participants own categorisation of their experiences. For example, if a participant reported a single abusive event but also reported that their childhood was abusive, they have been included within this category. Similarly, if a participant appears to have suffered long-term abuse but have not labelled their childhood as abusive, then they have not been included in the ‘abused’ category. Experiences of abuse are subjective to the individual and it was important to make every attempt to validate each individuals’ experiences and not minimise one victim’s experiences in comparison to the next.

Table 3: Abuse characteristics for abused sub-set.

| Characteristics for sample | Frequency | Percentage |
|---|---|---|
| Background: | | |
| Abused | 49 | 52 |
| Non-abused | 45 | 48 |
| Total | 94 | 100 |
| Age abuse started (in yrs): | | |
| Birth to 2 | 17 | 34.7 |
| 3 - 5 | 8 | 16.3 |
| 6 - 9 | 15 | 30.6 |
| 10+ | 5 | 10.2 |
| Unknown | 4 | 8.2 |
| Total | 49 | |
| Length of abuse: | | |
| Less than 1 year | 0 | 0 |
| 1 - 2 years | 3 | 6.1 |
| 3 - 5 years | 2 | 4.1 |
| 5 - 9 years | 10 | 20.4 |
| 10 - 20 years | 16 | 32.7 |
| 21+ | 6 | 12.2 |
| Abuse ongoing | 7 | 14.3 |
| Missing data | 5 | 10.2 |
| Relationship to abuser: | | |
| Multiple abusers | 16 | 32.7 |
| Both parents (or Parental figures) | 13 | 26.5 |
| Father (or Father figure) | 10 | 20.4 |
| Mother (or Mother figure) | 2 | 4.1 |
| Other relation | 1 | 2.0 |
| Non-relative | 6 | 12.2 |
| Missing | 1 | 2.0 |

Another limitation is that the entire sample is ethnically and geographically diverse which means that findings have been unable to account for cultural differences or traditions, etc. However, this may also act as a strength of the current sample that participants and findings are potentially universal across countries and cultures. In terms of the sample size, 49 (52%) of the 94 participants reported to have experienced abusive childhoods. From a qualitative perspective, this is a large

sample size that produced vast amounts of rich and detailed data. This is a major strength of the current research sample.

Another major strength of this sample of participants is that those who identified as abused were largely recruited via charities and organisations designed to assist survivors of abuse. This is considered a strength due to the help they were receiving at the time of participation and that through their work with those charities and organisations, they had recognised that many of their issues were associated with their childhood experiences prior to participating in this research. In some ways, this may have made the survey easier to complete with minimal psychological harm to their wellbeing and also made their responses more accurate as they will have previously had time to reflect on their childhood experiences. Alternatively, due to the majority of the abused sample being recruited via these charities, there could potentially be a sample bias here as these participants could predominantly represent victims with ongoing mental health issues, use of maladaptive coping strategies and the need for continuing therapy, etc. Meaning that survivors of childhood abuse that are leading healthy, happy lives may not be accurately represented within this sample because they have not felt the need to be associated with those charities and therefore, have not had the opportunity to partake in this research.

***Survey development***

The development of the self-report survey was generated from an extensive examination of the literature surrounding childhood abuse. A large number of potential survey items were developed from a variety of sources, e.g.

- Loring (1994) – provided a list of questions that were asked during interviews with women who had been emotionally or physically abused. Some of these questions were adapted to form survey items and other questions prompted thoughts and ideas for survey items within the current study e.g. "*Think about your current (or last) adult relationship, are you subject to any form of abuse in your current (last) relationship?"*
- Sanders & Becker-Lausen (1995) – published the Child Abuse and Trauma (CAT) Scale, developed to determine various factors of a child's life, including, the child's home environment, evidence of neglect, sexual abuse and severe punishment, as recalled by the adult respondent. Again, some of the questions on the CAT scale were adapted to fit the current research questions and some promoted the development of entirely new survey items.
- Berelowitz et al's (2012) research is thought-provoking and notes were made throughout the process of reading their study which were later developed into survey items, for example, one question that was developed from reading their research is "*If you were subject to abuse, did your abuser ever make you feel special or give you special rewards/treats?"*
- Smith Slep, Heyman & Snarr (2011) – proposed a set of criteria to be used in clinical settings in order to operationally define child emotional abuse. This was useful during the development of the survey items and contributed to questions such as *"did anyone in your family ever make you believe that your family, siblings or pets were in danger without directly threatening them?"*

These sources either provided questions that were adapted for the research survey or their studies prompted thoughts and ideas that led to the development of

current survey items. During the development of the survey items, an attempt was made to minimise psychological harm to the abused sample of participants by trying to avoid asking particularly sensitive questions in a way that might induce a trigger. Reducing the potential for trigger inducing questions was attempted via the purposeful wording of certain items. For instance, instead of directly asking *"were you sexually abused as a child?",* the question was worded *"When you were growing up, did anybody ever touch you sexually without your consent?".* Due to the nature of the research and the aspects of childhood abuse under investigation, it was not possible to remove the potential for triggers entirely, particularly due to the fact that every participant's experiences are unique to them, which means their triggers are also unique to them.

From the items generated, an-depth survey was developed which intentionally divided the questions into separate subsections in order to gather data on participants accounts of various aspects of their life (see Appendix A). This included: abuse (physical, sexual and emotional abuse), disclosure experiences, coping strategies employed during childhood and into adulthood, their mental health, their relationships with their parents and their own parental experiences, the impact of childhood abuse on their adult life and their current feelings regarding their childhood and/or abuser, etc.

***Survey subsection related to coping methods and mental health (Chapter 5).***

The survey subsection related to coping strategies, defence mechanisms and mental health was intended to gather information on how many participants protected themselves from the abusive situation while it was occurring, what adaptive or maladaptive coping strategies were employed to help them cope with those experiences during childhood and what coping strategies they continue to

employ during adulthood. Additionally, information on mental health issues experienced was also collected.

***Survey subsection related to disclosure (Chapter 6)***

These survey questions were intended to gather information in order to answer the research questions pertaining to disclosure i.e. how many participants disclosed their abuse to an adult and what the outcome of that disclosure was, including how many positive disclosure experiences came from those disclosures. How do victims of childhood abuse perceive their disclosure experiences, and what is the immediate and long-term impact of those disclosure experiences?

***Survey subsection related to "emotional wounds" (Chapter 7)***

The survey subsection that fuelled the findings for this chapter were included with the intention of exploring participants own accounts of what they found the hardest element of their abuse to come to terms with or to overcome. Guerra and Pereda (2015) suggest that including open questions on emotional impact is important to allow participants to provide their own detailed accounts regarding how they feel. In terms of the current research, the open-ended questions were especially important for this subsection to allow participants to describe the thoughts and feelings that they believed to be the hardest to overcome; with a reduced likelihood that the question would prompt a response in them, as would potentially happen if the intended depth of information was attempted to be gained using a battery of closed questions. Some of the themes and sub-themes relating to this section are closely connected, however, they have been presented separately in order to portray a clear analysis, with evidence of how participant responses contributed to each theme.

### *Survey subsection relating to adulthood and parenthood (Chapter 8)*

The survey subsection related to adulthood was intended to gather participant perceptions regarding life as an adult (life after abuse, if applicable), and how childhood abuse has impacted on various aspects of adult life. For instance, the impact on adult relationships, the impact on their own parenting styles (if applicable), and what methods or actions they took in adulthood in order to help them move past their childhood experiences.

### *Survey dissemination*

Following the survey development stage, experts were recruited with a wide range of research and/or child abuse knowledge to establish the survey's face validity. These experts included psychologists, university psychology lecturers and people who work closely with adult survivors of childhood abuse. Information was provided to these experts regarding the aims of the study and they were then asked to rate each individual item on the survey in terms of relevance to the research aims. They did this using a 5-point Likert scale (e.g. 1 = highly irrelevant and 5 = highly relevant). Descriptive statistics were then carried out on the expert feedback received and the questionnaire was amended accordingly. The amendments included eliminating items that were too sensitive and items that were not highly relevant to research aims. The items that were deemed irrelevant and disregarded were those with a low mean (<4.70) and high standard deviation (>1.3). Items with a high mean (>4.70) and low standard deviation (<1.3) were considered relevant and included in the survey. Minor amendments were also made to some items which included re-wording, changing the format or moving to a more appropriate section.

The survey was then transferred to an online format, which provided research aims, information and clear instructions on how to complete. It also enabled all

participants to complete the survey in their own time and with complete anonymity. A small pilot study was carried out before participants were recruited, this was conducted to ensure that the online survey could be accessed and completed securely, and that data was stored on the password protected website used. No issues were identified from this.

***Data analysis***

As noted above, various aspects of childhood were investigated using both closed and open-ended questions. All data from participant surveys were recorded via an online survey program.

Open-ended questions that appeared to produce meaningful data were further investigated using both content and thematic analysis methods. The researcher identified particular aspects of the data which appeared to produce meaningful themes. These data subsets were: disclosure of abuse, mental health, coping strategies/tactics used during childhood and adulthood and, influence of childhood experiences on adult relationships and parenting styles. These two methods were used to analyse the answers to these open-ended questions in order to identify any significant findings or themes relating to various childhood issues.

Responses to these open-ended questions were analysed using the techniques explained earlier e.g. content analysis approach by Bryman (2008) and Braun & Clarke's (2006) thematic analysis 6-step process. The qualitative responses within this dataset were gained using free form boxes on an online survey which essentially rendered them brief responses, compared with responses gained if a semi-structured interview method had been used (Newton & Gavin, 2020). The data was therefore not as expansive as it would have been in a one-to-one interview setting, where probes etc. could be used. Despite this, using the free form boxes on

a large survey such as this allowed a larger sample to be reached than could be handled with longer and more in-depth interviews. Prominent and repetitive responses were highlighted throughout the entire dataset, and all codes attached were reviewed and refined at various stages of the analysis process.

Due to the many different issues resulting from experiences of childhood abuse, the survey was intended to be extensive in order to investigate the various issues. For this reason, it was necessary to separate the sections of the survey into subsections, containing responses relating to the various aspects of abuse in order to carry out the qualitative analysis effectively. However, some participants responses to the open-ended questions did also relate to other aspects under investigation and these responses were taken into account irrespective of which section they were in. For example, during analysis of the questions related to disclosure of abuse, it was noticed that the question *"how were you made to keep this a secret?"* (which was not within the disclosure section) contained some significant information highlighting that the threat of violence against the individual or their loved ones was the reason they did not disclose abuse. These responses were considered to be significant and they were therefore included as part of the disclosure analysis.

Owing to the extensiveness of the survey, it has not been possible to report findings for each subsection within the parameters of this thesis, therefore, the researcher has chosen to provide analysis of specific subsections which were believed to offer the most thought-provoking findings. Results of the qualitative analysis for the chosen subsections will be reported in part 2 of this thesis. It also needs to be highlighted that the participant quotes used throughout the analysis

have not been changed or corrected, therefore, spelling and/or grammar errors may be noticed.

### *Overview of themes found*

An overview of the major themes that will be presented can be seen in Figure 2.

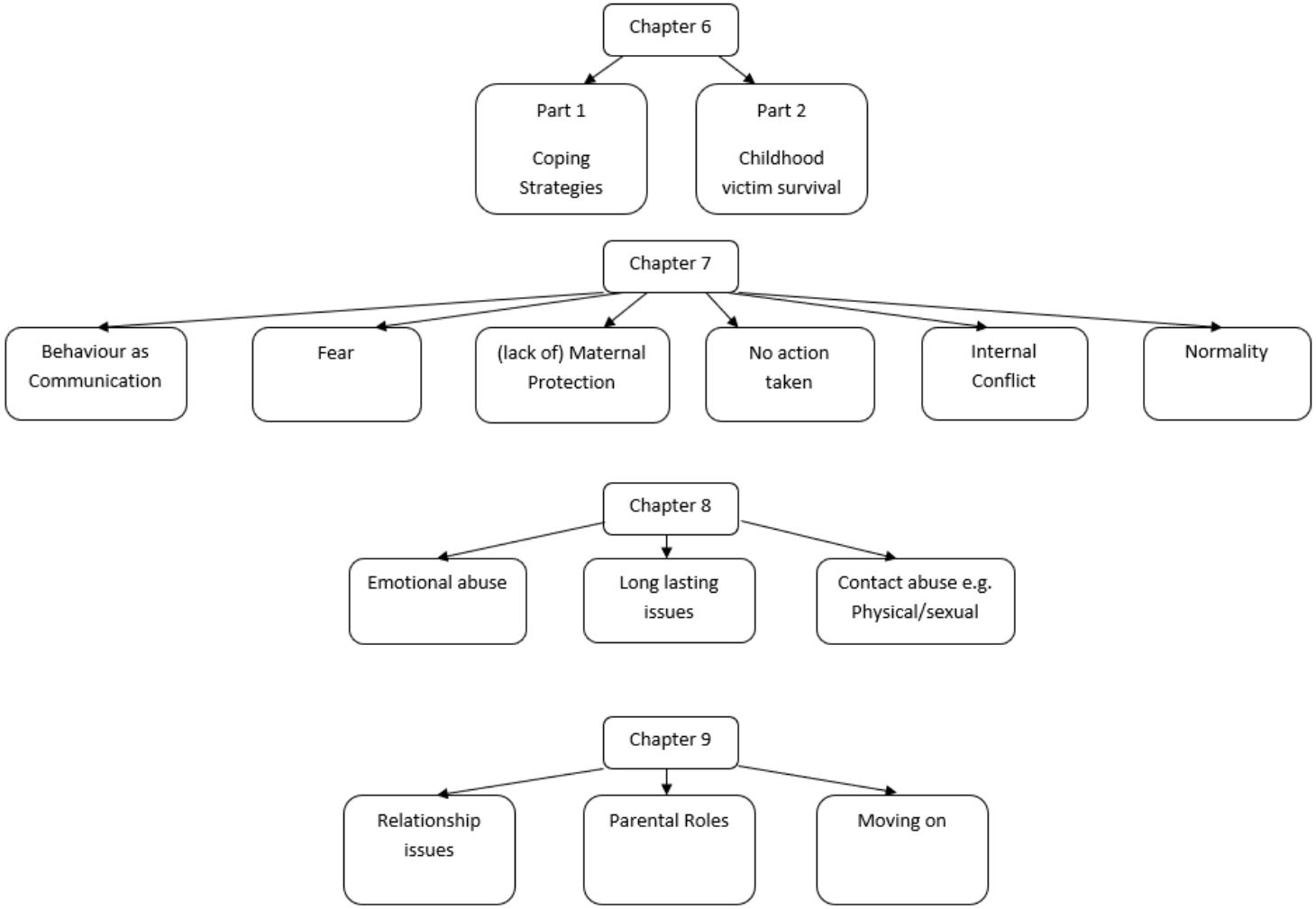


Figure 2: Overview of major themes discovered

### *Reflecting on the methods used*

The qualitative aspect of the data collection generated extensive amounts of useful data. Unfortunately, not all of the qualitative findings were able to be reported due to space restraints pertaining to the thesis. With the benefit of hindsight, the research would have benefit from collecting responses from abused participants only and following a sample of those participants up with semi-structured interviews developed around their survey responses. However, the valuable content of the qualitative data obtained from the abused sample was not to be known until the research design and data collection had been carried out.

Additionally, due to the way some of the survey questions were worded, the 'non-abused' sample have assumed that certain questions did not apply to them if they did not experience abuse and so those questions were not completed by this group. This made comparisons between the two groups difficult as a number of those questions were not responded to by non-abused participants e.g. questions relating to parenting style, mental health, coping strategies, etc.

### *Summary of chapter*

This chapter has demonstrated the research methods used and how those methods have influenced the depth of the data collected. In this sense, it has been acknowledged that there are limitations to the methods used. Despite these limitations however, the data collected has provided a number of meaningful findings. The following chapter will present the first of these meaningful findings.

# PART 2

*Chapter 5:*

# *"I knew I had power on the inside…" -*

# *Coping methods and mental health associated with surviving childhood abuse.*

---

*"The pathological environment of childhood abuse forces the development of extraordinary capacities, both creative and destructive. It fosters the development of abnormal states of consciousness in which the ordinary relations of body and mind, reality and imagination, knowledge and memory, no longer hold."*

(Herman, 1997:96)

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## *Introduction to chapter*

Previous research has identified that victims of child abuse very often develop a variety of physical and mental health issues as a result of their abusive experiences. For example, Edward et al (2003) compared health differences between women who had experiences of child maltreatment and women who didn't. They found that a greater number of physical symptoms were present in women with child abuse histories of any kind. They also found a significant difference between abused and non-abused groups engagement in risk-taking behaviours, with maltreated women showing a significantly greater risk of engaging in health-related, risk-taking behaviours, such as, drink driving, unsafe sex and alcoholism, etc. In addition, Norman et al (2012) conducted a meta-analysis on 124 studies to examine the long-term health consequences of various non-sexual forms of childhood abuse. They reported a causal relationship between child abuse that did not involve a

sexual element, and issues with mental health, drug abuse and risky sexual behaviour. They also concluded that all forms of childhood abuse should be taken into account when considering significant health risks.

Futa et al (2003) suggest that individuals with histories of child maltreatment may have issues with psychological adjustment in adulthood, and may therefore, employ a number of different coping strategies in order to deal with their experiences. They also found that as the number of abuse types experienced increased, the number of coping methods employed also increased, suggesting that the combined trauma results in a necessity to utilise a variety of coping methods. Previous studies have identified common coping methods used by adult survivors of childhood abuse (e.g. Phanichrat & Townshend, 2010; Nguyen-Feng et al, 2017; Newton & Gavin, 2020), which will be discussed in detail later in the chapter, however, the current chapter also aims to answer the following research questions relating to coping methods employed by victims, and survivors, of childhood abuse.

a) What are the most salient methods of coping employed by children during experiences of abuse; and how effective are they perceived to be in helping them to cope or survive?

b) What are the most salient methods of coping employed by adult survivors of childhood abuse; and how effective are they perceived to be in helping them to cope or survive?

c) Do child abuse victims carry seemingly effective coping strategies with them into adulthood, and do they remain effective?

For this chapter only, the analysis has been divided into two separate sections; Part 1 will present the themes that emerged from the questions which were

intended to explore victim coping methods, during both childhood and adulthood. Part 2 will present the themes surrounding the deliberate tactics that children reportedly employed in order to reduce their abusive experiences at the time of abuse. These themes emerged from an unrelated, exploratory question; however, they were found to relate to coping methods and have therefore been reported here.

***Mental health comparison between abused and non-abused groups***

Table 4: Table to show the comparison between participant groups in relation to reporting mental health issues and the use of harmful coping strategies.

| | Abused sample (out of 49 participants) | Non - abused sample (out of 45 participants) |
|---|---|---|
| Experienced Mental Health issue in adulthood | 40 (81.6%) | 18 (40%) |
| Used harmful coping strategies | 38 (77.6%) | 19 (42.2%) |

Frequencies related to mental health and harmful coping strategies are demonstrated in Table 4. These figures are indicative of the participants that have acknowledged and identified that they have had mental health issues and have *specifically* acknowledged the use of harmful methods, i.e. have responded “Yes” to the question regarding this. These figures suggest that experiences of abuse in childhood double an individual’s likelihood of experiencing a mental health issue and/or using harmful methods in comparison to individuals who did not experience abuse.

Within the following qualitative analysis, all participants that have identified using these harmful methods or have reported experiencing mental health issues have been included, regardless of their response to these specific questions e.g. if

they have responded “no” to the question “*have you ever used harmful methods*” but responses to other questions indicate harmful methods have been used, they have also been included here. All of the surveys’ open-ended questions, for each participant, were examined for relevance to coping strategies, defence mechanisms, evidence of harmful methods used and mental health issues. Table 5 illustrates the most commonly reported mental health issues for both abused and non-abused groups.

Table 5**:** Comparison of mental health issues reported between abused and non-abused participants.

| Mental Health Issue | Abused (Out of 49) | Non-abused (Out of 45) |
|---|---|---|
| Depression | 27 | 13 |
| Anxiety | 24 | 7 |
| PTSD | 19 | 0 |
| Self-Harm | 16 | 6 |
| Eating Disorder | 16 | 5 |
| Suicidal Ideation | 8 | 1 |
| Addiction | 5 | 8 |
| OCD | 3 | 1 |

These findings are largely consistent with previous research findings, e.g. depression (Comijs et al., 2013), anxiety and PTSD (Vallone et al., 2009), self-harm (Berelowitz et al., 2012), eating disorders (Walker et al., 1999), and addiction (Newton & Gavin, 2020). Furthermore, studies such as Edwards et al (2003) confirmed the detrimental effect of child abuse on adults’ mental health. They studied a sample of 8,667 adults for exposure to dysfunctional families during childhood, including childhood abuse and witnessing domestic violence. They then assessed

the adults' mental health and found that the presence of childhood emotional abuse increased the likelihood of mental health issues arising. Within their study, Edwards et al indicated a general consensus that as the intensity of emotional abuse increased, the adults' mental health scores reportedly decreased. They also confirmed an overall trend between multiple abuse types experienced and poorer mental health reports. This finding was later supported by Newton & Gavin (2020) who conducted a study exploring the impact that emotional abuse in childhood has on emotional adjustment in adulthood. Their findings support those of Edwards et al (2003) as they also highlighted a link between multiple abuse types reported and a wide range of mental health issues in adulthood, including PTSD, depression, anxiety, addictions and self-harm, etc. With the significant impact that childhood abuse has been shown to have on adult mental health, it seems only natural that adults will attempt to find different methods of coping with these mental health and/or negative issues in adulthood. Current findings relating to those methods of coping will be reported here.

### *Findings*

Unexpectedly, during the analysis of the participant responses, it emerged that two separate subsections of the survey related to methods of coping. One section was intended to explore coping methods and asked direct questions in relation to them, the other section (seen in table 6), was included as a point of interest, with no specific expectations as to what would emerge.

Table 6: Additional questions which formed the basis of Part 2 of the analysis to be reported.

| Question | Response type (e.g. Yes/No or free text box)? |
|---|---|
| Did you ever willingly behave in a certain way in order to lessen the pain/punishment/duration of abuse? | Y/N |
| Can you describe this behaviour? | Free text box |
| If you did experience abuse, how were you made to keep this a secret? | Free text box |

However, during the analysis it was clear that responses to the questions in table 6 also relate to ways in which child victims chose to cope with or survive their abusive experiences during the ongoing abuse, by employing specific 'survival tactics'. For this reason, findings for this chapter will be portrayed in two parts as it felt appropriate to highlight these survival tactics alongside the coping methods reported.

Part one will demonstrate the themes which emerged from the survey subsection which was *intentionally* related to coping strategies and defence mechanisms, etc.

**Analysis (Part one) - Coping strategies related to childhood and adulthood:**

1. Harmful coping methods
2. Avoidance
3. Dissociation
4. Escapism/Fantasy
    4.1. Reading/Writing
5. Suppress emotions
6. Compliance (Applicable to childhood only)

7. Defiance (Applicable to childhood only)
8. Positive coping methods (Applicable to adulthood only)
9. Support seeking (Applicable to adulthood only)

Part two will illustrate the emergent themes predominantly from the question *"When you were growing up, did you ever willingly behave in a certain way in order to lessen the pain/punishment/duration of abuse?".*

**Analysis (Part two) - Childhood victim survival tactics:**

1. Submissive manipulation
2. Become invisible
3. Self-sacrifice

***Analysis (Part one)***

**Theme 1:** Harmful Coping methods

Within this research, there is some overlap between the issues reported by participants as mental health (table 5) and the behaviours reported as harmful coping methods (table 7). Although examples of harmful coping methods were provided in the initial question as a prompt, no examples were given in the question pertaining to mental health. Therefore, the categorisations of these have been taken directly from the participant responses e.g. if participants have reported self-harm and/or eating disorders as both a mental health issue and a chosen coping method, this categorisation has been preserved.

Table 7: Demonstrating the most frequently reported harmful coping methods.

| Harmful Coping Methods | Abused (out of 49) | Non-Abused (out of 45) |
|---|---|---|
| Drugs | 17 | 7 |
| Alcohol | 16 | 3 |
| Self-Harm | 16 | 6 |
| Disordered eating | 16 | 5 |
| Sex/Promiscuity | 12 | 2 |

Within this theme, "harmful coping methods" predominantly includes behaviours such as, drug taking, alcohol misuse, self-harming behaviours, eating disorders, and promiscuous behaviours. In total, 38/49 abused participants (77.5%) reported using harmful behaviours as a method of coping with their experiences, with some reporting the use of multiple methods.

When asked *"Have you ever used harmful methods to help you cope with your feelings and experiences (e.g. drugs, alcohol, self-harm, eating disorders, promiscuous behaviour, criminal acts, etc)?"* participants responses included:

F1: "*Yes. I have used alcohol on many occasions to blank things out…"*

F12: "*Alcohol, self-harm, sex, theft"*

F29: "*Self harm, laxative abuse, promiscuity"*

F34: "*eating disorders…I don't eat properly my way of keeping control over my body"*

F35: "*comfort eating and self harm"*

F37: "*Drugs, alcohol, self harm, not eating, promiscuous behaviour […] I smoke marijuana as well to numb the pain and lift my mood – it makes me happy."*

F88: "*Alcohol/Eating habits/Drugs/Promiscuous behaviour/Thoughts of self-harm and suicide".*

These participant responses evidence the various harmful coping methods reported to have been used in childhood and adulthood. They also support a number of previous studies, for instance, Doyle (2001) found that drink, drugs and disordered

eating were negative escapes used by survivors to “ease the misery” (p.396) associated with emotional abuse. Additionally, Berelowitz et al (2012) investigated child sexual exploitation (CSE) and found that children and young people who had been sexually exploited were more likely to have drug and alcohol problems, depression, personality disorders and severe low self-esteem. They also found that, of the victims of CSE that were interviewed, 85% of them had engaged in self-harming behaviours or had attempted suicide as a direct result of their abusive experiences. Another finding highlighted by Berelowitz et al is that there was a significant gender stereotype associated with CSE. They argued that professional’s perceptions of CSE is influenced by the gender of the victim. For example, boys that had been sexually exploited by an older woman were considered by professionals to be ‘lucky’ to have had that experience. Whereas girls were perceived by professional’s as being ‘promiscuous’ and therefore deserving of their abusive experiences. Although this stereotype was found to apply to CSE, it is worth considering, as female participants may be less likely to report promiscuity as a method of coping due to this potentially stereotypical perception. However, within the current findings, 30.8% of abused females reported promiscuity or promiscuous behaviour, regardless of their abuse types. This may simply be a prompted response from the language used in the initial question, or it could be that female respondents also recognise that their promiscuous behaviour is a direct result of their abusive experiences, regardless of the type of abuse they experienced. Moreover, it is recognised that self-blaming is common among child abuse victims (Futa et al., 2003) so professionals attaching a potentially gender-stereotyped label to their chosen coping method will likely prevent victims from seeking help from professionals (Berelowitz et al., 2012).

**Theme 2:** Avoidance

This theme emerged from 21/49 (42.8%) participants and it relates to both childhood and adulthood behaviours; avoidance as a child in an attempt to prevent abuse from happening and avoidance as an adult as a direct result of childhood abuse experiences.

For example, participants stated that as a child:

> M79: *"I would try to avoid being at home. I once spent the entire summer holiday at my nan's house."*
>
> F30 *"I avoided interactions with my family, hiding in my room."*
>
> F39: "*I would try to leave the house if I could so I wouldn't be left alone with him."*

And as an adult:

> M91 describes how *"…my behaviour still focuses on avoiding controversy, attention or dispute."*
>
> F81 says she chooses to "*Stay away from my father so as not to revert back to my childlike self".*
>
> F23 also says she keeps herself *"…out of situations which might freak me out."*
>
> F42: *"Faking illness to avoid intimacy."*

Previous studies have highlighted that avoidant coping methods have been utilised by children (Phanichrat & Townshend, 2010), adolescents (Arslan, 2017) and adults (Nguyen-Feng et al., 2017) who have experiences of childhood abuse. However, it is difficult to apply the current theme to previous findings as each study differs in what they categorise as 'avoidant methods' of coping. For example, Phanichrat & Townshend (2010) categorised avoidant coping as inclusive of suppressing thoughts and feelings relating to abuse, escapism and dissociation. Nguyen-Feng et al (2017) suggested that social withdrawal, self-criticism and wishful thinking were avoidant coping behaviours and, Arslan (2017) used denial, substance use and behavioural disengagement as indicators of avoidant coping. In addition to

these studies, Chaffin et al (1997) suggested that avoidant behaviours included, wishing the abuse had never happened, trying to forget about abuse and doing other activities in order to help them forget, etc.

The theme ‘avoidance’ within the current research has not been likened to previous research and/or previous categories of avoidant coping as it was driven by the data; and has been labelled as such following an extensive qualitative analysis. The current theme emerged from participants who stated that as children they attempted to avoid people or situations that would result in an episode of abuse, by either physically removing themselves from the house, hiding or trying to avoid being left alone with their abuser. These avoidant behaviours appeared to continue into adulthood, although not necessarily avoiding abuse(r). Some participants reported that as adults, they will avoid situations that make them feel like they did as a child e.g. avoiding controversy or intimacy, etc. Herman (1997) also suggested that many childhood abuse survivors who would hide for long periods of time as children, may associate feelings of safety in adulthood with specific hiding places, rather than with specific people.

For a child trying to protect themselves, these avoidant behaviours are adaptive and understandable (Herman, 1997), however, avoidance then becomes a learnt behaviour that continues as a maladaptive way to cope with adult experiences. This finding does offer support for Phanichrat and Townshend’s (2010) findings as they described avoidant coping methods such as, hiding, running away and finding a safe place to hide in childhood as a major coping theme. They also suggested that prolonged use of avoidant methods i.e. continued into adulthood, contribute to persistent PTSD symptoms which was also found to correlate to 7 of the current participants within this theme, who also reported symptoms of PTSD in adulthood.

Findings therefore suggest that the use of avoidant coping methods in childhood produce short-term benefits, but are detrimental when used in the long-term.

**Theme 3:** Dissociation

Trauma theories would suggest that dissociation occurs due to a protective mechanism which acts to split traumatic events from the conscious mind (Haferkamp et al., 2015). Dissociation was reported by 15/49 (30.6%) abused participants, the initial content analysis identified 9 participants who simply stated that they used dissociation as a method of coping without elaborating on this. Further thematic analysis identified other participants who reported varying degrees of dissociation, from simply zoning out of the room to leaving the body entirely.

> F42: *"Zoning out…"*
>
> F35: *"dissociation […] pretending I am someone else…somewhere else"*
>
> F47: *"…I always freeze and leave my body".*

The following participant indicated that she was unsure if she had dissociated as she had not experienced a splitting of her personality or watching herself from outside her body, i.e. "the fly on the wall".

> F49: *"I did numb out – though, no splitting and no "fly on the wall". I don't know if it was my own psyche or "their" mind control that had me repressing memories that were often just a couple of days old."*

However, it would appear that she was experiencing some form of dissociation as she also said:

> *"Sometimes […] I walked through a day at school not aware of what had happened just days ago…"*
>
> F52 reported that growing up: *"I learned how to detach myself from the events as they were happening" and as an adult "Sometimes I can dissociate myself from what is happening if I become fearful…"*

This participant response (F52) indicates that she has learnt how to dissociate and has some level of control over this, rather than it being an unconscious and unmanageable response to her environment.

The use of dissociation as a coping method has been documented in previous research, particularly in relation to CSA (Phanichrat & Townshend, 2010; Vallone et al., 2009). Current findings support the concept of dissociation being a common coping method associated with childhood abuse, as found in these previous studies. In addition, current findings provide evidence that dissociation relates to all types of abuse, as participants reporting dissociation as a method of coping, also reported multiple forms of abuse, with all but one participant (28.6%) within this theme reporting emotionally abusive experiences.

Haferkamp et al (2015) studied dissociative symptoms in patients with PTSD who had experiences of child maltreatment, they found emotional abuse to be a stronger predictor for dissociative symptoms than sexual or physical abuse. However, within the current data, it has not been possible to distinguish between abuse types as participants who contributed to this theme all reported experiencing a minimum of two forms of abuse. With 11 participants also reporting at least three abuse types.

Herman (1997) explains that dissociating from conscious awareness is an adaptive defence mechanism during the moment of abuse or during the moments of perceived helplessness. However, once the danger of abuse(r) has passed, continued use of dissociation then becomes a maladaptive coping strategy. Additionally, she argues that because the aim of the dissociated state is to block

trauma from the conscious mind, this inhibits the conscious mind from working through the necessary trauma during therapy.

It should also be noted that dissociation as a coping method was predominantly reported by female participants, only one male reported the use of dissociation within the current data. This could potentially be a data limitation as the participants were predominantly female or it could be that an alternative method of coping is better suited to assist male victims through their childhood experiences and/or trauma.

**Theme 4:** Escapism/Fantasy

Subtheme:

4.1. Reading/Writing

This "escapism/fantasy" theme emerged from a total of 18/49 (36.7%) participants reporting various behaviours or fantasies that they engaged in, in order to escape their present reality for a short period of time. The desired outcome of engaging in these behaviours (i.e. escape) bares some similarities with dissociation, however, the way that the following participants explain their use of escapism and fantasy indicates that these behaviours are less harmful and more controllable than spontaneous dissociation. For example, participants reported the use of escapism activities and fantasies in childhood, as is evidenced by the following participant responses:

> F1: *"Escaping into my own little fantasy world. Loving The Sound of Music and wishing a kind stepmum would come and take me away. Believing in nice things, like fairies (I'm not bonkers honest!)"*
>
> M59: *"Immersing myself in television/video games acted as escapism".*
>
> F50: *"Friends and school provided an escape from my home life."*

This last response is interesting as it demonstrates that abused children may consider school to be a positive escape from their home or family life. However, due to their potentially challenging behaviour or lack of academic achievement at school; which can be directly associated with their abuse, this positive escape can often turn into another negative aspect of their lives (Minahan & Rappaport, 2012). In addition, abused children utilising school as an escape and achieving academic success can also be used as another avenue to inflict emotional abuse and diminish a child's self-esteem, as can be seen by the following participant responses:

> M28: *"Being made to feel a freak because my IQ was high, so I hid my intelligence out of fear for decades."*
>
> F30: *"I once had fantastic school reports from all my teachers, in the car on the way home he [Father] went on and on about the one brief comment about something I could do to improve from one teacher, refusing to acknowledge the rest of what my teachers had said. I went from feeling proud of myself to miserable, and like I would never be good enough."*

Additional participants also reported that they engaged in imagination and fantasies in childhood in order to cope with their emotionally abusive experiences, for example:

> F81: *"I would imagine scenarios at night when I couldn't sleep. These often involves adults I respected showing me some sort of maternal type support. Me sharing my problems an them hugging me and helping me. Sometimes this would be in reverse and they would be emotionally vulnerable to me."*

This participant experienced emotional abuse from her father for more than 20 years and her fantasy that adults would not only show her some maternal support but would also display some emotional vulnerability towards her, indicates that she did not have a close connection to either parent. This is further evidenced by her response to the question regarding her relationship with her mother, when she says that:

> *"My mother is quite superficial and her main priority is to have an easy life. This nearly always put her in the role of bystander although when prompted she would support my father in his behaviour."*

This suggests that not only did she experience emotional abuse from her father but the lack of love and protection[7] from her mother may have also contributed to her feeling a lack of a close parental relationship and her identifying as emotionally abused.

The use of escapism activities and fantasy was also reported as a coping method in adulthood, for example:

> F44: *"…escape activities like TV or nonstop solitaire games for hours and hours..,"*
>
> F49: *"I spend countless hours playing video games because they keep my body, mind, and emotions under control, on a tight leash, keep them from overwhelming me and making me "fall apart".*

While escape activities and engaging in fantasy during an abusive childhood appears to have been a positive method of coping, the above participants reporting escape activities in adulthood appear to be using those activities in order to prevent them from having to deal with the real issues. There is a clear difference between participants rhetoric when reporting the use of these methods during childhood and adulthood. For instance, childhood reports consisted of "escaping into my own little fantasy world", and "video games acted as escapism", these responses suggest an intentional behaviour carried out for a specific purpose. In adulthood however, participants reported "nonstop solitaire games for hours and hours" and "countless hours playing video games", these responses are more indicative of a behaviour that participants have engaged in and have 'zoned out' and unintentionally lost hours of their day.

[7] This participant also contributed to the 'lack of love and protection' theme in Chapter 7.

Both the World Health Organisation (2018) and the Diagnostic and Statistical Manual of Mental Disorders (DSM) 5 (American Psychological Association, 2013) have now included gaming disorders in their categorisations of diseases and mental health disorders, suggesting that overuse of videogames can result in functional impairment. Deleuze et al (2019) identified that using video or internet games to escape real life adversity could be both an adaptive or maladaptive method of coping. They suggested that if online escapism is used to avoid people or situations, there is an increased risk of it resulting in psychological issues. However, if a virtual world is utilised to help the individual relax and/or cope with real-life stressors, it is likely to be an adaptive and useful coping method. Deleuze et al studied 273 gamers who confessed to playing video games between 1-40 hours per week. They found support for the idea that escapism by way of virtual gaming "serves as an adaptive coping strategy, and that "relaxing" is perhaps a better label than "escapism" to describe the motive behind gaming as a coping strategy" (p.1028). One limitation of their research is that gaming participants were all volunteers and not selected due to problematic or dysfunctional gaming patterns. In contrast to Deleuze et al's findings, other studies have found videogames to be problematic and linked to the use of dissociation in order to protect themselves from feelings of loss, abuse and/or neglect (Schimmenti et al., 2012). Although Deleuze et al (2019) suggested virtual gaming to be adaptive and proffered that it may be better labelled as a relaxing method of coping, the current theme does not relate to video gaming exclusively and therefore, other methods of escapism and fantasy have been included here. This finding also relates to both male and female participants as 3/10 male respondents also reported the use of escapism activities as a coping method.

### *4.1. Reading/Writing*

This subtheme closely relates to escapism activities, however, due to the number of participants (15/49 or 30.6%) who reported reading and/or writing to be an effective coping method, it was felt that these findings were worth considering separately.

Again, this finding was reported as an effective coping method during childhood and adulthood. The following participants reported using reading and/or writing as a coping method during childhood: [8]

> F12: "*I used to read a lot to switch my brain off from what was going on around me."*
>
> F50: "*Books. I read a lot of books. They were an escape for me."*
>
> F34: *"I would retreat into my books and the stories I read."*
>
> F30: "*Reading (particularly fantasy stories, with heros on grand quests or with darker tones) helped sustain my sense of hope and made me believe I could overcome difficulties in my life, even if they seemed overwhelming."*

This supports findings from Doyle (2001) who interviewed 14 adults who had experienced significant childhood emotional abuse, in order to examine the environmental factors that helped them to cope with their abusive experiences. Doyle found that books and stories were used as an escape for children experiencing emotional abuse and, in some cases, the fictional stories were used by children to immerse themselves in imaginary relationships e.g. imaginary friends and loving families. Both the findings of Doyle and the current findings demonstrate the importance of literature and fictional stories in an abused child's life. Not only is reading considered an escape and a way to switch the brain off from their real-life family and/or home environment, the particular stories chosen could also offer some

[8] Some of the participant responses quoted within this subtheme have also been quoted in Newton & Gavin (2020).

form of comfort to a child. For instance, fictional stories that involve the maltreatment of a child, such as, Cinderella or Hansel and Gretal, may offer not only a relatable character but also the heroic actions of the fictional characters may offer hope to the child that they too can overcome such adversity and live "happily ever after" (Schiavone, 2016).

Participants within the current study, also indicated that this method is one they have continued to find effective during adulthood, for example:

> F49: *"I escape into books. […] I journal, and write poems, and continue to write and read my "fictional" story."*
>
> F33: *"I read constantly…"*
>
> F30: "*I read a lot of books […] I write…about my abuse and fiction, too, I journal."*

It is evident from these responses that reading also acts as an escape activity, with participants highlighting that reading is a way to switch off the brain, "retreat" or "escape" from the present reality.

Furthermore, writing also appears to be a cathartic method of coping for some participants, for example:

> F30: "*Writing fiction was extremely helpful for processing my emotions, though I didn't realise that was what I was doing."*
>
> F81: *"I try to self reflect. Writing helps me to lay those issues out…"*
>
> F49: *"I journaled, and I wrote private stories that let the truth creep into my "fiction"."*

For one participant (F49), writing also had the potential to turn into a more harmful method of coping, this is evident when she says:

> "*I still let loose with smaller forms of self-inflicted pain – hitting myself,* […] *sometimes writing hate letters to myself."*

It should be noted however, that F49 was the only participant to indicate that writing was used in this way and she reportedly experienced multiple forms of abuse,

including satanic ritual abuse over a prolonged period of approximately 20 years. With this in mind, writing as a self-harming method may not be generalisable to all abuse victims. Moreover, the use of writing as a coping method allows victims of abuse to reveal their story, in as much or as little detail as they want, without the pressures and fears of directly disclosing. This has the potential to be an additional, indirect way that victims attempt to disclose their abuse to the adults in their lives.[9]

Newton and Gavin (2020) suggest that the reason behind reading and writing being effective coping methods may be due to the similarities shared between using reading/writing in a positive way and other, unhealthy coping methods such as dissociation and self-harm. It is acknowledged that dissociation involves leaving one's present reality (Loring, 1994) and Sutton (2007) described self-harm as a method used by individuals to block out emotional pain. Current participants descriptions of using reading as a long-term coping method indicate that becoming fully immersed in the plot of the story and fully engaging with the fictional characters allows participants to reap the benefits of dissociation without losing their grasp on reality. According to Newton and Gavin (2020), using literature in this way, in order to escape from emotional pain could have similar benefits to mindfulness practices which help to reduce symptoms of PTSD. They considered the use of these methods to be a healthier and much more beneficial approach which have the potential to prevent individuals from becoming overwhelmed by traumatic flashbacks and negative thoughts, thus potentially reducing symptoms associated with PTSD, and potentially even other mental health issues.

[9] The issue of indirect disclosure will be examined further in the following chapter.

**Theme 5:** Suppress emotions

This theme was identified from 16/49 (32.7%) participants who reported that they suppressed their thoughts and feelings in order to protect themselves from further hurt or abuse. This coping method was reportedly used in both childhood and adulthood. For instance, in childhood:

> F88: *"I showed no emotions whatsoever so no one would know how to hurt me. I kept it inside, especially after I realized that no one was going to help."*
>
> F82: *"Trying to ignore my problems. Not thinking about them."*
>
> F51: *"I made myself numb, I did not want to feel."*

MacIntosh and Johnson (2008) labelled this emotional dysregulation as 'emotional numbing' and suggested that it is a characteristic associated with many trauma survivors, particularly when facing emotionally challenging therapy sessions. Participants also reported similar behaviours in adulthood, for example:

> F82: *"…denial. Trying not to think about problems as I feel helpless and I don't have the ability to solve them."*
>
> F37 reported: *"I have no self-confidence and no self worth. I have depression and anxiety that stops me from leaving the house most days and an innate fear of people."*

Although F37 feels this way, in response to an earlier question, she also stated:

> *"I use all of my energy trying to convince people that I am ok in social situations (i.e. laughing and joking, being funny and fun and doing crazy things)".*

Her responses indicate that she is suppressing her real feelings in social situations, in order to come across positively to her peers. This finding supports previous studies that have found similar coping methods to be associated with childhood abuse survivors. For example, in their study on the coping strategies employed by survivors of child sexual abuse, Phanichrat and Townshend (2010) identified a subtheme of avoidant coping to be 'suppression of thoughts and feelings'

which included the use of denial and occupying the mind with other activities. However, they also included the use of drugs, alcohol and self-harm to be a form of suppressing thoughts and feelings. Although Phanichrat and Townshend's study did not aim to predict adult outcomes of reported coping strategies, they did indicate that using avoidant methods of coping were considered to be unhealthy. Within the current findings, suppressing emotions may be considered a beneficial and adaptive method of coping as a child, not only in order to survive abuse but to maintain a sense of power and control over the abuse e.g. not letting abuser see them hurt or upset, etc. This finding is partially consistent with previous findings reported by Leitenberg, Greenwald and Cado (1992) who studied the coping methods utilised by 54 adult women who had experienced child sexual abuse. They suggested that perceived helplessness and lack of control during childhood abusive experiences may lead individuals to want to escape or avoid any associated negative feelings and/or memories of that abuse as adults. Their findings demonstrated that although emotion focused coping, such as denial and emotional suppression, may be considered by others as "less than optimal coping methods" (p.405), their own sample reported these methods to be the most helpful to them. However, further analysis of their sample confirmed that despite participants claiming these methods as helpful, they were also associated with an increased risk of maladjustment in adulthood, suggesting that these helpful coping methods may in fact, be the most harmful. It should also be noted that findings in their study related to coping methods used since abuse had ended, not necessarily during abusive episodes, therefore, current findings expand on this previous research as suppressing emotions was found to be used *during* experiences of multiple forms of childhood abuse. However, continually engaging in these behaviours over an extended period of time can

interfere with the development of a child's brain, which often manifests itself in an overactive fight or flight response. This oversensitivity to stress can produce an almost instinctive reaction to any emotion that arises in the future which makes it difficult for survivors to understand or regulate their emotions as adults, because their automatic reaction to perceived danger or stressful life events is to suppress it (Minahan & Rappaport, 2012).

**Theme 6:** Defiance (Applicable to childhood only)

This theme was only identified from 5/49 (10.2%) participants, however, it was considered to be a noteworthy finding. Participants within this theme reported various ways in which they attempted to defy their abusers, for example:

> M28: *"Dissociation, and plain old defiance……..I answered back, I fought back and I made promises I kept*…"
>
> F12*: "If I was feeling particularly fed up […] I would wind up my stepdad, make him so angry he would beat me black and blue because it made me feel in control and made me feel like I was saying "fuck you" to him."*
>
> F49: *"I baited "them". Better to have them punch me in the gut for telling "them" to go to hell, than to let "them" see tears in my eyes, or see me shake. I found ways to challenge them and gain control: just managing to hold my cheek an inch off the wall I'd been told to glue it to, […] I tried to confuse "them" by keeping "them" guessing about how much pain and fear I was feeling, […] I tried to interfere with "their" rituals."*

These participants provide different accounts of ways in which they attempted to defy their abusers, while all indicating that fighting back was important to them, e.g. F49 refers to her preference of being punched instead of allowing her abusers to see her cry. Both F12 and F49 specifically refer to using defiant tactics as a way to gain an aspect of control. This is supported by Van Dalen (1989) who spoke of the emotional consequences of physical abuse in childhood and she explained that "the little child who feels insignificant finds comforting/exhilarating feelings of power in being able to trigger an adult into a wild rage" (p.386). This directly relates to the response of F12 who reported that intentionally winding up her abuser to make him

angry enough to beat her provided her with that much sought-after element of control and power.

Others would suggest that the behaviours reported here are a direct result of childhood behavioural disorders, for instance, the NHS (2013) suggest that behavioural disorders, including conduct disorder and oppositional defiant disorder (ODD) are “characterised by repeated and persistent patterns of anti-social, aggressive or defiant behaviours” (para. 7). Previous studies have found an association between childhood abuse and behavioural disorders such as conduct disorder, which is reported to be a common diagnosis in terms of childhood psychopathology (Maniglio, 2015). One of these previous studies was carried out by Norman et al (2012) who examined the link between childhood physical, emotional abuse, and neglect, on subsequent physical and mental health outcomes. Their findings indicated that physical abuse and neglect increased an individual’s likelihood of developing behavioural disorders, such as conduct disorder. However, their findings were described as not statistically significant.

Based on the current participants reported motivators for their defiant acts, the current study suggests that these acts are not a direct result of behavioural disorders, but are instead, a useful coping strategy developed by children in abusive situations in order to maintain an element of autonomy and control. Further support for defiance as a useful coping strategy is offered by Nguyen-Feng et al (2017) who examined the effects of particular coping methods used by victims of childhood abuse (sexual or emotional abuse) on levels of perceived distress. They reported that the individuals in their study who felt that they had more control over their situation and/or stressors, reported lower levels of distress. Although defiance was not one of the coping methods explored within their study, their finding that increased

perceptions of control helped individuals' experience less distress is relevant here as control appears to be a major motivator behind the use of defiant acts in children experiencing abuse within the current study. However, as defiance was an unexpected coping method found, levels of distress associated with these acts were not examined within the parameters of the current study, nevertheless, it could be deduced that the rhetoric used by the participants who contributed to this theme provides evidence that their chosen method of coping did increase their perceptions of control, i.e.:

M28: *"…I fought back…"*

F12: *"…it made me feel in control…"*

F49: *"…I tried ways to challenge them and gain control…"*

Within the current study, this method of coping was reportedly used in childhood only, although it is possible that this is due to most abuse having ceased by the time victims reached adulthood. However, it is currently unclear why some children attempt to defy their abusers in order to try and retain some control and other children do not. One possible explanation for this relates to the participants abuse characteristics. For example, although only 5 participants contributed to this theme, all 5 of them reported multiple abuse types (a minimum of 3), including, physical and sexual abuse, emotional or psychological abuse, neglect, witnessing DV and satanic ritual abuse. Multiple abusers and duration of abuse lasting between 10 years and 25+ years (abuse ongoing) was also reported. These findings suggest that abuse characteristics e.g. abuse types, duration of abuse and number of abusers play a significant role in determining the methods of coping employed by childhood victims. It may be possible that the longer the multiple abuse continues, carried out by multiple abusers, the more likely it will be for children to feel like they

have nothing to lose by being defiant, as they know that the abuse will occur anyway. Therefore, the chance to regain some power may be considered by the child as a risk worth taking.

The current theme "defiance" may also be supportive of Kuczynski et al's (2018) concept of "cognitive non-acceptance" whereby the child may physically or behaviourally obey the parental request or demand, but they will not internally accept that the parent is right to make that request or demand. For example, the following participants explained how they would externally act compliant but would internally and cognitively resist their abuser:

> F12: *"I still hated him with everything in me but I would often play along and act grateful for whatever crap he was giving me just to keep him in a good mood and avoid a beating."*
>
> F30: *"Countering the abusive words in my head, telling myself why it was all wrong, even though I outwardly acted contrite, and agreed verbally how awful I was…In my own head I'd tell myself all the reasons he was wrong. That made me feel better about myself even if I still felt powerless to stop his behaviour, I knew I had power on the inside…"*

These participant statements demonstrate that some children do understand right from wrong and are able to use that to their advantage i.e. to retain some level of "power on the inside", even during extremely difficult forms of abuse.

**Theme 7:** Compliance (Applicable to childhood only)

In relation to specific coping methods reported, only 5/49 (10.2%) participants reported compliance as a coping method. Again, compliance is a coping method reported to have been employed in childhood only. The use of compliance as a coping method could be explained by Herman (1997) who claimed that an abused child will resort to avoidant and compliant tactics as their own version of the fight or flight response. Herman suggested that "when abused children note signs of danger, they attempt to protect themselves either by avoiding or placating the abuser" (pg.

100). She also highlighted that when such avoidance methods fail, abused children will instead resort to automatic obedience, which includes going to extreme lengths in order to prove their loyalty to their abuser(s), often resulting in behaviours associated with what they perceive to be 'the perfect child' e.g. by complying with abusers demands, moods, and requests, etc. Participants claimed:

> M79: *"I would go out of my way to be pleasant to the people who were being abusive."*
>
> F44: *"…initiating, trying to fill needs before forced to, tried to befriend perp and often said I will do anything just don't hurt me…"*
>
> F30: *"I gave my father praise, which he was very susceptible to, and […] I'd say he was totally right to yell at and threaten to strike my mother for some minor thing, say she was awful […] and I would sort her out for him. Then when alone with her say totally the opposite…"*

A child experiencing abuse will have a good understanding of what punishments might entail, however, any abusive acts will likely be exacerbated by repeated threats from the abuser in his/her efforts to keep the child in a constant state of fear and obedience. As is evidenced from the following participants:

> F30: "*He was happily making threatening phone calls […] and causing all sorts of chaos…[I] Gave the appearance of obedience, then behind my father's back did what I wanted/need to."*
>
> F49: "*Threats to hurt people I love. Having to watch while others were hurt as punishment to me."*

Threats from the abuser and fear inducing tactics have been found by a number of previous studies in relation to other areas of research, including but not limited to, child sexual exploitation (Berelowitz et al., 2012) and barriers to disclosing abuse in childhood (Crisma et al., 2004). Berelowitz et al (2012) found that children who were sexually exploited reported the use of intimidation, threats of extreme violence towards either themselves or their family members, threats of being raped and in some cases, threats of being forced into marriage, as just some of the tactics used in order to secure the victim's compliance.

For some child victims, the threat of violence to themselves or threats of harm to others, such as siblings or pets, etc or the unpredictability of the atmosphere within the home is enough to secure absolute compliance from the child; even down to laughing at the abuser's jokes, for example:

> F93 stated: *"When my father was happy I would go along with whatever jokes etc he would make."*

Although this may not seem like a huge sacrifice for the victim, her co-operative behaviour was carried out in order to maintain the status quo within the home for as long as possible. Of further concern, from the 49 participants within the current study that identified as having abusive childhoods, 39 (79.6%) confirmed that they felt they needed to protect another member of their family and/or believed that other family members, siblings or pets were in danger due to either direct, or indirect threats made by the abuser(s). The emotional impact that fear, threats and abuse towards pets can have on abused individuals' is demonstrated by Faver and Strand (2007) who explored the impact of pet abuse on battered women. They reported that the closer the bond between a woman and her pet, the more likely the pet was of being abused. They also suggested that some women consider the safety of their pets as a major factor during decision-making processes regarding leaving the abusive relationship, indicating that both concern for pets and harm to pets' results in a form of emotional abuse to the battered women in the studies reviewed. When considering this emotional impact on adult women within DV relationships, it could be assumed that this emotional impact will also apply to children in similar positions. However, children are further limited in their options to escape that abusive environment than adult women, therefore, it is suggested that compliance as a coping method in childhood has been utilised in order to reduce abusive episodes

not only to the individual, but also towards their wider family members/siblings and much-loved pets.

Furthermore, it is often reported by survivors of child abuse that childhood rules were arbitrary, strict and difficult to adhere to, resulting in a tense and unpredictable home environment, e.g:

> F30: "*We were all completely at the whim of my father's moods.* […] *He might laugh something off or ignore something one day, scream and shout due to the same thing another."*
>
> F12: *"You never knew what mood he was going to come home in, you never knew what would set him off, it was sometimes like flipping a switch between him been nice as pie to bouncing you off the walls."*
>
> F44: *"It was unpredictable. Never knowing what mood parents would be in and what that would mean for that night. Didn't even always have dinner. Always on edge for when they came home or woke up or whatever."*

This unpredictability coupled with the constant fear of abuse and the often-toxic family environment convinces children that resistance is futile and that total compliance is the only way to protect themselves (Herman, 1997).

**Theme 8:** Positive coping methods (Applicable to adulthood only)

Of the 49 abused participants, 11 (22.4%) of them reported engaging in positive coping methods in adulthood. These positive activities included,

> M90: *"long walk"*
>
> F12: *"I just try to get on with things, if I'm having a bad day I try to stay out of everyone's way. I might go exercise just so I don't have to talk to anyone."*
>
> F30: *"I practice mindfulness, do yoga, try to reduce my stress levels, exercise semi-regularly, and to eat a healthy balanced diet. Gardening is a huge mood lifter and help to me, also good exercise.*
>
> F43: *"Attempting to use holistic care – like Reiki and mindfulness."*
>
> F48: *"I go to therapy when needed. […] I belong to support groups…"*
>
> F49: *"I lost myself in music, nature, long out loud talks with God, and responsibilities…"*
>
> F93: *"Journaling, dancing, sex, talking about it to myself and sometimes to others. Music. Kicking. Boxing."*

As is evident from these participant responses, there were a number of positive coping methods reported, many of which have been found previously. These positive coping methods included activities such as, exercise (Blevins et al., 2017), mindfulness/meditation (Perridge et al., 2017), gardening (Soga, Gaston & Yamaura, 2017), music (Thompson, 2007), therapy (Phanichrat & Townshend, 2010) and religion (Doyle, 2001), etc.

Exercise was reported as a positive method of coping by 5/11 participants within this theme. This supports Blevins et al's (2017) research which was conducted in order to evaluate an intervention program aimed at helping women engage in physical activity in order to cope with depression and effects of recovering from alcohol addiction. Their findings indicated that engaging in physical activity was a useful tool which could be beneficial in sustaining positive changes and reduced alcohol dependence long-term. They also suggested a positive relationship between using exercise as a coping method and an increase in utilising other adaptive methods to cope, indicating that using physical activity to reduce negative affect and alcohol cravings may also increase confidence in women as a side effect, which leads to increased motivation to use other adaptive coping methods. Current findings also support other studies such as Soga, Gaston & Yamaura (2017) who suggested that gardening offers multiple benefits such as, being outside in nature, physical activity and a popular pastime. They carried out a meta-analysis on 21 previous studies that had examined the health benefits of gardening and they reported a significant, positive impact on participants overall health. The range of health benefits included reduced levels of depression and anxiety, weight loss, and an overall increase in life satisfaction following participation in gardening activities.

The current findings and previous findings suggest that the use of positive coping methods is healthy and should be encouraged. However, it should also be noted that eight of the participants that have reported employing these positive coping methods in adulthood, also reported employing harmful methods of coping, although this may have been during different stages of their recovery. Nevertheless, between positive and harmful coping methods used, it may seem obvious which methods have aided or hindered participants' recovery process. However, it is impossible to say for certain here as many participants have reported the use of multiple coping methods throughout childhood and adulthood making it difficult to distinguish between them without further probing. Even so, it has previously been suggested that the uniqueness of abuse histories to each individual perhaps warrants a unique combination of coping methods in order to deal with those experiences (Futa et al, 2003).

**Theme 9:** Support seeking (Applicable to adulthood only)

In relation to coping methods chosen by adult survivors of childhood abuse, 6/49 (12.2%) reported *actively* seeking support from friends, family or partners. Support seeking as a coping method in adulthood is supported by Phanichrat and Townshend (2010) who suggested that seeking support from others is a problem focused coping method used to facilitate positive mental health outcomes in adults. Although the current research was unable to determine the impact of specific coping methods on mental health outcomes, seeking out and accepting support from others appears to be viewed positively by participants as is evident from the following responses:

> F30: *"I have built a good support network of trusted people. A mix of non-abusive family, friends, a caring partner, and his family. I know having people I trust and can rely on is*

*important […] I make sure I look after my support network and help those in it, too. This helps me maintain these important relationships and to feel good about myself."*

F37: *"Seeking help via the NHS but that is very slow moving […] Speaking to my husband."*

F44*: "…talk with sister…"*

F45: "*With the help of friends, they know my past."*

F49: *"I've sought out and accepted the help of a couple of friends who now serve as recovery partners for me – walking beside me for the duration of my recovery. […] I call a recovery partner EVERY morning."*

Surprisingly, support seeking was not reported by many participants as a coping method. This could be due to adult victims of childhood abuse not wishing to share their experiences with others or because they have not acknowledged that the support they receive from others could or should be considered as a useful coping strategy. Within the current dataset, it could be considered that the latter is more likely given that some participants have referred to receiving support from others in other survey responses, particularly in relation to adult relationships, for example when asked how childhood experiences have affected personal relationships in adulthood, M79 said:

*"I have a small group of trusted friends and do not trust people i've just met much."*

Although this demonstrates that seeking support as a coping method may be under-reported here, the effect of childhood abuse on adult relationships will be further explored in chapter 8. Nevertheless, it is worth noting that 6 participants have acknowledged the importance of seeking support to help them cope with their experiences. Within this theme, no participants have reported 'support seeking' as a coping method used in childhood, instead support seeking in childhood may have been interpreted and/or categorised as disclosure, which will also be explored in more depth in chapter 6.

### *Findings (Part 2)*

Part 2 of this analysis emerged from the question *"Did you ever willingly behave in a certain way in order to lessen the pain/punishment/duration of abuse?"* This question was included simply to explore participant experiences further and to try and identify if children carried out any particular actions that may have contributed to their abusive experiences or long-term issues. The following 3 themes that emerged from this question demonstrate deliberate survival tactics that child abuse victims learnt to employ in order to appease their abuser and protect themselves from further or more extreme abusive acts. These tactics or defence mechanisms closely relate to victim coping methods as discussed above, however they were interpreted as significant enough to be portrayed separately. All of the following themes relate to deliberate behaviours exhibited by children only.

**Theme 1**: Submissive manipulation

This 'submissive manipulation' theme emerged as the most common tactic reportedly used by children during abuse, 16/49 (32.7%) participants reported that they submitted to their abuse or complied with their abuser's demands in order to lessen the pain e.g.;

> F12: *"I often pretended to enjoy it just so he wouldn't get angry which would make the sexual abuse hurt more."*
>
> F41: "*I pretended I liked something so there was less pain."*
>
> F87: "*If I did what my abuser asked, he'd be less violent."*
>
> F44: *"…initiating, trying to fill needs before forced to, tried to befriend perp and often said I will do anything just don't hurt me…"*

the duration e.g.;

> F36: *"I would admit to doing things that I had not done in order to limit the duration of the abuse."*

F37: *"I would do as I was told and remain against the fence for as long as my mum saw fit to leave me there, if I resisted or spoke it would last longer."*

F30: *"I learnt that if I pretended to agree with my father and backed down it was over faster."*

*F41: "I let things happen on purpose sometimes so they be over with faster."*

or to retain some level of control over the situation e.g.;

F44: "*One example is to take the lead once in a while when I knew sexual activity was going to occur so it could be less scared and painful and less out of control. And to try to get it over with asap."*

This submissive response to abusers has been interpreted as different to compliance (as reported earlier) as childhood victims appeared to be using this method as a manipulative tactic to help them get through it, e.g. to manipulate the type or duration of their abuse or to manipulate the mood of their abuser in order to prevent abuse entirely. For example:

F12: "*My mum always made me call him dad and tell him I loved him to put him in a good mood."*

F30*: "I also did things like write [a] letter of apology praising him and saying what a great person/father he was, though I didn't mean it. He was always chuffed with these, he was very susceptible for praise."*

This finding is supported by Wendt, Buchanan and Moulding (2015) who interviewed nine mothers' who had to care for children during DV relationships. One of their findings related to all nine of the women reporting that they were constantly trying to balance the needs of their children with the needs of their abusive partners in order to avoid any potential outburst or violence from their partner. The women in their study spoke of how they would go out of their way to "please" their partner (p.539), even in some cases, to the detriment of their children's basic needs, in order to avoid violence within the home. This is further supported by current participants:

F33: *"I learnt to please…"*

F52: *"I tried to be "good" to avoid punishment…"*

An alternative point of view for the current theme is potentially proposed by Kuczynski et al (2018) who explored the strategies used by non-abused children in order to express their resistance to parental demands. Although Kuczynski et al's research was in relation to non-abused children between the ages of 9-13 years old, which differs from the current sample, they still provide evidence that negotiation and 'manipulation' tactics are used by children. They described that negotiation tactics were used in order to persuade parents to modify their requests in order to achieve a mutually acceptable compromise. It may appear that a mutually acceptable compromise would not be achievable for children in abusive situations, however, to the child, reducing pain, punishment or duration of abuse would still be a more preferable outcome to the alternative.

Kent (2012) used conversation analysis between children and their parents to examine compliance and resistance techniques used by children when being directed to do simple tasks by their parents. She described this partial (or incipient) compliance in childhood as carefully thought out steps taken to allow children to maintain an element of control and autonomy over their situation whilst avoiding provocation or escalation of their situation and/or parental demands. Kent also suggested that in doing this, children reconstruct the intended action as self-motivated, as opposed to being entirely motivated by an external directive. Although Kent's sample of participants again did not include children in abusive situations, the concept that children will re-define an action in order to appear or feel in control, at least partially, can also be related to the current participants within this theme. For example, Kent described that children face a dilemma when deciding to act on a parental demand that if they immediately complied with a demand or request made, then they are temporarily "relinquishing their autonomy and submitting to the will of

the speaker; if they resist then the control attempt typically gets stronger and harder to resist…" (p.716). When this concept is considered alongside the responses of current participants, it is evident that the control attempt which would typically get stronger under 'normal' circumstances, then becomes much more dangerous, painful or longer-lasting abuse for child victims. Therefore, learning ways to appease the abuser while minimising the potential for further or more violent acts of abuse appears to be a cleverly developed method to help victims of abuse survive those childhood experiences.

It was expected that all of the participants who contributed to this theme would have reported experiences of sexual abuse. However, only 12/16 participants reported sexual abuse in childhood and it also emerged that this theme applied to children who experienced emotional abuse alone (*n*=2), indicating that submissive manipulation was utilised as a protective measure for both physical and non-physical abuse types. Additionally, all of the 16 participants who reported submissive manipulation as a strategy, were female. This is potentially a result of a female dominated sample (39 females, 10 males), or it could be that male children develop other ways to respond to their abusive situations. This discrepancy between genders warrants further exploration.

It is important to remember that no child asks to be abused or to be placed in an abusive situation. Therefore, the current study is not suggesting that these tactics are indicators of manipulative or dishonest children, instead, it is recognised that they are specifically developed protective measures that children learn to employ in order to survive the abusive experiences as best they can.

**Theme 2**: Become invisible

This theme emerged from 10/49 (20.4%) participants whose responses to the question *"Did you ever willingly behave in a certain way in order to lessen the pain/punishment/duration of abuse?"* portrayed childhood behaviours designed to render them unnoticeable within the family home. For example:

> F33: *"I learnt to please, to apologise, to be good, to not exist."*
>
> F52: *"I tried to be "good" to avoid punishment. Either by cleaning the house extra good or staying busy in my room to avoid contact."*
>
> F81: *"Keep my mouth shut as much as possible. Any wrong doing of any kind would lead to a sit down interrogation I could not leave."*
>
> F82: *"Would not play or talk in front of dad to deter him from becoming aggressive."*

These reported behaviours share characteristics with the avoidant behaviours found in previous studies. For example, Nguyen-Feng et al (2017) reported that students with increased levels of child emotional abuse from their parents were more likely to engage in avoidant methods of coping such as, withdrawal and self-blame, etc. Additionally, Phanichrat and Townshend (2010) associated participants use of escapism methods as avoidant, stating that participants "wanted to consciously and physically get away from the intense feelings and thoughts generated by the abuse" (p.69). However, although the similarities between the current theme and 'avoidance' (reported earlier) are acknowledged, participants within the current theme have provided descriptions of behaviours they intentionally carried out in order to lessen the 'pain, punishment or duration of abuse' resulting from a different question entirely. Therefore, while potentially supporting previous research into avoidant coping methods, the current finding differs somewhat from previous research and suggests that attempting to become invisible or fade into the background of their own family life was a particularly useful protective measure for some victims of abuse.

These behaviours may have felt like a necessity to survival in childhood and may even have worked at preventing or reducing abusive episodes, however, they have the potential to become learnt and maladaptive behaviours in adulthood which would also potentially create passive and inactive individual's in adulthood. Evidence for this can be found by the 7/10 participants within this theme that not only reported childhood abuse but also reported both further abuse in adult relationships and a difficulty in declining sex in adulthood. This demonstrates that learning to become invisible to avoid abuse may be a functional method to utilise in childhood, but may lead to a passivity and lack of assertiveness in adulthood as a result of the feelings of safety associated with becoming invisible and learning "*to please, to apologise, to be good, to not exist"* (F33).

**Theme 3**: Self-sacrifice

This particular theme is reported with caution as it was qualitatively identified from 5/49 (10.2%) abused participants within the question *"Did you ever willingly behave in a certain way in order to lessen the pain/punishment/duration of abuse?"*. However, in a separate sub-section of the survey relating to participant relationships, participants were asked *"If you had siblings, did you ever take the blame for things your siblings did to prevent them getting physically abused?"*. Participant responses to this question can be found in Table 8.

Table 8: Demonstrating the frequency of participants who reported self-sacrifice to protect siblings from physical abuse.

| Participant response | Frequency (out of 49) |
|---|---|
| Yes | 16 |
| No | 23 |
| Missing | 10 |

Despite the higher frequency of participants reporting self-sacrifice in a previous question, the qualitative finding here was still considered significant as it demonstrates how even in situations of adversity, children will try to protect their loved ones, despite the potentially detrimental and personal cost to themselves. For example:

> M79: "*I would deliberately try to keep step father (b) away from my little brother and mom. I would put myself between them so he couldn't get to them. I would physically fight with him to stop him hurting them."* He also said *"My youngest brother was only a baby - he couldn't protect himself. I could and did protect him."*
>
> F34: *"My father said if I didn't keep him happy he would see if my younger sister would."*

Although engaging in these methods does not offer the individual protection from abuse, self-sacrifice is still considered to be a protective measure as children have intentionally employed these protective tactics in order to protect their loved ones from abuse.

Specific research into self-sacrifice during childhood abuse is rare, however, the current finding is supported by a number of other studies that have inadvertently found similar responses. For example, Crisma et al (2004) explored reasons why sexually abused adolescents were reluctant to disclose abuse; they found that (among others), the desire to protect the non-abusive and already distressed parent kept them from disclosing to avoid further distress, and instead chose to deal with

their situation alone. Furthermore, Moulding, Buchanan and Wendt (2015) interviewed mothers who had experienced domestic violence and individuals who were brought up in homes where DV was present in order to untangle their perspectives on mother-blame. Some mothers reported 'taking the blame' to be another aspect of DV which was associated with attempting to protect their child(ren), to the extent of accepting blame for something their child(ren) had done and taking a beating in order that the kids would be left alone and remain safe. It could be suggested that from a feminist ideology, mothers taking the blame to protect their children may be expected as the maternal role is believed to include protection and nurturing of their children (Humphreys & Absler, 2011). However, other studies have also included self-sacrifice to include protection of pets in DV situations, as Loring and Bolden-Hines (2004) found that many of the 107 physically and emotionally abused women in their study reported that they would rather be abused themselves than have to endure the abuse of their beloved pets. This is further supported by the following participant response to a question regarding her relationship with her siblings:

> F44: "We stayed alive for one another and didn't try to escape as a result of fear for our siblings and beloved pets."

An alternative explanation as to why children may offer themselves for abuse in order to protect family members or pets may be related to the child's bond with the abuser, particularly if the child has come to believe that the abusive acts are out of love. Munzer et al (2016) found that one female victim of CSA did not disclose the abuse because she feared she would lose the abuser who provided an important attachment to her, apparently stating "after all he was the one giving me attention" (p.365). However, while this may offer an alternative explanation for some self-

sacrificing behaviours during childhood abuse, the responses from the participants contributing to this theme did not indicate that this reason prompted their actions. For example:

> F31: *"I would offer myself for more abuse to stop abuse on others as it was worse to watch than have it happen."*

Although the current theme emerged from only 5 participants within this study, it would be fair to suggest that this is under-reported given that the total number of participants who confirmed they would take the blame to prevent abuse of siblings was much higher (*n*=16). This provides a valuable insight into how children learnt to cope in abusive situations and how protective of loved ones they can be. However, the question relating to taking the blame for siblings was referring to physical abuse only, therefore, it would be beneficial to further investigate the current findings in order to get a better understanding of the abuse types that self-sacrificing acts apply to in childhood; and also, to further understand any long-term issues relating to these heroic and sacrificing acts e.g. impact on sibling relationships, etc.

### *Discussion/Implications of findings*

Findings related to the mental health of victims of childhood abuse were found to be consistent with many of the previous studies conducted. Mental health issues in the abused sample were found to be experienced by more than double the number of participants than in the non-abused sample (e.g. 81.6% of abused compared with 40% of non-abused experienced mental health issues). Additionally, the use of harmful coping methods was also found to be used by double the number of participants within the abused sample than the non-abused (e.g. 77.6% compared with 42.2%)

Although the current qualitative analysis includes information regarding which methods were used in childhood and adulthood, it was not possible to collect accurate statistics on this information as a number of participants simply stated that they had used specific methods but did not provide further information on when or how these methods were used and/or how effective they were.

The subject of positive and negative coping methods used by abused children and/or adult survivors of childhood abuse remains an intriguing one in terms of which methods really are the most effective. However, it appears that some victims and survivors employ a range of coping methods dependant on the situation that they are in. Some participants reportedly employed both adaptive and maladaptive coping methods throughout various stages of their lives. It is evident here that many of the coping methods reported within the current findings provide support for previously identified coping methods such as self-harm (Berelowitz et al., 2012), drugs and alcohol (Newton & Gavin, 2020), dissociation (Haferkamp et al., 2015), disordered eating (Walker et al., 1999), support seeking (Phanichrat & Townshend, 2010), avoidance (Nguyen-Feng et al., 2017), and escape methods (Doyle, 2001), etc. In conjunction with previous research, current findings relating to coping methods demonstrate that different abuse histories call for different coping methods, with some individuals employing a unique combination of strategies depending on their unique situations, this supports conclusions made by Futa et al (2003). Additionally, Wendt, Buchanan and Moulding (2015) also found that the women in their study described how they had to “come up with tactics to try and prevent abuse to themselves and their children” (p.537), indicating that the coping methods employed by mothers may have been dependent on the abusive situation ahead.

Within the current research, it appears that ‘avoidance’ as a finding does support previous studies which also indicate avoidant strategies are used to cope with childhood abuse (e.g. Nguyen-Feng et al., 2017). However, as mentioned earlier, these previous studies all have differing perspectives of what constitutes ‘avoidant’ coping methods so the extent to which current findings support those of previous studies is unclear. Moreover, a range of the coping methods reported here have previously been categorised as ‘avoidant’ methods e.g. escapism, reading (Doyle, 2001) and dissociation (Phanichrat & Townshend, 2010). Despite this, the majority of current participants who reported escapism and reading methods, did so in terms of the benefits they afford e.g. fantasies of love and support, an escape into their own world, helped to switch off the brain, etc. Therefore, it is suggested that not all avoidant coping methods are maladaptive. The use of reading, writing and fantasy are considered to be functional and effective coping methods in both childhood and adulthood.

In relation to avoidant strategies, no participants reported family avoidant strategies within the current subsection relating to coping methods used, although this was expected. However, a number of participants did acknowledge that family avoidant strategies were necessary when answering questions relating to adulthood and adult relationships, therefore, this finding will be further discussed in chapter 8.

The theme ‘defiance’ which was found to have been used in childhood only, produced some interesting findings in that it exclusively related to children who were experiencing multiple abuse types, by multiple abuses, for an extended period of time. It may be that the coping strategies that allow a child to retain some level of control, irrespective of how small, such as defiance and submissive manipulation etc,

may contribute to the development of childhood resilience, although the extent of this remains unclear within the current research.

The current findings also provide evidence that children not only employ common coping methods during abusive childhoods but that they develop their own survival tactics dependant on the abuse types they are experiencing and the behaviours of their abuser(s). The theme ‘submissive manipulation’ was only partially expected, i.e. it was expected that some children experiencing sexual abuse would occasionally submit to their abuser in order to reduce the violence or pain, etc. However, the advantage of using ‘manipulative’ tactics to reduce the emotional elements of abusive experiences was not anticipated, for instance, feigning love and praise for the abuser in order to improve his mood and reduce the likelihood of abuse occurring. This would be interesting to investigate further in the future.

The research into children offering themselves for abuse in order to protect their loved ones from abuse is also extremely limited, however, it could be suggested that this finding is linked to domestic violence research. For example, it has been suggested that witnessing a loved one suffering abuse, frequently hearing the cries and screams of abuse and witnessing the aftermath of that abuse e.g. injuries, wounds, broken glass/furniture etc can lead a child to develop severe psychological stress (UNICEF, 2006). This is because the child becomes hypervigilant to changes within the household and highly attuned to the abuser’s moods, which means they are constantly anticipating threat, even though this may not be a direct threat to themselves. UNICEF (2006) suggests that continually experiencing violence within the home, can create so much emotional stress that it can lead to changes within a child’s brain and development, leading to an increased risk of psychological and behavioural issues as they grow.

It is clear from the current findings that there is a range of mental health issues experienced and a range of coping strategies employed by child abuse victims and survivors, with a wide spectrum of effectiveness of these strategies depending on the individual and their unique experiences. Personal experiences, mental health diagnosis', the use of specific coping methods and an individual's support system are all factors that need to be taken into consideration when developing effective treatment interventions for victims or survivors. Particularly when considering that victims of abuse whereby a family member or primary caregiver was their abuser, are less likely to have a positive, healthy or extensive support system in place, as is demonstrated by these findings.

### *Conclusions*

How child victims or adult survivors chose to deal with their experiences appears to be influenced by their abuse characteristics (e.g. type of abuse, duration, relationship to abuser, etc), their family environment (e.g. one loving parent/caregiver or both parents abusive, support or conflict with siblings, etc) and external factors (e.g. support at school or bullied at school. etc). However, what is important to understand is that a child victim or an adult survivors' "choice" of coping methods is entirely personal to them and support of their choices is imperative. A victim of childhood abuse did not choose that childhood or those abusive experiences and therefore, should not be judged or criticised for the way they have chosen to cope with that.

### *Summary of chapter*

Identifying and understanding effective coping methods used by abused individuals has been an important aspect of the current research. Some of these

methods were anticipated and in line with previous research, and some of the findings were not anticipated and are not yet fully understood. Current findings also suggest that how and why chosen coping methods and survival tactics are employed are unique to each individual and, what could be considered as a maladaptive method for one person may actually be considered adaptive for another, for example, avoidant and escapism methods.

It is possible that a number of the coping methods reported here were developed following a failed attempt at disclosing abuse in childhood, therefore, findings related to attempts to disclose, and disclosure outcomes will be presented in the following chapter.

*Chapter 6:*

# *"Mother told me not to tell" - Do disclosure experiences contribute to emotional abuse?*

*"The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma"*

Judith Herman (1997:1)

***Introduction to chapter***

Child abuse disclosures have been studied extensively, from barriers and facilitators to disclosing abuse (Lemaigre, Taylor & Gittoes, 2017), to maternal responses (Lovett, 2004), and perceived social support and protection following child sexual abuse disclosures (Münzer et al, 2016).

Following a systematic review of 13 studies relating to sexual abuse disclosures, Lemaigre, Taylor and Gittoes (2017) identified that the optimal condition for a child or adolescent to disclose "is for an individual to directly ask the child about their experiences and that this individual provides active listening and support…" (p.49). While this may be the optimal condition for disclosures to take place, barriers to disclosure were reported by Münzer et al (2016) who discovered that shame was the most frequent barrier against disclosing in their study, followed by threats made by the abuser in order to scare the child into silence. They also discovered that some participants considered their parent(s) emotionally unstable and feared that a

disclosure of abuse would perpetuate already established issues in their parent(s), such as alcohol abuse. Furthermore, Lovett (2004) argued that the whole process of disclosure, the secrets of abuse, and the subsequent response to that disclosure i.e. supportive or not, has the power to impact the victim in either a positive, healing or traumatising way, as will be further discussed later in this chapter.

Although some of these previous studies have explored disclosure reactions to sexual abuse, very few studies have explored how disclosure experiences, and negative reactions to disclosures, have a negative impact on a child abuse victim long-term. Therefore, the current chapter will present findings in relation to this aspect of child abuse disclosures and aims to answer the following research questions:

a) How do abused individuals perceive their disclosure experiences, and what methods did they use in their attempts to disclose?

b) What is the immediate emotional impact of negative disclosure responses and outcomes in childhood? and,

c) Is there a long-term emotional impact of negative disclosure responses and outcomes in childhood (secondary to the continuation of abuse), that continue to impact adult survivors?

### *Disclosure frequencies*

Frequencies related to disclosure are shown in Table 9.

Table 9: Table to show sample of abused participants who disclosed abuse.

| Background | Frequency (%) | Of abused sample | Frequency (%) |
|---|---|---|---|
| Abused | 49 (52) | Disclosed abuse | 23 (47) |
| | | Did not disclose abuse | 26 (53) |
| | | Females who disclosed | 17/39 |
| | | Males who disclosed | 6/10 |

Nearly half (23/49 or 47%) of the sample of participants who acknowledged childhood abuse histories, reported to have disclosed abuse at some point. Of those 23 participants, only 3 received a somewhat positive outcome i.e. they were believed and supported.

***Findings***

The following themes emerged from the qualitative analysis carried out on the survey subsection relating to disclosure experiences, barriers to disclosure and disclosure outcomes. All of the themes and sub-themes relating to disclosure are closely connected as can be seen from Figure 3, however, they have been separated in order to present a clear analysis, with evidence of how participant responses contributed to each theme.

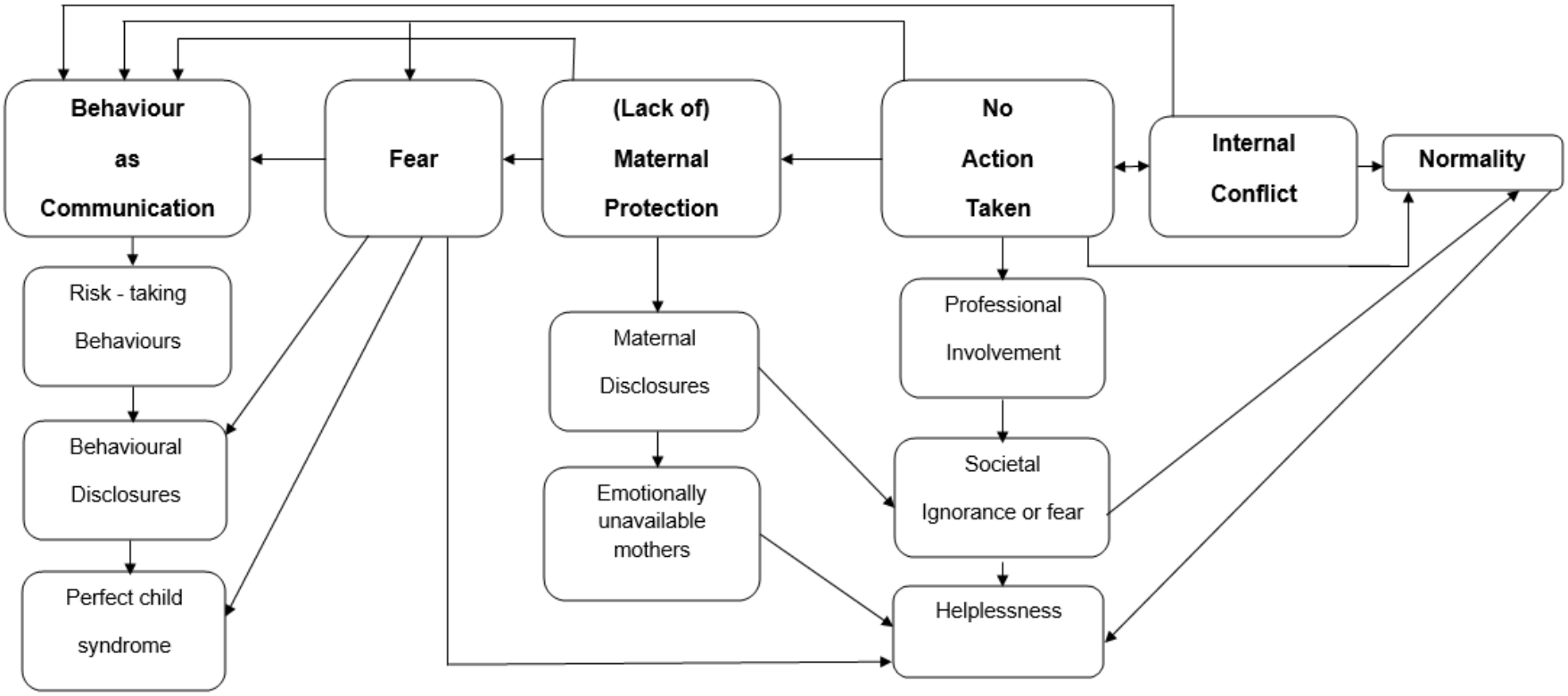


Figure 3: Showing the connection between major themes and sub-themes relating to disclosure analysis

**Theme 1:** Fear

When specific questions around the barriers to disclosure were asked, for instance, *"what stopped you from disclosing?"* and "*How were you made to keep [the abuse] a secret?"* 55% (27/49) of respondents reported fear as a reason for non-disclosure of abuse, with a variety of fears being highlighted.

The following responses evidence the very real fears that respondents felt following threats made by their abuser.

> F35: *"told I would be in big trouble and sent away and people would hate me more than they already did".*
>
> F37: "*I was told that if I didn't go to bed on time, that the police would come and take me away because my mother didn't want me any more*".
>
> F50: "*Threats of being institutionalized as "crazy". Threat of being sent to foster care. Threat of killing pets. Threat of withholding money for needed expenses food, clothing, education, etc".*

Another common threat used by abusers throughout this sample is the threat to a child's loved ones. For example:

> F40: *"He told me not to tell that it was our secret…he also said that if my Mom had stress that the doctors said her cancer would come back".*
>
> F31: *"Threat of worse for me and others."*
>
> F34: *"My father said if I didn't keep him happy he would see if my younger sister would".*
>
> F50: *"…Threat of killing pets…"*
>
> M79: *"If I told my real dad what was going on it would have resulted in another fight. I prefer to deal with it myself."*
>
> F49: *"I watched "them" kill and torture people for trying to talk or leave. I was afraid for myself, and afraid for my loved ones […] Threats to hurt people I love. Having to watch while others were hurt as punishment to me."*

In a question related to sibling relationships, F44 also described how:

> *"We stayed alive for one another and didn't try to escape as a result of fear for our siblings and beloved pets".*

This finding supports those of Goodman-Brown et al (2003) who studied factors that influenced children's decisions whether or not to disclose sexual abuse. They found that children took longer to disclose sexual abuse when they feared negative consequences to others. As reported in the previous chapter, 39/49 (79.6%) participants with abuse histories confirmed that during their childhood, they regularly felt responsible for protecting other members of their family, and/or believed that other family members, siblings or pets were in danger as a result of direct or indirect threats made by the abuser(s). Faver and Strand (2007) explored the impact of pet abuse on battered women and their findings demonstrated that fear, threats and abuse towards pets can have a damaging emotional impact on victims. They also suggested that some women consider the safety of their pets as a major factor during decision-making processes regarding leaving the abusive relationship. When considering this difficult decision-making process for women in domestic violence relationships, it could be assumed that these difficulties will also apply to children in similar positions when weighing up the risk of disclosing with the risk of harm to their siblings or beloved pets. Using threats towards a victims' loved ones appears to be a common tactic utilised by abusers throughout the current data which serves to create a fear inducing environment in order to secure the child's silence. Faver and Strand also suggested that both concern for pets and harm to pets results in a form of emotional abuse to the battered women in domestic violence situations, therefore, it could also be argued that fear inducing tactics designed to secure compliance and silence in childhood abuse victims, also adds an element of emotional abuse to contact abuse types, such as physical and sexual abuse.

The current finding that fear is a major barrier to disclosing childhood abuse also supports Münzer et al's (2016) findings as they found that the most frequent

barriers against sexual abuse disclosures were shame; followed by threats made by the abuser which were designed to secure the child's silence. Münzer et al also reported that some participants refrained from disclosing in order to protect the abuser, or due to a fear of losing the abuser who the child perceived as an important attachment figure. Although this finding was not frequently reported within the current sample, it was highlighted by the following participants:

> F41: "*I felt ashamed and didn't want to get him into trouble*".
>
> F23: *"Didn't want to cause trouble."*

Other respondents highlighted that their fear of the potential consequences of "telling" prevented them from disclosing. The potential consequences appear to be personal to each individual, as is evident in the following responses:

> F43: *"…made to feel very ashamed, and scared of what the outcome would be if my parents found out."*
>
> F44: *"…fear made it impossible to tell the truth. Plus my dad killed people so I knew I could easily be next".*
>
> F81: "*I didn't disclose the whole story because I was afraid…I was afraid if I wasn't removed, any other course of action would have resulted in unimaginable war on me*".
>
> F87: "*Threatened to kill my family."*

These responses highlight some of the extreme concerns and barriers a child faces when thinking about disclosing their abuse and the different issues that adults and authorities need to consider when confronted with a child's disclosure of abuse. Summit (1983) also points out that the child's abuser is more often than not, in a position of love and trust to the child which only serves to increase fear and helplessness of the abused child. The many fears reported by participants here are supportive of Crisma et al's (2004) findings that adolescents who experienced sexual abuse did not disclose to professionals for fear that they could not be protected, fear of retaliation from abuser and not wanting to cause trouble for the family. Although

their findings relate to sexual abuse, current findings highlight that victim fear of retaliation or fear of consequences from their abuser is an issue relevant to all abuse types.

A further fear that respondents highlighted in this study as a barrier to disclosure was the fear of not being believed:

> F49: *"Go ahead and tell people what we've done. No one will believe you. No one will want anything to do with you"*
>
> F1: *"I felt I would not be believed."*
>
> F52: "*He would threaten me by saying no one would believe me and my father would be angry at me*".
>
> F34: *"My mum had two faces, the public face and the face I saw at home. People wouldn't have believed anything was wrong at home."*
>
> F66: "*He told me that no one would listen or believe me."*

Again, this is commonly reported by current participants and appears to be a common tactic used by abusers in order to secure their victim's silence. Jonzon and Lindblad (2004) collected data from 122 adult survivors of childhood sexual abuse. A major finding of their study was that women who had disclosed their abuse during childhood had received more severe physical abuse or violence following their disclosure, while more severe abuse was also found to relate to negative social reactions. They argued that on the whole, attempting to disclose abuse during childhood was found to be hazardous to the child. Lemaigre, Taylor and Gittoes (2017) conducted a systematic review of the barriers and facilitators to disclosure which highlighted that the fear of being met with negative social reactions, including "a lack of understanding and limited support from others" (p.48), presented a barrier for young people when considering disclosing their abusive experiences.

One female participant subject to sexual and emotional abuse during childhood reports numerous disclosure attempts which were all met with negative social reactions:

> F88: *"…Christians did not believe me. Police department put a stop to any charges being pressed against anyone. A school teacher did not believe me. Everyone I told did nothing to stop it. I even told a person who was a counselor and she did not do anything. I guess she decided not to because she wasn't getting paid for her time."*

This is further supported by Crisma et al (2004) as they found that many of the sexually abused adolescents in their sample had disclosed to more than one adult, with some of them having disclosed to as many as 3 or more adults. However, they reported that professionals rarely listened, believed or helped them. The impact of a negative disclosure outcome such as this has a huge detrimental effect on a child's sense of self-worth, their schema's around adults and people who they thought they could trust (Messman-Moore & Coates, 2007). In some cases, everything the child victim was told in order to secure silence begins to unfold following a disclosure, for example, threats of "*you will tear the family apart*", "*your Mother will be upset*", "*the police will take you away*", may actually begin to happen, as described by Summit, (1983). A negative or unsuccessful disclosure outcome also creates feelings of helplessness and confusion around the abuse they are experiencing, which Jonzon and Lindblad (2004) suggest may offer an explanation as to why some child victims "who were continuously abused after disclosure were abused up to a higher age and by more perpetrators" (p. 196). A negative reaction to a child's disclosure will also fuel that child's fear of the consequences as they will quickly realise that the result of their disclosure is not going to be a positive outcome, but the chance of their abuser being informed that they have "told" is likely to be high. The consequences of that

initial disclosure can therefore make the child less likely to disclose again. As stated by participants:

> F12: *" I was told not to tell my mother when it first started, however, I told her anyway and she didn't do anything about it so he was never worried about me telling her again. It worked in his favour because he knew she had believed his story…I never told her again."*
>
> F40: *"I was 19 when I finally told my sister. I was made to say I lied so nothing was done about it except everyone in the family hated me even more."*
>
> M27: *"Mother told me to try and forget about it. […] Later occasions, I just thought there is no point because mum could not deal with it."*

Fear as a barrier to disclosing abuse supports previous studies that also found various fears to be a major barrier to disclosing abuse (Münzer et al., 2016), including findings that abusers use specific fear inducing tactics in order to secure children's silence (Allnock & Miller, 2013), fear of negative consequences to others (Goodman-Brown et al., 2003), to themselves and, to their abuser (Münzer et al., 2016). Current findings do not support those of Bottoms et al (2014) who suggested that fear was a motivator for children to disclose. However, the majority of these previous studies conducted into childhood abuse disclosures have explored childhood sexual abuse, with limited research around childhood disclosures also identifying fear as a barrier to disclosure for all abuse types, including emotional abuse. This is evident as 22 out of the 27 participants reporting fear as a barrier to disclosure, also reported experiences of childhood emotional abuse.

Another interesting observation from this theme is that fear as a barrier to disclosure was reported by only females. Although male participants did report a number of threats from their abuser, none of them specifically identified a fear response to those threats. A possible explanation for why males were apparently not inhibited from disclosing due to fear could be related to gender stereotypes, as Kite and Tyson (2004) suggest that the stereotype in society is that males are

perpetrators and females are victims. This may have prevented male respondents within the current research from being willing to admit they were fearful of their abusers, in an attempt to maintain traditional gender norms and not appear to be "feminine". Easton, Renner and O'Leary (2013) also found that men with histories of childhood abuse, who consistently strive to conform to masculine gender norms are at an increased risk for attempting suicide as they tend to struggle with emotional expression as a result of trying to keep up their masculine identity.

**Theme 2:** Behaviour as communication

This theme was identified from 19/49 (38.8%) abused participants. Minahan and Rappaport (2012) acknowledge that behaviour is a form of communication, even when a child's behaviour is not productive or appropriate. According to NICE (2017:20) guidelines for professionals working with children, a person should "consider child abuse and neglect if a child's behaviour or emotional state is not consistent with their age and developmental stage or cannot be fully explained by medical causes…or other stressful situation that is not part of child abuse or neglect (for example, bereavement or parental separation)".

Subthemes:

2.1. Risk taking behaviours

2.2. Behavioural disclosures

2.3. Perfect child syndrome

*2.1. Risk taking behaviours*

Five of the 49 participants (10%) indicated that they had intentionally carried out risky behaviours in order to elicit some kind of response and raise alarm

regarding the abuse they were experiencing. Some of these behaviours included consuming drugs and alcohol, self-harm and promiscuity, as can be seen from the following examples:

> F42: *"…began smoking cigarettes, then Marijuana, drinking and sneaking my mother's prescription drugs so frequently that she had to lock them up. My father was a police detective and should have known something was going on."*
>
> F45: *"…As a teen, I became promiscuous. I also started smoking cigs, doing drugs & drinking alcohol around 13-14yrs of age. I went from an honor student to failing a semester."*

This finding supports previous research such as Berelowitz et al (2012) who conducted an inquiry into the issues associated with child sexual exploitation. They reported that drug and alcohol misuse and absence from school were just some of the many signs and behaviour changes that were observed in children who had been sexually exploited. Childline (2017) also reported that many young people who contacted their phone line did so to discuss their struggles with alcohol and drug misuse which they claimed to have turned to in order to help them cope with depressive symptoms following abuse (abuse type was not specified). This demonstrates the applicability of the research findings to a practical setting.

Other risk-taking behaviours reported by current respondents can be seen in the following examples:

> F31: *"I began major self harm, running away for long periods of time, taking drugs, drinking"*
>
> F29: *"Self harm from the age of 9 which I did deliberately to gain attention."*

It is acknowledged within the literature surrounding self-harm that self-harming behaviours are not carried out with the intention of gaining attention from others. This is evident as numerous authors have previously addressed this myth, for example, Fox and Hawton (2004) argue that self-harm is not an act of attention seeking, as acts of self-harm tend to be carried out in private, with wounds being inflicted on

areas of the body that are not easily visible to others. Sutton (2007) acknowledges that on some occasions, self-harm may be used as a method to draw attention to problems, pains and anguish. However, this may be because a lack of attention, affection, nurturing and feeling valued during childhood can lead to psychological distress and low self-esteem. In addition, Strong (1998) recognises that self-harming behaviours are rarely carried out with the intention of gaining attention, but instead suggested that they are a very private act carried out with the intention of healing the self in some way. Strong also suggests that although there are many causes of self-harming behaviours, childhood sexual abuse is "the single, most common causal factor" (p.64). However, in this instance, F29 states that gaining attention from others was exactly her intention when carrying out her self-harming behaviours, when asked *'Why do you think any behaviours weren't noticed/acted upon?*' She responded by saying

> F29: *"Lack of awareness in adults, and I was just good at disappearing".*

Additionally, when asked '*Did your behaviours change following an episode of abuse that you believe should have been noticeable to others?'*

> M91 reported *"Yes – in retrospect, it WAS noticed, based on comments I recall. At the time it never occurred to me that I was abused and I invented excuses to dispel suspicions of abuse. This included a non-lethal sleeping pill overdose intended to garner sympathy when I was 19."*

Although this theme resulted from only 5 participants, it supports Alaggia's (2004) previous findings. She explored potential influences for disclosing childhood sexual abuse among male and female victims and her findings indicated that behavioural disclosures were utilised by children in an attempt to convey to adults that something was wrong. Non-verbal behaviours were described as intentional acts designed to elicit attention or questioning from adults.

These previous studies have identified drugs/alcohol misuse (Newton & Gavin, 2020) and self-harm (Berelowitz et al., 2012) as methods of coping with abusive experiences, and the literature also suggests that self-harm is a potential indicator of abuse (HM Government, 2015). However, very little is known about the prevalence of using these methods as a means of gaining adult attention in order to make an indirect disclosure of childhood abuse. All of the respondents contributing to this theme reported experiences of multiple types of abuse, including, physical, sexual, emotional abuse and/or neglect. With emotional abuse being the only form of abuse reported by each respondent. Abusive experiences were also reported to have continued for a minimum of 5 years, ranging to abuse continuing at time of data collection. It should also be noted that of these 5 participants who reported to have engaged in risk taking behaviours with the intention of eliciting attention from others, 4 of them had disclosed their abuse at some point with either no action being taken or with specifically negative reactions. Potentially indicating that children altered their behaviours to elicit adult attention only after they had directly disclosed and been rejected.

*2.2. Behavioural Disclosures*

Again only 5/49 (10%) respondents contributed to this sub-theme, however it is considered important as respondents explain how they attempted to make their situation known to others through their behaviours without actually making a direct disclosure. This is evident through the following response:

> F49: *"It WAS noticed, and commented on, even acted on in a couple of cases. I wet the bed. I dissolved into tears at the drop of a hat. I had everything going for me, but was suicidal. I told teachers and adults that I was miserable. I "made up" stories about extreme things my small jr high club of girls did - something I now recognize as me trying to tell others about the far worse things that were happening to me. I fit the list that now exists (but didn't then) of symptoms of childhood sexual abuse. I had nightmares and phobias."*

This response is interesting for a number of reasons. This respondent now recognises that her behaviours were her way of trying to tell others about what was happening, this suggests that she did not recognise that was her intention at the time. Also, as she suggests, some of her behaviours do fit the list of signs of childhood sexual abuse which have been identified by the NSPCC (2010) and HM Government (2015) guidelines. A few of these signs are evident in the above response of F49, e.g. sudden or unexplained changes to behaviour, bedwetting and nightmares, etc. However, it is only with the benefit of hindsight that the non-abusive parents in Flåm & Haugstvedt's (2013) study were able to acknowledge children's disclosure attempts and indirect disclosures of abuse, after the abuse had come to light through other means. Both previous and current findings indicate that there is still work to be done in order to increase effective interventions for children experiencing abuse, and also for their parents.

Other responses relate to specific behaviours or acts that children carried out in order to alert others to their situation, potentially in the only way that these children knew how. When asked "*Did your behaviours change in a way that you believe should have been noticeable to others?"* the following respondents indicated that their behaviours should have been noticed. For example:

> F88: *"Yes – The way I acted. I acted out what I was living when playing with Barbie dolls."*
>
> F93: *"I drew terrible things. Nobody would make drawings like this if they were "normal". Things at school went worse."*

One of the few studies to examine adult survivors of CSA and their own perceptions of their disclosure experiences was carried out by Brattfjell and Flåm (2019). Participants in their study reportedly recalled giving the adults around them

hints and signs which they believed should have been sufficient enough to raise concerns. Brattfjell and Flåm's findings indicate that one of the main facilitators for a child deciding to go ahead with a disclosure occurred following direct questioning from an adult that they trusted, without which, the disclosure would not have gone ahead. Overlooking the barriers against disclosure that have been reported within the current research, young children often also have a vocabulary barrier when it comes to expressing their thoughts, feelings and fears. Despite their fears, some children simply do not have the words to express what is happening to them and so they act out their inner worlds i.e. their experiences and feelings, through play and through the medium of fictional characters, such as dolls and puppets, etc (O'Connor, Schaefer & Braverman, 2015). This method of communicating also allows children to make use of the third person, whereby the thoughts, feelings and behaviours that they are expressing are removed from themselves and are instead, portrayed through the eyes of the fictional characters that they have created. In a child's eyes, this also protects them from the threats and fears that they would experience were they to express their concerns directly (O'Connor et al., 2015) i.e. make a direct disclosure. Again, multiple abuse types were reported from the 5 respondents in this subtheme, with emotional abuse being the only abuse type to be reported by all. Respondents ages ranged from 28 to 60 years old which indicates that using behaviour as a form of communication is not a new method. Minahan and Rappaport (2012) suggest that there is always a message or a function behind a child's behaviour, and although it can be challenging to understand the motivation behind extreme or inappropriate behaviours, it is important to try and understand and address the underlying cause(s).

### *2.3. "Perfect child" syndrome*

This subtheme was developed from the survey responses of 12 of the 49 (24.5%) participants who identified as having abusive childhoods. Summit (1983) would suggest that a child displaying extremely good behaviours is a result of their misguided attempt to prevent parental disapproval and "learn to be good" (p.185).

Four of those 12 respondents indicated that their behaviours had changed following abuse in a way that was likely to have been considered as positive. For example:

F81 claimed that no changes to her behaviour were noticed by others

> *"Because there was no behaviour. I was the best behaved of all my friends, never* [did] *risky things kids do, never got in trouble at school. I was far too afraid to act out."*

F87 reported that she was a very active, daring and often 'naughty' child

> *"But when I started being abused I became extremely good and perfectionist and never broke a rule."*

She also believed that these behaviours were not noticed

> *"Because I changed "positively" and my behaviour was seen as maturity."*

As can be seen from the response of F87, this "positive" behaviour was seen as maturity and was never questioned. F81 also described how she was the best-behaved child of all of her friends which again was likely to have been considered a positive. It is evident from these participant responses that children who are experiencing abuse can often display these perfect child symptoms in order to make themselves invisible and avoid further abuse. This finding is further supported by Brattfjell and Flåm (2019) as they reported that participant signs were either in the

form of exaggerated deviant behaviour for the specific context, designed to elicit questioning, or in the form of exaggerated positive behaviour, described by one of their participants as “good girl syndrome” (2019:229).

The current examples support previous literature that suggests that abuse should be suspected in those children who are quiet, well behaved and do not demand any attention, as this is potentially a hint towards eliciting questions from adults in order to disclose (Brattfjell & Flåm, 2019). Attention or intervention from teachers and/or professionals would have benefitted the following respondents who said:

> F35 I was *“always quiet, withdrawn…the quiet girl at the back* [of the class] *who never caused a problem.”*
>
> F44: *“Yes – Sullen. Mute…Quietness. Complete obedience.”*

Ten of the 12 abused respondents who contributed to this category specifically identified becoming quiet and withdrawn following episodes of abuse. These behaviours were the most frequently identified change of behaviour that victims themselves recognised. For example:

> M79: *“I was a happy young child before…By the time I was a teenager I was quiet and withdrawn. I had little interest in school…and teachers seemed not to notice my predicament.”*
>
> F30: *“I became extremely withdrawn at school. I said I hated other children, I would not speak much…or even look up and smile to acknowledge their existence…”*
>
> F71: *“Being as quiet as possible and disclosing as little information as possible.”*
>
> F82: *“I became isolated and displayed withdrawal symptoms but nobody ever noticed me.”*

When asked ‘*What stopped you from disclosing the abuse?’* F34 stated:

> *“I was isolated, I didn’t talk, I didn’t trust anyone, I didn’t have anyone who cared about me.”* She followed this by saying *“I was a quiet child who was labelled moody. I wasn’t moody I was deeply unhappy, scared and lonely.”*

All of the respondents' comments in this subtheme indicate that because they weren't displaying negative and disruptive behaviours, nobody paid them any attention and therefore, it was very unlikely that they were provided with "door openings" by adults to prompt them to disclose (Flåm & Haugstvedt, 2013). Guidelines for professionals that relate to identifying childhood abuse widely acknowledge that aggressive or disruptive behaviour in children is a common sign of childhood abuse (NICE, 2017). Additionally, Minahan and Rappaport (2012) acknowledge that misbehaviour in children, particularly in the classroom, is a sign that there is an underlying issue. However, the importance of observing the quiet child in the classroom and asking probing questions also needs to be emphasised. Particularly when a change in the child is noticed specifically, i.e. if the child has been happy, outgoing and confident previously and then a sudden, unexplained change to their characteristics is observed, then this should raise concerns (Wickham & West, 2002). One subtle behaviour change was identified by F50 who's response to the question was simply:

F50: *"I stopped smiling"*

Ten of the 12 respondents in this subtheme reported a minimum of 2 forms of abuse (including witnessing domestic violence), 6 respondents reported 3 or more forms of abuse (including satanic cult abuse). Emotional abuse was reported by 11/12 of the respondents in this subtheme, demonstrating the importance of recognising the emotionally abusive elements of abuse which are thought to underpin all other abuse types (Newton & Gavin, 2020). Children don't tend to become "perfect" students overnight without a significant reason, they become scared and isolated and try as hard as they can to become invisible in order to get through another day, as is evident through these previous responses. This is why it

is so important to pay attention to the quiet child or the child sitting in the back of the class who is not “obedient” but who is, in actual fact, terrified of putting a foot wrong.

Another point to highlight is that experiencing childhood abuse at home, particularly emotional abuse, could potentially have a bigger impact on the child’s behaviours in the classroom due in part, to aspects of their abuse being focused around schooling e.g. in terms of not being good enough, not being smart enough, or bringing shame on the family because they only scored 95% on a test, etc. This is demonstrated by one participant who said:

> F30: *“I once had fantastic school reports from all my teachers, in the car on the way home he [Father] went on and on about the one brief comment about something I could do to improve from one teacher, refusing to acknowledge the rest of what my teachers had said. I went from feeling proud of myself to miserable, and like I would never be good enough.”*

This would likely make a child want to avoid any interaction that could have the potential to involve their parents. Van Dalen (1989) suggests that due to the cognitive confusion surrounding child abuse, young children assume that they are to blame for their abusive experiences because they have been bad. Although this assumption is incorrect, the child cannot explain the abuse as being the “fault” of the caregiver. This incorrect assumption that they have caused the abuse leads to a further incorrect assumption that if the negative behaviours were a result of their own bad behaviour, then they can prevent any further abuse by exhibiting only good behaviour. This appears to be a logical explanation to a young child; therefore, it results in quiet obedience and compliant behaviours that the child assumes will positively reduce the abusive adults’ behaviours.

**Theme 3:** (Lack of) Maternal Protection.

This theme relates to 19/49 (38.8%) of the individuals with abuse histories and has been developed due to a recurring report of a lack of protection offered by mothers following disclosure.

Subthemes:

3.1. Maternal disclosure

3.2. Emotionally unavailable Mother

*3.1. Maternal disclosure*

Ten of the 49 (20.4%) participants reportedly disclosed their abuse to their mother. Evidence of this can be found in the responses to multiple questions; including the question "*What was the event that led to you attempting to run away [from home]*?". M28 reported he had run away from home after:

> *"The first time my brother got me to masturbate him, the next day my mother told me to kill myself".*

When asked specific questions related to disclosure, participants responded:

> F12: *"I told my Mum when I was about 6, he made up some bullshit story about me getting the wrong end of the stick and she believed him and went about her business like nothing had happened. I never told her again".*
>
> F35: *"Mother…pretended I hadn't said anything".*
>
> F29: *"Told my Mother about sexual touching by a teacher and she said it was nothing and happens to all girls".*

In response to the question "How were you made to keep the abuse a secret?

> F29 also answered *"Mother told me not to tell".*

The question "*What was the result of the disclosure*?" prompted F42 to report:

> *"Told mother about sexual abuse at 17. She called me a lying whore and told me never to call her again".*

These disclosures quite clearly had negative outcomes for the victims and aside from the obvious detrimental effects of this e.g. lack of support, abuse continued, etc, there are a number of other related issues with these outcomes. Previous research has identified that a secure and healthy relationship with the mother can provide a child victim with a sense of security which helps to alleviate further emotional distress (Leifer, Kilbane & Skolnick, 2003). This finding is partially supported as a small number of participants (*n*=4) were found to have positive and supportive maternal relationships.

> F31: *"I told my mum part of it when I was 16 but it was too late to do anything about it. She was very supportive."*
>
> M79: *"My mother did the best she could… My mother had to work very hard to pay the mortgage and keep us clothed and fed. At times she struggled and that was difficult to witness."*

However, this did not appear to encourage them to disclose their abuse. Three of these (male) participants did not disclose to their mother despite having an alleged positive relationship, this could be explained by the Betrayal Trauma Theory which suggests that the close relationship with the mother prevented the child from disclosing in order to protect the attachment and not upset that positive relationship (Foynes et al., 2009). An alternative explanation for the lack of disclosure reported by these 3 male participants could be that although they reported positive relationships with their mother, they also indicated that their mother was subject to some form of abuse from the father figure in the house. This can be seen from the following participants responses:

> M28: "*She calmed my father down and protected me"*

M79: *"One of my step fathers […] was an alcoholic and heroin addict. He physically assaulted my mom, baby brother & I.*"

This response of M79 precedes a later response that he would physically fight with his stepfather in order to protect his mother and brother.

*"I would deliberately try to keep step father (b) away from my little brother and mom. I would put myself between them so he couldn't get to them. I would physically fight with him to stop him hurting them."*

This demonstrates the he felt a sense of responsibility to protect his mother and brother, possibly because he felt his mother was not able to do this herself. Mother-child role reversal has previously been reported by Macfie, Brumariu and Lyons-Ruth (2015) who conducted a review of the growing body of literature surrounding confused roles between parent-child. They reported that marital conflict, low relationship satisfaction, and child maltreatment were all factors which contributed to the parents' over-reliance on the child for emotional support or intervention. However, they also proposed that if the additional support and tasks expected of the child were not out with their capacity to cope, then the blurring of boundaries between parent-child may actually enhance, rather than inhibit, the child's development. Therefore, the positive relationship with mum could potentially be a protective factor for both mother and child, and both could consider themselves to be emotionally supportive of each other, similar to the earlier sibling relationships described e.g.

F44: "*We stayed alive for one another…"*

It is interesting that these positive relationships with mum were mostly highlighted by male participants. One female participant within the "unacknowledged abuse" category did acknowledge the impact of her good relationship with her mum

on her experiences and claimed that this positive relationship limited the negative effects she experienced and this is why she does not feel like she had an abusive childhood, despite a number of responses indicating otherwise. This is evident from her response:

> F4: *"although I suffered verbal abuse from a drunk stepfather and one incident of inappropriate sexual behaviour I don't feel like I was abused because my mother was a very loving caring mother who was affectionate and hard working with decent morals and values and always did her best for me and my sisters."*

Although these positive maternal relationships do appear to offer some level of emotional support to the child abuse victims. Current findings suggest that few participants within the current data experienced this emotional support and security from their mothers. Instead, following their disclosure of abuse, or attempts at disclosing to mothers', participants reported:

> M27: *"Mother told me to try and forget about it."*
>
> F42: "*My mother just said I was an ungrateful child…she took sleeping pills each night so she wouldn't have to acknowledge what he was doing to me. If he was messing with me then he would leave her alone".*
>
> F40: "*How could she not see that I had been crying at times.* […] *I think my Mom didn't want to believe it so she ignored everything."*
>
> F46: *"Made to tell mother and then investigated and told I was a liar by police."*
>
> F88: *"Mother said [she] wished I was never born."*

Based on the definition of emotional abuse provided by Hibbard et al (2012), these mothers' reactions to disclosure could potentially be considered emotionally abusive as the language used in their reactions is "likely to be interpreted by a child that he or she is unloved, unwanted, or serves only instrumental purposes…" (p.373). However, it is more likely that these disclosure reactions would be categorised as the mothers' 'failure to protect' as the mothers lack of action to remove the child from the risk of harm and/or lack

of protection against their abuser is a contributing factor of the abuse continuing. This is evident from the following participant responses, they stated that following their mothers' reactions to their initial disclosures of abuse, they never disclosed again:

F12: "*I never told her again*".

F29: *"Mother told me not to tell".*

Previous research has identified that the 'failure to protect' is often unfairly attributed to the role of the mother (Kopels and Sheridan, 2002), and Wendt, Buchanan and Moulding (2015) reported that mothers' in domestic violence relationships face a number of limitations when trying to protect their children from abuse, or from witnessing abuse, from a violent partner. Within the parameters of the current research, information regarding participants parents and/or family environments is limited to the information provided, therefore, it remains unclear within the current data how many of these mothers receiving disclosures of abuse were also subject to some form of abuse themselves. Nevertheless, findings support those of Coohey (2006) who found that 30 of the 31 mothers in her study who had been substantiated for failing to protect their children from sexual abuse, were also found to have previous knowledge that the abuse was occurring.

Irrespective of the mothers' level of knowledge regarding the child's abuse, or her own potential experiences of abuse. This perception that their mother 'failed to protect' them from abuse, particularly when they have overcome the many barriers to disclosure and then being rejected, has had an indisputable psychological impact on current participants. Summit (1983) suggests that "Acceptance and validation are crucial to the psychological

survival of the victim. A child molested by the father […] and rejected by the mother is psychologically orphaned and almost defenceless against multiple harmful consequences". (Summit, 1983:178). Summit also argues that when an abused child experiences disbelief and rejection by the "non-abusing" parent, this exacerbates the most damaging aspects of the abuse, such as, isolation, self-blame and hopelessness, etc. Consequently, adult victims thinking about their abuse retrospectively may feel more resentment towards the non-abusing parent (the mother) than they feel towards the abuser. Furthermore, Hooper and Humphreys (1997) suggest that mother-child relationships, following sexual abuse of the child, are inevitably damaged, with children experiencing feelings of anger and betrayal towards the mother.

Within the current theme, five of the 10 participants who disclosed to their mother also reported that they were abused by her in one form or another. However, it needs to be considered that this maternal abuse is potentially being reported in hindsight due to adult participants having experienced this "inevitable" damage to their maternal relationships. The other 5 participants did not specifically report abuse from their mother, however, some did suggest that their mothers' behaviours, lack of action and/or protection was one of the hardest aspects of their abuse to come to terms with, as will be further demonstrated in the following theme.

### *3.2. Emotionally unavailable Mothers'.*

A number of respondents, 15/49 (30.6%) also indicated that they did not disclose to their mother because she was emotionally unavailable to them as children, she had her own issues and/or was abusive. When asked about the relationship with his mother,

> M59 described how *"The smallest thing used to (still does) set my mother into a fit of crying and hysterics. This made it difficult to really share anything with her. She would often focus on the implications to her rather than anybody else".*
>
> F71: *"My mother did not want me to be confident, and possibly not even happy. Recently I have realised that if I make the mistake of telling her about my problems, she seems delighted that I have problems…As a child I learnt to tell her as little as possible".*
>
> F34: *"My mum had two faces, the public face and the face I saw at home. People wouldn't have believed anything was wrong at home".*

This participant (F34) was physically and sexually abused by her father and emotionally abused by her mother, her statement appears to describe a "typical" characteristic of abusers, they use the "public face" in order that even if the child did disclose, nobody would ever believe such a charming person would be capable of such things (Norman, 2019). This makes it even more vital for teachers and professionals to act on the behavioural signs/cues that children display in the classroom or other environments without the presence of parental bias.

As evidenced earlier, F12 describes how she disclosed the abuse to her mother and her mother believed the abuser's 'story'. However, when asked about her relationship with her mother, F12 stated:

> *"When I was young I thought she was a great mother although she didn't protect me like a mother should. Now that I'm an adult, I realise she has some major mental health issues and don't believe a word she says".*

F48 also described how she was abused by both her parents and she reported that:

> *"Abuse and dysfunction were also the norm in both my maternal and paternal extended family. […] I blocked out the memories until I was 26, but believe I was threatened and intuitively knew I would not be protected."*

These statements are evidence that the (lack of) protection has a detrimental impact on a victim. Another interesting point about this subtheme is

that it applies to both male and female participants, with 4/10 males also claiming that the issues with their mother either prevented them from disclosing or a lack of care and protection was provided following the disclosure to their mother. For example, following his disclosure, M91 said he was:

> *"Offered suggestions on how to avoid abuse. Mum always placed dad before her children and grandchildren, even to her own disadvantage."*
>
> M28: *"The first time my brother got me to masturbate him, the next day my mother told me to kill myself."*

Further evidence of the "Emotionally unavailable" subtheme can also be found in the following responses:

> F40: *"How could she [Mother] not see that I had been crying at times…I think my Mother didn't want to believe it so she ignored everything".*
>
> F42: *"She [mother] called me a lying whore and told me never to call her again"*
>
> F93: *"Even if she [mother] meant well she was passive when abuse took place and neglected my emotional needs. I learned that I could not trust her regardless of her love for me.*

When answering the disclosure related questions, F39 reported that she did not disclose the abuse to an adult, however, in later responses, she described an event that could be termed an "accidental disclosure" when she said:

> F39: "*The fact that my mother walked in and found my step father in bed naked with me. I was also naked. She did not make him leave…She could have saved me from 7 years of hell if she would not have let him stay"*

This participant went on to say:

> *"I'm still struggling with what my mother did, or didn't do I should say. Mothers are supposed to protect there children from harm and keep them safe. She didn't do that. She allowed the abuse to continue even after she knew it was happening. I'm not sure how to move past this part of the abuse."*

The above responses indicate that despite the experiences of sexual abuse, the emotional element of the mother's failure to protect and lack of action was the

hardest part of those experiences to come to terms with. This is further supported by F1 who described the impact of her mother's lack of protection towards her[10]:

> F1: *"I feel as if my whole life has been a lie and that my mother never actually loved me…"*
>
> F49: *"I was nurtured and protected, and forced into the most horrendous abuse possible. I knew I was loved, and couldn't understand how she could watch me being gang raped and do nothing to help me…"*

The idea that the 'non-abusive' or 'non-offending' parent (predominantly positioned with the mother) is responsible for protecting the child against abuse has been found to be a common, yet unfair stereotype. This is because it lays the blame of abuse on the mother, rather than the abuser, and assumes that the mothers' 'failure to protect' means that she is failing to carry out her maternal role and responsibilities effectively (Moulding, Buchanan & Wendt, 2015). Humphreys and Absler (2011) argue that while the mother is considered to be the primary caregiver, responsible for the care and protection of her child(ren), the father and/or abuser, is neither held responsible for his own actions, or for the care and protection of his child(ren). Their finding supports those of the current study, as participants within the current theme/subtheme, frequently refer to the negative impact resulting from the mothers 'failure to protect' them or remove them from the abuser, rather than the impact of specific abusive actions. However, Coohey (2006) maintains that it is unfair to criticise a mother for 'failing to protect' her child(ren) from abuse that she was unaware of. Although her argument is valid, the current data also suggests that participants mothers were predominantly abusive, or at the very least, aware that the abuse was occurring. This finding also supports those of Coohey, who found that 30/31 mothers in her study, who

[10] Hardest elements of abuse to overcome will be further discussed in chapter 7.

had been substantiated for ‘failure to protect’ their children from sexual abuse, were also found to have had previous knowledge that the abuse was occurring and had failed to act to protect their children from the ongoing sexual abuse. Considering this, Johnson (1987) argues that a parent can be responsible for abusing a child, whether or not they have physically carried out the abuse. If the parent is aware of the abuse and has continued to fail to act to protect that child from harm. Johnson also argues that failing to protect a child from harm by acts of omission is no different from the act of abuse itself, and suggests that parents who do this should be liable for prosecution. Johnson’s (1987) suggestion is disputed by Lovett (2004) who reviewed the literature surrounding maternal responses to child sexual abuse disclosures. Lovett suggested that many mothers who receive child sexual abuse disclosures are found to believe, support, and act to protect their children. She also drew attention to the findings of Elbow and Mayfield (as cited in Lovett, 2004, p.363) who reported that when a ‘non-offending’ mother receives information that her husband has sexually abused her child, she is faced with a life crisis which upturns all of the images she held about herself, her husband, and her marriage. This also makes her question her own adequacy as a mother. Therefore, it is proposed that disclosures are not only traumatic for the child, but the ‘non-offending’ mother should also be offered time and support from child protection services in order to come to terms with this internal conflict and respond appropriately, before being labelled as ‘failing to protect’.

Irrespective of the mothers’ awareness of abuse, own experiences of abuse, or intentions behind her perceived ‘failure to protect’, the current findings provide evidence that the lack of perceived maternal protection or emotional support offered

to the child, following a disclosure, has emotional consequences on the child. It could even be argued that this lack of maternal protection contributes to the negative effects and long-term issues experienced by the adult survivor e.g. relationship and trust issues, complex parenting issues with their own children, etc. Leifer, Kilbane and Skolnick (2003) suggested that a secure attachment to the mother, during experiences of trauma or abuse, was found to act as a protective factor against further detrimental effects and emotional distress. However, findings within the current study indicate that simply having a good relationship with the mother does not necessarily lead to protection. A number of the current participants, albeit a small number (*n* =4), described having a good relationship with their mother but also reported direct abuse and/or lack of protection from her. It stands to reason that if a secure attachment and support from the mother can act as a protective buffer against the negative and long-term effects of abuse (Leifer, Kilbane & Skolnick), then maternal abuse or negative disclosure reactions from the mother, can further exacerbate those detrimental and long-term effects experienced; as is indicated from the current participant responses.

It must also be considered that services and agencies responsible for deciding on action required to protect children often have a difficult job, particularly if the child is being abused, or is subject to harm or neglect from a parent. Glaser and Prior (1997) propose that when the person responsible for the child's abuse is also the child's primary caregiver, then true child protection is only achievable by removing the child from that caregiver, which also often includes removal from the family home. However, Glaser and Prior (1997) argue that this method of protection comes at a considerable cost to the child, therefore, punishing a 'non-abusive' parent for

'failing to protect' the child from harm may actually further victimise and isolate the child from an otherwise "loving" caregiver.

**Theme 4:** No action taken

The survey question that specifically asked if the participant disclosed their abuse generated 23 positive responses. However, this theme relates to 30/49 (61%) abused individuals as it also includes participants that indicated that they had made an accidental, behavioural or indirect disclosure attempt. The current theme has been developed due to the repeated report that no action was taken following some form of disclosure e.g. direct, verbal, accidental, partial, etc. According to Summit (1983:178)

> If a respectable, reasonable adult is accused of perverse, assaultive behaviour by an uncertain, emotionally distraught child, most adults who hear the accusation will fault the child. Disbelief and rejection by potential adult caretakers increase the helplessness, hopelessness, isolation and self-blame that make up the most damaging aspects of child sexual victimization. Victims looking back are usually more embittered toward those who rejected their pleas than towards the one who initiated the sexual experiences.

Subthemes:

4.1. Professional involvement

4.2. Societal ignorance or fear

4.3. Helplessness

This “no action taken” theme emerged due to a significant number of abuse victims reporting that no action was taken following their disclosures of abuse, irrespective of the type of disclosure method employed. This includes disclosures from participants that were not even aware that they had disclosed at the time, e.g. accidental and behavioural disclosures, etc. This theme can be demonstrated from the following responses to the question *“What was the result of the disclosure?”:*

M90: “*Ignored”*

F40: “*I was made to say I lied so nothing was done about it.”*

F48: *“No direct action was taken to stop the abuse.”*

F51: *“Nothing, no one helped.”*

F35: *“Mother…pretended I hadn’t said anything.”*

The repercussions from these negative reactions to a child’s disclosure are extremely powerful for a myriad of reasons. The most significant being that the abuse continued, the child subsequently feels totally betrayed and helpless, and the abuser remained undeterred (Bottoms et al., 2014). Bentley et al (2017) suggested that awareness is increasing regarding the signs and symptoms of all kinds of abuse and more people appear to be willing to take action to prevent or protect a child from abuse. However, simply knowing the signs of abuse and how to react or report it does not necessarily mean that this action is taken. As will be demonstrated in the following subthemes which begin to further explore this theme.

*4.1. Professional involvement.*

Six participants (12.2%) indicated that professionals or authority figures had been involved around the time of their disclosure, either because they had chosen to disclose to a professional e.g. teacher or social worker or, because another person

had involved an authority figure, e.g. the police, with the outcome being that no significant action was taken to stop the abuse. For example:

> F46: *"…told I was a liar by police*"
>
> F88: *"Police department put a stop to any charges being pressed against anyone. A school teacher did not believe me. Everyone I told did nothing to stop it."*
>
> F43*: "When I was just about to start 9th grade, I finally told a social worker at a camp I attended that summer. She came to my house so I could tell my Mom what had been going on. My Mom's reaction was to remove me from the house and take me to a friend's house while she talked to my brother. I spent a week there before returning home."*

For this participant, that week away will likely have been filled with internal conflict surrounding the abuse and what might happen as a result of her disclosure. However, when she returned to her home at the end of the week, according to her family, the matter was closed. The sexual abuse from her brother continued as if nothing had happened and she was left feeling scared and ashamed. For others, their disclosures didn't quite make it that far. For example:

> F44: *"I think police or social workers were involved once but fear made it impossible to tell the truth."*
>
> F50: *"I was sent for psychiatric evaluation and threatened with institutionalization."*

These examples are linked to a previous theme "fear", and it is easy to understand how the fears and threats associated with the abuse(r) could prevent a child from opening up to authority figures in these situations and making a full disclosure (Lovett, 2004). Particularly when the abusers' threats are resonating around a child's mind e.g. the police will take you away, you will get put into care, etc as reported by the following participants:

> F35: *"told I would be in big trouble and sent away and people would hate me more than they already did".*
>
> F37: "*I was told that if I didn't go to bed on time, that the police would come and take me away because my mother didn't want me any more*".

However, it is because of these fears and barriers to disclosure that it is imperative that people or professionals coming into contact with children are vigilant and actively “listen” to the children’s verbal and non-verbal attempts at communication. Multiple previous studies have highlighted that disclosures to professionals have been the least reported and have resulted in the least support in varying samples. For example, disclosure experiences of sexually abused teens were explored by Crisma et al (2004) who found that disclosures to professionals were much less supportive than those made to family members. Their findings indicated that of 18 adolescent girls who disclosed sexual abuse to a professional or asked a professional for help, only 6 of them felt believed or supported. They also found that out of 36 sexually abused adolescents, the abuse was never stopped by the intervention of a protective agency. In addition, further results revealed that other participants simply did not reach out to services for help and the reasons for this were because they thought professionals would not be able to protect them from abuse, would not believe them or would blame them. Additionally, Bottoms et al (2014) investigated retrospective disclosure experiences in a large sample of female undergraduates in order to explore disclosures of multiple abuse types. From their findings, they were able to ascertain that children’s abuse disclosures were very rarely made to authorities or made formal, and any formal disclosures that were made were unlikely to lead to official investigations. A further study conducted by Münzer et al (2016) examined barriers to disclosure following sexual victimization in a sample of 6 to 17-year olds, they reported that the most likely recipients of a child’s disclosure was their mother and the least likely disclosure recipients were professionals or authorities. Their finding indicates that following their child’s disclosure of abuse, mothers also refrained from contacting authorities on their

child's behalf. An explanation for this may be related to the way mothers are perceived in society as responsible for the child's safety and protection, as suggested by Humphreys and Absler (2011). They found that mothers in DV relationships were at times, offered an ultimatum by child protection workers to either leave the abusive relationship in order to secure the safety of their child(ren), or remain with the abusive partner and have the children removed from their care. This perception that mothers are responsible for the protection of their children, may lead to mothers feeling inadequate following a child's disclosure (Lovett, 2004), which may have prevented them from contacting authorities. However, Glaser and Prior (1997) acknowledged that depending on the child's circumstances, removing the child entirely from the (abusive) home, where there may be some aspects of positive caregiving, may not necessarily be the most beneficial approach for the child in the long-term. Current findings support those of previous studies as it was also revealed from current participants that no significant intervention resulted from any professional involvement reported. Therefore, it can be concluded that more needs to be done to ensure that children are supported, reassured and protected following a disclosure of abuse, either by appropriate professionals or other adults around the child.

Further participant responses demonstrate that attempts may have been made by adults around the child to offer support, however, the child's barriers to disclosure hindered this process. For example, the following respondent reports how a couple of her teachers became suspicious after meeting her parents and started asking questions about her family and her situation, she answered their questions honestly but she reports that they did not ask the right questions in order to allow her to disclose as she so desperately wanted to. The question asked to elicit this response

was "*If you did experience abuse, did you ever disclose the abuse to a 'trusted' adult?"*

> F81: *"Kind of. I bonded with a couple of teachers at school and after they met my parents they knew something was up. I told them my father was just horrible to me. They asked if he hit me, he'd never punched me or beat me up so I said no. I didn't dare disclose more than this but desperately hoped they would notice there was more to it."*

The initial response here was "*Kind of*." Indicating that she believes she did partially disclose but that it wasn't enough to highlight any further concerns to her teachers. This finding supports previous findings such as, Allnock and Miller (2013) who found that many of the young people in their study wished that social workers and/or teachers had taken more notice and directly asked them about their abuse. Flåm and Haugstvedt's (2013:640) findings also concluded that when trusted adults provided door openings for children, children used them, when adults used careful prompting questions, children talked and, children told when they were treated kindly and asked thoughtful questions. The responses of F81 suggest that she was desperate for a door opening and if the teachers had known how to handle the situation she describes, and what types of questions to ask, she may well have made a full disclosure.

*4.2. Societal ignorance or fear.*

One third of the participants (*n*=10) who contributed to the "no action taken" theme believed that in general, people in society either do not want to act, don't want to get involved, don't know what to do to help or, are also too fearful of potential consequences of speaking out to help a child. A male participant who suffered multiple abuse types daily for 18 years said that none of his behaviours were noticed because:

M28: *"Society doesn't want to act, or get involved. Easier to believe the child is lying, than abuse is actually happening…….after all if they thought that…they might have to do something. Most people choose not to."*

M79: *"I lived in a wealthy rural town. People assumed that things like this didn't happen."*

This demonstrates an element of societal ignorance, whether real or perceived by the victims. M79 also followed this by saying:

"*My teachers were probably not trained to notice such things…".*

The idea that society prefers to turn a blind eye is concerning considering that over recent years, government campaigns within the UK have focused on increasing public confidence in reporting child abuse suspicions, emphasising that it is better to report an unfounded suspicion, than not report and leave a child in an abusive or distressing situation (Department for Education, 2018). Kairys and Johnson (2002) stipulate that in order to confirm psychological maltreatment in a child, multi-agency collaboration is important e.g. schools, professionals and family members, etc. However, professionals such as social workers, police officers or paediatricians, etc, are unlikely to come into contact with an abused child unless they have a specific reason to get involved with a child or family, particularly for a long enough period that the child might consider a disclosure. Therefore, the people who children and authorities rely on to highlight concerns are predominantly members of the public e.g. neighbours, teachers, parents of child's school friends, etc. If any adults surrounding the child are aware of abuse and don't report it, children can suffer undetected abuse for many years, never coming into contact with the relevant services, as is evidenced in the following responses:

F44: *"relatives noticed but […] they didn't want to have to take action. Strangers often didn't know what to do plus it was still the kids are parents property and what happens in the home is no one else's business…Plus my dad was scarey."*

F36: *"At that time, the social norm was to "mind your own business" and not interfere."*

> F49: "*Child abuse wasn't known or understood 40 or 50 year ago. People didn't know what to do, and they didn't understand how deep the problem was."*

Charities and organisations have spent recent years attempting to quash this perception that people in society should "*mind their own business*" and instead, embed the attitude that child protection is everyone's responsibility (Department for Education, 2018). However, based on current participant responses, it could also be suggested that any members of society that suspected childhood abuse, were either intimidated by the abuser enough to prevent them from "getting involved", or were actively complicit in the abuse of the child. For example:

> F44: "*We were forced to watch others be tortured and killed. There were also sexual abuser relatives on both sides of the family."*

This would further compound the child's belief that nobody could be trusted enough to disclose, or indeed provide protection following that disclosure. Another female participant has an alternative outlook as to why nobody acted to protect her as a child. F93 claims that:

> *"Those who cared were afraid. I didn't let them close enough for them to have the confidence to act. Others didn't care or were abusive themselves."* (F93)

She makes a valid point when she says that she didn't let anyone close enough to her for them to have the confidence to act. She also said that

> *"the risk [to disclose] was too high. Noone looked truly trustworthy to me."*

It should also be noted that this participant endured years of multiple abuse types from only her mother, her rhetoric could be viewed as internalised blame, i.e. nobody helped because she wouldn't let them close enough.

The beliefs reported by current participants. i.e. that nobody cares, that members of society are not willing to act or are unsure of how to act, and that people

in professional or authoritative positions refuse to take action in order to protect a child from abuse, particularly following a disclosure, feeds in to the following theme that was identified; Helplessness. When children are abused or neglected, they often develop internal schemas of others as abusive or not trustworthy (Messman-Moore & Coates, 2007), when their disclosure is then met with a similar attitude to what they are receiving from their abuser, e.g. the "nobody cares" attitude or the victim is at fault, etc, this reinforces that internal schema of others and feeds the self-doubt that has been created by their abusers.

*4.3. Helplessness*

This theme was identified from 19/49 (38.8%) abused respondents and it appears that feelings of helplessness have a significant impact on abused children, the likelihood that they will attempt to disclose their abuse, or attempt a further disclosure, following the reaction of the first. M27 remembers that after his initial disclosure to his mother, where she told him to forget about the repeated sexual abuse, he was put off attempting to disclose again because:

> *"…I just thought there is no point because Mum could not deal with it."*

F12 also explained why she never made a further attempt to disclose after her mother's reaction to her initial disclosure:

> *"…she* [Mother] *believed him and went about her business like nothing had happened. I never told her again."*

F52 described how she did disclose the sexual abuse to her parents and nothing changed, therefore she did not attempt to disclose again…

> F52: *"Because my parents didn't want to deal with it or they didn't have time."*

Furthermore, following repeated disclosures with no action being taken, F44 reports throughout a number of her responses how she succumbed to:

> *"…Complete obedience […] I didn't know who to trust and I […] Felt the omnipresence of my hellish father always lurking."*
>
> F82: *"I became isolated […] nobody ever noticed me."*
>
> F93: *"The risk was to high. Noone looked truly trustworthy to me. I had learned early to do things by myself."*

These feelings of isolation and having nobody to turn to for support, likely increases the victims' feelings of self-doubt and confusion which further contributes to their feelings of helplessness in being able to change the situation (Summit, 1983). The 19 participants who contributed to this theme all reported emotionally abusive experiences during childhood, however, it would appear that this finding supports that of Allnock and Miller (2013) who found that victims of child sexual exploitation also reported similar barriers to disclosing abuse which were feelings of isolation and having nobody to trust. Additionally, Summit (1983) makes a valid point that the child's abuser is more often than not, in a position of love and trust to the child which only serves to increase the fear and helplessness experienced by the abused child. Consequently, it was also found that 18/19 participants who contributed to the subtheme *helplessness*, also reportedly had long term relationship issues into adulthood. These issues ranged from general relationship difficulties e.g. not knowing how to be in a relationship, to intimacy and trust issues, struggling to make friends and entering into further abusive relationships in adulthood (explored in more depth in chapter 8). This indicates that a negative disclosure experience may contribute to the negative impact on a person's ability to make and maintain relationships in the long-term.

**Theme 5:** Internal conflict

This theme relates to 13/49 (26.5%) abused participants and emerged from a number of participants reporting that as children, they were unclear and conflicted regarding a number of aspects. These included, their own feelings, their loyalties to their abuser, the lies they were being told in order to secure silence and their responsibilities to the wider family and their loved ones, etc.

Some of these uncertainties are demonstrated by threats or ultimatums from the abuser, e.g.:

> F45: *"My father threatened to kill me; he always said, "I brought you into this world, I can take you out of it"."*
>
> F42: "*Was caught skipping school by step father. He demanded oral sex in exchange for not telling my mother about skipping."*

strong feelings of internal confusion e.g.:

> F37: *I was told by my brother that it was a game but that I couldn't tell mum and dad, it was just a game for brother and sisters."*
>
> F45: *"The self guilt…*
>
> F81: "*I did(n't) disclose the whole story because I was afraid. I was afraid what he was doing wasn't really abuse and that my father would charm people to not believe me."*
>
> M91: *"I felt responsible for the abuse I received."*

and the responsibility of protecting wider family members, e.g.:

> F40: *…he also said that if my Mom had stress that the doctors said her cancer would come back."*
>
> F34: "*My father said if I didn't keep him happy he would see if my younger sister would."*
>
> F41: "*I felt ashamed and didn't want him to get in trouble."*

These findings support those of Crisma et al (2004) who suggested that abusers' strategies are often intended to cause confusion and internal conflict for their victim. Their findings included the experiences of a 19-year-old girl who had been raped repeatedly for 2 years but remained unsure if she had experienced "real"

violence as her abuser was also her long-term partner. This highlights how victims can be confused and unsure whether their experiences are in fact, abusive, even past the age of childhood. Other strategies were also found by Crisma et al to be employed by abusers in order to cause victim confusion such as, the abuser pretending nothing had happened or intentionally creating opportunities to abuse and then putting the blame on the child, etc. According to Crisma et al, these strategies left the victims feeling guilty and blaming themselves for their abuse. Whilst Crisma et al's findings were related to adolescents who had experienced sexual abuse at various ages, the current theme was identified from participants who all reported experiences of multiple abuse types, including emotionally abusive experiences. Based on these previous findings, it could be suggested that young children experiencing multiple abuse types, often from multiple abusers[11], may be at an increased disadvantage for experiencing similar internal conflict as they are thought to be at a greater risk of dysfunctional family environments (Crisma et al, 2004), which may also mean that they have less opportunity to spend time with other, more positive influences. This conclusion is consistent with Marriott et al (2014) who argued that a child's family environment plays a vital role in promoting resilience of abuse victims, particularly as younger children who are less cognitively developed will struggle to make sense of their abusive experiences, and will also likely be denied freedoms to spend time with more functional members of the wider family and friends, etc.

Nevertheless, the internal conflict reported here, demonstrates that as children, these participants were unsure of what was happening to them, what would happen

[11] Multiple abusers or abuse from both parental figures was prevalent within the current dataset, equating to nearly 60% of participants who reported abuse from more than one person.

to them if they told and also who was responsible for those abusive acts i.e. themselves or others. This conflict therefore resulted in an invisible barrier to disclosing those abusive experiences.

**Theme 6:** Normality

This theme relates to 9/49 (18.4%) participants and although it is not a large proportion of the sample, it has been included here because it was still considered to be a significant factor regarding disclosure of abuse. No subtheme(s) were identified.

Based on current findings, it is clear that some abused children remain unaware that what they are experiencing is not normal and does not happen to everyone, for instance:

> M91: "*Failure to recognise as abuse. It was "just the way he was"…In retrospect, it WAS noticed, based on comments I recall. At the time it never occurred to me that I was abused and I invented excuses to dispel suspicion of abuse."*
>
> F93: "*I didn't know that what happened at home was not normal."*
>
> F94: "…*it was all normal to me."*

Although this theme was considered to be an important factor when exploring issues relating to disclosure, it is not necessarily considered to be a significant barrier to disclosure as four of the 9 participants who contributed to this theme still reportedly disclosed their abuse. However, one issue with this finding is that the 4 participants who disclosed their abuse but perceived it as *normality,* also reported experiencing multiple types of abuse. For instance, F12 and F48 both reported multiple abuse types and following negative disclosure reactions, described their situation as:

> F12: *"…It was just the way of life."*
>
> F48: *"Abuse and dysfunction were […] the norm in both my maternal and paternal extended family."*

This suggests that rather than perceptions of normality preventing them from disclosing, these participants instead adjusted to an abusive home environment based on their negative disclosure reactions and came to accept that abuse was "*just the way of life*" (F12).

The other 5 participants in this theme who did not disclose due to perceiving it as normal, all reported experiences of emotional abuse or witnessing domestic violence with only one reporting additional sexual abuse.

M59: *"I didn't realise it wasn't normal until I grew older…"*
F30: "*I didn't know it was abuse. I thought it was normal…"*
F82: *"I didn't think that help was available. I thought it was normal."*

This offers support for Newton and Gavin's (2020) conclusion that due to the nature of emotional abuse, it is possible that child victims did not recognise their experiences as abusive. Additionally, in terms of witnessing domestic violence, previous studies such as Wendt, Buchanan and Moulding (2015) identified that mothers who are victims of DV, do attempt to protect their children from harm, despite the complexities of the DV environment. The participants within the current theme, who reportedly experienced emotional abuse and witnessed DV during childhood, but did not disclose due to their perception that their family environment was normal, may have actually been protected by the mother, from the more severe aspects of abuse, without having a conscious awareness of this protection.

### *Discussion/Implication of findings*

A primary finding of the current chapter is that disclosures of childhood abuse are rarely met with positive reactions, and rarely result in positive outcomes. This is largely consistent with previous research e.g. Bottoms et al., 2014; Crisma et al.,

2004; Flåm & Haugstvedt, 2013; Munzer et al., 2016. Within the current research, there were 49 participants who acknowledged they had abusive childhoods. Of those 49 participants, only 23 reported to have disclosed the abuse to an adult, and of those 23, only 3 of them reported a somewhat positive disclosure experience, based on a direct, verbal disclosure. This was irrespective of who they made their initial disclosure to and when that disclosure was made. This would suggest that although some child victims of abuse may be reluctant to disclose due to the many barriers reported, the main issue following a disclosure appears to be the adults' reluctance to listen or believe the child. The current findings also evidence that the initial response to a child's disclosure is hugely important for the child, and negative responses can have a detrimental impact on the child, long into adulthood. Finn (2011) explored forensic nurses' narratives of receiving abuse disclosures from children, he found that important aspects of receiving a child's disclosure included connecting with the child or building rapport, engaged listening and believing the child unconditionally. Finn also reported that first time disclosures were unique in the sense that the receiver of the disclosure has to have "the necessity to believe the unthinkable" (2011:255) as, if children did not feel that they would be believed, they would not continue with their disclosure.

Within the current findings, barriers to disclosure included a multitude of fears, including a fear of the consequences as a result of direct threats made by the abuser in order to elicit complete compliance and silence. Fear of not being believed, fear of not being removed from the family home following the disclosure, and fears for the safety of family members and beloved pets. This finding supports those of Munzer et al (2016) who also found that fear and threats made by the abuser were major barriers to disclosures of sexual victimization. Due, in part, to these fears and

concerns regarding making a direct disclosure, participants were also found to commonly use behaviours as a form of communication, often with the intent of eliciting questions or concerns from the adults around them. Some participants did this by engaging in risk-taking behaviours, such as drugs and alcohol, promiscuous behaviour, etc, and they voiced their belief that these risk-taking behaviours should have alerted others that something was amiss. This finding is consistent with those of Brattfjell & Flåm (2019) who also found that victims felt their behaviours should have been recognised as a cry for help. Some participants also reportedly engaged in self-harming behaviours and, while previous literature acknowledges that acts of self-harm are not carried out with the intention of seeking attention (Fox & Hawton, 2004), current findings call this into question as some participants highlighted that attempting to gain adult attention was the specific intention behind their self-harming acts. Sutton (2007) proffers that self-harm may be used to gain attention of adults if childhood has left them lacking in affection, nurturing and feelings of being valued. It is argued that within the current data, the majority of participants experienced childhoods that were deficient in affection and nurturing, therefore, using behaviour and taking risks as a method of communicating emotional distress may have occurred due to a lack of alternative options. Although risk-taking behaviours have previously been identified as harmful coping methods (see chapter 5), little is known of the prevalence of using these methods as a means of gaining adult attention in order to make an indirect disclosure of abuse, or to draw enough attention for questions to be asked. Helplessness was also a theme identified within the current chapter, however, using behaviour as a method of communicating appears to contrast feelings of helplessness, and indicates that children continue to attempt to

disclose, or elicit adult questioning which is potentially designed to prompt a disclosure attempt.

Alternatively, 24.5% of participants indicated that following abuse, their behaviours changed in a positive way as they were afraid of getting into trouble with the abuser(s). This often resulted in some child victims of abuse exhibiting behaviours that they believed would protect them from further abuse e.g. “perfect child” syndrome. Participants reported being too afraid to act out or get into trouble like many of their peers. This finding is supported by those of Brattfjell and Flåm (2019), as they also found that exaggerated deviant behaviour and exaggerated positive (“good”) behaviours were prevalent in victims of child sexual abuse. The responses within this theme indicated that “good” behaviours, or non-disruptive behaviours, such as being quiet, withdrawn, well-behaved or obedient, did not result in adult questioning or attention because these behaviours were not negative or disruptive. Therefore, opportunities to disclose were not provided. Guidelines for professionals working with children (NICE, 2017), and additional literature, acknowledge that disruptive, aggressive or inappropriate behaviour in children is caused by an underlying issue, commonly associated with childhood abuse, or trauma (Minahan & Rappaport, 2012). The current findings identified that although common, the behaviour changes in children, following childhood abuse, are not always negative, disruptive and risk-taking but, unexplained positive changes in behaviour or characteristics in children should also be noticed and investigated.

Current participants commonly spoke of their behaviour changes in school or classrooms, however, some participants also expressed disbelief that their mother had been unaware of their distress and had not noticed the seemingly obvious changes in their behaviour. Other participants highlighted that their mother had

noticed or had received their initial disclosures and not taken action to protect them. The '(lack of) maternal protection' theme was developed due to a recurring report of participants (38.8%) highlighting a lack of maternal protection offered by mothers', following their disclosure. Some participants described how their mothers' reaction to their initial disclosure contributed to the continuation of abuse for many more years, contributed to their decision to never "tell" again, and also contributed to the long-term emotional distress they experienced as a result of the mothers' lack of care and protection. Leifer, Kilbane and Skolnick (2003) identified that a secure and healthy maternal relationship can provide a child victim with a sense of security which helps to alleviate emotional distress. Their finding is potentially supported by the current findings; however, it was not reported frequently enough to be able to generalise, therefore, positive maternal relationships acting as a protective buffer is a preliminary finding.

Unfortunately, the lack of maternal protection was more commonly reported, and a 'failure to protect' was found to have an indisputable psychological impact on those participants. It is recognised within the feminist discourse that a 'failure to protect' is often unfairly attributed to the mother (Kopels & Sheridan, 2002) and mother-blame positions the responsibility to protect as the sole responsibility of the mother, with the father/abuser neither being held responsible for his abusive actions, or for the care and protection of his children (Humphreys & Absler, 2011). Despite this unfair stereotype however, it is necessary to interpret the findings within the current sample. Therefore, current data suggests that mothers were either abusive themselves, or at least, were privy to the abuse occurring. It was also found that her 'failure to protect' or take action against the abuser, particularly following a disclosure, has left adult victims of childhood abuse, with emotional scars that they

have struggled to overcome or accept. This finding supports Summit (1983) who suggested that disbelief or rejection by the 'non-abusive' parent exacerbates the most damaging aspects of the abuse.

Supportive of previous research by Crisma et al (2004), current findings also identified that disclosures made to professionals (or authorities) resulted in no action being taken, and abuse continuing with the abuser predominantly undeterred. Some participants were found to hold societal perceptions that people in society either do not want to act, do not want to get involved in family business, don't know what to do to help following a disclosure, or are also subject to fear of the abuser and any potential consequences of their actions, if they did decide to help. Further participants highlighted that when other adults became aware of abuse occurring, either through a direct or indirect disclosure, they used it as an in-road to initiate their own abusive desires or actions on the child. This clearly complicates the issue of disclosure further and compounds the child victim's schemata that nobody can be trusted enough to disclose, or provide them with adequate protection following a potential disclosure. In addition, any direct or indirect disclosure attempts that have been made and have resulted in further rejection, lead the child to feel helpless in their situation and helpless to effect any meaningful changes. Nearly 40% of participants contributed to the theme 'helplessness' and reported prevalent feelings of helplessness, all of these participants also reportedly experienced emotional abuse, alongside other (often multiple) abuse types in childhood. However, this finding supports those of Allnock and Miller (2013) who found that child victims of sexual exploitation also reported similar barriers to disclosing i.e. feeling isolated and having nobody to trust.

Further findings relating to barriers to disclosing abuse include internal conflict experienced by participants. Some participants reported that their ongoing internal conflict prevented them from disclosing, even when they wanted to, as they were unable to predict the potential consequences. For example, some participants highlighted they felt they would not be believed, some felt responsible for the protection of others, such as siblings or the 'non-abusive' parent and sometimes, even protection of the abusive parent was a barrier to disclosing. This internal conflict is thought to be generated by abusers' who purposefully engage in strategies designed to secure their victim's silence and confusion, which ultimately acts as a protective strategy for them to continue to abuse (Crisma et al, 2004). Herman (1997) explains that quite often an abused child is isolated from their wider community and social peers which is a deliberate act of the abuser to isolate their victim. However, she suggests that this isolation creates an intimate environment for the child whereby the closest adult to her is dangerous and any other adults within this environment have failed to protect her. The child has no understanding of why the adults fail to protect her, and will experience this lack of protection either with indifference or, as total, complicit betrayal (Herman).

Finally, 9/49 participants reported that during their childhood, they had largely been unaware that their experiences or their home environment were not normal and did not occur in every home. Participants with long histories of abuse i.e. started at a young age and continued for many years, have grown up in the abusive environment which to them became just the way of life. Even when family dysfunction was recognised, it was considered normal. For some participants, this perception of 'normality' prevented them from even considering making a disclosure because there was nothing out of the ordinary happening. For others within this theme, normality

did not appear to be a barrier to disclosing as 4/9 participants did reportedly disclose, and were either met with negative responses and/or negative outcomes as a result of their disclosure. This suggests that rather than perceptions of normality preventing children from disclosing, normality has actually been a result of child victim's failed disclosure attempt, which has led them to adjust and accept that abuse and/or the abusive home environment is now their norm.

Government legislation currently recognises that parents have the right to bring up their child as they see fit with minimal intervention from the government (McRae, 2006). In addition, if there is no initial observable reason for services and/or agencies to become involved with the family then it is likely that intervention will not take place and the children's circumstances may go undetected for years. If social services are not involved with families, teachers are potentially the only other adults out with the family who will see children on a regular basis. They also have the potential to be a significant adult in a child's life, consequently, teachers and school staff should endeavour to be vigilant and make time to understand what a child is attempting to communicate with their behaviour; whether that behaviour is "good" or "bad" (Minahan & Rappaport, 2012). The idea that children use behaviour as communication needs to be taken seriously and all professionals working with children need to be aware of the many different behaviours or methods that vulnerable and desperate children will use in order to alert an adult of their situation.

In the UK, under the Children's Act 1989, all professionals working with children have a duty to safeguard and protect children from harm, this includes acting on and reporting suspected child abuse and neglect. Safeguarding systems have been shown to be most effective when they are child-centred, where the needs

and views of the children are paramount, even ahead of the needs and views of the adults (HM Government, 2018).

### *Conclusions*

Previous research, although very important, predominantly investigates disclosures of sexual abuse and the barriers to that, this study is one of the few studies to consider disclosures of all abuse types and the impact negative disclosure experiences and/or outcomes have on the abuse victim. From the current findings, it is evident that all abuse types create many different issues for children, however, it appears that initial disclosure reactions are imperative in paving the way for future abuse. Positive disclosure experiences where the child is believed and supported appear to be rare, however, current findings demonstrate that negative disclosure experiences, particularly when that negative reaction was from the maternal figure, leads to further abuse, further isolation, and an increase in emotional distress. Furthermore, it appears that the main issue does not lie in the child victim's reluctance to disclose, but instead, the disclosure recipients' willingness to believe, protect and offer emotional support to the victim is paramount.

### *Summary of chapter*

This chapter highlights some of the issues around childhood disclosures of abuse, including the barriers children face and the way in which disclosures can be reacted to. Some of these findings were anticipated and in line with previous research, such as fear and threats, and some of the findings were not anticipated and have contributed to a deeper understanding of the barriers faced by abused children. It became evident that negative disclosure outcomes are more common than was initially anticipated and those negative disclosure outcomes were found to

have a severely negative emotional impact on abused children. This negative emotional impact is linked to the findings presented in the following chapter.

*Chapter 7:*

# *"The wounds I carry" - The invisible wounds of emotional abuse.*

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*"The way we speak to our child matters, for those words travel beyond their ears, settling into the creases of their hearts and the crevices of their self-worth"*

(unknown)

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## *Introduction to chapter*

It is clear from previous chapters that there are various forms of abuse, ranging from mild to severe trauma, there are also various factors that exacerbate the experiences of abuse e.g. negative disclosure experiences, maladaptive coping methods, etc. Some previous authors, such as Mullen et al (1996) have suggested that childhood abuse histories of any form, increase difficulties and problems associated with sex, self-esteem, relationships and mental health. Mullen et al also reported an increase in those negative outcomes when one form of abuse co-occurred with other forms of abuse in childhood. More recent research has demonstrated similar findings, for example, Spinazzola et al (2015) found a significant increase in the negative outcomes of youths' when emotional abuse was experienced alongside physical or sexual abuse, in comparison to experiences of only one type of abuse. Although these previous findings are important, the focus of the current chapter is on the aspects of abuse that participants specifically reported as the hardest to deal with and/or the hardest part of their abuse to overcome. The previous research around this area of childhood abuse is limited so findings have

predominantly been related to literature and theory in order to answer the following research questions:

a) What aspects of childhood abuse do adult survivors identify as being the hardest to overcome or come to terms with, and what is the long-term emotional impact of that?

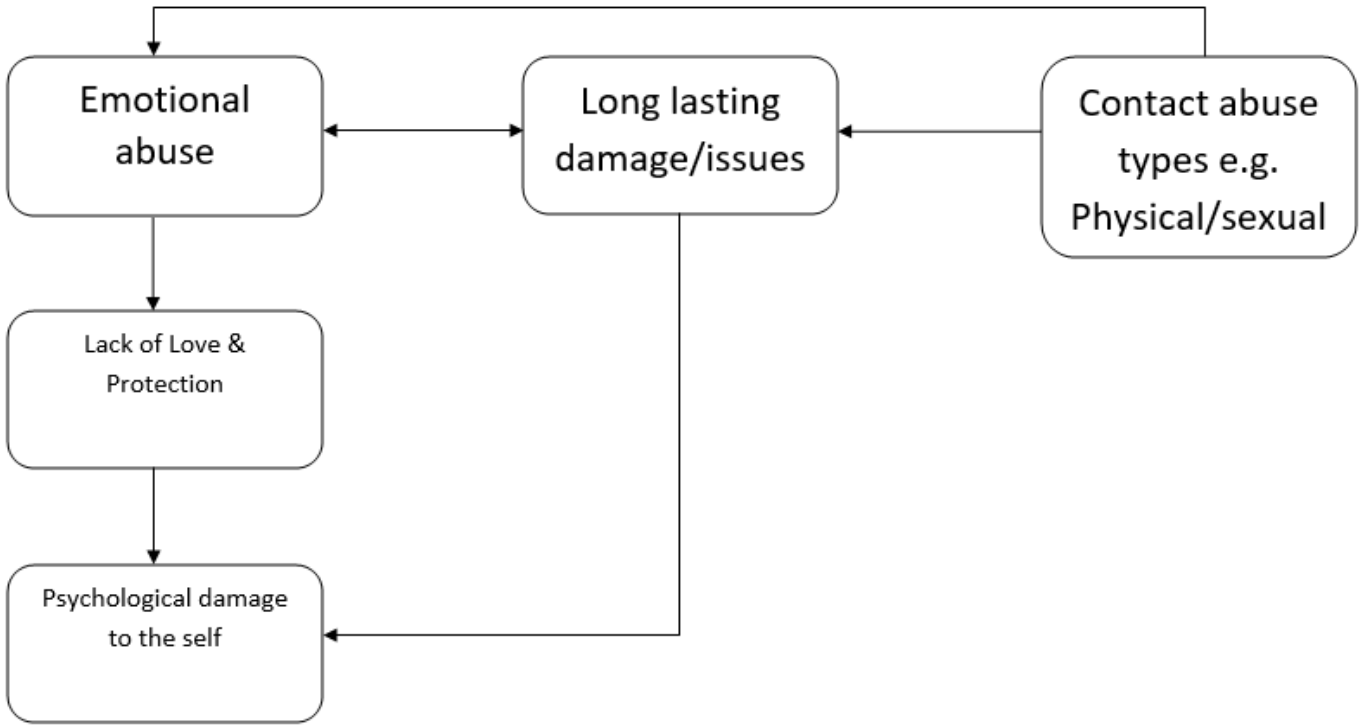


Figure 4: Demonstrating the connection between the major themes/sub-themes identified within this subsection.

## *Findings*

The following themes have emerged predominantly from the question *"…describe what you have found the hardest to deal with/overcome?"* The responses that have contributed to these themes have been taken from the abused sample of participants only.

**Theme 1:** Emotional abuse

This theme was the most frequently reported (18/49 or 36.7%), with two subthemes also identified.

Subtheme:

1.1. Lack of love and protection

1.2. Psychological damage to the self

Emotional abuse and/or emotional elements of abuse were specifically reported by those 18 participants. During the initial content analysis, it emerged that some participants simply stated that the emotional abuse was the hardest to overcome without elaborating on this further, as can be seen in the following responses:

M78: *"Emotional abuse"*
F14: *"the mental abuse"*

This directed a more in-depth thematic analysis which revealed that other participants also described how they found it particularly difficult to come to terms with certain emotionally abusive elements of their experiences. For example:

> F49: *"That the parents I loved, and who loved me, raped me. How am I supposed to let all of that be real, to let it feel, to feel the filth of all that."*

Although F49 talks about the incestual rape here, the undertone of her words is that her parents claimed to have loved her and yet could still do that to her; betrayal is commonly experienced by individuals who have experienced childhood abuse (Hopper, 2019).

F50 supports this when she says:

> *"The hardest part is the betrayal. The adults who were supposed to take care of me and protect me did not. […] The psychological torture was, in many ways, worse than the physical or sexual abuse."*

Herman (1997) accurately sums up the betrayal experienced by child abuse victims when she says:

> An abused child is isolated from other family members as well as from the wider social world. She perceives daily, not only that the most powerful adult in her intimate world is dangerous to her, but also that the other adults who are responsible for her care do not protect her. The reasons for this protective failure are in some sense immaterial to the child victim, who experiences it at best as a sign of indifference and at worst as complicit betrayal (p.101)

Although betrayal is accurately explained by Herman, there are few studies within the psychological literature that specifically examine the effects of abuser betrayal in relation to adult experiences of childhood abuse. This study adds to the existing literature which identifies that feelings of betrayal associated with child abuse have such a detrimental impact on the victim, so detrimental that they perceive it as one of the hardest aspects of their abuse to overcome, long

into adulthood. Foynes, Freyd & DePrince (2009) suggested that the closer the relationship between the child and their abuser, the higher the level of trauma betrayal they experience. The above participants who reported parental betrayal as being the hardest to overcome, support this theory. The Betrayal Trauma Theory (BTT) was initially used in relation to victims impaired memories and awareness of their abuse, and how this impacted their willingness to disclose to others. However, it also applies here as these participants are clear that despite experiencing multiple abuse types, including (but not limited to) rape, satanic ritual abuse and psychological torture; the betrayal experienced from parents who were supposed to love and take care of them, has been the hardest aspect of abuse for them to deal with and attempt to overcome. This indicates that betrayal is not simply a consequence of abuse but an emotionally abusive component of that abuse that has a long-lasting psychological impact on victims, into adulthood. In addition, within the current dataset it was not possible to statistically compare participant abuse scores between abusive parents i.e. mothers and fathers, due to only a small number ($n$ = 2) of participants reporting abuse from mothers alone, rendering comparability inappropriate. However, some participants in this theme have reported abuse from both parents, therefore, further research into betrayal should aim to compare feelings of betrayal in relation to different abusive relationships.

Other participants explained how emotional abuse has been the hardest for them to overcome in different ways:

> M27: "*The emotional component of sexual violence and the emotional effects of my mother's narcissistic abuse. […] It has taken a long time in therapy for me to see that it is the emotional component of the abuse I suffered which did the long term damage."*
>
> F12: *"Out of all the abuse I suffered, the physical abuse was the easiest to deal with because in a weird way it was a form of self-harm when I wound him up, it made me feel*

> *better knowing I had pushed his buttons. The psychological torment was the worst, he was such a manipulative, twisted man, he would make you feel on eggshells without even saying a word…"*
>
> F93: *Physical and sexual abuse can be hard to deal with. For me it was not as hard compared with the wounds I carry from what happened at home, being psychologically and emotionally abused on a daily basis. […] not taken seriously, ridiculed and humiliated."*

It is clear from these participant responses that the experiences of emotional abuse were by far, the hardest hitting and the longest lasting. F93 states that the physical and sexual abuse were not as hard as *"the wounds I carry"* from the emotional abuse. The term "wounds" could be interpreted as an indicator that she is still suffering with the effects of her emotionally abusive experiences even at the age of 35.

M27 also states that it was the emotional component of the abuse he suffered that *"did the long term damage"* and he has been persistently working through that in therapy. F12 also stated that *"the psychological torment was the worst",* however she went as far as saying, the physical abuse was the easiest to deal with because she intentionally *"wound him [abuser] up",* indicating that she did this in order to gain a sense of control i.e. *"…it made me feel better knowing I had pushed his buttons."*

This finding that emotional abuse is potentially the hardest hitting and the most damaging to the victim supports previous findings by Spinazzola et al (2015) who examined the co-occurrence of psychological maltreatment with physical or sexual abuse in maltreated youths. Their findings indicated that psychological maltreatment in childhood posed a significant trauma to the child when experienced alone. However, when psychological maltreatment was experienced alongside physical or sexual abuse in childhood, they found a significant increase in negative outcomes when compared with outcomes associated with physical or sexual abuse alone.

*1.1. Lack of love and protection*

This subtheme emerged from 14/49 (28.5%) participant responses to the relevant questions. Although this subtheme is closely linked to the lack of maternal protection theme in chapter 6, it is also reported here as some participants have specifically recalled how the lack of love and protection has been, for them, the most difficult to overcome. Furthermore, although lack of love and protection from mothers is frequently reported here, this subtheme does not relate to mothers explicitly. For instance:

> F49: *"…I felt safe and loved and protected by my parents – and I felt abandoned and betrayed and injured by my parents."*
>
> F81: "*That my parents don't love me and never have."*
>
> F37: *"…my parents would say 'you know I hate it when you make me do this to you'. […] I have to remind myself several times a day that I deserved better than that."*

It is evident that these participants have not only struggled with the betrayal and lack of love from their parents but also, with conflicted feelings regarding the parental role. The following participant has described how the hardest thing for her to overcome has been her feelings and relationship difficulties with her mum and half-sister:

> F12: *"I found it hard to overcome my feelings for my mum and my resentment towards my sister. I blamed my mum for everything for a long time, I still do to some extent […] I don't have a close relationship with my sister because she reminds me too much of her dad which is a shame because she can't help it."*

In an unrelated question, *"How would you describe your relationship with your mother?"* F12 also stated:

> *"When I was young I thought she was a great mother although she didn't protect me like a mother should. Now that I'm an adult, I realise she has some major mental health issues and don't believe a word she says."*

Other participants also directed their feelings of 'lack of love and protection' towards their mother, as is evident from the following responses:

> F1: *"I feel as if my whole life has been a lie and that my mother never actually loved me…"*
>
> F39: *"The fact that my mother walked in and found my step father in bed naked with me. I was also naked. […] I'm still struggling with what my mother did, or didn't do I should say. Mothers are supposed to protect there children from harm and keep them safe."*

This emotional turmoil regarding the abuse creates conflicting feelings and confusion because children wonder how their parents could willingly hurt them if they really did love them.

This internal conflict around the parental role, particularly the maternal role is linked to the feminist discourse and is also supportive of previous research. Despite the fact that both perceptions of women, and the role of women in society has evolved somewhat, women are still commonly perceived as having naturally maternal, caregiving and nurturing roles in society (Gavin, 2010). Moulding, Buchanan and Wendt (2015) carried out semi-structured interviews exploring how domestic violence impacted on mothers' relationships with their children, particularly in the context of maternal protectiveness. Their findings indicated that some children of domestically abused mothers, harboured feelings of resentment towards their mother, considered their mother to be weak and emotionally dependant, and in some cases assumed that their mothers accounts of their fathers' abusive behaviours were exaggerated. Thus, the idea that the mothers 'failure to protect' the child was centred around the mothers vulnerable, dependent and feminine nature, rather than the fathers' abusive actions. Although these findings were in relation to domestic violence against mothers and not direct abuse against children (where the mothers 'failure to protect' would likely be impacted by her knowledge and awareness of the

abuse against the child), these findings demonstrate that instead of empathy for the mother as a victim of DV, mothers may in fact still be perceived as weak and feminine and failing to carry out her maternal duties, even in the eyes of her children.

It is worth noting that 7/14 (50%) of participants who contributed to this theme, reported abuse from both parents. This suggests that participants' feelings towards their mother may not have been directly related to the feminist ideology of mothers' roles in society; but instead, as a direct response to their mothers' abusive actions and behaviours towards them during childhood. Nevertheless, irrespective of the child's reasoning for viewing the parents or mother as failing to protect them, it is clear from participant responses here that this parental lack of protection and the confusion caused around that, has had a long-lasting psychological impact on these adult victims of childhood abuse.

*1.2. Psychological damage to the self*

Ten participants (20.4%) explained how the psychological damage to themselves has been the hardest to deal with and overcome. The ten participants within this theme reported experiencing at least emotional abuse in childhood, with 2 participants reporting two forms of abuse, and 7 reporting experiencing 3 or more types of abuse simultaneously in childhood. This demonstrates that all of the participants in this theme recognised (as adults) that their childhood experiences were emotionally abusive in nature. As can be seen by the following participant responses that are in line with the UK Government (2018) definition of emotional abuse (see chapter 1), which refers to the negative impact it has on the individual's self-worth. Some participants responses indicate that they have internalised their

abusers' words which, over time, have developed into inherent beliefs and low self-esteem. For example:

> F36: *"The hardest to deal with is the low self esteem."*
>
> M32: *"My father was abusive verbally. He told me that I was not worth much."*
>
> F45*: "The self guilt, even if it wasn't my fault & I wasn't able to stop the adults while I was a child."*
>
> F35: *"Not feeling like a person…a human and actually understanding that it is ok to feel and react like others do. feeling fractured like I am several people in one…"*

These findings are supportive of previous research that found childhood abuse to negatively impact the development of self-esteem. For example, in their study on the long-term impact of various abuse types on children, Mullen et al (1996) discovered that self-esteem in adulthood was negatively impacted by histories of child sexual abuse, physical abuse and emotional abuse individually and, reports of experiences of more than one type of abuse concurrently resulted in even more negative adult outcomes. More recent studies have also reported similar findings with regard to psychological maltreatment in childhood. Arslan (2016) assessed variables associated with psychological maltreatment in a sample of 937 adolescents in Turkey. He found that the presence of childhood maltreatment decreased participant self-esteem scores which resulted in an increase in the likelihood of later emotional problems. He also suggested that increased levels of resilience and self-esteem in childhood may offer a protective factor against later emotional problems as a result of their childhood psychological maltreatment. However, current participants did not appear to have the level of self-esteem necessary in order for it to act as a protective factor, as is evident from the following response:

> F34*: "The emotional abuse as having been told you are worthless and unlovable for so long you believe it. I have low self esteem and doubt myself in everything."*

Due to the nature of childhood abuse, many victims inherently believe that they deserved the abuse, that they were to blame because of something that they did or because they were a 'bad' child (Miller, 2020), as F37 describes:

> F37: *"Dealing with the fact that it was not normal. For many years I believed that it was my fault, that I deserved everything, that I was a 'bad' child, that I was annoying and 'broken' and that I was a bad person…"*

Current findings would suggest that dependent on the abuse characteristics e.g. type of abuse, duration of abuse and relationship to abuser, etc, this belief can be so ingrained in a child that it is very difficult to change their mindset, even as an adult. Messman-Moore and Coates (2007) would explain this as being related to the development of maladaptive schema's in childhood. Children learn things such as how to behave, how others behave, etc through the process of social constructionism. Children from non-abusive families also develop internal schema's around everyday things e.g. that roads are dangerous, that they are too young for alcohol, or that grandma is soft and will let them have pudding, etc. These may be things that children learn dependent on how their parents act, what the adults in their lives tell them and how they observe behaviours in others i.e. within their social world. Children who live in abusive households, with abusive parents, also learn this way. However, they may learn instead that alcohol makes daddy angry, or that the violence and abuse they suffer is their own fault because they are bad, because that is what the adults in their social world tell them (Wright et al., 2009). Wright et al (2009) further explain this when they argue that in loving and consistent environments, with loving and responsive caregivers, a child is likely to internalise the belief that "others" are also loving and supportive, and that they themselves are worthy of that love and support. However, negative factors such as emotionally abusive or neglectful caregivers, contribute to the development of maladaptive

beliefs or schemas about the self and others which the child internalises and these beliefs then form the foundations for negative and damaging perceptions of the self. For obvious reasons, this can develop into a long-term issue whereby an adult has such a negative self-image that they are unable to accept the fact that they were not to blame for their abuse and that they deserve to be loved and cared for as an adult, as is demonstrated by the current findings. Alternatively, it can be just as difficult to overcome the realisation as an adult, that the abuser (who the child may have previously perceived as a 'loving' caregiver), lied to them and in actual fact, they did not deserve the abuse, were not 'bad' or to blame. F37 (above) describes such a realisation and explains how dealing with the fact that her childhood was not normal has been the hardest for her to overcome.

In many ways, adult victims of child abuse go through a grieving process (Fado, 2018) as can be evidenced by the following participants. F1 describes the personal stages that she has been through and F30's response encompasses the feelings of loss associated with her abuse:

> F1: *"I have gone through anger, hatred, raw grief, acceptance and I am trying with all my might to move to the forgiveness stage which I am finding the most difficult."*
>
> F30: *"The loss of who I might have been, and what I never had. […] and a deep longing for something more I will never have."*

As is demonstrated, F30 indicates that she is grieving for the loss of her childhood and for the loss of the person she may have become if her childhood had been different. It may be that these participants begin to overcome their abuse, only when they have been through the process of grieving which would potentially be a beneficial aspect of these participants' healing. Alternatively, Boss (1999) describes how the key to healing from ambiguous loss and the confusion and grief that accompanies that loss, is to embrace and accept the present reality, regardless of

the uncertainty surrounding that. For example, the loss of the childhood and who you might have been, or not wanting to rock the family boat by speaking out, etc. Once these feelings have been acknowledged and accepted as part of the problem, Boss suggests that the process of coping with these feelings of ambiguous loss can begin, even while the ambiguity of their situation remains.

**Theme 2:** Long-lasting issues

This theme emerged from 11/49 (22.5%) participants describing how the hardest aspect of abuse to deal with or overcome has been the long-lasting negative issues and/or the mental health issues that have arisen in adulthood, as a result of their childhood abuse experiences. For example:

> M79*: "The anxiety is a problem. It manifests itself in different ways and transcends into different parts of your life. If I could be free of it that would be fabulous, but I don't think it will go away. I will just get on with things."*

The language used by this participant indicates that although the anxiety is a debilitating issue, he has already given in to the fact that he will never be free of it and is therefore, not attempting to deal with it. This may unintentionally ensure that the anxiety develops into a long-term issue and his method to "*just get on with things*" may not be enough. Other participants also described long-term issues, e.g.:

> F29: described how she's found "*self harm and relationship difficulties" to be the hardest aspects to overcome.*
>
> F30: "*My self esteem issues, driving myself to exhaustion, achieving so much but never feeling enough, plagued by fear and self-doubt…"*
>
> F42: *"My trust issues, believing that [nobody] would stay with me for reasons other than sex. Sexual intimacy."*
>
> F43: *"Shame, inability to remember details or events, anger and bitterness, flashbacks."*
>
> F44: *"Trauma and the core negative beliefs that got stuck with it."*

One female participant who reportedly experienced multiple abuse types, by multiple abusers, over a prolonged period of time; raised an interesting point when she said:

> F35: *"adults who have survived abuse are let down by the mental health system. I am injured and under developed and do not have an "organic" illness as such. The support that was missing as a child is still not there."*

She also points out that:

> *"if I had an organic illness you would at least see a specialist once a year…"*

This is supported by Moon (2019) who, as a survivor, believed that there is a difference in society in how some medical conditions are treated. She explained that when a person is given a diagnosis of cancer, they are flooded with support from friends and family, however when the illness is related to emotional injury, they are often isolated and treated with contempt. Mental health campaigns have been on the rise over the past decade and awareness has been raised regarding the impact that mental health issues can have on a person's daily life (Friedrich, 2018). However, with such an increase in knowledge around different mental health conditions and how to treat them, there does not appear to have been a similar increase in knowledge and awareness around the many different causes of them. This supports Liu et al's (2016) findings that members of the general public still discriminate and hold negative views against mental health sufferers. They also suggested that this social discrimination and stigma, whether it be perceived or real, will have an adverse effect on people's willingness to seek help for their psychological issues.

Although it is widely documented within psychology literature that experiences of child abuse can lead an adult to experience a variety of mental health issues (Fergusson et al., 2013), this knowledge does not appear to have been widespread

enough for child abuse victims to be offered treatment and support as a matter of priority. Adults struggling to come to terms with their childhood experiences of abuse should be offered as much support and/or therapy as possible in order to help them develop into healthy adults, and to reduce the possibility that their long-term issues have a severe detrimental effect on every aspect of their lives. Support should be readily available to adult survivors of childhood abuse, if and when they choose to accept it.

Additional support should also be offered to adult survivors of childhood abuse if and when they choose to start their own family, to prevent their abusive experiences from impacting their own children. Experiencing childhood abuse does not necessarily mean that he/she will become an abusive parent (Gavin, 2011), however, if adults are unable to regulate their feelings and emotions and deal with their own childhood experiences, this may potentially negatively impact the lives of their own children. This negative impact of childhood abuse on victim's offspring has been demonstrated previously by Zvara et al, (2017) whose findings suggested that there was a causal link between mothers who had experienced childhood sexual trauma, and behaviour and conduct issues in their own children.

One obvious point to note here is that adult survivors of child abuse can only be offered support and/or therapy if they are vocal about their abusive experiences, which in itself is an issue when considering the role of shame and low self-esteem reported by participants here. However, if the attitude towards adult survivors was one of empathy and understanding, particularly in terms of their mental health issues, they may be more willing to share those experiences and receive the help and support they so desperately need.

**Theme 3:** Contact abuse e.g. Physical/sexual

This theme relates to a small number of participants (6/49 or 12.2%) who described the "contact" abuse types to be the hardest to overcome e.g. sexual and physical abuse. Despite the previously discussed issues relating to emotional abuse, the damage caused by physical and sexual abuse can also be detrimental to an adult survivors' quality of life, as will be demonstrated. Unfortunately, most of the participants that contributed to this theme did not elaborate or provide detailed descriptions of why they felt that these types of abuse were the hardest to overcome, instead they responded with:

M28: *"The physical and psychological abuse."*

F47: "*Rape and physical abuse, since my childhood its happened as an adult too."*

F48: *"Incest"*

F51: *"the sexual abuse […] I still have night terrors."*

F66: *"The sexual abuse was the hardest although I am thankful that he never raped me."*

The reason why these participants have seemingly struggled with the physical or sexual elements of abuse the most is muddied by the emotional element of those abusive experiences. For example, each participant who contributed to this theme reported multiple abuse types (minimum of 2), some with severe sexual abuse, including rape. Each participant also reported multiple abusers, however, it is worth noting that the abusers reported here were not all "stereotypical" parental figures, as can be seen from Table 10.

Table 10: Demonstrates abuse type and abuser reported by participants in current theme

| | | **A B U S E R** | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Mother | Father | Both Parents | Sibling(s) | Cousin(s) | Family Friend/ Neighbour | Multiple other relatives | Multiple other non-relatives |
| **A B U S E T Y P E** | Sexual | | F51 | F48* F49 | F47* F51 M28 | F47* F51 | F66 | F49 | F49 |
| | Physical | M28 | | F48 F49 F66 | F47 | F47 | | F49 | F49 |
| | Emotional/ Psychological | M28 | F51 | F48 F49 F66 | F47 F51 | F47 | | | |
| | Spiritual | | | F48 | | | | | |
| | Satanic Cult abuse | | | F49 | | | | F49 | F49 |

* Participants have reported that their sexual abuse included rape, this does not assume that others did not experience rape, however, these participants have specifically reported it within this theme.

It is possible that these participants have associated these extreme physical and sexual acts with the way they felt emotionally at the time of their abuse and this may be the reason they have described these aspects as the hardest to overcome. This can be demonstrated by the following response, although F49 describes the sexual and physical elements of her abuse in response to this question, her response also indicates that it is strongly associated with elements of emotional abuse, e.g.:

> F49: *"The shame and horror of the most perverted of their sexual acts. The things "they" made me do to myself. The depth and intensity of physical pain I felt."*

The feelings of "shame and horror" are strongly associated with those "perverted" sexual acts that she experienced so when she relives the sexual abuse, she is also reliving the emotions and the shame which is potentially why she describes this as being one of the hardest elements of her abusive childhood. Not only are some of these participants dealing with the after effects of their abuse but the "shame and horror" of this add an emotional element of abuse, as a direct consequence of the sexual abuse and physical torture that they endured. Although each participant in this theme reported experiences of emotional or psychological abuse[12], alongside multiple other abuse types, by various adults (and children) in their childhoods, it is difficult to separate the effects of each abuse type individually as they are so intricately intertwined. Further research into the specific feelings and emotions linked to sexual and physical abuse is needed in order to delve into this deeper.

[12] Psychological abuse has been used when it has been described as such by the participant(s).

### *Discussion/Implications of findings*

Experiences of abuse are unique to each individual but current findings demonstrate that there are similarities between how child abuse victims perceive their long-term struggles. Emotional abuse was the most frequent aspect that was specifically highlighted by participants, and some of the factors associated with emotional abuse led to the development of the 2 subthemes; Lack of love and protection and, Psychological damage to the self. These findings confirm the expected outcome that emotional abuse and emotionally abusive elements would have the most detrimental and long-lasting negative effects on victims of child abuse, thus answering the research question.

The themes reported within this chapter also highlighted issues with victims feeling betrayed by their families and/or abusers. Participants who indicated betrayal as a pertinent factor to their abusive experiences reported experiencing multiple abuse types, including sexual and physical abuse, therefore, it could be suggested that the emotional impact of betrayal is a direct consequence of the contact abuse they received, rather than an act of emotional abuse itself. However, studies such as Faver and Strand (2007) explain how acts or behaviours that have a psychological impact on the victim (even in the absence of direct or actual harm to them), is at the centre of emotional abuse. They reviewed research surrounding the impact of pet abuse in cases of intimate partner violence and they reported that pet abuse in IPV is used by perpetrators' as a tactic of power and control. Within their review, Faver and Strand agree that pet abuse is a form of psychological battering with the main goal being to instil fear, compliance and hurt to the female victim. They considered that pet abuse is not a direct consequence of IPV, but an emotionally abusive component of the women's abuse. This supports current findings that betrayal is not

a consequence of sexual or physical abuse in childhood, it is instead an emotionally abusive component of child abuse that results in a psychological impact on the victim.

The lack of love and protection subtheme again highlights issues with not only the abusive parent(s), but with the 'non-abusive' mother. Some participants revealed how they felt that their mothers should have carried out more of a protective role towards her children, and the mothers 'failure to protect' them and carry out her maternal duties, has had a long-lasting impact for the adult survivors. This finding supports previous research that mothers who have been subject to domestic violence, are often blamed by their children for failing to protect them. However, in some cases, abusive fathers are seemingly 'let off' by their children (Moulding et al., 2015) because of the social construct and feminist perspective of mothers as caring, nurturing and protective figures, even when they are victims themselves (Gavin, 2010).

Additional issues that were highlighted as a direct result of childhood abuse were also found to contribute to victim conflict and confusion around their experiences of abuse. This was evident from the participants who reported low self-esteem, self-guilt, frequently doubting themselves, and attempting to come to terms with the fact that their childhood was not normal by counteracting the abusers' negative words, etc. As previously noted, this process of coming to terms with the loss of their childhood can be likened to the process of grieving for the loss of a loved one, which is considered to be an important part of the healing process. Kübler-Ross and Kessler (2005) emphasise that there will be no healing without grieving. However, an alternative position on grieving for such losses was provided by Boss (2006), who points out that individuals will likely experience intense feelings

of confusion around their loss as it is unable to be resolved, this makes the feelings associated with their loss unclear, or otherwise ambiguous. Add to this the victims' confusion around parental roles, lack of protection and low self-esteem and it becomes clear how these debilitating issues become part of a victim's daily battle. With the absence of closure on the victims (ambiguous) losses e.g. their childhood, their sense of self, and/or parental relationships, etc, Boss claims that the individual fails to achieve a level of detachment from that loss that would be achieved in a "traditional" bereavement process (e.g. death, funeral, burial, etc). The grieving process then becomes complicated and closure becomes more difficult to achieve. Boss (1999) goes as far as saying this confusion surrounding the persons ambiguous loss causes the grieving process to be frozen in time, because neither closure or understanding of these losses can be achieved. Instead, what needs to happen is acceptance that closure or understanding cannot be achieved and then the process of coping with that can begin.

Current findings provide clear evidence that the nature of emotional abuse and the breakdown of the child's self-worth has a significant long-term impact on child abuse victims into adulthood, with participants reporting a constant internal battle against the abusers' words e.g. worthless, unlovable, broken, deserving of abuse, etc. Depending on the duration of abuse, some of these participants have been called negative and derogatory names from a very young age and in the absence of a loving caregiver to counteract the abusers' words, victims were found to internalise these words as part of their own belief system. This relates to the social learning theory, as abused children will grow up to become their own 'inner abuser' as they continue to criticise and doubt themselves, believing that they really

are worthless, unlovable and broken, etc because that is what they have learnt (Wright et al., 2009).

Another important finding here was in relation to the sample of participants who described the long-term issues that they have been left with (in adulthood) as the hardest aspect of childhood abuse to overcome, their responses indicated that they are fighting against themselves every day. Issues including severe anxiety, self-harm, relationship and intimacy difficulties, low self-esteem, feelings of shame and anger, PTSD symptoms and memory impairment, etc. These negative long-term issues impact on every aspect of survivors' lives and prevent them from moving on. In addition, participants highlighted how help and support for their issues is not readily available, with one participant stating how survivors of abuse are let down by services because they do not have a physical illness or injury. It appears that although awareness of mental health issues may be rising, attitudes towards people with mental health issues may not necessarily be empathetic towards the cause of those issues.

A number of participants also described the 'contact' abuse types e.g. physical/sexual abuse as the hardest to overcome. While it is acknowledged that these abuse types are by no means easy to deal with or overcome, it is unclear within the current findings whether it is the contact abuse types that have been the hardest for these participants to overcome or whether it is the emotional elements and feelings associated with those abuse types that have been combined with sexual and physical abuse and are now associated as the hardest to overcome. Participants within this theme were all found to have experienced multiple abuse types (including emotional abuse), by multiple abusers (as can be seen in Table 10).

The research around how children adapt to stressful life events, also sometimes referred to as the cumulative stress model in child development, suggests that “the risk of children experiencing psychological difficulties quadruples with the presence of two or more stressors” (Chiung-Tao Shen, 2009: 771). This means that the current findings could be influenced by the presence of two or more abuse types, or abusers. However, participants within this theme did not elaborate on their responses within this question, and therefore, any distinctions between abuse types are difficult to accurately determine.

Although there are limitations to be acknowledged within this research, the findings reported here have bridged a significant gap in the literature whereby, adult victims of child abuse have provided their own accounts of what they feel to be the hardest aspects of abuse to overcome. Such findings could be useful in developing early therapeutic interventions for victims of abuse, including the potential to develop support groups aimed at helping children and adults specifically affected by emotional abuse. This may help to reduce the long-term damage done by allowing victims to connect with other survivors of abuse and to reduce the feelings of isolation and lack of support reported. The need for this was previously identified by Phanichrat and Townshend (2010) who found that connecting with other survivors, and seeking support and meaning, were problem focused methods of coping in individuals with experiences of childhood sexual abuse.

### *Conclusions*

Experiencing emotional abuse in childhood has a significant negative impact on children which, if not dealt with, can last long into adulthood. More supports need to be offered to adult victims of child abuse to prevent them attempting to overcome

these negative long-term issues in isolation. It is also apparent that victims of child abuse should be encouraged and allowed time to grieve for the losses that have resulted from their childhood abuse.

***Summary of chapter***

Previous research regarding the current area is limited which has made it difficult to apply the current findings to that of previous child abuse research. However, that makes the current findings all the more significant. It is clear from the findings presented within this chapter that the emotional effects or consequences of childhood abuse is a significant issue which may predispose abused individuals to internalise extremely negative beliefs about themselves. These maladaptive beliefs contribute to the victim's internalised continuation of their abuse, long after they have disengaged from their abuser. In order to interrupt this habitual abuse from themselves, victims of abuse, particularly emotional abuse, should be better supported to overcome their abusive experiences.

*Chapter 8:*

# *"I cut them from my life…"*

# *Is it possible to heal from childhood abuse?*

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*"Many people talk about survivors being 'damaged goods'. Adult survivors of child abuse have been hurt in very significant ways. We have shown incredible strength and resilience to get through what we have been through. We are not 'damaged goods'. We are wounded humans. We are all unique."*

Kelly & Bird, 2014:63

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## *Introduction to chapter*

Previous studies have identified that adult survivors of childhood abuse face multiple ongoing issues into adulthood. For example, MacIntosh and Johnson (2008) explored the effectiveness of emotionally focused therapy with survivors of child sexual abuse and their partners. They suggested that the effects of CSA resulted in relationship dissatisfaction and ongoing distress relating to sex, intimacy, trust, expectations that the partner would inevitably let them down, leave them or "fail" them in some way, etc. However, Marriott et al (2014) identified that positive adult relationships can act as a protective buffer against some of the negative effects associated with childhood abuse.

Other authors have suggested that early experiences of abuse, whether direct abuse or witnessing DV, may pre-dispose an adult survivor to continue the cycle of abuse onto their own children (Trickett, Noll & Putman, 2011). This is often termed intergenerational continuity (Thornberry & Henry, 2013), or transmission (Barnes et al., 2013). Corvo and Johnson (2013) describe this concept to be a result of the

social learning theory, which suggests that “exposure to, or observation of, violence in the family of origin creates beliefs, ideas and norms about the appropriateness of aggression” (p.176).

One way that adult survivors of childhood abuse have been found to attempt to counter the long-term negative effects of early abuse or trauma, has been to cut or limit contact with the perpetrators of abuse or violence when adulthood, and thus, independence, has been reached (Gavin, 2011). Gavin found that participants who reportedly cut contact with negative or abusive family members, also reported feeling better for it and, did not appear to experience the same accumulation of negative experiences as those who did not employ these family avoidant strategies.

Therefore, the current chapter will present findings in relation to the relationship difficulties experienced by adult survivors, what actions participants have reportedly taken in order to help their recovery and, how abusive childhood experiences influence parental behaviours and decisions. The current chapter aims to answer the following research questions:

a) How do adult survivors of child abuse perceive their experiences to impact their ability to form and maintain relationships?

b) How do adult survivors of child abuse perceive their experiences to have impacted their ability to parent and,

c) How do adult survivors attempt to move on and heal from their abusive pasts?

## *Findings*

Table 11: Survey items related to qualitative themes presented.

| Survey item | Gender | Yes | No | Missing | Total |
|---|---|---|---|---|---|
| As an adult, do you find it hard to say no to sexual advances? | Female | 24 | 14 | 1 | 39 |
| | Male | 5 | 5 | 0 | 10 |
| | Total | 29 | 19 | 1 | 49 |
| …are you subject to any form of abuse in your current (last) relationship? | Female | 11 | 26 | 2 | 39 |
| | Male | 2 | 8 | 0 | 10 |
| | Total | 13 | 34 | 2 | 49 |
| Do you have children? | Female | 21 | 17 | 1 | 39 |
| | Male | 6 | 4 | 0 | 10 |
| | Total | 27 | 21 | 1 | 49 |
| …did you make a conscious decision not to have children because of your experiences as a child? | Female | 9 | 6 | 24 | 39 |
| | Male | 2 | 4 | 4 | 10 |
| | Total | 11 | 10 | 28 | 49 |
| Are you still in contact with [abuser]? | Female | 10 | 27 | 2 | 39 |
| | Male | 4 | 5 | 1 | 10 |
| | Total | 14 | 32 | 3 | 49 |

Survey items related to the qualitative themes to be presented within this chapter can be seen in table 11. These themes and subthemes are displayed in figure 5.

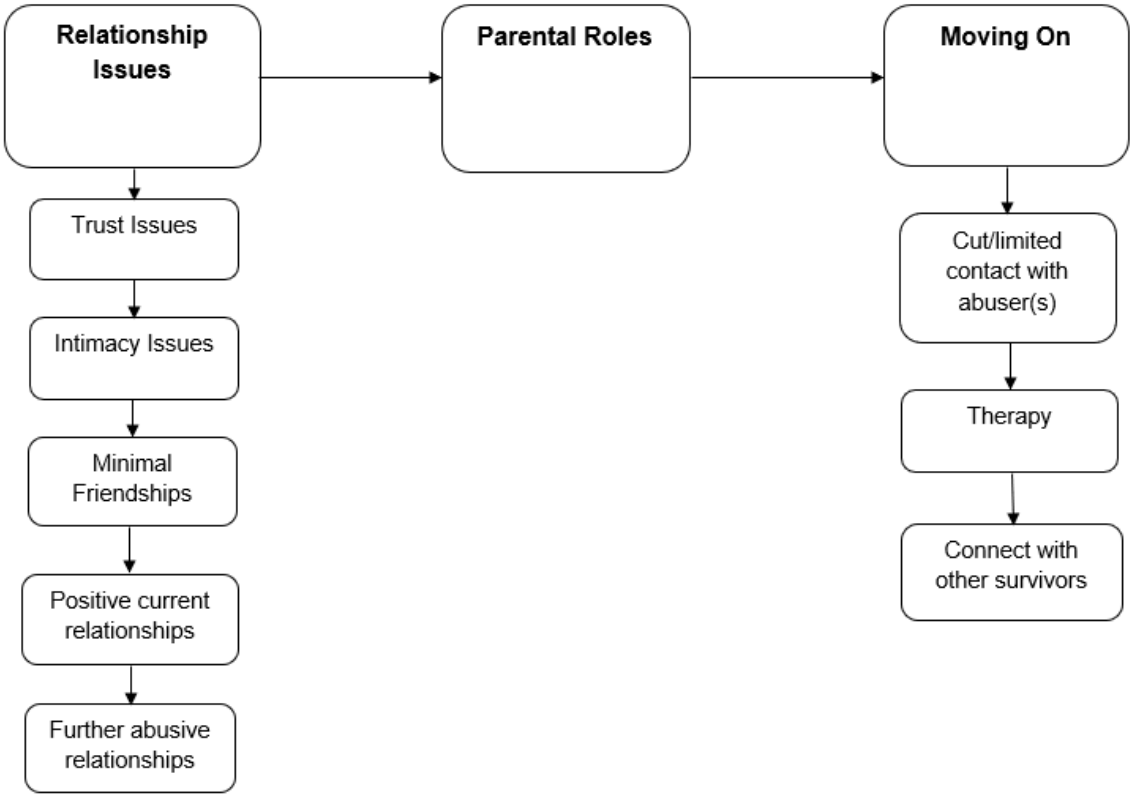


Figure 5: Main themes and subthemes identified within the “adulthood” sub-section.

**Theme 1:** Relationship issues

Subthemes:

1.1 Trust issues

1.2 Intimacy issues

1.3 Minimal friendships

1.4 Positive current relationships

1.5 Further abusive relationships

Relationship issues as a whole were highlighted by 38/49 participants (77.5%), with participants reporting a myriad of issues. This is supportive of previous studies that have highlighted the difficulties that child abuse survivors face with regard to adult relationships. For example, Doyle (2001) interviewed 14 adult survivors of childhood emotional abuse. Her participants emphasised that experiencing emotional abuse in childhood does not cement survivors' inability to form healthy and positive adult relationships. Doyle found that although half of her sample reported further abusive relationships in adulthood, the other half of participants also reported that their spouse was their biggest support, with relationships lasting for anything up to 30 years.

Within the current study, participants were asked "*have your childhood experiences affected your personal relationships in adulthood?".* Answers included:

> M91: *"Big time! Shy because I was afraid to be noticed. Low self esteem prevented me from even considering desirable women as girlfriends because I felt they wouldn't want me."*
>
> F48: *"I spent most of the time I was married recovering from my childhood…"*
>
> F40: "*In practically every way possible. I used to always cling to one person and if anyone was mad at me I would rather die. I wanted love, not sexual love, but love of a family and if I looked around and didn't feel a part of that I felt devastated and hurt."*

An example of the many different issues identified range from commitment issues e.g.,

> F65: *"Yes. Made me feel commitment is impossible and relationships never last."*

issues with sexuality e.g.,

> F45: "*Yes. Because of my father's racism, I just came out as being a lesbian a few years ago, I'm almost 50."*

continuing the pattern of behaviour learnt from abuser, e.g.,

> F36: *"I criticize my spouse in similar fashion to how my father criticized me. I also have my father's temper."*

and the inability to form any kind of meaningful relationship e.g.,

> F35: *"Inability to form meaningful relationships […] I don't know how to do relationships so I avoid them"*
>
> F94: *"I havent had a normal relationship"*

These identified issues support previous research studies such as, Riggs and Kaminski (2010) who explored the effects of childhood emotional abuse on adult relationships and attachments. Their findings demonstrated that children who are emotionally abused by their parents may develop attachment anxiety and relationship avoidance as a direct result of the abuse. They suggested that this anxiety and avoidance of attachments increases the adult survivors' difficulty in forming secure attachments in intimate relationships and increases the likelihood of developing insecure attachments instead. As with many of the studies into this area, Riggs and Kaminski only examined experiences of emotional abuse which makes it difficult to determine any link between emotional abuse and contact abuse types in terms of the impact on relationship difficulties.

The following five subthemes emerged as the most frequently reported relationship issues within the current sample.

### *1.1. Trust issues*

Trust issues in adulthood were the most commonly reported relationship issues (15/49 or 30.6%) resulting from childhood abuse. Coyle et al (2014) suggested that the nature of childhood sexual abuse, means victims' generally experience an interpersonal betrayal of trust. There were multiple issues of trust reported within the abused subset, an example of these are:

> F88: *"It is a trust issue. That is the biggest part of it. […] Once I learn that I can trust them, then I am fine after that. It is the initial trust that I have a problem with."*
>
> F93: *"Many people I don't want to trust. Those who I trust and love the most have to suffer from my problems from back then [childhood]."*

However, trust issues ranged from basing the level of trust of other adults on physical features or characteristics, to trusting others too much and being unable to regulate this. For instance, the following participants reported not trusting adults with specific features or characteristics, e.g.,

> M32: *"I don't trust men. Or male teachers."*
>
> F66: *"…even now I get uneasy around men with beards."*

These participants were sexually abused by male adults with these distinguishing features and it is possible that they have assimilated these physical features with abusers, which may cause PTSD type symptoms for the victims. For example, coming into contact with a man with a beard may cause the flashbacks F66 mentioned in an earlier comment, i.e.

> *"I suffered flashbacks of events at times…"*

Some participants reported having difficulty trusting anybody e.g.,

F1: "*I find it extremely difficult to trust others."*

F33: *"I find it hard to trust I don't believe people like me or want to be around me…"*

F34: *"I do not trust people."*

F39: *"I have severe trust issues with people."*

F49: *"I'm afraid to trust people."*

This finding is supported by MacIntosh and Johnson (2008) who discovered that the inability to trust intimate partners was prevalent in survivors of childhood sexual abuse, despite consistent efforts by the partner to prove that they were trustworthy. Within the current theme, multiple abuse types were reported by the above participants, with the exception of F1 who experienced emotional abuse only (although this continued over a period of 50 years). However, the participant comments in relation to a lack of trust were not elaborated on, therefore it is difficult to determine if the severe lack of trust reported is the result of one individual abuse type e.g. emotional abuse, or a combination of the multiple abuse types experienced. Previous research by Messman-Moore and Coates (2007) identified that survivors of psychological abuse developed maladaptive schema's that nobody around them could be trusted, believing that others would not be there to provide support for them and may even abandon or abuse them. Trust issues identified within this theme are in support of those found by Messman-Moore and Coates, however, they did not include contact abuse types within their study (e.g. sexual or physical). Therefore, current findings potentially offer evidence that the presence of multiple abuse types exacerbate the long-term effects experienced as a result of psychological abuse, as found by Messman-Moore and Coates.

Within the current subtheme, an inability to establish a balance between not trusting people at all and trusting people too much was also reported as a relationship issue, for example:

> F49: *"I trust too much, and not at all."*
>
> F30: *"I don't trust easily, but I am learning to be more open and balanced in how I give care, not hoarding it for a few, or given too much to strangers who might take me for a ride…two extremes I have been at in the past."*

The responses above indicate an inability to regulate emotions or recognise the stage particular friendships or relationships are at. Emotion dysregulation has previously been linked to experiences of childhood abuse. One of these previous studies was carried out by Burns, Jackson and Harding (2010) who surveyed over 900 female college students in order to assess the relationship between multiple forms of child abuse and emotion dysregulation. Their most notable finding was that of the multiple abuse types assessed, emotional abuse in childhood was the strongest predictor for difficulties with emotion regulation.

Within the current theme, it is evident that the 15 participants recognise that their trust issues, particularly their lack of trust, has posed issues within past or current relationships and/or friendships. The question asked regarding the effect of abuse on personal relationships did not specify intimate partner relationships, however, this question may have been interpreted as such and therefore, findings within this subtheme may be under-reported.

### *1.2. Intimacy issues*

Intimacy issues were highlighted by 13/49 (26.5%) participants, two of which were male. One 35-year-old male said:

> M92 *"The effect has been that I have had and continue to have no experience of a romantic relationship or any intimate/sexual relationship. I am paralysed by my social anxiety into a state of permanent chastity."*

It is evident from this comment that he has suffered severe relationship issues in that he has never had any form of adult relationship. It is also worth noting that this participant did not report experiences of sexual abuse as may be expected, he reported experiences of physical and emotional abuse. However, he was unable to confirm his age when the abuse started or how many months/years the abuse continued, therefore, it is unclear whether he suffered emotional and physical abuse for an extended period of time, although this could be assumed. Previous research, such as Moran and Eckenrode (1992) has demonstrated how the age of onset of childhood abuse can impact levels of self-esteem. For example, they studied certain personality characteristics in females in order to see if traits such as self-esteem and orientation of locus of control acted as protective factors against depression in adolescents. They found that if childhood abuse or neglect began prior to the age of 11 years old, the victim was at an increased risk of depression, lower self-esteem, and an external locus of control. Although their study was carried out on maltreated females, it may offer an indication of the current issues highlighted within this theme, as lower levels of self-esteem will potentially contribute to an increase in difficulties with intimacy, even in male survivors:

> M91: *"Low self esteem prevented me from even considering desirable women as girlfriends because I felt they wouldn't want me."*

Other participants explained how the sexual abuse they experienced in childhood contributed to their negative beliefs and perceptions regarding sex and relationships in adulthood. This resulted in negative (adult) sexual experiences, for example:

> F12: *"When I was in my late teens I was a bit of a slag, I thought men only wanted you for sex so give them that and they will leave you alone."*
>
> F66: *"From the sexual abuse intimacy was a problem mainly in early adulthood I suffered flashbacks of events at times…"*
>
> F93: *"When I was a teen I used to sleep with many different older men. I never had a normal love relationship with someone my age. This clearly also came from the programming at home. Also I learned from my father that a woman should serve a man and fulfil his needs"*

Although these responses clearly relate to sexual abuse experiences, it could also be suggested that these negative perceptions around sex and relationships are an emotional consequence of those sexually abusive experiences. The HM Government (2018:11) definition of emotional abuse includes "conveying to a child that they are […] valued only insofar as they meet the needs of another person". These participant responses indicate that they have been taught as a child that their role is to meet the needs of their abuser(s). F93 specifically states that she learnt from her father that it is her duty as a woman to *"serve a man and fulfil his needs"* and, when describing teenage sexual encounters with men, F12 uses the phrase *"give them that [sex] and they will leave you alone".* This response is also indicative of a learnt behaviour i.e. to meet the needs of the male.

Intimacy was also reportedly an issue in terms of wanting to have intimate relationships but being unable to and in terms of not wanting to be intimate even in the presence of "intimate" partners, such as husbands, etc.

> F49: *"I badly wanted to have the intimacy of real friends, but my fear and insecurity and confusion screamed louder than anything I said or did."*
>
> F37: "*I sometimes find it very hard to be affectionate and to be intimate with my husband."*
>
> F39: *"I am unable to initiate intimacy with my partner."*

Twelve of the 13 participants contributing to this subtheme were subject to some form of emotional abuse during childhood, 11/13 experienced sexual abuse

alongside the emotional abuse. Based on previous research findings that suggested survivors of childhood sexual abuse harboured strong feelings around sex, such as feelings of shame, which prevented them from engaging in the levels of intimacy that they felt their partners wanted (MacIntosh & Johnson, 2008), it was anticipated that intimacy issues would predominantly stem from sexual abuse experiences. However, reports of emotional abuse within this subtheme were slightly higher than reports of sexual abuse experiences. This would indicate that intimacy issues are not solely related to issues with sex and/or sexual abuse but it may be more accurate to say that intimacy issues for the current participants, are related to how the individual feels about themselves, i.e. their self-worth or self-esteem, etc. As 12/13 participants within this subtheme reported experiences of emotional abuse, current findings potentially demonstrate that emotional abuse underpins sexual abuse experiences and potentially exacerbates the negative effect that childhood sexual abuse has on adults long-term.

### *1.3. Minimal friendships*

This subtheme was only reported by 8/49 (16.3%) participants. However, it appeared to be a significant area of difficulty and anxiety for participants with the majority indicating that having minimal friendships was not a conscious choice. For example:

F39: *"I'm very much a loner. I have no close friends."*

F87: "*I'm not close to anyone, I just can't connect to people that way…"*

F43: *"I have hardly any friends or relationships outside of my spouse."*

F29: *"…very few friendships find it hard to get to know and trust people"*

The above responses offer additional support for Riggs and Kaminski's findings (2010) as the inability to form secure adult attachments also appears to transcend to

the formation of friendships. However, where it was deemed a conscious decision to choose quality of friends over quantity, it appeared to be for reasons directly related to childhood experiences, as is evident from the following response:

> F30: *"I have a small group of friends, but I am very close to them and I know they will support me if I am in need as I would them. My parents had lots of shallow friendships and I watch[ed] how this isolated my mother (and possibly my father, too), and she didn't have people she could talk to/ask for help…"*

This participant views the fact that she has minimal friendships positively as she has been able to develop close and supportive relationships with her friends who she can turn to in times of need. However, she also mentions in her response that a number of her friends have suffered some form of maltreatment, though not necessarily childhood maltreatment and she found it easier to connect and relate to them.

> F30*: I find it easier to get close to people who have suffered mistreatment, as I find I can relate to them more easily. It doesn't have to be child abuse (isn't in all my friends cases).*

This will be discussed in more detail in a later theme; however, it is worth noting that although she has intentionally chosen to keep her circle of support small, the majority of participants contributing to this theme did not. Johnson (2002) recognises that close relationships are important in order to address problems and support healing from past trauma. She suggests that dependent on the nature of an individual's close relationships, they can either exacerbate trauma and personal issues or they can be actively utilised as a source of healing. Although Johnson is predominantly referring to intimate relationships, she acknowledges that "connection with others makes us stronger" (p.3), compared to attempting to fight and overcome trauma, terror and feelings of helplessness alone.

### *1.4. Positive current relationships*

This subtheme emerged from 7/49 (14.3%) participants who stated that their current relationships are healthy, mainly due to their current partners and the way they treated the participants. For example:

> F12: "*Now I am in a long-term relationship and I think it only lasted because he made me feel like my feelings mattered and made me feel valued. It took a long time for me to trust him and believe that he meant what he said but he made me feel like more than somebody to have sex with."*
>
> F37: *"I am lucky to have my husband who respects me and treats me well…"*
>
> F23: *"I trust him [partner] completely and feel he is my best friend so feel safe now."*

These findings give strength to Johnson's (2002) idea that close connections to others, particularly intimate partners, are an important aspect of healing for trauma survivors. They also offer support for Moeller, Bachmann and Moeller's (1993) study which was carried out in order to examine the long-term health effects of experiencing childhood abuse on a sample of female participants visiting a gynaecology practice. They reported that 37.8% of their sample of abused women indicated that their partners were the most helpful to them while they were attempting to cope with their abusive childhoods, followed by friends (36.3%). More recent research conducted by Doyle (2001) also demonstrated that positive relationships were a protective factor for adult survivors or childhood abuse. However, the rhetoric used by the above participants is interesting to note e.g. "*made me feel like my feelings matter", "made me feel valued" "respects me and treats me well"* and I *"feel safe now".* These findings could be indicative of feelings of acceptance by the participants, consistent with Phanichrat and Townshend's (2010) research. They reported that some of the sexual abuse survivors in their study referred to having to accept that the abuse had happened, that it would always have an effect on them but that they had to learn ways to avoid letting it consume them.

Within the current study, positive adult relationships could indicate to the individual that they have been accepted by their partner who makes them feel “valued”, “respected”, and “safe”, etc, therefore, portraying a level of acceptance to the individual that they may not have felt prior to that positive relationship. Nevertheless, the positive relationships reported here appear to be a protective factor, promoting resilience amongst adult survivors. One limitation of the current findings is that the question “*is your current partner aware of your childhood experiences?”* was not included in the survey. This information would have been useful to extract within this subtheme, however, as this finding was unexpected, further exploration of positive relationships was not carried out. One participant offers a deeper insight, when describing past and current relationships, F30 recalled:

> *“I also had a long term relationship with a total user […] and when I recognised similarities to my father I quickly broke up with him.”*

She went on to say,

> *“I [now] have a committed, healthy, and equal relationship with someone as different to my father as I could find.”*

This indicates how F30 unknowingly entered into a potentially abusive relationship, however, when she recognised that the relationship with this partner bore similarities to the relationship she had with her father, she ended the relationship in order to protect herself. She also states that her current partner is as different to her father as she *could find,* indicating that she actively sought out a partner with specific positive attributes. Recognising the potential for abuse was a positive and important step for this participant which influenced her decision to end the toxic relationship and “find” a partner who she perceives as her equal.

Interestingly, two male participants both indicated how, despite numerous previous relationships, they had both settled into long-term relationships with partners who had similar childhood experiences. For example:

> M28: *"I've been married 4 times, lived with over a dozen women before I was thirty. It's only my present marriage of 8 years that life became good. My wife is also a survivor, and neither of us live in denial……quite the opposite."*
>
> M79: *"I have been married for 8-years and like the stability that brings. My wife had a similar upbringing - we muddle through in our own imperfect way."*

This finding in relation to male survivors is limited as it was reported by a small number of male participants (*n* = 2). However, the adult relationships of male survivors may be important to investigate further in order to explore whether relationship satisfaction is higher when male survivors enter into an intimate relationship with another survivor of childhood abuse, than relationships with partners who had non-abusive childhood upbringings.

### *1.5. Further abusive relationships*

This subtheme also emerged from 7/49 (14.3%) participants stating that they had entered into abusive adult relationships. This number is equal to that of positive adult relationships reported above. It was assumed that experiencing further abusive relationships in adulthood would be more frequently reported, however, these seven participants highlighted abusive current relationships, e.g.,

> M91: *"Absolutely. The abuse continues."*
>
> F86: *"I was abused by an ex and then went on to marry another abuser"*
>
> F47: *"I always stick with abuse in one way shape or form."*

These participants all experienced emotional abuse, among others, which is in support of Doyle's (2001) findings that emotional abuse can lead an individual into further abusive relationships. However, Moeller et al (1993) also found that

experiencing multiple abuse types in childhood leads to an increase in negative effects in adulthood. They discovered that 53% of their 668 female participants, had experienced some form of childhood abuse; with findings indicating that the greater the number of abuse types experienced during childhood, the greater the likelihood of further abusive experiences in adulthood. This finding is further supported by more recent studies such as Vallone et al (2009) who suggested that experiencing childhood abuse raises the victims' risk of recurrent abuse by 50%. Vallone et al emphasised how a child's development can be negatively affected by an abusive and unpredictable home environment which can potentially lead the child victim to accumulate negative experiences and adversity into adulthood.

Gavin (2011) also explained this accumulation of negative experiences using the cumulative disadvantage theory which demonstrates that the impact of negative experiences such as childhood abuse, can result in an individual continually experiencing negative encounters throughout their adult life. The compounded effects of such negative experiences as child abuse can include, among others, poor health outcomes, for both physical and mental health, delinquency, learned helplessness and further abusive relationships.

Other participants also reported abusive relationships, however, these were reported as past relationships that have since ended and been replaced by the positive and healthy relationships reported above:

F23: *"I was in a dv relationship and we would both fight physically."*
F37: *"…past relationships have been abusive and dysfunctional."*

These responses indicate that the toxic and abusive relationships ended, stopping the abuse from continuing, however, in these responses it is unclear why

those relationships ended e.g. if they were ended by the participant or their partner. Due to the recruitment method utilised to recruit this sample of participants e.g. via charities and organisations designed to offer help and support to adult survivors of childhood abuse, it is possible that these adult participants were receiving help and support that they did not receive during childhood. For example, engaging with a positive support network or therapy programme may have helped them to move through the process of healing, increase their self-esteem and stop accepting any form of abuse. One participant indicated that her last relationship was abusive, however, she did not indicate whether she had any form of current relationship, either positive or negative:

> F82: *"In my last relationship I allowed my ex partner [to] abuse me."*

Although this subtheme indicates that abusive relationships were predominantly in the past for current abuse victims, it needs to be considered that this finding is potentially under-reported. It is widely recognised within both previous literature and the current thesis that significant features of emotional abuse include the repeated damaging interactions that become typical of the relationship (Newton & Gavin, 2020:2) and that emotional abuse "systematically diminishes and destroys the inner self of another" (Loring, 1994:1). This means that victims of emotional abuse in adulthood may not recognise that they are being abused in their current relationship due to the early development of maladaptive schemata around the self, and others. Particularly if the individual has experienced abusive actions throughout childhood as the development and reinforcement of their negative internal schemas have potentially become the norm in adulthood (Wright, 2007).

**Theme 2:** Parental Roles

This theme has been taken from the questions relating to parenting styles and behaviours and focuses on how the experiences of childhood trauma or abuse have influenced survivors' experiences and decisions relating to parenthood. Initial intentions were to split this theme into individual subthemes in order to present the findings which relate to both positive and negative parenting styles and behaviours. However, on further analysis it became apparent that separating these behaviours was not as clear cut as initially expected. This was due to the apparently positive behaviours that stem from parents' childhood experiences, which may inadvertently have a negative effect on their children, for example, being overprotective and not allowing children to have opportunities to explore, etc. Therefore, this theme will cover a multitude of parental behaviours and experiences that emerged from 22/49 (40.8%) participants responses.

Some parents described how they used their abusive experiences as a baseline for what type of parents they do not want to be:

> F45: "*It showed me the kind of parent I didn't want to be, it gave me a "NO" baseline. I gave my kids the kind of childhood I always wished I had had."*
>
> F11: *"I've tried not to be the parents I had as a child. I show my children love at every opportunity […] I don't want my childhood experiences to ruin theirs."*

These parents made an active and conscious decision to try and be the opposite of their own parents. Interestingly, both of these participants also reported no contact with their parents for an extended period of time which may have contributed to any positive effect on their children. This is further supported by the small number of participants that recognised that their continued negative

relationships with their parents and/or extended family members may have negatively impacted their own children:

> F1: *"My parents were their grandparents so looking back they probably had a watered down version of their abuse."*
>
> F29: *"Relationships with extended family are tense, I fear that my lack of a normal emotional repertoire will have affected them."*

These family relationships could potentially offer the same levels of negative affect as that of witnessing domestic abuse would have on children, i.e. the unpredictability of adults around them, seeing their parents distressed and/or witnessing arguments can lead a child to experience psychological distress (UNICEF, 2006). F29 does not elaborate on how her "emotional repertoire" may have affected her children, however, by her own admission, her childhood abuse included emotional and psychological abuse[13] and emotional neglect, therefore, her tense relationships with extended family may consist of unnecessary criticism, rejection and feelings of inadequacy (Wright, Crawford & Castillo, 2009) from her family members.

Lünnemann et al (2019) examined the intergenerational effect of childhood abuse and neglect on a sample of both mothers and fathers. They found a significant intergenerational effect between historical parental trauma and current indicators of child abuse and neglect on their participants own children, this effect was found for both mothers and fathers. They also suggested that trauma symptoms in mothers were exacerbated by the increased risk of experiencing IPV in adulthood. However, the following findings dispute those of Lünneman et al, as a number of participants

[13] Participants use of both terms.

described how they believe their childhood experiences effected their children in a positive way, and consequently made them better parents., For example:

> F94: *"I think i'm better for it i want to make sure they feel independent and loved"*
>
> M28: *"To be honest, I'm probably super Dad because of it. I purposefully give my children pure joy and happiness and every pain I've been through, I've protected them from. I listen, talk, teach and let them spread their wings, I advise but never demand and through them……I've learned what it feels like to have a good set of parents."*
>
> F49: *"I have been able to borrow the best of the love and nurturing I got, and avoid the hurtful things that were said and done. I never discounted their tears, pain or fears. […] I made sure they knew they were loved unconditionally, that we were proud of them […] I have tried to let my children see that I hurt, that I was trying to do healthy things to manage that hurt, and that I could laugh and love and play even through the hurt."*
>
> F52*: "I am very protective yet very open about sexual abuse. I am also the one they come to and know we can discuss anything without fear or judgement. […] I believe the impact has been positive. Meaning, I have made the effort to have an open line of communication with them."*

These findings are in direct contrast to those of Lünnemann et al (2019) and other previous studies that found experiencing childhood abuse increases the risk of becoming a perpetrator of child abuse on the next generation. For example, Bartlett et al (2017) examined the role of multiple abuse types and the identity of abuser on intergenerational abuse among 417 young mothers. They indicated that mothers who had experienced multiple abuse types in the form of physical, sexual abuse and/or neglect posed an increased risk of being abusive to their own children. However, their study did not take into consideration the effect of emotional abuse, as in the current study, therefore it could be assumed that the current findings would have shown an even higher risk of intergenerational continuity among participants, as their experiences of emotional abuse were also considered. One explanation for Bartlett et al's findings is that their sample consisted of adolescent mothers that may not have had the opportunity to fully disengage from their abusive parents or relationships due to their young pregnancies. Further studies such as Lakhdir et al (2019) attempted to determine if there is a relationship between historical parental

abuse and intergenerational emotional abuse using a structured interview method. Their findings provided evidence that parents with abusive backgrounds “were significantly more likely to emotionally maltreat their children” (p.111). Nevertheless, the current findings dispute those of Bartlett et al (2017) and Lakhdir et al (2019) and instead suggest that parents, not just mothers, with childhood abuse histories, go out of their way to stop the intergenerational cycle of abuse from impacting their own children.

Some parents within the current study did acknowledge the areas of parenthood that they find difficult and/or areas that they recognise as having a negative effect on their children, despite their actions being out of love for their children. For example:

> M79: *“I try to keep them away from situations I perceive as being threatening even if in reality they probably are not threatening at all. I try to keep strangers out of the house and don’t like the kids being around people who are drinking…”*
>
> F23: *“I feel very protective over them and constantly survey for danger from other people […] I don’t let them play in the garden unsupervised or go to people’s houses…”*

In addition, two of the 10 male participants claimed that they had made a conscious decision not to have children as a result of their childhood experiences. This finding also applied to 9 female participants who also indicated that they had made a conscious decision not to have children due to their past abusive experiences. e.g.

> F48: “*I purposely chose not to have children because of my abusive childhood and obvious history of mental health issues within my family.”*
>
> F71: *“One of the reasons I never wanted children is that my mother complained so much that I learnt being a wife and mother was not a role anyone should take on unless they were very short on other options.”*

This has been done in a conscious effort to break the intergenerational cycle of abuse. Unfortunately, the use of the anonymous survey method posed some

methodological limitations within this area as further details regarding this decision were not provided. This finding applied to 22% of the total sample of participants with abuse histories and to the researcher's knowledge, this finding has not been identified in previous research.

Other findings suggest that parents have attempted to break the cycle of abuse by being extremely protective over their children, particularly in terms of protecting them from any potential sexual abuse encounters, for example:

> F20: "*Very aware and open about anyone who acts differently around the kids […] I can be very overprotected and keep going on about being careful."*
>
> F39: *"It's made me aware as a mom to know the signs and signals of abuse."*
>
> M79: *"I try to keep them away from situations I perceive as being threatening even if in reality they probably are not threatening at all."*

This supports those findings offered by Doyle (2001) who reported that there was little evidence to suggest that adult survivors of childhood emotional abuse inevitably continue the cycle of abuse with their own children. In fact, some participants in Doyle's study also reportedly recognised the areas of parenthood that they may be lacking, particularly those parents who had entered into further abusive relationships and exposed their children to further abusive partners. However, of the participants in Doyle's study who reportedly had children, all indicated that they had "done everything they could to protect their children and show them acceptance, love and warmth" (p.397).

This protective nature, both within current and previous findings, is entirely understandable given the levels of abuse experienced, however, extreme levels of overprotectiveness may inadvertently contribute to negative childhood experiences for survivors' own children. For example, these negative experiences would be defined by HM Government (2018) as emotionally abusive behaviours, i.e.

"overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction" (p.11)

> M79: *"They [children] miss out on the social side of going out to play […] and meeting new people."*
>
> F23: *"I don't let them play in the garden unsupervised or go to people's houses…"*

Current findings also potentially support those of Glaser and Prior (1997) who studied a sample of 94 children who were placed on the child protection register (CPR) for parental behaviours or actions that were categorised as emotionally abusive. They reported that overprotection and impairment to the child's development, including emotional state and peer relationships, contribute to childhood emotional abuse. However, within the current study, the parents who have reported overprotection towards their children have experienced sexual abuse and/or multiple abuse types during their own childhood, therefore, it is likely that they did not feel safe or protected as children and want to ensure that their own children never feel this way. This is further evidenced by the following participant responses:

> M28: *"I purposefully give my children pure joy and happiness and every pain I've been through, I've protected them from."*
>
> M79: *"I probably try too hard to make their lives "perfect" I won't allow the things that happened to me to happen to them."*
>
> F23: *"I feel very protective over them and constantly survey for danger from other people."*

As is evidenced, these participants are not intentionally causing negative experiences for their children, they are terrified that the cycle will be repeated and that the only thing standing between their children and a potential abuser, is themselves. Within the current study, parents with childhood abuse histories feel that they need to offer their own children the protection that they did not receive during

their own childhood, despite the potential cost to the child e.g. impairment or limitation to their development and social interactions, etc.

The male responses above also indicate how childhood abusive experiences impact on fathers' parenting styles and fears for their children. It is demonstrated, albeit by a small sample, that fathers with childhood abuse histories go to great lengths in an effort to protect their children which appears to challenge previous research findings. Ellonen et al (2017) explored the use of physical discipline or corporal punishment used in a sample of 679 fathers. They used anonymous surveys in order to increase the accuracy of responses, given the nature of the questions asked. According to their findings, fathers who had experienced physical abuse or corporal punishment in their own childhoods were 2.35 times more likely to partake in physical methods of punishment when disciplining their own children, than fathers with no childhood experiences of violence. One caveat of this reported finding however, is that it is based on only 6% of the sample of nearly 700 fathers. The authors therefore acknowledge that their findings relating to the prevalence of intergenerational physical violence perpetrated by fathers, are also preliminary.

The idea that overprotectiveness and, parental acts that limit children's opportunities, are unintentional and caused by parental fears is also evident in the following responses:

> F39: *"Ive always had a fear of failing them like my parents did."*
>
> F1: "*By letting my children know how important they are to me and not criticizing, intentionally hurting them and respecting their feelings and beliefs."*
>
> F47: *"Their mom is emotional, non trusting, and full of fear…"*
>
> F34: *"I am determined that my children will always know how loved and worthwhile they are."*
>
> F52: *"I am very protective yet very open […] I am also the one they come to and know we can discuss anything without fear or judgement."*

These responses demonstrate the “cognitive” aspect of the social cognition theory as these parents have repeatedly observed negative parental interactions within their own childhoods and parental relationships, which would suggest that they are predisposed to continue the intergenerational cycle of abuse through their direct and vicarious experiences of abuse (Bandura, 1971). However, it appears that they have been able to use their “inner forces” (Bandura, 1971:2) to adapt these “learnt” behaviours in an effort to learn more appropriate parent-child interactions. Nevertheless, their own childhood trauma’s will likely remain in some form or another, at the very least through continued damaging relationships with their parents/abusers or, from rejecting the parent(s) and cutting contact which may result in further feelings of disconnection or rejection (Wolynn, 2016). The following response demonstrates this; however, it should be noted that this response has been taken from the questions relating to cutting contact with parents and/or abusers, and not directly relating to parenting:

> F1: *“Not having contact with my enabling father has been the most painful as he has taken the stance of being loyal to my mother so it feels like a double dismissal. My father has been abused by her all his life and is too weak to break away. I feel for him but I can’t save him by drowning myself.”*

Wolynn (2016) discusses inherited family trauma and suggests that any type of traumatic events that happen during the life of a parent e.g. abuse, death of a loved one, giving a previous child up for adoption, etc, is likely to result in shock waves from the parental trauma down to subsequent generations - even if the traumatic event happened before they became parents. Studies such as Seltmann and Wright (2013) support this as they assessed various factors associated with mothers’ childhood experiences of sexual abuse. Their findings suggested that the severity of CSA experienced, indirectly impacted the mother-child bond, although good support

from their partner was found to be a protective factor against some of the parenting difficulties experienced by mothers. Seltmann and Wright explored the bond between survivors and their children, the effectiveness of their parenting and, enjoyment levels of motherhood. They found that mothers depressive symptoms indirectly impacted parenting factors such as involvement and communication with their child, with low levels of mothers' depression but high levels of support from partners resulting in the least parenting problems. In contrast, mothers who reported low levels of support from partners indicated their struggles with engagement and communication with their child(ren). Seltmann and Wright examined experiences of sexually abused mothers only, however, it is clear from both current and previous findings that parents with childhood abuse histories of any kind, need to be supported, taught and encouraged in a non-judgemental way. Some survivors may never have learnt appropriate interactions and as a result may inherently believe that something as simple as a hug is inappropriate because for them it led to sexual abuse, etc.

**Theme 3:** Moving on

Subthemes:

4.1 Cut/limited contact with abuser(s)

4.2. Therapy

4.3 Connect with other survivors

The current theme relates to adult actions or behaviours that have been carried out with the intention of participants moving on from their experiences in whichever way that they felt necessary. These actions or behaviours have been considered and presented as separate to coping methods employed as the current

actions have emerged as participants attempting to *overcome* their abusive experiences rather than simply "cope" with them.

*4.1 Cut/limited contact with abuser(s)*

Cutting or limiting contact with either the abuser and/or the entire family was the most commonly reported within the relevant subset of questions. Although this finding was partially anticipated based on previous research findings (Gavin, 2011), it was reported more frequently than expected here as 32/49 (65%) participants contributed to this subtheme.

Some participants suggested that they cut one or both of their parents from their lives, for example:

> M59: *"Essentially I cut them from my life (Parents)."*
>
> M28: *"Estranged from Mum 14 yrs ago…"*
>
> F45: *"No contact with either abusive parent for over 16 years."*
>
> F40: *"No contact with abusive parents."*
>
> F1: *"Not having contact with my enabling father has been the most painful as he has taken the stance of being loyal to my mother so it feels like a double dismissal. My father has been abused by her all his life and is too weak to break away. I feel for him but I can't save him by drowning myself."*

There is much to be taken from the above participant comment (F1), this participant described how, even though she experienced abuse from her mother, her father's loyalty to her mother contributed to her feelings of dismissal which also potentially contributed to the impact of emotional abuse. She explains how she no longer has contact with her father because of his loyalty to her mother, although her response indicates that she would have liked to have had a relationship with him despite calling him "my enabling father" which suggests an element of resentment

that he did not protect her from what she terms her "narcissistic mother" [14]. F1 states "*I feel for him but I can't save him by drowning myself",* this is important to point out as she has clearly recognised the impact that her relationship with her father has had on her emotional stability e.g. feelings of drowning, despite her reporting abuse from only her mother. This has led to her cutting contact with them both in order to protect herself. Within the current findings, F1 is the only participant to highlight the issue of 'failure to protect' in the 'non-abusive' father. This parental blame has been evidenced to be predominantly attributed to the mother, within both the current and previous findings (Wendt, Buchanan & Moulding, 2015). However, when stereotypical roles are reversed and the abuser is the mother and the father 'fails to protect', this appears to have had a similar detrimental impact on this participant, resulting in her decision to cut contact with both parents in order to attempt to move on. Unfortunately, this conclusion cannot be generalised due to the limited reports of the father's 'failure to protect'.

Other participants reported cutting contact with their entire family:

> F88: *"Cut contact with whole family."*
>
> F30: "*I have no contact with my father or any member of his side of the family. I don't tolerate people treating me poorly. […] I used to to a greater extent before cutting my father out of my life as much as possible."*
>
> F37: *"Cutting my family entirely out of my life and coming to grips with the fact that my childhood was not normal."*

Cutting ties with the abuser, other negative family members or in some cases the entire family, appears to be a positive and/or necessary step for these participants in order to take back control of their lives. This finding appears to be supportive of Gavin's (2011) findings that the use of family avoidant strategies, by

[14] In an earlier question.

survivors of childhood abuse, lead to healthy and satisfying adulthoods. Using psychometric measures followed up with participant interviews, Gavin explored how adult well-being is affected by childhood emotional maltreatment. She found that a small number of participants reporting healthy and satisfying adult experiences, despite their high levels of childhood emotional abuse, also reported using family avoidant strategies in adulthood. It was alleged that these participants felt family avoidant strategies were necessary in order to maintain their healthy adult lives. This method could be considered another avoidant coping strategy, which are not generally considered to be healthy methods (Phanichrat & Townshend, 2010). However, within Gavin's (2011) study, this measure of cutting ties with the abuser and/or negative family members, is considered to be an adaptive and healthy approach, which participants deemed necessary for moving on from their childhood emotional maltreatment. This finding led to the exploration of family avoidant strategies within the current study.

Within the current sample, this decision regarding contact with their abusive parents or wider family, does not necessarily demonstrate that these participants have not experienced any mental health or other long-term issues associated with their abuse. Further details around this decision have not been obtained within the current study e.g. have mental health issues subsided since contact with abuser ended, etc. This makes it difficult to determine whether the decision to cease contact with negative family members has had a positive effect on participants mental health and any long-term issues that they reported since they ended those negative relationships.

A further set of participants reported that they had no contact with their parents/abusers as a result of them having passed away:

> M79: *"What do I feel about him [abuser]. Well I'm glad he's dead. Sounds terrible doesn't it. But he made my family's life hell and he learnt nothing. I feel relieved he's gone and cannot hurt us anymore."*
>
> F52: *"Both parental figures dead."*
>
> F44: *"No contact with Father – glad he is dead."*

These responses indicate that the death of their abuser has come as a relief to these participants. The death of abuser could potentially make things easier for the victim in terms of not having to worry about bumping into them or them trying to get in contact, like some participants have reported:

> F30: *"I want nothing to do with him [father], and have established no contact. He does not know where I live by still tries to send cards to another relative in the hopes they will pass them on. I find this horrible and frightening, I have requested they dispose of such items as they see fit and do not let me know if anything from him turns up as even knowing he's tried to do that has a terrible affect on my emotional well being."*

Alternatively, their death also takes away any chance of apology or acknowledgement from the abuser that the victim may have been hoping for. Although it is likely that apology or acknowledgement of abuse may never have materialised, it is well recognised that one of the benefits of restorative justice is that the victim has a chance to be heard and acknowledged, and offenders are required to accept responsibility for their abusive actions (Daly & Stubbs, 2006). The abuser's death removes any hope the victim had that this apology or acknowledgement may have occurred. For this reason, further research into this area could examine whether there is a difference in terms of impact on the individual between participants who actively chose to cut contact and participants who had that choice taken away from them because their abuser/abusive parents passed away.

*4.2. Therapy*

Therapy in adulthood was reported by 11/49 (22.5%) participants. Although very few participants elaborated on the details of their therapy, it appeared that forms of therapy varied and was initiated for various reasons:

> M28: *"My mind is my greatest friend, but those bastards made it my enemy....it hasn't been that way for 13 years now though.....it's very different due to the extreme therapy I put myself through"*
>
> F35: "*I have seen a clinical psychologist and done a little art therapy."*
>
> F39: "*…receiving therapy."*
>
> F66: *"I suffered flashbacks of events at times however I did seek counselling in my late teens and again in my mid 20s…"*
>
> F50: "*Meditation*"
>
> F30: *"I partly started counselling to break any potential cycle of abuse, as well as to deal with trauma symptoms."*

As is evident from these responses, therapy was initiated for various reasons and at levels ranging from "*done a little art therapy*" to "*extreme therapy*". Although it is difficult to make generalisations with this limited information, it does appear that for these few participants, therapy has been somewhat effective. Again, this finding supports those of Moeller et al (1993) who discovered that of their sample of abused participants, therapists were highlighted as being the most helpful when attempting to cope with an abusive past.

There are many different forms of therapeutic or psychological interventions for survivors of child maltreatment, with a range of effectiveness reported (Skowron & Reinemann, 2005). For instance, Skowron and Reinemann conducted a meta-analysis examining how effective psychological treatments were for survivors of child maltreatment. They reported that overall, psychological treatments for participants with experiences of child maltreatment were found to be effective and participants

were described as having vast improvements in functioning compared to either placebo groups or groups who had received no treatments or interventions.

Other studies have also demonstrated the effectiveness of therapeutic interventions in adult IPV relationships. Using a sample of 150 female trauma survivors with a diagnosis of PTSD, Iverson et al (2011) examined whether participating in cognitive behaviour therapy (CBT) in order to reduce the symptoms of PTSD and depression, also reduced the participants risk of further IPV victimisation. At their 6-month follow up, Iverson et al discovered that as PTSD and depressive symptoms decreased during therapy, the risk of further IPV also decreased among trauma survivors. This was in comparison to the women who did not notice a significant reduction in PTSD and depression during the course of their CBT. These findings demonstrate that various therapeutic or psychological interventions have been recognised as effective in a variety of samples. The current findings, although preliminary, offer support for the effectiveness of therapy for adult survivors of childhood abuse. This is due to the current participants reporting various forms of therapy, which were initiated for a variety of reasons and were indicated by most as being effective.

> F66: *"Counselling in teens and again in 20s. which helped."*
>
> F49: *"I've been able to pass on some of the things I've learned [in therapy] about healthy ways to handle pain and stress and fear."*

Despite this apparent effectiveness however, it is crucial to point out here that seven of the 11 participants that contributed to this subtheme also reported cutting contact with either their abuser and/or their entire family. Therefore, it could be suggested that the effectiveness of the therapy has been cemented by the discontinued abuse from their decision to cut contact with their toxic relations.

*4.3 Connect with other survivors*

However obvious it may seem that connecting with other survivors would be beneficial to childhood abuse victims, it was actually the least commonly reported by abused participants (6/49 or 12.3%) within this subset of survey items, nevertheless, it remains an important finding.

As previously mentioned within the 'positive current relationships' subtheme, two male participants reported that their wives had similar abusive childhoods and this helped them understand and support each other:

> M28: *"My wife is also a survivor, and neither of us live in denial……quite the opposite."*
>
> M79: *"My wife had a similar upbringing – we muddle through together in our own imperfect way."*

Other participants highlighted that they found it easier to connect with other survivors who had also suffered some form of maltreatment.

> F30: *"I find it easier to get close to people who have suffered mistreatment, as I find I can relate to them more easily. It doesn't have to be child abuse (isn't in all my friends cases)."*
>
> F37: "*Talking to fellow survivors on HAVOCA forums."*

Moeller et al (1993) found evidence to suggest that abuse victims considered their friendships and support systems to be helpful in learning to cope with their abusive childhoods; they also found that 69% of the abused women in their study felt comfortable talking about their abusive childhoods with their friends or supports. Current findings support those of Moeller et al and potentially take them one step further by suggesting that the type of friendship formed e.g. one based on similar traumatic experiences, is also an important aspect of that support system. Being able to talking about feelings, emotions and experiences as they arise, with a person

who the individual feels comfortable and safe with, and who can also relate to those experiences, may enable abuse victims to cope with and come to better accept their experiences. For example:

> F49: *"I've learned that I can't talk about my pain to very many people, including people who are POSITIVE they can handle and understand my "stuff". They can't… On the other hand, survivors can sense that I am someone who will listen, care, and understand. I have been able to be there for several girls who were abused."*

In terms of connecting with survivors, two participants described how they work with or help to support other survivors in order to form that connection:

> F49: *"…survivors can sense that I am someone who will listen, care, and understand. I have been able to be there for several girls who were abused."*
>
> M27: *"By working to help other survivors"*

M27 suffered emotional and sexual abuse from multiple abusers, he was raped at a young age and became addicted to substances as a result of this[15], however, through connecting and working with other survivors he has formed meaning in his life and now has a career working with and supporting adult survivors of childhood abuse. This finding has also been reported by Phanichrat and Townshend (2010) who explored coping strategies adopted by sexual abuse survivors. They described how the majority of their seven participants became advocates for other survivors as they felt that they needed to attach some form of meaning to their traumatic experiences; which they did by helping and supporting other survivors. Phanichrat and Townshend reported that their participants discussed feelings such as, turning their negative experiences into positive ones, helping others to achieve a more

[15] Quotes have not been used in this section as my point relates to his career and therefore, quotes have been paraphrased in order to remove any information that may possibly identify him within his role.

positive outlook on their experiences, and seeking a "…sense of self, sense of worth in the present." (p.72).

The charities that assisted with the dissemination of the survey for the current research were specifically chosen because of the work they do with survivors. They create safe and caring environments for survivors to go in order to make these important and supportive connections with other survivors using methods, such as online forums, and support groups, etc (HAVOCA, 2014a). HAVOCA (2014b) also provide survivors with a link to "find-a-therapist" and encourages survivors to reach out for professional help. Websites such as this provide a community for survivors which is specifically designed to offer support and connections to those who experienced childhood abuse and to provide "the medium to break the silence and help individuals recover from their trauma" (para. 4).

This subtheme also links to the subtheme related to 'minimal friendships' as support groups formed around survivors, both locally and online, could be an avenue for survivors to develop and maintain friendships and receive support where they otherwise would not.

***Discussion/Implications of findings***

Childhood experiences are unique to each individual; while the abuse that participants experienced may be similar to that of another, the abusive acts, the way a person feels about their abuse and the effect it has on them is unique to each victim. Therefore, the things they take away from those experiences and the way they try to move on will also be unique to each individual. A variety of relationship issues were found to be common among adult survivors of childhood abuse which saw this theme being split into five subthemes. Trust was a major issue reported

which supported previous research such as, MacIntosh and Johnson (2008) who found that childhood sexual abuse resulted in an inability to trust intimate partners, even when they made a conscious effort to prove their trustworthiness. Furthermore, Messman-Moore and Coates (2007) found that victims of abuse developed maladaptive schema's around trust, which kept them believing that nobody could be trusted.

Positive adult relationships, both intimate relationships and friendships, were found to be a protective factor for some adult survivors of childhood abuse, supporting both Moeller et al's (1993) and Doyle's (2001) findings. Although Doyle found that positive relationships were potentially a protective factor, her sample size was considerably smaller. Further abusive relationships within the current study were predominantly reported as past relationships, with a number of participants highlighting that these relationships had ended and been replaced with positive ones. However, while this appears to be a positive result, it needs to be considered that figures in relation to abusive relationships may be significantly under reported as not all abuse victims (adult or child) will recognise that their experiences are emotionally abusive. The relationship issues reported also provide evidence in support of Riggs and Kaminski (2010) who found that survivors of emotional abuse develop attachment anxiety and/or relationship avoidance. It could be suggested that when this anxiety or avoidance of attachments and relationships is combined with survivors cutting contact with their abusive family members, further feelings of isolation and despair could be experienced, which may also further compound any negative self-beliefs and mental health issues that participants have developed as a result of their experiences.

The parenting roles of adult survivors were also explored and a range of parenting styles and behaviours were highlighted. For example, it was found that some participants had actively chosen not to have children because of their childhood experiences, some participants used their own parents as a baseline for the type of parents they did not want to become and others were overprotective and fearful of the potential for abuse towards their own children. Some minor intergenerational continuity of abuse was reported, although this was predominantly unintentional, with a number of parents acknowledging the difficulties they faced with parenthood and recognising the impact this may have on their own children. One female participant used the phrase “watered down” abuse when describing the impact on her own children. Nevertheless, the negative impact of parents’ childhood abuse on their own children predominantly appears to be as a result of survivors trying hard to protect their children and attempting to break that cycle of abuse with their actions, which was, at times, unsuccessful.

These reported fears of failure, or of failing to protect their children, sets these parents apart from those adults who subjected them to childhood abuse in the first place. However, parents with abuse histories also need to be better supported in their journey to becoming better parents and minimising the impact their historical abuse has on their own children/the next generation. Whether that be due to lack of experience in developing bonds and attachments or being overprotective and not giving their child opportunities to explore, etc. These findings related to both parental figures i.e. mothers and fathers. Research relating to the impact of childhood abuse on fathers’ experiences has been limited, however, the current study expands on this area of research as it aimed to explore the influence of childhood abuse on fathers’ experiences, in addition to mothers. Although the male sample of abuse victims

within this study is small; and the subset of fathers is even smaller (*n* = 5), findings here are considered promising, however preliminary.

A further finding was emphasised by some participants which was the fear of sexual abuse for survivors' own children. Some parents reported that they had attempted to communicate and discuss issues surrounding sexual abuse with their children in order to make them aware of potential dangers, and to open the line of communication between parent and child. This appeared to reduce parental anxiety to some extent. However, the NSPCC (2019) offer a very useful tool which has been developed in order to teach children about the dangers of sexual abuse in an age-appropriate manner. Parents with abuse histories, particularly where anxieties around sexual abuse are prevalent, should be encouraged to use this tool and to speak to their children about potential abuse, disclosure and secrets, etc. This would undoubtedly help parents feel that they have prepared their children and opened that line of communication if any abuse or inappropriate actions were to take place. In addition, it may also help to reduce the parental fears reported around letting their children explore their environment and make new friends, which would also help to reduce the potential for unintentional intergenerational continuity of abuse.

In terms of survivors attempting to move on and not be defined by their childhood abuse, cutting or limiting contact with the childhood abuser, parents and/or negative family members was the most frequently reported method, followed by therapy and then connecting with other survivors. Cutting contact involved cutting or limiting contact with either one or both parents, or the entire abusive family. This finding supports Gavin's (2011) research that highlighted family avoidant strategies to be beneficial to the adult survivor of abuse. Current findings also highlight that

participants who made this decision felt that it was a positive and necessary step towards them protecting themselves from ongoing abuse.

Engaging in therapy was also found to be beneficial for participants within the current sample, however, 7 of the 11 participants that reportedly engaged in therapy, also reported cutting contact with abuser/abusive family. Therefore, it is difficult to determine whether any positive effects for this group of participants were a result of the therapy, cutting contact or a combination of both.

Connecting with other survivors was reported by a small group of participants, supporting both Moeller et al's (1993) and Phanichrat and Townshend's (2010) findings that supportive friendships with like-minded people help adult survivors learn to cope with their abusive childhoods. Charities such as HAVOCA, NAPAC and NSPCC etc assist adult survivors to make these connections via online i.e. anonymous methods. They provide a safe place for survivors to go to discuss their experiences, feelings and issues openly with other survivors who understand and can relate to their experiences.

Attention needs to be drawn to the findings reported here as individuals with abuse histories need to be better supported in all aspects reported, offered therapy and/or encouraged to make use of support groups for adult victims of childhood abuse. This is important in order to prevent feelings of potential isolation in the aftermath of cutting all contact with their family which may also reduce the likelihood of individuals entering into further abusive relationships, and reduce the potential for intergenerational transmission of abuse.

### *Conclusions*

It is not inevitable that adult survivors of child abuse will end up ‘damaged’, however, it is understandable that survivors will struggle with certain aspects of adulthood and parenting in ways that ‘normal’ adults might not. What is important to remember is that there are ways and means to reduce the level of ‘damage’ and ‘move on’, or at least, come to terms with past abuse experiences and break the cycle of abuse.

### *Summary of chapter*

The current chapter has provided support for a number of other research studies in relation to adulthood and parenting experiences. It has also highlighted how relationship and parenting difficulties are common amongst adult victims of childhood abuse, and some of the areas where further support is clearly needed. In addition, emotional abuse was found to be the hardest element of abuse to overcome, despite experiences of often severe and prolonged sexual and/or physical abuse. These abusive experiences were found to be further exacerbated by the continued connection with the abuser in adulthood, driving over half of the abused sample to make the decision to cut contact with their abuser(s) in order to begin the process of recovery from those abusive experiences. The current chapter is the final chapter presenting findings within this research and the following chapter will conclude the current thesis.

*Chapter 9:*

# *Contributions, Conclusions and Considerations*

*Unless you are a survivor of emotional abuse you have no idea what it means to fight daily battles in your head with a person you no longer have contact with.*

*Verbal, emotional and physical abuse has residual effects on the survivor. You don't just "Get over it"!*

*(Unknown)*

## *Introduction to chapter*

In order to meet the research aims and objectives set out in chapter 3, the current research attempted to explore various factors associated with childhood abuse, in particular, exploring what factors contribute to the negative and long-term damage caused by childhood abuse and identifying factors that help or hinder recovery from those childhood abusive experiences. The current research placed a particular focus on emotional abuse and the emotionally abusive component of other abuse types in childhood, in order to investigate whether the emotional element of abuse compounds the negative effects of contact abuse types. This concluding chapter will summarise the key findings, demonstrating how each research objective has been met and highlighting where findings have been recurrent throughout each chapter. Practical implications of the research findings will then be presented, followed by strengths and limitations identified and, directions for future research. The chapter will then conclude with the final reflections of the researcher.

### *Summary of how findings relate to research objectives, and answer research questions*

The first research objective was:

1) To explore the various coping strategies and tactics that victims of childhood abuse use in both childhood and adulthood, in order to help them survive the abusive experiences and cope with those experiences in the long-term.

The findings relating to this research objective are presented in chapter 5. In summary, a number of coping methods were found to be consistently relied upon from childhood, through to adulthood including, avoidance, dissociation and reading/writing (among others). Other methods were found to apply to childhood only (e.g. compliance and defiance), and adulthood only (e.g. positive coping methods and support seeking). Furthermore, a second set of themes were identified in relation to this research objective which were not initially anticipated e.g. submissive manipulation, become invisible and self-sacrifice. These findings demonstrate deliberate survival tactics that child abuse victims learnt to employ in order to appease their abuser and protect themselves (or others) from further or more extreme abusive acts. Key findings here appeared to suggest that abuse victims draw upon a range of adaptive and maladaptive coping methods dependant on the situation they are in, and what may appear maladaptive to one individual may actually be adaptive to another. The three key research questions relevant to this area of the study have been answered by the current findings, as is evidenced below:

1a) What are the most salient methods of coping employed by children during experiences of abuse; and how effective are they perceived to be in helping them to cope or survive?

Analysis revealed that, as children, some participants engaged in behaviours or tactics that they felt were effective in helping them to survive and cope with their abuse and/or abusive environments. Although the survival tactics found were not highly prevalent throughout the data, they were reported frequently enough to consider them significant findings. Furthermore, for most of the coping methods, and survival tactics employed in childhood, participants predominantly perceived their chosen methods to be effective in helping them to get through it, even when methods used were recognised as less than optimal e.g. compliance, suppress emotions and self-sacrifice, etc.

Although some of the childhood coping strategies and survival tactics reported were not necessarily effective in reducing the abusive actions or episodes e.g. defiance, they were perceived by the participants as a way to feel in control, or retain an element of power over their abuser(s), which helped them to better cope with the abuse. Similarly, self-sacrificing tactics, as the name suggests, meant that the participant would sacrifice themselves for abuse, in order to protect their loved ones, or siblings, etc. This again did not reduce the abuse for them, but allowed them to reduce some of the negative effects they felt around having to watch their loved ones be abused instead, with some participants stating that watching abuse happen to others was far worse than receiving it.

b) What are the most salient methods of coping employed by adult survivors of childhood abuse; and how effective are they perceived to be in helping them to cope or survive?

Only two methods of coping were found to be employed in adulthood only. These were positive coping methods, such as, nature, gardening, exercise, music, etc; and support seeking. Participants reporting these positive coping methods seemingly perceived them to be effective in helping to deal with their experiences. However, these methods were not reported by a large number of participants; 22.4% reported positive coping and, 12.2% reported support seeking. Furthermore, 8/11 participants who reportedly utilised positive coping methods in adulthood, also reportedly engaged in harmful coping methods. Due to the anonymous survey format, further information could not be gathered surrounding the use of both harmful and positive methods, although it could be assumed that these methods were employed at different stages of the participants lives.

c) Do child abuse victims carry seemingly effective coping strategies with them into adulthood, and do they remain effective?

The most frequently reported methods of coping were harmful coping methods (77.5%), followed by avoidant behaviours (42.8%), escapism/fantasy (36.7%), and suppress emotions (32.7%). Some of these methods employed in childhood were also found to be utilised in adulthood, with some participants recognising that their continued use of their childhood coping methods was in fact, maladaptive when employed as adults. For example, both avoidant and dissociative methods were considered to be useful and effective when employed in childhood in order to protect the child from harmful or traumatic events, however, prolonged use

of such methods, is considered to be maladaptive. Avoidant methods have previously been associated with an increase in PTSD symptoms (Phanichrat & Townshend, 2010), which was also supported by current findings. Furthermore, escapism/fantasy, particularly reading and writing was found to be a method employed in childhood which helped participants to cope with their experiences. This coping method appeared to be so effective that some participants have continued (as adults) to engage in the "escape" offered by reading books and fantasy stories, writing and journaling, etc.

2) To examine victims' experiences of disclosure during childhood.

Chapter 6 provides in-depth consideration of the current research objective. Six major themes were identified in relation to disclosure, some of which supported previous research. The (lack of) maternal protection theme, in particular, highlighted the negative emotional impact of childhood abuse disclosures and how negative responses to those disclosures contributed to the emotional elements of abuse experienced and, the long-term damage caused. Furthermore, multiple methods of childhood disclosure and/or disclosure attempts were found in the form of direct, indirect, accidental and behavioural disclosures. Findings suggest that the main issue relating to disclosing abuse, is not the victims' reluctance to disclose, but is instead, the adults' reluctance to hear or believe the victims' accounts.

2a) How do abused individuals perceive their disclosure experiences?

Findings in relation to this research question demonstrated that disclosure experiences, are very rarely perceived as positive, or result in positive outcomes. Twenty-three of the 49 participants reported that they had disclosed their abuse to a

trusted adult during childhood, predominantly the mother, with minimal intervention or protection received following their disclosures. This resulted in participants reporting negative perceptions of their disclosure experiences.

b) What is the immediate emotional impact of negative disclosure responses and outcomes in childhood?

The emotional impact to the child victim immediately following any disclosure made, was found to be predominantly negative, with some participants describing how they never told again, how the abuse continued for many years due to a lack of reaction or intervention from the “disclosee” and some participants even described how the person(s) they attempted to disclose to, also began abusing them. The negative emotional impact to ongoing or further abuse is obvious, however, less obvious is the internalisation of these negative responses which resulted in participants believing the abusers rhetoric towards them i.e. nobody cares, nobody will believe you, you deserve it, etc. In addition, it was found to lead to feelings of helplessness for the child victim as following a disclosure attempt, they felt that there was little point in telling again.

c) Is there a long-term emotional impact of negative disclosure responses and outcomes in childhood (secondary to the continuation of abuse), that continue to impact adult survivors?

The answer to this question is closely connected to the following research question. The long-term emotional impact of a negative disclosure response in childhood is largely related to the mothers’ reaction, to the perceived failure of the mother to act upon a disclosure, offer protection and/or confront the abuser. The perception that the mother failed to carry out her maternal role, and therefore, failed

as a mother, was reported by participants to be an aspect of abuse that continued to impact them into adulthood.

Furthermore, the participants that contributed to the helplessness theme, who also reported negative disclosure responses or outcomes, were also found to experience relationship difficulties in adulthood, with a lack of trust and an inability to make or maintain meaningful relationships identified.

3) To further understand the impact that emotionally abusive elements of childhood abuse have on individuals; and identify any long-term issues associated with childhood abuse.

Findings relating to this research objective have bridged a significant gap in the literature whereby, adult victims of child abuse have provided their own accounts of what they feel to be the hardest aspects of abuse to overcome. Key findings within chapter 7 provide clear evidence regarding the significance of emotional abuse experiences and the emotionally abusive components or consequences of contact abuse types; with some participants suggesting that despite the difficulties faced as a result of sexual and physical abuse, they still struggle with the emotional aspect of their experiences as adults. Additional findings relate to the breakdown of the individual's self-esteem, self-worth and the continued core negative beliefs that are difficult to contradict. However, these findings cement the previous consideration that emotional abuse is at the core of all other abuse types (Newton & Gavin, 2020), and the significance of the emotionally abusive elements of childhood abuse being the hardest to overcome.

3a) What aspects of childhood abuse do adult survivors identify as being the hardest to overcome or come to terms with, and what is the long-term emotional impact of that?

Of the 49 participants, 6 of them (12.2%) considered contact abuse types, and the feelings associated with that to be the hardest to overcome. However, it was difficult to determine if the issues identified within this theme were as a direct result of the physically or sexually abusive acts, or if it was the emotional elements of these abuse types that were perceived to be hardest hitting.

Emotional abuse or emotional elements of abuse were specifically identified by 18/49 participants as the hardest element of abuse to overcome. This is triple the number that identified contact abuse types within this theme. An example of the emotional elements identified were the mothers' negative reaction to their disclosure, or the feelings of betrayal and confusion, etc. The perceived lack of love and protection from one or both parents was also identified as an element of childhood abuse that adult survivors struggled to come to terms with, or overcome entirely.

The long-term emotional impact of those continued difficulties was found to result in continued psychological damage to the self, such as, feelings of low self-worth, low self-esteem, self-guilt, and feeling broken and unlovable, etc. Additionally, participants expressed frustration with having continued issues that they were unable to control e.g. anxiety, self-harm, flashbacks, continued relationships difficulties, etc. Issues that had been long-lasting despite, continued attempts at moving on.

4) To identify and explore how childhood abuse impacts individuals in adulthood; particularly relating to adult relationships and parenting styles.

The current objective intended to explore the long-term impact of child abuse from the adult survivors' perspective. This was achieved and is discussed in detail in chapter 8. Key findings highlight the many issues relating to adult relationships including trust and intimacy issues and the impact on making and maintaining both friendships and intimate relationships. Positive relationships were found to be a protective factor for abused adults, while others reportedly experienced further abuse in toxic adult relationships.

Intergenerational continuity of abuse was explored among parents with abuse histories, with findings indicating that children of abused parents can be negatively affected by their parents' abusive childhoods. However, in the majority of cases, this negative affect was unintentional on the part of the parents and was found to be largely due to the parent's fear of failing or, fears of not adequately protecting their children from potentially abusive situations. Despite this, attempts to break the intergenerational cycle of abuse were evident among current parents. These findings relate to both mothers and fathers.

Also included within chapter 8 are the findings related to how adult survivors of child abuse attempt to help themselves overcome these reported difficulties. Cutting, or limiting contact with their abuser, abusive parents and/or entire negative family was the most commonly reported, followed by engaging in therapy and connecting with other survivors.

4a) How do adult survivors of child abuse perceive their experiences to impact their ability to form and maintain relationships?

Nearly 80% of adult survivors (38/49) within this research recognised that their childhood experiences had negatively impacted their ability to form and

maintain relationships. Reasons for this varied from low self-esteem to issues with sexuality, and continuing the pattern of abusive behaviours that they, themselves, had learnt during childhood. Further findings identified that trust (30.6%), and intimacy (26.5%) issues were some of the ways that childhood experiences were perceived by participants, to have impacted them, with participants expressing their struggles in not being able to trust others, or trusting too much and experiencing feelings of vulnerability. Participants responses varied with regard to issues with intimacy, some reported that these were their own issues, e.g. low self-esteem or anxiety that held them back from forming new relationships, while others reported that childhood sexual abuse had “taught” them that men wanted sex, and women were expected to provide it.

In terms of actual relationships, findings demonstrated that adult survivors of childhood abuse find it difficult to form and maintain relationships with both friends, and intimate partners. Some participants reported that they were trying to work through their issues, in order to improve their relationships, while others reported a seemingly indifferent attitude to adult relationships, whereby they felt that having very few friends, or few people to trust, was just the way things were.

Furthermore, positive relationships were found to be a protective factor for 7/49 participants, with participants indicating that feeling valued, respected and safe within their relationship was important in order for them to feel accepted by their partner. Further abusive relationships were expected to be prevalent among participants with abuse histories, however, this was also reported by 7/49 participants, with some describing that they had entered into a cycle of abusive relationships in adulthood, and others explaining that they had recognised that their

relationship was abusive or dysfunctional, and ended the relationship(s) because of that.

b) How do adult survivors of child abuse perceive their experiences to have impacted their ability to parent?

The predominant perception among parents within the current data was that their experiences of abuse as children, had made them better parents, had made them more aware of dangers, more understanding of pain and hurt, more affectionate, and more protective. Some participants did recognise that their awareness of the potential dangers to their children had led them to be overprotective and hyper-vigilant to potential risks, which was also acknowledged by some to be a negative impact of their own abusive experiences, on their children. However, despite this acknowledgement that overprotectiveness and hyper-vigilance may have a negative impact on their children, participants appeared to perceive it as their role, as a parent to protect their child(ren), in ways that they were never protected. This perception was found to relate to both mothers' and fathers' views of their own parental role. Therefore, within the current research, it was found that intergenerational continuity of participants abuse, onto their own children, was predominantly as an indirect result of their fear of 'failing to protect' their children.

In addition, findings demonstrated that as children, or "child victims", the current participants perceived the role of protection to be their mothers' role, and spoke of the ways they had been impacted by the perception that their mother had 'failed to protect' them and failed to carry out her role effectively. However, when participants were in the parental role themselves, the responsibility to protect the child was perceived to be the *parents'*, regardless of gender, with overprotectiveness

found to be a characteristic of both mothers and fathers with histories of child abuse, within the current data.

c) How do adult survivors attempt to move on and heal from their abusive pasts?

The answer to this research question is dominated by the participants accounts (65%) of cutting or, in the very least, limiting contact with their abuser(s), or their entire family. Participants responses within this theme suggested that cutting (or limiting) contact is a positive, and in some cases, necessary step towards healing from their childhood trauma. However, due to methodological limitations, the current study was unable to determine if cutting or limiting contact with the abuser(s), and/or family members, resulted in either immediate or long-term positive outcomes. Other findings related to moving on - as adults - were therapy (22.5%) and connecting with other survivors (12.3%). These were both found to be effective ways in which adult survivors of childhood abuse had attempted to move on and heal from their childhood experiences.

***Recurrent findings/Trends within the data***

Throughout the chapters, there appears to be common threads amongst factors resulting from differing abuse types, which resulted in a number of recurrent themes and/or findings. These were in relation to a perceived lack of protection from mothers, and the impact that this perceived lack of action from the ‘non-abusive’ parents’ or ‘failure to protect’, had on the child victim, and the adult survivor. Furthermore, feelings of betrayal were recurrent throughout, with participants revealing that the parents who were supposed to love, care for and protect them,

instead, subjected them to the worst experiences of their lives. These recurrent findings are closely connected, and provide evidence that the lack of action and/or lack of protection from the 'non-abusing' parent can have a psychological impact on the victim, which is perceived to be similar to the impact of direct acts of emotional abuse. Furthermore, these findings also provide evidence that adult survivors of childhood abuse, perceive the emotional elements or consequences of abuse to be the hardest to overcome, and to contribute to the long-term issues experienced. This is supportive of O'Dougherty (2007) who identified that "the long-term impact of emotional abuse may be perpetuated through the individual's internalization of this experience" (p.5).

### *Implications of findings*

Following on from the above key findings, a number of practical implications have been identified. In terms of coping methods and survival tactics, current findings provide evidence that multiple methods can be utilised and, while one chosen method may be effective for one individual, it may not be considered beneficial or effective for another. Nevertheless, understanding and identification of the various possible methods of coping employed during childhood should help both parents and professionals to recognise some of the potential signs of abuse. Furthermore, understanding and recognising coping methods employed in adulthood should assist professionals or therapists to identify where the individual's chosen method is beneficial or detrimental to their recovery and, either work with the selected coping strategy, or work with the individual in order to find a more suitable approach. Additionally, the childhood survival tactics found within the current data suggest that children adapt to their situation and either choose to comply with the abuser and "accept" the situation they are in, and their lack of power to change it; or

they choose to try and defy the abuser and retain any shred of power and control that they can, in order to help get them through it. Chosen methods that result in a compliant outcome such as, compliance, submissive manipulation, self-sacrifice, etc were found to provide a level of predictability to the abuse that appeared to be beneficial to the victims. For example, complying with the abusers demands resulted in less force, and therefore, less pain, than would otherwise be experienced. Alternatively, chosen methods that resulted in defiant behaviours, or that defied the abuser's requests or demands, were found to provide an element of control for the victim that, although usually resulted in further abuse, it also appeared to provide a much needed "boost" to the victim, and to their perception of the situation. Almost like gaining a point against their abuser.

The practical implications of these methods, and of identifying and understanding these methods, could be significant in terms of identifying ongoing abuse, and identifying a level of resilience in child victims. Within the current data, it is unclear whether either of these methods resulted in positive or negative outcomes in adulthood, but it could be subsumed that defiant behaviours are associated with fighting back against the abuse which could potentially be important for recovery in adulthood.

In terms of disclosure of childhood abuse, multiple methods of disclosure attempts were identified, with some participants reporting that professionals or authority figures were involved at some point of their childhood which did not result in any effective intervention. However, it needs to be considered that if child protection services are not involved with families and have no reason to suspect abuse is occurring, then they are unable to affect any significant intervention. Teachers are potentially the only other adults out with the family, who will see an abused, or

vulnerable child on a regular basis, regardless of whether or not they suspect abuse. Therefore, teachers and school staff should endeavour to be vigilant and make time to understand what a child is attempting to communicate with their behaviour; whether that behaviour is “good” or “bad” (or compliant/defiant). The current findings demonstrate some of the behaviours that children use in attempts to call attention to their abusive situation. Consequently, professionals working with children need to be aware of the many different behaviours and methods that vulnerable and desperate children will use in order to alert an adult to their situation. Current findings could potentially be useful in guiding further training for professionals working in roles alongside potentially vulnerable or abused children e.g. teachers, social workers, carers, nurses, etc. Irrespective of how identification and intervention of abuse occurs, findings suggest that the absence of adequate support following abuse disclosures may further contribute to negative effects experienced. Therefore, individuals with abuse histories need to be better supported, offered therapy and/or encouraged to make use of support groups for adult victims of childhood abuse. This is important in order to prevent feelings of potential isolation in the aftermath of abuse disclosures, cutting contact with their family and, any other long-term negative effects or mental health issues that may be experienced.

Current findings also suggest that although awareness of mental health issues may be rising, attitudes towards people with mental health issues may not necessarily be empathetic towards the cause of those issues. For example, some participants highlighted that receiving help for their issues relating to historic abuse has been difficult at best, and non-existent for others, with one participant in particular suggesting that if she had a physical illness or injury, she would be offered help and support for it. It is known from both current findings and previous research

(Garbarino, Guttman & Seeley, 1986; Newton & Gavin, 2020) that emotional abuse is at the core of all other abuse types and, although emotional abuse can be experienced alone, it is common for emotional abuse to also be experienced alongside other abuse types. It is also apparent that experiences of emotional abuse in childhood, or emotional elements of other abuse types, can have a long-term detrimental impact on individuals, into adulthood. Therefore, current findings could be useful in developing early therapeutic interventions for victims of abuse, including the potential to further develop support groups aimed at helping children and adults affected by abuse. This may help to reduce the long-term damage done by allowing victims to connect with other survivors of abuse and to reduce the feelings of isolation and lack of support reported.

Parents with abuse histories also need to be better supported in their journey to becoming adequate parents and minimising the impact their abuse has on their own children, i.e. the next generation. Whether that be due to lack of experience in developing bonds and attachments or, being overprotective and not giving their child opportunities to explore, etc. In addition, the NSPCC (2019) offer a very useful tool which has been developed in order to teach children about the dangers of sexual abuse in an age-appropriate manner. Parents should be encouraged to use this tool and to speak to their children about potential dangers of abuse, the importance of disclosing abuse, and not keeping secrets, etc. This would help parents feel that they have prepared their children and opened that line of communication if any abuse or inappropriate actions were to take place. It may also help to reduce the parental fears around letting their children explore their environment and make new friends, etc to ensure the intergenerational impact of abuse is minimal.

Personal experiences, mental health diagnosis', abuse type(s) experienced, the use of specific coping methods and, an individual's support system, are all factors that need to be taken into consideration when developing effective treatment interventions for victims or survivors. This may be particularly important when considering that victims of abuse may have cut contact with their primary (although abusive) attachment figure, and therefore, they may be less likely to have a positive, healthy or extensive support system in place.

### *Original Contributions*

The research findings presented within this thesis have expanded our knowledge and understanding of some of the issues experienced by adult survivors of childhood abuse. The current thesis has evidenced that experiencing any form of childhood abuse can result in long-term psychological impacts that continue to impact adult survivors in various ways; with emotional abuse or the emotional elements of other abuse types found to be the hardest to overcome, as adults. This has come at a time when the implications of emotional abuse are becoming more recognised and the laws and legislations are beginning to change to incorporate emotionally abusive actions and behaviours (HM Government, 2019). Within the current research, the same sample of participants have contributed their stories to a variety of issues and areas associated with child abuse. Although most of these areas have been studied before, using the same sample to explore multiple aspects of their childhood and adulthood has allowed for a more complete picture of how childhood experiences have impacted adult life.

The current study has attempted to explore how experiences of emotional abuse, or the emotional elements of abuse, exacerbate the detrimental effects of

other forms of abuse experienced. To date, and to current knowledge, this type of research has not been conducted previously using such a large sample of qualitative data (*n*=49). Therefore, the findings presented contribute to the growing body of literature surrounding child abuse experiences, and their long-term impact. Findings here are regarded as promising, although preliminary.

***Strengths and limitations of research***

There are a number of limitations of the current research which need to be noted. Firstly, survey questions relating to coping methods were specifically intended to be open questions to allow participants to provide their own accounts and details that they felt comfortable sharing in order to prevent them from simply skipping the questions. However, a limitation of this, is that more specific details related to coping methods and mental health were not collected. Questions could have been more focused or directional in order to collect more in-depth data relating to this topic.

Secondly, the survey question specifically relating to harmful coping methods e.g. *"Have you ever used harmful methods to help you cope with your feelings and experiences (e.g. drugs, alcohol, self-harm, eating disorders, promiscuous behaviour, criminal acts, etc)?"* included example behaviours as prompts for participants. The main reason for this was because it was believed that participants may not consider their methods to be harmful and thus, may not have believed this question was applicable to them. Therefore, example behaviours were provided to prompt participants to think about the coping methods they employed. However, it is acknowledged that this may have skewed the results, as some participants may have only reported the behaviours given in the examples and not provided any others that they also used. This would mean that the harmful coping methods

reported here would be an over-representation in comparison to others that were not provided as examples in the initial question, such as, taking undue risks i.e. dangerous driving, etc.

Some of the current findings related to disclosure were not anticipated, therefore another limitation is that no further, probing questions were asked. For example, the *(lack of) maternal protection* theme would have been interesting to investigate further, by including questions such as, did anyone ever witness you being abused?, who did you disclose to, how many times did you disclose and/or attempt to disclose, what language did you use? these questions would have been interesting to include in order to investigate this finding further. Again, although the questions were intentionally left open to allow participants to describe their own personal accounts in as much or as little detail as they felt comfortable with, in some cases, this may have hindered the detail provided. Some participants simply stated that emotional abuse or incest etc was the hardest abusive aspect to overcome without elaborating on this. Further questions or follow-up interviews would have allowed these responses to have been explored further.

One of the major limitations relating to adulthood and parenting is that these questions were initially intended for all participants, not just for those with histories of abuse, however, the majority of non-abused participants skipped these questions which rendered any comparison between groups unachievable. It can only be assumed that non-abused participants did not feel that these questions applied to them, due to the wording of the questions.

The current findings shed new light on various issues relating to adult survivors of childhood abuse and how their abusive experiences negatively affect

them. Despite this, a number of the current findings would have benefit from further exploration. For example, findings provide evidence that fathers put intense pressure on themselves to be a good parent, protect their children and ensure their children's lives are safe, happy and "perfect". However, current findings in relation to parenting experiences of fathers with childhood abuse histories cannot be generalised due to the small sample size of fathers within the data, therefore, this area could be further investigated to better understand abused fathers' experiences of parenting.

Overall, the main limitations are related to the research sample and the methods used. Although the abused and the non-abused groups were split relatively evenly, there was a small subset of participants (*n* = 11) who alleged that they did not have abusive childhoods but who responded positively[16] to a number of the abuse related questions. These participants were believed to have unacknowledged abuse experiences which could have potentially affected the current findings. It would have been beneficial to further investigate the experiences of these few participants in order to better understand why they did not consider themselves as abused. If the current study was to be repeated, it would be advantageous to either focus on abused participants only and obtain a larger sample size and/or follow up participant survey responses with semi-structured interviews in order to further investigate their experiences.

Another methodological limitation of the current research is that childhood abuse experiences and disclosure outcomes are based on adults' retrospective self-reports. No information was gathered regarding the accuracy of these reports. Therefore, findings were based on participant reports of childhood abuse and not

[16] i.e. indicating abusive experiences

confirmed abuse cases. Additionally, mental health issues were also based on reported, rather than confirmed diagnosis' which makes the accuracy of findings difficult to determine. However, although the current findings are based on self-reported and not confirmed cases, it is clear from these findings that child abuse is dependent on secrecy and lies in order for it to remain "unconfirmed". Consequently, within the current data, victims' beliefs and perceptions of their childhood experiences, and the impact their perceived experiences had, or continue to have, are still deemed to be a valid reality. As Doyle (2001) pointed out "their reality is not the only reality but it is a legitimate one" (p.397).

It is widely recognised that qualitative (particularly thematic) analysis is open to researcher interpretation and any codes which did not appear regularly throughout the participant responses may have been dismissed despite their potential significance.

The lack of comparability between the two groups of data (e.g. abused/non-abused) is a major limitation within the current research, however, future research could aim for a better response rate to the survey items in order for comparisons to be made between both groups. In addition, the distribution of male/female participants within the sample has meant that the voice of male victims of child abuse has been somewhat limited in comparison to the female group of participants.

With a sample size of 39 female participants and, 10 male participants with child abuse histories, the data for a qualitative research study was vast. This is a major strength of the current study. Additionally, data was collected from adult survivors from various parts of the world, experiencing various types of abuse, which increases the potential to generalise the findings. Another major strength of the

current research is that it gave adult survivors a chance to narrate their own accounts of how child abuse has impacted them both directly and, indirectly. Focussing on the experiences and perceptions of adult survivors or childhood abuse, allowed the research to place the voices of participants at the centre of analysis.

Although it is important to acknowledge these limitations, the current research is regarded as promising with novel findings reported, however, it may also be regarded as preliminary research with findings that are worthy of further investigation.

***Directions for future research***

Further research is needed in a multitude of areas in order to advance existing knowledge. Some suggestions for future research have been considered. For example, the 'childhood survival tactics' reported (in part two of chapter 5), were interesting, yet unexpected. To the researcher's knowledge, there is no previous research within the literature around childhood abuse experiences that have identified the use of *submissive manipulation* in the way reported here, and although research has previously identified *self-sacrifice* is common, it has not been reported as a survival tactic used in order to survive abusive childhoods, making the current findings significant. However, these childhood survival tactics could be further investigated in order to explore the effect these tactics have on the development of resilience, the impact of emotional abuse, and also to explore the generalisability of these findings to other child abuse victims.

Chapter 8 also reported important findings relating to relationship and parenting difficulties in a sample of abused males. However, current findings in relation to the experiences of males and/or fathers with childhood abuse histories

cannot be generalised due to the small sample size, therefore, this area could be further investigated in order to better understand the relationship and parenting experiences of fathers with child abuse histories.

Another potential avenue that would be useful to determine is how people (e.g. public and professionals) perceive childhood emotional abuse and the impact it has. It would be interesting to compare public perceptions of emotional abuse and whether the potential impact and/or damage obtained from that is understood; to the perceptions around physical and sexual abuse and the potential impact and/or damage obtained. Public perceptions around these areas could also be compared to the findings of the current study regarding what aspects of abuse victims perceive/describe as the most damaging.

***Importance of reflexivity in qualitative research***

It has become widely known that during the process of qualitative research, researchers should attempt to understand and acknowledge their own perceptions and experiences and how those have the potential to influence their findings (Richardson, 1996). Qualitative research recognises that there is no "one size fits all" approach when it comes to understanding how we use ourselves in the research process (Richardson, 1996). However, it is important that we do acknowledge any perceptions or bias we may hold. Gavin (2006) highlights the importance of acknowledging the reflexive nature of qualitative research, she explains that as the discovery of themes is based on phenomenological experiences, it is far from straightforward. It is expected and accepted that qualitative analysis will include some form of subjectivity from the researcher, however, Gavin also argues that the

researcher has a responsibility to manage and reduce the potential bias when carrying out thematic analysis.

### *Reflections of the Researcher*

As I wrote the preceding chapters about childhood experiences, I naturally began to reflect on my own childhood and how it influenced me as an adult. While I did find aspects of this research and the writing of certain chapters particularly difficult at times, to the point of questioning my reasons for putting myself through it, I have also found it quite a cathartic experience and I am glad that I persevered with it. One particular participant comment has stuck with me throughout the whole process and whenever I found myself struggling, I kept going back to re-read her comment:

> F93: *"Thank you very much for giving me a voice! Thank you also for the work you do and the valuable contribution you are making to our world."*

Listening to the stories of abuse victims and acknowledging their experiences, their survival and the ways in which they are still affected by those childhood experiences is every bit as important as trying to prevent abuse from occurring in the first place. Therefore, I felt that I needed to share her voice, and the voice of all the other victims who have shared their stories with me.

Throughout the research process, particularly the qualitative analysis stage, I was acutely aware of my own potential bias on interpretation of the participant narratives. At the start of this research, I was unsure which particular aspects of childhood abuse would highlight any significant findings and I decided to ask participants questions about various aspects of their childhood for this reason. However, following the data collection stage it became clear that there were too many

interesting routes to follow and I would need to focus on the findings which I felt were the most interesting or significant. I recognised at this time that my own experiences did influence the direction that I took this research in terms of further examining coping strategies, disclosure and the process leading up to participants attempting to move on, etc. Although my own influence in this way is not unexpected, it did have the potential to negatively influence my interpretation of the data. In order to ensure that I prevented this, I frequently asked myself throughout the analysis process "am I just seeing what I want to see here?" and "is this finding really significant?". On initial reading of the data, I made reflexive notes on any aspects that generated ideas, thoughts or questions, etc. I found these notes helpful at a later stage when my judgement may have been affected by continuously reading the large, highly emotive amounts of data. I double checked all the data that I was analysing and where second stage thematic analysis had been carried out and interpretations made, I checked these interpretations with my supervisor who was independent to my own experiences. Some of these findings were obtained from multiple participants directly stating very similar experiences, e.g. lack of protection from mothers was highlighted by many participants during the content analysis, where “reading between the lines” was not necessary. However, I still carried out this analysis twice to ensure that I had not misinterpreted it and then checked my analysis with my supervisor. The themes identified were always in accordance with each other despite how many times I repeated the stages of the thematic analysis.

Although I have taken steps to prevent any bias from influencing the findings reported here, I am also aware that qualitative research, in particular, thematic analysis, is largely conducted based on the researcher’s own interpretation of the data they are presented with. With this in mind, I do accept that the qualitative

findings from the current research are my own subjective interpretations of the data, however, I am confident that the qualitative findings that are reported within this research are accurate and have not been affected by any bias created by my own experiences or opinions.

***Summary of chapter***

As demonstrated, the research aims and objectives have conclusively been met and some interesting and novel findings have been found. These in-depth findings have expanded the existing body of knowledge surrounding childhood abuse, emotional elements of abuse, and the long-term damage it can cause.

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# Appendix A:

Survey into aspects of abuse.

Throughout this survey, the term parent(s) is used to refer to the caregiver(s) you have specified in question 5.

1. What is your age?
2. What is your gender?
3. What is your ethnic origin?
4. Are you currently employed/unemployed/student/stay at home parent/other_____?
5. When you were growing up, who in your household had responsibility for taking care of you? (please indicate all that apply)

   Mother

   Father

   Step -mother

   Step-father

   Foster parents

   Other

6. How would you describe your childhood?
7. How would you describe your relationship with your mother?
8. How would you describe your relationship with your father?
9. How many, if any, siblings do you have?
10. Do you feel that you and your siblings were treated equally?
11. Do you feel that your childhood was a happy one?
12. Do you feel that your childhood was abusive?
13. If yes, in what way?
14. If yes, what was your relationship to your abuser(s)?
15. If you were abused as a child, how old were you when the abuse started?
16. ...and how long did it go on for?

**Answer the following questions based on how you have felt over the past two weeks...**

**On a scale of 1-5 (1=Totally disagree - 5= Totally agree),**

17. I am in good health
18. I am happy with my life right now
19. I feel like a failure
20. I have confidence in myself
21. I find it hard to express what I feel
22. I deal with problems well
23. I am able to openly express love and affection to others
24. I feel useful
25. I have close meaningful relationships
26. I feel in control of my life
27. I often have negative thoughts
28. I feel loved and secure
29. I find it easy to relax
30. I am optimistic about the future
31. I feel that I am an important part of someone else's life
32. I find it hard to trust others

**The following questions are of a sensitive nature so feel free to leave out any questions that you are not comfortable answering. There is no right or wrong answer to these questions so write as much or as little as you feel comfortable with.**

Answer the following questions thinking about **when you were growing up/when you were a child...**

33. ...were you often physically punished?
34. ...were you ever punished for something that wasn't your fault?
35. ...were you ever repeatedly punished for no reason?
36. ...what punishment did you most often receive?
37. ...were you ever punished in different ways to your peers?
38. If yes, How?
39. ...did you ever experience anybody by threat or force trying to limit your contact with others?
40. ...did your parent(s) place unreasonable restrictions on your social time e.g. how long you were allowed to play with friends, what time you had to go to bed, etc?

41. If yes, in what way?
42. ...did a parent or other member of your household regularly put you down, humiliate or insult you?
43. ...were you ever ridiculed or made to feel ashamed if you showed emotions?
44. ...did you feel protected and safe in your family?
45. ...did you ever feel the need to hide from your parents?
46. ...did you ever feel like you needed to protect any other member of your family?
47. ...did anyone in your family ever threaten to hurt your family, siblings or favourite pets?
48. ...did anyone in your family ever make you believe that your family, siblings or pets were in danger without directly threatening them?
49. If you had siblings, were you frequently left to take care of younger siblings?
50. If you had siblings, did you ever take the blame for things your siblings did to prevent them getting physically abused?
51. How did this impact on your relationship to your siblings?
52. ...did you feel lonely?
53. ...to the best of your knowledge was there a member of your household who was depressed or mentally ill?
54. If yes, in what way do you think this affected you?
55. ...was there a member of your household who was drug or alcohol dependent?
56. If yes, in what way do you think this affected you?
57. ...did you feel loved and important in your family?
58. ...did your family environment feel unpredictable?
59. If yes, in what way?
60. ...did you ever have feelings of hopelessness and/or helplessness?
61. How did that affect you?
62. ...did your parent(s) ever threaten to send you away?
63. ...were you ever forced to call a step-parent mum/dad against your wishes?
64. ...did you ever willingly behave in a certain way in order to lessen the pain/punishment/duration of abuse?
65. If yes, can you describe this behaviour?
66. Did your relationship with your parents ever involve a sexual experience?
67. ...did anybody ever touch you sexually without your consent?
68. If yes, were you made to keep this a secret?
69. How were you made to keep the secret?

70. ...were you repeatedly touched inappropriately by an adult?
71. ...were you ever made to undress in front of an adult?
72. ...were you ever made to watch pornographic films, either alone or with another adult?
73. If you were subject to abuse, did your abuser ever make you feel special or give you special rewards/treats?
74. How did that make you feel?
75. ...did you have a trusted friend/family member who you could talk to about your feelings/experiences in confidence?
76. If you did experience abuse, did you ever disclose the abuse to a 'trusted' adult?
77. If yes, what was the result of the disclosure?
78. If no, what stopped you from disclosing the abuse?
79. ...did you ever wish an adult would notice you were unhappy and 'save' you?
80. … did your behaviour/actions following an episode of abuse change in a way that you believe should have been noticeable to others?
81. How?
82. Why do you think any behaviours weren't noticed/acted upon?
83. ...did you ever attempt to run away from home?
84. If yes, what was the event that led to you attempting to run away?

**Thinking about your life as an adult, answer the following questions:**

85. Do you feel that your choices and decisions in adulthood have been affected by your childhood experiences?
86. Think about your current (or last) adult relationship, are you subject to any form of abuse in your current (last) relationship?
87. As an adult, do you find it hard to say no to sexual advances?
88. Have you ever suffered a mental health issue in adulthood?
89. If yes, what mental health issue have you suffered from?
90. Do you have children?
91. If yes, do you feel that your early childhood experiences have shaped you as a parent?
92. How?
93. If you did experience abuse, do you feel that your experiences of abuse have an impact on the lives of your children?
94. How?

95. If you do not have children, did you make a conscious decision not to have children because of your experiences as a child?
96. Have your childhood experiences affected your personal relationships in adulthood?
97. How?
98. Are you aware of any defence mechanisms/coping strategies you used when you were growing up?
99. Can you describe these?
100. Are you aware of any coping strategies you use as an adult?
101. Can you describe these?
102. Have you ever used harmful methods to help you cope with your feelings and experiences (e.g. drugs/alcohol/self-harm/eating disorders/promiscuous behaviour/criminal acts, etc)?
103. Do you feel that you have any long-lasting negative effects of your childhood experiences?
104. If yes, can you describe these effects?
105. If yes, how are you dealing with these long-lasting effects?
106. After completing this survey, do you now think you were abused as a child?
107. If you experienced any form of abuse when you were growing up, in your own words, describe what you have found the hardest to deal with/overcome?
108. Who was the person you were thinking of the most when answering these questions?
109. Are you still in contact with the above person?
110. What are your current feelings towards this person?
111. Have these feelings changed since you were a child?
112. Do you think these feelings will ever change?
113. Can you sum up your childhood in 3 words?
114. Is there anything that you would like to add?

# Appendix B:

## Information for Participants.

Dear Participant,

I am a postgraduate research student currently studying for a PhD with the Centre for Applied Psychological Research at the University of Huddersfield. As part of my studies I am carrying out this research project entitled: *Studying the long-term psychological effects of emotional abuse experienced in childhood.*

**What is the point of this research?**

The aim of this research is to better understand some of the long-term issues related to the experience of abuse in childhood, particularly in relation to emotional abuse. This research also aims to develop a deeper understanding of the coping strategies employed by both children and adults and examine the effectiveness of these coping strategies. However, one of the most important aims of this research is to raise public awareness of the damaging psychological effects of emotional abuse and hopefully raise awareness of some of the signs to look out for in an emotionally abused child so that more sufferers can be identified and hopefully protected.

**What should I expect?**

Whatever your childhood experiences involved, whether you suffered any type of abuse as a child or you had a happy, carefree childhood, your voluntary participation in this research would be greatly appreciated. However, I would like to emphasise that the decision whether or not you take part in this study should be entirely your own.

I would also like to make clear that the questions you will be asked are of a sensitive nature and have the potential to be quite upsetting. For this reason, I would ask that you only take part in this study if you are over 18 years of age. Before you decide to take part in this study, it is important that you are aware that questions will be asked regarding your personal childhood experiences *(e.g. Did a parent or other member of your household regularly put you down, humiliate or insult you?, To the best of your knowledge was there a member of your household who was depressed or mentally ill?, Were you ever punished for something that wasn't your fault?)*, personal adult experiences *(e.g. As an adult, do you find it hard to say no to sexual advances?, Have you ever suffered a mental health issue in adulthood?, Are you aware of any coping strategies you use as an adult?),* and current personal feelings related to health, satisfaction with life, confidence, etc.

However, it is also important to note that you do not need to disclose any details that you are not comfortable with in order to take part in this study. Any details that you **do wish** to disclose will be done so with complete anonymity and kept fully confidential.

**What do I need to do?**

If you choose to take part in this study, your participation will involve accessing an online survey and following the simple instructions. The instructions will direct you to the online questionnaire which you will complete and submit anonymously. All responses will be completely anonymous, even to the researcher. Any information collected from you during this stage of the study will remain password protected and will not be identifiable as you. Some of your responses and/or quotes from your answers may be used in the final report or publications but again, none of these responses will be identifiable as you. In order to ensure your full anonymity, you will not be required to provide any personally identifying information. However, once you have reached the end of this survey, you will be asked whether or not you would be willing to partake in the second stage of this study which would involve being interviewed by the researcher. Again, this is completely voluntary and the decision to partake should be entirely yours. If you do wish to participate in the interview stage you will be asked for your contact details so the researcher can contact you to discuss this. If you do not wish to take part in the second stage of this study then please DO NOT provide your contact details, this will ensure your survey responses remain anonymous.

**Can I change my mind?**

This research follows ethical guidelines given by the Division of Psychology at Huddersfield University. You will remain anonymous in my research and you can choose not to take part in this study up until the point of submission. Due to the process involved in keeping your anonymity and confidentiality, you will be unable to withdraw your data from the study following the submission of your questionnaire, this is because it will be impossible to identify your specific data to remove it. You will also have the right to refuse to answer any questions which you are uncomfortable with by simply clicking the “next” button.

I have enclosed a consent form for you to complete if you feel able and are willing to participate in my research. If you have any questions please do not hesitate to contact the researcher (email – claira.newton@.hud.ac.uk) or the research supervisor Dr. Helen Gavin (email – h.gavin@hud.ac.uk).

Yours Faithfully

Claira Newton

# Consent Form.

**Student:** Claira Newton

**School:** Centre of Applied Psychological Research

**Title of project:** Studying the long-term psychological effects of emotional abuse experienced in childhood.

Thank you for considering taking part in this study. Your contribution to this research is entirely voluntary and you are not obliged in any way to participate. I would like to take this opportunity to inform you that there is no right or wrong answer to any of the questions asked so please do not feel that your responses are being judged in any way.

Please could you answer the following questions to make clear that you are fully aware of the purpose of this study and that you are giving your full and informed consent to participate. If you require any further details or information about this study, please feel free to contact the researcher on claira.newton@hud.ac.uk

Can you conform that you are over 18 years of age?

YES/NO

Can you confirm that you are voluntarily participating in this study?

YES/NO

Can you confirm that you have NOT suffered any traumatic events or any form of abuse within the past 12 months?

YES/NO

Are you clear about the purpose of the study and have you had all your questions answered?

YES/NO

Are you aware that there are some questions asked that you may find sensitive and/or upsetting?

YES/NO

Do you understand that you can only withdraw from the study prior to submitting your responses?

YES/NO

Since your anonymous data will be impossible to identify, do you understand that you can NOT withdraw from the study after you have submitted your survey?

YES/NO

Do you understand that you are free to choose not to answer any questions that you are uncomfortable with without giving a reason why?

YES/NO

Do you understand that no person other than the researcher/s will have access to the information you provide?

YES/NO

Do you give your consent for your data to be used in the research report, which may be read by others or published later, on the condition that you will remain anonymous and any data used will not be identifiable as you?

YES/NO

**I fully understand the information provided and I am happy for my responses to be used in the research report. I hereby give my consent to take part in this study.**

☐ I do give my consent. ☐ I do not give consent.

## Appendix C:

# Debrief.

Thank you for taking part in my research study. As previously explained, the aim of this study is to develop a deeper understanding of some of the long-term issues related to emotional abuse experienced in childhood. This study also aims to better understand the coping strategies employed by both adults and children and the effectiveness of these coping strategies. Another very important aim of this study is to raise public awareness of the damaging psychological effects of emotional abuse and raise awareness of some of the signs to look out for in an emotionally abused child.

If you found that any of the questions asked caused feelings of upset or distress and you would like to speak to someone in confidence about these feelings, there are a number of helplines that you can contact for support.

**NAPAC (National Association for People Abused in Childhood)**

Call free from landlines and mobiles on 0808 801 0331

Email: support@napac.org.uk

**Supportline** (provides a confidential help line offering emotional support to any individual on any issue).

Call 01708 765 200

Email: info@supportline.org.uk

**Rape Crisis (England and Wales) –** Support also available in other countries, see Rape Crisis website for details.

Freephone: 0808 802 9999

**Victim Support National Helpline** (If you have been a victim of any crime or have been affected by a crime committed, Victim support can help).

Call: 0845 30 30 900

**Mankind Initiative** Supporting male victims of abuse and domestic violence.

Call on 01823 334 244

If you feel that these helplines have/will not meet your psychological needs, **Mind** provide information on how and where to get help and support in your local area.

Call *Mind* on 0300 123 3393

Email: info@mind.org.uk

Text: 86463

Alternatively, if completing this survey has gave you reason to question the safety of a child you know or you wish to discuss any concerns you may have about a child then please contact;

**NSPCC (National Society for the Prevention of Cruelty to Children)**

Call: 0808 800 5000

Email: help@nspcc.org.uk.

If you have any further questions or concerns about this study or you would like to discuss the issue further, please contact me on claira.newton@hud.ac.uk

**Thank you for your participation.**