Final

Research Design

Does Time Heal All Wound?

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To expound on the present measure

To aid in the healing process of women CSA victims

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INTRODUCTION

This research study will focus on the short-long term consequences in adult women, victims of CSA and its healing process. Childhood Sexual Abuse (CSA) is a prevalent problem in the United States that is associated with many long term psychological, behavioral, social, and psychical effects in women and men. Estimates suggest between one-fifth and one-third of females in the United States experience some form of sexual abuse during childhood. Rates within the clinical population of women tend to be much higher.

According to the National Child Abuse and Neglect Data System (NCAND), an estimated 777,200 children were determined to be victims of abuse or neglect by a protective service agency in the United States in 2008, and 9.1 percent of these children were determined to have been sexually abused (Draucker, C., B., 2011). The previous study stated that 25%b women of a population of 17,337 experienced contact sexual abuse as children. The World Health Organization (WHO) defines CSA as The involvement of a child in sexual activity that he or she does not fullycomprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of a child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performances and materials (Murray, L., K., Nguyen, A., Cohen, J., A. 2014).

As part of the broader increased awareness of childhood sexual abuse (CSA), researchers have put great emphasis on mental health and behavioral outcomes associated with early abuse. Women who suffer from CSA is associated with poor health status, functional disability, high utilization of health services, and a variety of physical problems, including headaches and gynecological and gastrointestinal symptoms. Post-Traumatic Stress Disorder (PTSD) with myriads of psychological and physical symptoms; an increase in depression, alcoholism, loneliness, and suicidal ideation, and low-self-esteem are also risk factors of a victim of CSA. A history of CSA can also have an effect on one marriage and family Problems.

The adverse consequences of sexual abuse, both immediate and long-term, have been documented by a large body of research. (Krahe, B., Apr-Sep 2000). The consequences of CSA duration may vary depending on the individual state of mind.

The effect of CSA places the victim at greater risk later in life of experiencing sexual victimization as compared to those without the experience of sexual abuse. Victims attempt to disassociate themselves from the experience or stress of the abuse, denying feelings of shame and anger as a coping mechanism. They can go through life sabotaging their own progress based on past experience(s). They cannot see beyond the abuse. The “root” of the trauma can be so embedded so deep in one’s spirit that their behavioral conduct is a reflection of the inner turmoil of abuse that without therapeutic intervention some survivors maintain an outward appearance of being unaffected by their abuse (NAASCA, 2011, pg.).

The coping of adults who experience CSA is often studied by identifying specific types of coping associated with negative or positive health outcomes. In a theoretical and empirical review, literature stated those coping with CSA showed that emotion-focused coping and avoidant coping used immediately after the event and over some time are associated with

psychological distress; Approach coping is generally associated with positive outcomes and other strategies, such as garnering social support and findings meaning in the abuse, are often associated with positive outcomes ((Draucker, C., B., 2011).

A study by the Vancouver's School after studying the consequences women of CSA felt the main result of their study was that time does not heal all wounds." They came to this conclusion based on the women in the study feedback. "All the women described great repressed and silent suffering in. all aspects of life and the abuse is still seriously affecting them and their love ones "(Halldorsdottir, S., Sigurdarddotti, A., 2012).

According to Dr. Draucker, it is believed that survivors of CSA victims go through a rigorous process that includes coping with the negatives but also growth and recovery in general. "Post-traumatic growth is defined as "the individual's experience of significant positive change arising from the struggle of a. major life crisis (Draucker, C., B. 2011)." Based on research, there's a distinction between 'healing" and "Coping.' "Healing" results in positive growth beyond a return to pre-trauma functioning level. Healing breaks the cycle of re-victimization. "Coping" is a psychological construct that involves the use of emotional processing and emotional expression in response to a stressful situation.

NEED ASSESSMENT

If research is to be an informed practice, more research needs to be done in the healing process of CSA victims. Recovery does not only entail the coping strategies as a result of CSA, but there is other overlapping with other types of childhood adversity. Children of sexual abuse are have been to other forms of abuse (physical and emotional abuse, maltreatment, neglect, and family dysfunction just to name a few. The purpose of this proposal is to construct a model that will aid in the healing process of women suffering from childhood sexual abuse (CSA). The act

of CSA has been proven to have a tremendously adverse effect on women's health and well-being.

Many studies do not measure multiple forms of childhood adversity, the cumulative impact of childhood traumas and the interaction of different types of violence are poorly understood. The entire lifespan of women must be evaluated to formulate an effective treatment plan for success in recovery. A study was constructed called the CSA Healing Model that considers the context of abuse, addresses the complexities and dynamic nature and places CSA in a life course perspective. CSA Healing Model is based on analytic products (frameworks) and narratives from a border Sexual Violence Study because it depicts healing processes in a specific domain.

Further research will enable the healthcare system (Medical, OB-GYN's, Mental Health Clinicians, etc.). to gain a better understanding and knowledge base in the treatment of patients/clients suffering in silence from CSA. A door of opportunity for victims of CSA to start the process of acknowledging the underline cause for their behavior would start the healing process. Education and knowledge are powerful interventions and should be available to utilized in the prevention of CSA on a global level.

One concentrates on the emotional aspects of the abuse experience. The corrosive effects of sexual abuse on self-esteem may make abuse victims dependent on social relationships as a source of self-worth. Re-victimization which is learned helplessness gives rise to emotional, motivational and behavioral deficits. The emotional deficit is when a victim reduces their efforts at identifying and avoiding high-risk situations and or partners. When one is showing symptoms of behavioral deficits, their ability to perceive options for escaping victimization and to judge the trustworthiness of potential partners are impaired

The primary goals for this research are to improve the health and well-being of women who were or are victims of CSA. To decrease the misdiagnoses of women with a history of CSA, because some symptoms closely represent a form of mental health. Have a therapeutic plan of early intervention in place for victims experiencing consequences due to the history of CSA. All women should have access to therapeutic intervention in-spite of their SES and culture.

The objective of this research to have a good support system (spiritual, CBT) in place for CSA victims, to void self-imprisonment, allowing verbalization without judgment. For the women of CSA discover their voice and speak their truth.

Literature Review

Consequences of Childhood Sexual Abuse in Adulthood: Victimized but Not Always a Victim

According to the National Association of Adult Survivors of Childhood Sexual Abuse (2011), the prevalence of childhood sexual abuse in the United States is unknown. Estimation of incest and other forms of sexual abuse against children ranges from 12% to 40% depending on the setting and population-or 1in 5 have experienced childhood sexual abuse. Childhood sexual abuse (CSA) is a form of child abuse in which an adult or older adolescent uses a child for sexual stimulation. It includes asking or pressuring a child to engage in sexual activities, indecent exposure with intent to gratify the adult's own sexual desires or to intimidate or groom the child, physical sexual contact with a child, using a child to produce child pornography or exposing one's genitals to children or pressuring them to expose themselves (Halldorsdottir, S., 2011).

Research results indicate that psychological trauma in childhood due to CSA can have widespread and serious consequences for health and well-being. The psychological effect of the trauma causes the victim to be re-victimized. For this literature review will focus on young girls and the consequences they encounter in adulthood due to childhood sexual abuse (CSA).

Sexual abuse in children is not new and been a plague in society for thousands of years. Since Freud's first acknowledgement in 1896 of childhood sexual abuse being the "root" of every case of hysteria', there has been much research and writing on this issue particularly in the USA, Canada, the UK and Austria (Maitia, S., 2009). Even in biblical days CSA was running rampart. In 2 Samuel 13:11-12, 14, 20, the Old Testament gives the account of Tamar being sexually abused by her half-brother, Amon the son of David. Tamar lived in desolation in her brother's house; locked in silence, shame, violation and traumatized by the abuse she suffered. History is still repeating itself. Over 2000 years later in our society worldwide untold millions of

children and adults are victims of CSA and carrying the wounds into their adulthood, living in the same desolate condition as Tamar.

Consequences of long-term trauma can develop into post-traumatic stress disorder (PTSD) with myriads of psychological and physical symptoms. “Although responses to sexual abuse vary, there is remarkable consistency in mental health symptoms, especially depression and anxiety symptoms may be found alone or more often in tandem with physical and behavioral symptoms. More extreme symptoms are associated with abuse at an early age, extended or frequent abuse, incest by a parent, or use of force. Responses may be mitigated by such factors as inherited resiliency or supportive responses. Even without therapeutic intervention, some survivors maintain the outward appearance of being unaffected by their abuse “(NAASCA, 2011).

A research study was done at the Vancouver’s School in Iceland, focusing on the repressed and silent state of CSA victims and how the consequences of their experiences molded their adulthood, interfering with their health and well-being.

“The method used to conduct their research is known as Phenomenology”-a unique blend of phenomenology, hermeneutics and constructivism “ (Halldorsdottir, S., (2000). Its foundation is “based on the philosophy of holism and existential psychology as well as on the premise or theory that reality is individually constructed as a result of lived experience.” The method used was person centered. “A person-centered approach is particularly useful when analyzing a heterogenous group of individuals. It allows researchers to identify groups of people who are similar and different. Also, comparison can be made across groups after the different types are identified” (Heppner et al., 2013, pg. 306). According to Halldorsdottir, S., this method allows

for an increase knowledge and broaden the understanding of phenomena to improve a human service.

Samples and Requirements

Seven women who were sexual abused between the ages of 4-5 or as far back as they could remember was selected. Requirements: had to be over 25 and have experienced CSA. Target age of women were between 30 and 65 years at time of interview. The participants were chosen "through a purposeful sample with the assistance of an expert in the field (four women) and from two education and counseling centers for survivors of sexual abuse and violence in Northern Iceland." Women who have been sexually abused as a child; their future actions are unconsciously based on their past trauma experience(s). Due to their cognitive association in relation to the trauma, their perception of things is seen through a distorted lens and leads to many negative consequences in their life span; such as teenage marriages-many many than one; separation, divorce, early pregnancy(s), abused relationship and at times lower SES. Lack of confidence and life stressors plan an important part inn one's health and well-being. (Weiss, E., 1999). The women in the Vancouver's study, each one of them experience at least one or two life disadvantages mentioned.

Data Collection and Data Analysis

The participants choose a non-threatening environment where they felt safe in expressing themselves. Due to the sensitivity of the study, the seven women were given professional support throughout the study, which aid in their comfortability and increased their trust. The guidelines of this study were the policy of the school. Since this was a holistic study, it included 12 steps in the process which described the research process and what the participants were to expect according to guidelines. The 21 steps were evaluated based on the following criteria's: silence,

reflection, identification, selection, interpretation, construction and verification. The first 1-6 steps were repeat in evaluated by the two researchers until a holistic understanding of each participant were reached, All interviews were conducted in Icelandic, taped and transcribed verbatim. The transcripts were analyzed for main themes and subthemes. Both authors were instrumental in the data analysis, synthesis and interpretation.

Validity of the Study

To enhance the validity of the study, each interview was analyzed thoroughly. Already in place was strategies to accomplish the desire outcome. The school already had in place built in strategies to enhance the validity of the study, focusing on the quality of the data collection, data analysis and presentation of findings. Repeatedly checking steps 7-11 (pg. 424) played a critical role in the validity of the study. Other strategies in place to enhance the validity of the study was "Triangulation-enhances the validity and reality of a study which was proven fruitful in steps 8, 10, and 12 where the combination of the expertise of two professions-one in subject area and the other expert in. methodology. "Triangulation is one of the strategies designed to enhance validity in a qualitative research." Based on the Vancouver's School, the following were also included in the research: "Peer Debriefings", Thick Description, and Reflexivity was a given based on constructivism. A "Reflective diary" was used at all stages of the research process as required by the school" (Halldorsdottir, S., 2013).

"The objective of the strategies in this research was to minimize the threats and to maintain the possibility of reaching an interpretable outcome. Keep in mind that no research can be designed that is not subject to threats to validity to some degree, which is in essence the thesis of Gelso's (1979) bubble-hypothesis" (Heppner et at., 2013, pg. 163).

Ethics

To follow the ethical bylaws, permission was obtained from the Icelandic Bioethics Committee and research project submitted to the Data Protection Authority. Since this study involved vulnerable women every measure was used to protect their rights. “The four basic principles of biomedical ethics – respect for autonomy, nonmaleficence, beneficence and justice ((Halldorsdottir, S., 2013).

The results of the study revealed all women at the hands of CSA suffered in silence and repression which effected their health and well-being. They all experience negative out-looks in life, including negative physical, psychological, rational and sexual health are consequences. When one is physically violated their mental (psychological) status goes through a change. They experience defenselessness, vulnerable to be victimized which falls into a pattern.

One’s childhood into adulthood can be plagued by stress due to sexual abuse. Some suffer anxiety attacks and do not understand the cause of the attacks. Some live-in fear; are unhappy and experience bullying. As time passes, women experience poor relationships with those of the opposite sex, friends and family members. Their actions speak louder than the silence. Physical symptoms manifest in their bodies from unknown origin such as uterine problems, and phantom pain. Childhood sexual abuse can lead to eating disorders and having a stroke due to anxiety. All these symptoms and many more interfere with the health and well-being of women.

If one has not grieved the trauma of being sexually abused, psychologically they will continue to suffer in silence until they release the stress which is a result of the incident. Depression is a major consequence in women who are victims of CSA. All the women in the study have expressed at one time or another experiencing some of these symptoms, or all of

them. Most of the participants experienced rejection, which effects their thoughts, actions and general well-being. Rejection can affect their self-image and how they carry themselves in life. When struggle facing their past even after it happen 5, 10, or 50 years ago. Until the trauma is faced, they will continue to walk in the shadow of the experience. Worry was a factor in the lives of CSA victims., especially fear of the unknown future. The women in the study sought professional help within the health service but felt they did not receive adequate or proper help for the 'root' of their problems (Halldorsdottir, S., pg. 430)).

What the Researchers Thought about the Result

"Researchers concluded that this methodology fitted very well within healthcare research, viewing the participants as experts in the phenomenon being researched with a certain level of modesty and unobtrusiveness. They felt this method made it easier to recruit survivors of CSA and gain their confidence to participate in the study." (Halldorsdottir, S., pg. 428). Trust and confidence in each other which created a bond between them allowed the experiment no flow easier. Researchers took every measure to eliminate bias among participants and experimenters. They describe the experimental procedures, used standardized procedures as outline by the Vancouver's School policy.

One of the long-term consequence's women experiences, physically and psychologically. Is PTSD with complex symptoms, which include amnesia of incident, negative alterations in belief about self, cognition and moods. The researcher thinks their outcome in comparison to previous research on this topic is right on target. In their evaluation of their results, discrepancies have been found in comparison to other studies. These discrepancies included women experiencing multiple physical problems in their childhood that was never connect to the psychological trauma.; experienced uttering problems and severe unexplained plain that lead to

hospitalization; post-partum depression and difficulty bonding with their children and showing affection (Halldorsdottir, S., pg. 429).

"The impact of CSA as a predictor of major illnesses is garnering increasing attention, including gastrointestinal disorders, gynecological or reproductive health problems, pain, cardiopulmonary symptoms, and diabetes." (Collin-Vezina, D., 2013). Colin-Vezina has similar findings as Halldorsdottir, S. studies.

In researching childhood sexual abuse and its consequences in adulthood, no known research was available at this time explaining the short- and long-term consequences of CSA. At the time of Vancouver School study in regard to CSA, they believe their study provided more broader understanding of the consequences woman face as a result of CSA than previous studies. The effects of CSA in adulthood is still questionable in regard to the nature of the long-term impact on one's mental and physical health.

"A few authorities have questioned whether non-violent sexual contact with children does any immediate or continuing harm" (Mullen, P. E., 1991). CSA can be a contributing factor for victims' engagement in the following: alcohol and drug abuse, anxiety disorders and an increase rate in depression. Researchers have drawn a hypothesis between depression as a negative long-term consequence as a result of CSA. Researchers question if depression is the only consequence of CSA. They think/hypothesize that there are other variables that are variable associated with CSA, that would produce negative outcome depression. (Weiss, E., 1999).

Studies have shown that the rate of CSA in women will develop mental disorders later on in life. The symptoms of mental illnesses have been proven to increase approximately 10 times later on in their lives. The question what's the underlying factor causing the negative outcomes.

Researchers are trying to find out the connection between CSA and disorders later on in life. (Mullen, P., E, 1991).

"When a little girl is subject of CSA, her life is destroyed in so many ways. Childhood experiences are the foundation of subsequent personality development and that any trauma in childhood weakens the structure of the adult personality. Using the biological/physiological bases of emotions and motivation, childhood victimization continues to affect the child as she grows into adulthood, because of the changes in the brain during the process of development" (Maitra, S., 2009).

Even though the child experience is traumatic, the memories do not have to control their lives, if early therapeutic intervention is put in place. Pediatricians are being equipped by the American Academy of Pediatrics' (AAP) with a new policy that will assist them in understanding the adverse effects of toxic stressors in the brain development and in-depth understanding of early life origins of many adult disorders. This new knowledge will promote future good health and well-being in adults (Maitra, S., 2009).

Women in the study described CSA as 'murder of the soul'; 'death of the soul" and thieft of the soul (Halldorsdottir, S., pg. 429) and they are right. CSA is sin. The Bible tells us the thief comes to kill, steal and destroy (John 10:10a). When a child is sexually abused, their innocence and tomorrows have been stolen from them. And see no future. Sexual abuse, which is the worse abuse of them all, can be blocked from the conscious because the root of the pain is so deep in the soul. When CSA occurs, it affects the spirit, soul and body.

The unique nature of CSA as a form of maltreatment and is characterized by four trauma causing factors that the victims may experience: traumatic sexualization which is questioning sexual identity. Betrayal women experience lack of trust, not protected when should have been.

Powerlessness, feeling of unable to change the past of sexual abuse; participant is vulnerable due to violation of the body. Stigmatization women constantly identifying with the abuse; can't separate the two or see beyond the abuse and self-blame. (Collin-Vezina, D., 2013). All the victims in the study has experienced these throughout their life.

Conclusion

In the Vancouver's' School research, they documented the main problem is that the health care system is not meeting the needs of women of CSA, especially at an early stage. Treatment might take a long period of time and therapists should not be concern about time. Due to the pain they are suffering, patience is a virtue when working with CSA victims. "The latest research results from psychoneuroimmunology have an important contribution to make to our understanding of this drastic breakdown victims experience as a result of CSA. These studies indicate that every human being must be seen as one whole, body and soul. That which breaks down the soul also breaks down the body, and vice versa. The soul, the nervous system and the immune system are all closely connected. When we respond to an incident or situation, we do it as one whole, body and soul." (Halldorsdottir, S., pg. 430). The above statement falls in line with what the scriptures (1 Corinthians 12:12, 14,14-26) said about the functioning of our body and how every part takes care of the other part, to keep it functioning properly.

The limitations in a research is not to generalize from the study, as its purpose was to increase knowledge and deepen the understanding of the consequences of CSA for women's health and well-being, (Halldorsdottir, S., 2013).

As victims of childhood CSA, one's health and well-being are important in treatment. especially for women suffering from long-term PTSD. Research in any area is a tool to increase the knowledge and understanding of the underlying cause of the symptoms one experience as a

result of CSA and its outcome. Education on all levels-from laymen to professionals should be available to prevent CSA on a global level. CSA is no respecter of persons and our next generation should be protected from the act of CSA and its consequences. Those seeking help in any area of health challenges, should be unintimidated when speaking to a health care provider, when finding a concrete treatment plan. Professional offices should have an inviting, warm atmosphere where the client can feel safe, and open to establish a trustful relationship with therapist. Researchers at the Vancouver's School recognize participants as individuals and didn't group into one category. (Collin-Vezina, D., 2013). The Obstetrician-gynecologist can be a powerful ally in the patient's healing process with support and referrals. Every situation may have similarity but there is a difference and the outcome for each client could be different.

METHOD

The methodology to answer the research question: “Does Time Heals all Wounds” is Person-Center Approach. The Person-Center Approach allows the researcher to identify groups of people who are similar and different (Heppner, P., 2016. Pg. 306). Person Center Approach measures the entire characteristics of a person, to determine the underlying reason for their behavior. I could also classify this a Theoretical-Driven Model which research “allows counseling professionals to ensure that they are engaging in interventions with the individuals that are theory-driven. Theories of psychology offer a framework from which to explain the characteristics and progression of psychological phenomena for clients that informs counseling professionals’ approach to treatment (Heppner, P. P., 2016. Pg. 13).

The first framework for this study will use the guidelines of the CSA Healing Model. Emphasis will be on the following areas: 1.Family History (parenting skills, family dynamics); 2. Influence CSA (on one’s sexuality); 3.; Storying the Violence (disclose their experience to others), and 4. Desire to be delivered-(Spiritual connection, journey or transformation); and Helping Others engage in altruism in response to their abuse).

SAMPLE

Descriptive fliers will be distributed through the community recruiting women who have been victims of CSA. These fliers will be placed in laundry mats, grocery stores, coffee shops, libraries, schools, community sit down eateries, churches, and health care centers with permission. A toll-free number to contact the researchers will be also on the fliers. The participants of this research study will be those with a history of childhood sexual abuse (CSA) starting from the age of 4 or 5 years old (as far as they can remember). All responses to the survey will be evaluated by experts Dr. Janet Barnes, Associate Professor of Violated Victims

Outreach from Oakland, Calif. and Dr. Eleanor Hopper, Director of Women's Counseling Services at Peacetime Health Institute located in Pleasantville, N.J. Both women will be assisted by two other professionals working in the field of women's health and well-being. All medical staff and Mental Health Counselors have 25 years of experience in treating adult woman who are victims of CSA.

From a pool of 50 potential participants, 25 participants will be selected after reviewing their initial response to the Binghamton Childhood Abuse Screen (BCAS). The BCAS is "a 36-item self-report measure screening of individuals suffering from psychological distress resulting from a history of childhood sexual or physical abuse. Each item is rated true or false, indicating whether the respondent agrees with the item based on his or her experiences. The BCAS has demonstrated good internal consistency and adequate convergent validity with other measures of trauma symptoms." (Coleman, S., Rourke, P., Levis, D. J., 2008)

QUALIFICATIONS OF PARTICIPANTS

Selected participants have to be between the ages of 18-65 years of age, who have experienced CSA, between 4 or 5 years of age (as far as they can remember). At the time of the study, the participants must all have to experience repeated trauma and violence

COMMONALITY OF PARTICIPANTS

The participants in this study have much in common; residing in urban community, divorce, separation (marital/children), physical & psychological challenges, and consequences that place them in a position for being re-victimized. As a result of poor judgment, women have two or more children-either married or as single parents. They have not completed high school or vocational training to better their needs. Based on their perceptions, some voice dissatisfaction

with previous therapeutic intervention. They questioned if professionals care since there no inquiry of CSA history was.

DATA COLLECTION

The 25 qualified women selected will independently participate in a 30-minute personal interview with Dr. Since the participants are of different cultures, there will be qualified bi-lingual therapists (Spanish and Creo) to meet the need of the Spanish and French population. All individual sessions will be held in a comfortable, women-friendly, non- threatening environment at Peacetime Health Institute Outreach. All interviews will be audiotaped and transcribed verbatim.

At each interview, the participant will be required to keep a journal documenting their thoughts and events for the next six months. Each participant will be assigned to facility doctor for any medical challenges they might experience within the year of this study, with no cost to them This will allow the physician to assess a complete physical, psychological and childhood sexual abuse history to aid in assessing the participants overall well-being and health. It will also allow the participant to ask a physician any questions concerning present or past health history. “Women of CSA think physicians, not concern because they never ask about their sexual abuse history” (Committee on Health Care for Underserved Women, 2011. Pg.1-4). For emotional support throughout the study, our mental health counselors will be available to the participants. With every interaction with our staff, documentation will be as kept for future evaluation.

In the seventh month, each participant will have a second interview with Dr. Hopper to freely discuss journal entries and any events that have occurred since the last visit. At this time, based on the revelation they received so far, participants will discuss the 1. Stages of grappling with the meaning of CSA, 2. Learning its definition, 3. confronting the effects of CSA and 4.

Laying claim to their lives. Focusing on these stages will reveal the inhibitors that's been interfering in their healing process. The staff will continue to audio record meeting accompanied with accurate written documentation. Journaling will continue, allowing reflection on previous and present interview and evaluating past entries. The journaling is a technique to assist the participants to have a voice because they suffer in silence. Women who are the victim of CSA need to learn how to voice themselves in a positive, confident manner and not let shame, denial, pain, fear or self-blame keep them silent.

In the 12th month of this study, the woman will meet with Dr. Barnes & Dr. Hopper as a group to discuss their experiences during the study. They will also include in their discussion the many encounters (the medical doctors, therapists, journaling and counseling) throughout this study. The goal of this exercise is to give them a voice to disclose CSA experience in a safe and non-judgmental environment. The realization will come they do not have to suffer in silence, they're not the only ones harboring negative feelings about their CSA experience and will learn there are healthy measures for coping with the past or present trauma. The tools given to them during this healing process will allow them to experience freedom from past trauma, that will guide them into a healthy state of being. Gradually, they will start letting go of that 'little girl" that's been controlling their lives, because she does not know how to protect herself in a positive manner as an adult. "Women continue to hold childhood beliefs about the CSA typically, that it was normal, that they were to blame for it, and that it destroyed their life" (Draucker, C. B., 2011).

Given the proper tools/interventions and support system, the women will realize they're gradually taking control over their lives and in that process, time can heal the wounds of their past. Not saying one will forget the CSA experience, but they acquire a better understanding of

the cause and effects of CSA consequences in their lives. The consequences of CSA do not have to control their life emotionally/cognitively. Being a victim of their past don't have to be a reality. They'll start taking the negative situations in their life, using the tools given to them and turn the past into a positive future. The cycle of CSA identification (making irrational decisions with unfavorable consequences such as; drug, alcohol abuse, repeated pregnancies or marriages; depression, poor health, and well-being can be broken. They can live a productive life because the past is not dictating their future.

VALIDITY OF STUDY

To maintain the validity and reliability of the study, Drs. Barnes and Hopper will analyzed each interview thoroughly, rechecking audio recording, transcripts and written documentation; assessing the quality of data collection, analysis, and its findings carefully.

ETHICS

Before the first meeting, each interviewer was given an introductory letter, addressing all ethical aspects of the study. The first interviewer, Dr. Barnes, gave an oral presentation of the study prior to the interview and all women signed an informed consent with a witness present. The entire research team was introduced to the women and were allowed to ask questions of the staff.

Researchers' responsibility is to protect autonomy, nonmaleficence, beneficence, and justice of the women due to their vulnerability in regard to the contents/procedure of the study. The identity of each participant will be protected by having a "research name" that correlates with every aspect of their response (written, surveys, tapings, and transcriptions). In the event a participant might recognize another participant or staff member in the study, a separate inquiry will be conducted with participant to get their feedback of their encounter. The participant(s) will

have the choice to continue in the study or withdraw with no consequences. All research staff signed a consent form stating their availability to the women in the event they of experience emotional distress during the study.

The research goal is to evaluate their ethical acceptability, weighing scientific value and the rights of participants, conducting all aspects carefully and eliminating any possible error that would indicate misleading in any way. Have to be knowledgeable of their target population to decrease bias and errors.

Conclusion

"Despite limitations in past research, it is evident there's a need to recognize the risk of re-victimization as a significant adverse consequence of sexual abuse and to address this risk factor in counseling and intervention. Coping with the trauma of rape and sexual assault is even more difficult for revictimized women than the victims not burden with a childhood history of sexual abuse" (Krahe, B., 2000, vol. 5 Issue 2/3, p 149-165, 17p).

With the recognition of the extent of family violence, it is evident that all women should be screen for a history of CSA. Victims of CSA suffers in silence because they do not initiate information and or reluctant to share their history of CSA. Universal inquiry about CSA or any act of sexual abuse during any physical exam or assessment will benefit the victim and initiate a conversation to aid in the healing process. By physicians and health care workers not asking patients about CSA history, it leaves the patient with the impression or belief that CSA does not matter or does not have a medical relevance and the opportunity for intervention is lost.

"Further research might include a longitudinal prospective study to validate the stages and factors that enable transitions in the healing process. Such a study would allow a contemporaneous rather than retrospective exploration of the nuances of the transition from stage

to stage.” (Draucker, C. B., 2011). It’s important to all CSA victims seeking care and support, that the therapist /or physician have a listening ear and listen to what is being said, even when they’re not speaking. A client's silence can speak volumes of what they are experiencing. It can make a tremendous difference in their health and well-being.

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Appendix A

Informed Consent to Serve as a Participant in Research

Peacetime Health Institute

This informed consent form is for adult women who were victims of childhood sexual abuse prior to the age of 4 or 5 years. We're inviting women, victims of childhood sexual abuse to participate in a research study with its focus on does time heal all wounds.

INTRODUCTION

My name is Ms. Gertrude Nelson, being assisted by the following colleagues, Dr. Janet Barnes is associate Professor of Violated Victims Outreach and Dr. Eleanor Hopper, director of Women's Counseling Services at Peace-Time Health Institute of Pleasantville, New Jersey. The focus of this research is to evaluate the time factor of healing in association with the consequences women suffers as a result of childhood sexual abuse.

In the presentation of this research, any information you DO NOT UNDERSTAND, please feel free to ask questions as we proceed with the study.

I, _____ understand that other persons will be assisting Dr. Hopper and Dr. Barnes in conducting this research.

I, _____ understand that my responses will be recorded for research purposes "ONLY".

I, _____ understand this research will be conducted within one-year time frame.

PURPOSE OF RESEARCH

To study the validity and reliability of a new measure of one's healing process associated with time in regard to short-long term consequences as a result of childhood sexual abuse.

REQUIREMENTS

Participants part of this research will consists of five steps:

1. Initial Assessment
2. If chosen for study, I will participate in a 30 minutes personal interview with researcher. Guidelines for the study will be given to participant.
3. At end of 6 months, on the 7th month I will participate in a second personal interview with different researcher.
4. In the 12th month, a final interview will be conducted with third researcher.

VOLUNTARY PARTICIPATION

1. My participation is completely voluntary.
2. Even after I begin participating, I will be free to stop at any time.
3. I have the right to stop after I started participating, or I have the right to decide not to participate at all in this study.
4. Although the researchers ask that I try to any every question and participate in each step of the study, I understand that I can skip any item that I simply do not wish to answer. (I do not need to give a reason for skipping any item.)
5. In no way there will be a negative effect on my nonparticipation or noncompletion.

RISKS

Due to the emotional sensitivity of the research, all participants will have access to a Mental Health Clinician to discuss any need. Emotional support available to participants throughout the study.

BENEFITS

Women who participates in this study may have a better understanding of additional treatment methods that enables individuals to experience and increase their overall sense of health and well-being in shorter duration of time as a result of childhood sexual abuse.

CONFIDENTIALITY

1. All information taken from the study will be coded to protect each subject's name. When discussing or reporting data, no identifying information will be used. The investigators will keep all files and collected data in a secured locked cabinet in the principal investigator's office. Once data has been fully analyzed it will be destroyed.

2. Your responses are completely anonymous. No personal identifying information or IP addresses will be collected. Data will be aggregated via Qualtrics reporting function. Quantitative and Qualitative results will be shared with the proper research Chairpersons.

3. I would like to interview you 'on the record" so that I can identify you in publications resulting from the research. However, if you desire to remain anonymous, I will keep your name separate from your words.

4. Any audio recordings of the personal interviews would be coded and transcribed. I will store audio recordings and any electronic or printed transcripts in encrypted files or in a lock, secured location for five years after the publication of this research, after which all files will be destroyed

5. This proposal has been reviewed and approved by Dr. James Jones of the local IRB, which is a committee whose task it is to make sure that research participants are pro0tected from harm. It has also been reviewed by the Ethics Review Committee of the World Health Organization (WHO), which is funding/sponsoring/supporting this study.

AUTHORIZATION

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked to have been answered to my satisfaction. My signing this informed consent, I consent voluntarily to participate as a participant in this research. I authorize the use of my records, any observations, and findings found during the course of this study for research, education, publication and presentation.

Contact Information

Dr. Gertrude Nelson
Vice President of Research
201-266-4991 ext. 567

COMPENSATION

There is no cost for participating in this study. Each participant will receive $100.00 at the conclusion of the study.

I voluntary agree to participate in this research program.

_____ Yes

_____ No

I understand that I will be give n a copy of this Informed Consent form.

Name of participant (print): _____

Signature: _____Date; _____

Name of Witness (print): _____

Signature: _____Date: _____

IF ILLERATE

A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are literate should include their thumbprint as swell.

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Thumb print of participant

Print name of witness_____ AND

Signature of witness _____

Date _____
Day/month/year

Person Obtaining Consent: _____

Signature: _____Date; _____

APPENDIX B

FLIER SENT AS A ATTACHMENT