

**Disclosure of Child Sexual Abuse:
The Experience of Non-Offending Caregivers Finding Out**

A Qualitative Study

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Abstract

This study aims to explore the experience of non-offending caregivers (NOCs) finding out that their child experienced sexual abuse. More specifically, the main focus of this research is to understand how caregivers describe their experience of finding out, and to understand how they make sense of their reactions to their child's disclosure. Research focusing on NOCs' experience of finding out is lacking, thus, this study aims to address this gap. A qualitative approach was adopted, and semi-structured face-to-face interviews were carried out with two mothers of children who had disclosed of their CSA to them. In-depth case studies were analysed by means of Interpretative Phenomenological Analysis. Three super-ordinate themes emerged from the analysis, (a) The Moment, (b) Finding out as a Process, and (c) The Occurrence of Trauma. Both participants appeared to experience similar feelings as a result of their child's disclosure, even though the severity and type of sexual abuse differed. This research sheds light on the thoughts and emotions experienced by NOCs, and the possible therapeutic approaches which may be beneficial when treating NOCs. Some of the feelings experienced by participants include shock, compassion and empathy, fear, guilt and self-blame, anger, disappointment, grief and loss, acceptance, and symptoms of trauma. This study also provides implications for future research which may aid researchers when developing their research aims. For example, one of the implications is that the experience of finding out is similar to the experience of loss, thus, this may be useful to consider when working with NOCs.

Keywords: non-offending caregiver, child sexual abuse, disclosure, interpretative phenomenological analysis

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Introduction

What is Child Sexual Abuse?

Child sexual abuse (CSA) is a worldwide problem (Azzopardi et al., 2019; Murray et al., 2014; Simon et al., 2020) that impacts children of all ages and sexes (Murray et al., 2014; Parent-Boursier & Hébert, 2015). It occurs in all cultures (Modelli et al., 2012; Murray et al., 2014), within different socioeconomic, educational, and ethnic classes (Reitsema & Grietens, 2015). While awareness surrounding CSA is increasing, it is still considered to be a very prevalent and covert issue (Serin, 2018).

Rationale

While there is a substantial amount of information available about the disclosure of CSA, the interactional nature of disclosure has been given minimal attention (Reitsema & Grietens, 2015). The majority of the literature about CSA disclosure has focused primarily on the child's experience, thus, the literature available on caregivers' reactions to children's disclosure is from the point of view of the child (McElvaney & Nixon, 2020).

Acknowledging the significant role played by the recipient throughout the process of disclosure is vital, and it has been suggested that future studies should focus on the recipients of the disclosure (Reitsema & Grietens, 2015). Unfortunately, however, research focusing on the caregivers' reactions to their child's CSA disclosure, and the way in which they cope in the moment as well as in the long term — from the caregivers' perspective — is lacking (McElvaney & Nixon, 2020). Thus, this research is geared towards obtaining an understanding — from the caregivers' perspective — of the experience of caregivers finding out about their child's sexual abuse. By focusing research on how non-offending caregivers (NOCs) interpret and react to their child's CSA disclosure, we may begin to understand what

motivates a child to disclose, what aids the caregiver's understanding, and what types of responses facilitate further disclosure (Reitsema & Grietens, 2015).

Studying mothers' responses is imperative for numerous reasons (Newberger, et al., 1993). Newberger et al. (1993) suggested that mothers of survivors of CSA should be recognised as victims if they experience severe distress following their child's disclosure, and should be given the proper care they need. While this dissertation steers away from using terms such as 'victim' — due to its varying connotations which will be elaborated on below — the previous statement depicts the importance of acknowledging the experience of NOCs, and treating CSA as a familial experience, and not solely an experience of the target of abuse. Gaining a better understanding of NOCs' reactions to CSA disclosure may improve counsellors' skills to help the survivors and their families (Walsh et al., 2012). The findings of this study may contribute to understanding which therapeutic frameworks could be drawn on, and/or which techniques could be helpful to use when treating NOCs. This study also aims to normalise the emotions felt throughout the process of finding out. CSA is not a topic that is frequently discussed, and consequently, families cannot depend on a set of conversational rules as they could do in other situations (Jensen et al., 2005). Therefore, this study also hopes to inform other caregivers who have lived through a similar experience, and are struggling to cope with it.

My interest in this Study

While writing this dissertation an increasing amount of people disclosed about their own experience of CSA to me. This brought me to the realisation that the occurrence of CSA is a lot more prevalent than I had initially suspected. The specific focus of this research was inspired by my findings from my undergraduate dissertation titled "The Professionals' Perspective on the Impact of Maternal Childhood Sexual Abuse and Attachment Patterns with

Future Offspring” (Laurenti, 2018). I vividly remember the participants in my previous study speaking about how, while the actual sexual abuse has an affect on the child, it is what follows — whether the child is believed, supported, and/or protected — that heavily impacts the repercussions of the abuse. This is supported by Bolen (2002) who states that the support from a guardian is closely linked to the consequences experienced by children who have experienced CSA. Additionally, McCourt et al. (1998) also suggest that the role of the NOC is related to the survivor’s post CSA recovery. Consequently, I became interested in the caregiver’s role following CSA, and how the sexual abuse experience is potentially a trauma for the family. On conducting extensive searches on the subject it became evident to me that the majority of studies have predominantly focused on non-offending mothers, and not non-offending fathers. Thus, while I tried my utmost to include literature on both the mothers’ and fathers’ experiences of finding out, I was limited to the extant literature available. Similarly, the participants in this study are both mothers, therefore, the findings cannot be transferred to the experience of non-offending fathers.

Research Method

I will employ a qualitative approach for this study and make use of Interpretative Phenomenological Analysis (IPA). Throughout this study I will adopt a social constructionism framework as I believe this position, which IPA also subscribes to, will enable me to gain an understanding of the participants’ experiences, while also considering their social and historical context. Social constructionism includes a number of perspectives which are rooted in symbolic interactionism, interpretivism and phenomenology, which I believe will assist me in interpreting and understanding the participants’ experiences, and the meanings behind their verbal and non-verbal communication. I believe that IPA is the most suitable method for the topic of this research and the research questions outlined below, as it

is concerned with the subjective experience of participants (Willig, 2013). A rationale for this choice is provided in the Methodology chapter. This study essentially endeavours to understand the lived experience of NOCs finding out that their child experienced CSA. In line with this, is the main pillar of IPA, which is to generate a detailed account of the lived experience and phenomenon being studied (Pietkiewicz & Smith, 2014).

Research Questions

This research study will focus primarily on answering the following research questions:

1. How do caregivers describe their experience of hearing that their child has been sexually abused?
2. How do caregivers make sense of their reactions to their child's disclosure?

Conceptual Frameworks

The following chapter will provide a literature review on the phenomenon being researched. The different conceptual frameworks being drawn upon due to the complexity of the phenomenon being researched will also be presented. These conceptual frameworks include a dialogical perspective, a trauma perspective, a grief and loss perspective, a stress and adaptation perspective, as well as a social-ecological perspective. These will be explained in further detail in the next chapter.

Definition of terms

Researchers studying sexual abuse have used varying definitions of what is considered to be CSA — e.g. the age of the child — (Pereda et al., 2009a). Therefore, I believe it is imperative to address what I define CSA to be for the purpose of this study. A

number of different constructs which will be mentioned throughout the research are defined below.

Child sexual abuse

For the purpose of this study *child sexual abuse* (CSA) will be defined as any non-consensual sexual act (Modelli et al., 2012), towards an individual who is under the age of 16. It is considered CSA when there is a significant maturational or age difference present between the perpetrator and the target of abuse (Manion et al., 1998). The abuse may be intra-familial, or extra-familial (Finkelhor, 2009; Kendall-Tackett, 2001), it may or may not include physical contact, and it may or may not be penetrative (Finkelhor, 2009).

Disclosure

Disclosure will be viewed as a process which develops in an interactional context (Reitsema & Grietens, 2015). The survivor's disclosure of CSA may be prompted by someone, or may be unprompted. For the purpose of this study, disclosure is being defined as the survivor of abuse disclosing their experience of CSA to the NOC. NOCs who found out about their child's CSA experience from an individual other than their child who was sexually abuse, have not been included in this study. The focus is on the NOCs finding out specifically from their child.

Perpetrator

The term *perpetrator* refers to the individual who inflicted the sexual abuse upon the survivor. The perpetrator may or may not be known to the target of the abuse, and may not necessarily adults themselves (Finkelhor, 2009).

Survivor

This term refers to the individual who endured sexual abuse as a child. In this study the term survivor denotes the person who discloses of their experience of CSA to their NOC. It was preferable to the word victim because the term survivor signifies liberation from being defenceless and powerless (Dahl, 2009). The individual is no longer a passive agent, but is actively surviving. “Surviving is not supposed to rest on passive endurance, but on mobilised resistance” (Dahl, 2009, p. 394). The survivors of CSA are no longer victims as a result of their active part played in the disclosure, and the support received from the recipient of the disclosure.

Non-Offending Caregiver

Non-offending caregiver (NOC) refers to an adult who plays a crucial role in caring for the child, and who may or may not be biologically related to the child in their care. This individual is not the perpetrator, but the individual to whom the abuse was disclosed.

Overview of the Study

In the next chapter I provide a review of the available literature on the topics of CSA, CSA disclosure, NOCs finding out, as well as the impact of NOC support on survivors following disclosure. I also present some literature on the impact of disclosure and the post-disclosure coping of NOCs. This chapter also includes an overview of the occurrence of CSA in Malta, as well as the Maltese and social context. In the third section I present the methodology and method used in this study, as well as the research aims and strategy. I provide a rationale for choosing IPA, as well as an explanation of the philosophical underpinnings of this approach, together with a section on epistemological reflexivity. An overview of the participant criteria, recruitment strategy, and ethical procedures is also

presented in detail. This is followed by a description of the data collection and analysis, as well as a section on reflexivity and validity criteria. The fourth section presents the findings which emerged from the analysis of the participants' interview transcripts. This is followed by the Discussion, where I provide a discussion of the findings in relation to the literature. Finally, I provide an overview of the salient findings and the implications for policy and practice, I present the strengths and limitations of this research, as well as recommendations for future research, followed by some concluding remarks.

Literature Review

Chapter Overview

In this chapter I aim to provide an overview of the literature. In the first section of this chapter I provide insight into the conceptual frameworks which will help frame the analysis of the findings. It is within these conceptual frameworks that I aim to understand the NOCs' experience of finding out about their child's sexual abuse, and the meanings attributed to their reactions. This is followed by an overview of how the social context impacts one's experience of CSA, and CSA disclosure. I will then present literature on CSA, as well as some data on CSA epidemiology. I also present extant literature on the disclosure of CSA, the NOCs' belief of their child's disclosure and post-disclosure support, and NOC reactions towards the CSA disclosure. This is followed by an overview of the impact of NOC support to their children following disclosure, the underrepresentation of non-offending fathers, the impact of disclosure on NOCs and the consequences which result from finding out. The final section provides information on the interventions following CSA, CSA prevalence in Malta, and an overview of the local context.

Conceptual Frameworks

Different conceptual frameworks will be drawn on to frame this study. CSA and finding out about CSA are complex phenomena which cannot be limited to a single conceptual framework. Narrowing the lens through which this study is conducted would be an injustice to those participating, and would be insufficient in understanding the NOCs' experience. I tried to embrace the complexity of the various aspects forming part of CSA disclosure and finding out about CSA. Thus, a number of studies drawing on different conceptual frameworks have been used to inform this study and will be presented throughout this chapter.

These conceptual frameworks include a dialogical perspective in the disclosure process of CSA (Jensen et al., 2005), as well as a trauma perspective (Kilroy et al., 2014; Timmons-Mitchell et al., 1996), and a grief and loss perspective (McCourt et al., 1998; Pretorius et al., 2011). I also include a stress and adaptation perspective which takes into account one's childhood experiences, coping strategies, and social support (Cyr et al., 2013; Daignault et al., 2018). Lastly, I draw from a social-ecological perspective which considers contextual and cultural factors, as well as family dynamics and characteristics (Alaggia, 2002b; Alaggia et al., 2019; Fontes & Plummer, 2010; Knott & Fabre, 2014; Reitsema & Grietens, 2015). The survivors' and NOCs' social context has a significant impact on the repercussions of CSA, the disclosure process, reactions to disclosure, and on overcoming what may be for some, a traumatic experience.

Child Sexual Abuse

CSA is a prevalent social problem (Anderson, 2016; Daignault et al., 2018) and global health issue (Gewirtz-Meydan & Finkelhor, 2020). It occurs in the majority of cultures, and is generally kept secret (Fontes & Plummer, 2010). "Millions of children and adolescents across the globe are subjected to sexual abuse, including sexual assault or rape" (World Health Organization, 2017, para. 1). CSA has been empirically researched since around 1970 (Schaeffer et al., 2011), it is the most studied form of abuse (Kendall-Tackett, 2001), and is an extensively researched topic in child psychology (Yancey & Hansen, 2010). CSA includes the exertion of power and the use of coercion with a minor (Anderson, 2016). It may include acts that do or do not involve physical contact and physical force (Murray et al., 2014). Physical contact can include acts such as fondling or penetration (Kendall-Tackett, 2001), where penetration generally refers to vaginal or anal intercourse and/or oral sex (Gewirtz-Meydan & Finkelhor, 2020). CSA that does not involve physical touching may

include acts such as voyeurism, exhibitionism, photographing or filming the child, and/or exposing the child to pornography (Murray et al., 2014).

Characteristics of CSA

Experiences of CSA are not homogenous (Kendall-Tackett, 2001). The range and severity of CSA (Kendall-Tackett, 2001), and symptoms following the abuse (Alaggia, 1999) are extensive. The characteristics of the sexual abuse, including (a) the relationship between the child and the perpetrator, (b) the duration of the CSA, and (c) the severity of it, have a major influence on the seriousness of the negative consequences following the abuse (Kendall-Tackett, 2001; Yancey & Hansen, 2010). CSA may be described as being either intra-familial — perpetrated by a family member, who is related through blood or marriage — or extra-familial —perpetrated by an individual outside the family — in this case the perpetrator may or may not be known to the child (Yancey & Hansen, 2010). When the CSA is intra-familial, both the child's and the NOC's trust have been betrayed (McCourt et al., 1998). Ullman (2007) conducted a quantitative study with 733 male and female students. This study focused on examining the relationship between the target of abuse and the perpetrator, characteristics of disclosure, social reactions and post-traumatic stress disorder (PTSD) in CSA survivors. Ullman found that more severe CSA is typically experienced by those children who are abused by a family member. While this study consisted of both male and female participants, there were not enough participants to conduct a separate analysis for each gender. Ullman has explained that this study has limited generalisability due to the fact that the sample is made up of college student who are a “higher-functioning portion of the population” (p. 33)

Many researchers have assumed that an intra-familial relationship is closer than an extra-familial relationship (Yancey & Hansen, 2010). However, Yancey and Hansen (2010)

have suggested that assessing the bond of the relationship as opposed to the relation — e.g., father and child relation — will provide a more accurate representation of the type of relationship, and possible consequences following the CSA. Perpetrators who have a close relationship to the child tend to have more access to them (Yancey & Hansen, 2010). This may enable the perpetrators to use grooming techniques on the child, keeping the sexual abuse undisclosed and the child amenable (Wallis & Woodworth, 2021). This may result in more severe and longer lasting abuse (Yancey & Hansen, 2010).

Following the Sexual Abuse

Various factors may influence the survivor's wellbeing following the CSA (Vladimir & Robertson, 2020). A survivor of CSA will typically experience some negative consequences (Stoltenborgh et al., 2011; Zagrodney & Cummings, 2018), which may impact both short and long-term wellbeing (van Toledo & Seymour, 2013). The ramifications of CSA can affect both the survivor, and the survivor's family (Hernandez et al., 2009; van Toledo & Seymour, 2013). The entire family system is impacted (Jones & Morris, 2007; van Toledo & Seymour, 2013), and many NOCs tend to experience mental health issues (Elliott & Carnes, 2001) following CSA disclosure. According to Tavkar and Hansen (2011), siblings of the survivors are also impacted by the many changes that occur following the CSA disclosure. Some children may feel complicit in the abuse (Goodman-Brown et al., 2003) and may delay their sexual abuse disclosure due to feelings of shame (Goodman-Brown et al., 2003; Tang et al., 2008). CSA rarely has any witnesses, and generally does not leave any signs (Hershkowitz et al., 2007). According to Alaggia (2004), disclosure by the child is potentially the only opportunity adults have to act on the situation. Thus, when survivors avoid disclosure it is particularly concerning since it renders CSA difficult to detect (Alaggia, 2004).

Epidemiology of CSA

Pereda et al. (2009b) carried out a meta-analysis on published papers in scientific journals. A number of variables were considered when choosing the studies to include, such as the year of publication, the writers of the paper, the continent and country in which the original study took place, as well as its economic development, the sample, including the age, gender and type of the sample (e.g., students), the area (e.g., national or local), the sampling and data collection methods used, the definition of CSA and the age used to define “childhood”. Of the studies considered for this meta-analysis, each one had to meet at least 2 of the following criteria, (a) the primary or secondary objective of the study was to determine the prevalence rates of CSA, (b) non-clinical samples were used, (c) prevalence rates of CSA for men and women were reported separately, and (d) sufficient data was reported to determine the corresponding prevalence and sample size. A total of 65 original papers which met at least two of the inclusion criteria were included, and provided information about CSA in 22 different countries. On an international level, the prevalence rates of CSA before the age of 18 years is 7.9% for men and 19.7% for women. Further information and more of an in-depth breakdown of the results can be found in Pereda et al. (2009b).

Stoltenborgh et al. (2011) built on the meta-analysis carried out by Pereda et al. (2009b) and aimed to provide a world-wide estimate of the prevalence of CSA, based on studies published between 1980 and 2008. 331 independent samples were included which permitted the researchers to estimate prevalence rates separately for boys and girls. Unlike Pereda et al. (2009b) who focused solely on self-report studies, Stoltenborgh et al. included both self-report studies and informant studies, rendering the study more robust. Studies with overlapping samples were reviewed, and the study providing the most information was included. Based on the 331 independent samples, consisting of 9,911,747 participants, the authors estimated the global prevalence of CSA to be 11.8% in children under the age of 18,

that is 118 victims in every 1000 children. The female sample reported a prevalence rate of 18% for females, and 7.6% for males. Stoltenborgh et al.'s 11.8% is relatively similar to the findings of Pereda et al. (2009b), whose findings work out to be 13.8% when finding the average of the CSA prevalence rates of boys and girls.

Inconsistency in Research on CSA

Meta-analyses and systematic reviews of prevalence studies have detected a discrepancy in reported rates of CSA (Matthew & Collin-Vézina, 2019). A number of authors mention that there are a variety of methodological factors which may have an influence on the reported prevalence rates of CSA (Azzopardi et al., 2019; Matthews & Collin-Vézina, 2019; Pereda et al., 2009b; Simon et al., 2020; Stoltenborgh et al., 2011). Some authors also detected an inconsistency in defining the acts which constitute CSA (Matthews & Collin-Vézina, 2019; Simon et al., 2020; Stoltenborgh et al., 2011; Yancey & Hansen, 2010). The absence of a coherent definition of CSA may also lead to a sense of ambiguity when conducting research on the topic, and may make the replication of research findings challenging (Yancey & Hansen, 2010). One can understand how including acts with both physical and non physical contact — e.g. exhibitionism — in the definition of what constitutes CSA may result in a higher reported prevalence, when compared to only including acts which involve physical contact (Stoltenborgh et al., 2011). Thus, shared knowledge on the occurrence rates of CSA cannot be accurately tracked over time (Matthew & Collin-Vézina, 2019). Interpretation of research literature has also been suggested as a limitation in estimating CSA prevalence. There is no way of being entirely certain that participants in any sample have or have not experienced sexual abuse (Azzopardi et al., 2019).

As stated above, shame and stigma are embedded in CSA, often inhibiting children or their families from disclosing about the abuse (Azzopardi et al., 2019). Alaggia et al. (2019)

identified trends around the definition of disclosure. It appeared that *telling* is typically used instead of *disclosure* as it is more understood amongst participants. However, researchers appear to be coherently categorising the type of disclosure by using terms such as accidental disclosure, planned disclosure, purposeful disclosure, prompted disclosure, direct disclosure, and indirect disclosure (Alaggia et al., 2019). Despite the multiple limitations present in this body of literature — varying definitions of CSA and CSA disclosure, small or selective samples, methodological issues, and lack of control over some variables — there is still significant evidence suggesting that delayed disclosure and non-disclosure are prevalent in childhood (Azzopardi et al., 2019). This influences the accuracy of estimating the rate of occurrence of CSA as the majority of studies focusing on prevalence of CSA depend heavily on case reviews or retrospective self-report surveys (Azzopardi et al., 2019). Self-report was found to be less common among boys when compared to girls (Stoltenborgh et al., 2011), possibly adding to the underrepresentation of males in CSA literature.

CSA Disclosure

CSA disclosure is a complex issue and is generally delayed (Fontes & Plummer, 2010). Delayed disclosure refers to when a survivor of CSA does not report their experience instantly after it occurred (Schaeffer et al., 2011). Culture may impact the probability of whether CSA is discovered, or disclosed of by the survivor (Alaggia, 2005; Fontes & Plummer, 2010). Disclosure is generally tentative, involves disclosing and recanting information, may be a full or partial disclosure and occurs over a period of time (Rakovec-Felser & Vidovič, 2016). Alaggia et al. (2019) conducted a review of 33 studies published over the past two decades, focusing on CSA disclosure with survivors of all ages across the life course. This paper provides a comprehensive review of the literature, however may be limited due to its qualitative, thematic focus. The following five themes concerning CSA

disclosure emerged, (a) disclosure is considered to be an interactive process; (b) current models exhibit a social-ecological framework for understanding the interaction between individual, contextual, familial, and cultural factors associated with disclosure; (c) the age and gender of the survivor play a role in disclosure; (d) a life-course perspective is lacking; and (e) there are more barriers to disclosure than facilitators.

Disclosure plays a part in the long-term recovery from the consequences of abuse (Fontes & Plummer, 2010), and is vital towards ending the sexual abuse (Serin, 2018; Tang et al., 2008). The maxim that “the child’s story is the most important piece of evidence” (p. 9), is particularly true in the case of sexual abuse (Attard Montalto & Mangion, 2007). Early disclosure may lead to a timely intervention by a trusted confidant, or relevant authorities/services (Easton, 2013). Children generally struggle with whether to disclose about the CSA, and who to disclose to, as well as what and when to disclose (Fontes & Plummer, 2010). Disclosing about CSA is accompanied with the risk of being blamed, and/or not believed (Azzopardi, et al., 2006). Ullman (2007) found that negative social reactions are correlated with more PTSD symptoms, irrelevant of the age of CSA disclosure. However, it is worth noting that in her study, Ullman did not control for other types of abuse which may have influenced symptoms of PTSD. Due to many children’s reluctance to disclose about the CSA, the risk of enduring further abuse and experiencing more severe consequences is increased (Hershkowitz et al., 2007). Children usually tell an individual whom they perceive to be the most supportive (Anderson, 2016) and able to end the abuse (Reitsema & Grietens, 2015). This is usually an individual who is close to them, such as a friend or family member (Münzer et al., 2016). In fact, a large number of survivors who disclose, tend to disclose to their mothers (Malloy & Lyon, 2006).

Disclosure: An Interactive Process

CSA disclosure is no longer thought to be an isolated event, but has come to be understood as an ongoing interpersonal process (Alaggia et al., 2019), ingrained in the individual's relationships and culture (Tang et al., 2008). Disclosure progresses through the interplay between the survivor's expressions and the responses of the confidant, and thus will be viewed as an interpersonal process that is rooted in dialogue (Reitsema & Grietens, 2015). CSA disclosure is just as dependent on the survivor's expressions, as it is on the NOC's understanding and reactions (Reitsema & Grietens, 2015). Finding out that a child in one's care has been sexually abused, is often a complicated and unexpected event (Elliott & Carnes, 2001; Hébert et al., 2007). A period of crisis is created for the child and their family following CSA disclosure, especially in cases of incestual sexual abuse (Tavkar & Hansen, 2011). Children tend to be less likely to disclose about their experience of CSA when the perpetrator is someone close to them (Malloy & Lyon, 2006). This may be due to the child's effort to protect other family members (Goodman-Brown et al., 2003). Unfortunately, NOCs appear to be considerably less supportive when the abuse is intra-familial (Wallis & Woodworth, 2021). The process of disclosure may be aided if the recipient is prepared to listen to their child's disclosure of CSA (Jensen et al., 2005). Factors, such as family dynamics (Alaggia et al., 2019), and social and cultural elements (Tener & Murphy, 2015) may also play a role in influencing disclosure.

Support, Belief, and Protection

Support, belief and protection are complex and intertwined constructs which are difficult to separate from each other (Elliott & Carnes, 2001). Clarity with regards to the conceptualisation (Alaggia, 2002a; Bolen & Gergely, 2015) and operationalization (Bolen & Gergely, 2015) of NOC support is lacking. Reaction, response, and support, are often used

interchangeably (Alaggia, 2002a). Alaggia (2002a) has thus suggested viewing support as having different dimensions; belief, affective support and behavioural support. A methodological difficulty related to understanding caregivers' degree of belief and support/protection, is that these constructs are in a constant state of flux (Alaggia, 2002a; Elliott & Carnes, 2001). Caregivers experience internal conflict, and their emotions and reactions may change over time and across situations (Elliott & Carnes, 2001). They may simultaneously believe the survivor's allegations against the perpetrator, and also have trouble believing that the perpetrator would commit such an act (Elliott & Carnes, 2001). This is particularly true when the perpetrator is someone close to the caregiver (Elliott & Carnes, 2001).

Elliott and Carnes (2001) conducted a review of empirical literature on the reactions of NOCs to their child's sexual abuse. These authors considered maternal belief to be separate from maternal support and protection. This was based on the notion that while a caregiver may believe their child's allegations, they may be unable to provide support or protection due to fearing the perpetrator and/or being financially dependent on them. Elliott and Carnes deduced four main predictors of maternal belief, and maternal support/protection. These include the age and gender of the survivor, the relationship between the mother and the perpetrator, and the mother's own history of child abuse. Some mothers may be less likely to provide support, especially in the case where the perpetrator is close to the NOC (Malloy & Lyon, 2006). In Reitsema and Grietens' (2015) exploratory review of the literature, they suggested that the data indicates that most non-offending mothers tend to believe their child's claims, irrelevant of whether the abuse was perpetrated by a family member, or not. Unfortunately, however, some mothers do not believe their child's disclosure of CSA (Reitsema & Grietens, 2015). Reitsema and Grietens pointed out that the different studies included in their publication vary in terms of data collection methods and definitions of terms

such as CSA, and that the sample sizes of the studies used were relatively small. These factors may have had an impact on the findings.

Survivor's Perception of Reactions and Support

The survivor's perception of social support appears to be essential in the decision to disclose about their CSA (Tang et al., 2008). Jensen et al. (2005), in their qualitative study on children's perspectives and context for disclosure, found that survivors tend to choose what to disclose depending on how they perceive the confidant will react. These authors found that children needed to feel like they are being listened to during the disclosure, and that their motivations behind disclosing would not be doubted. The disclosure process was found to be facilitated if the children believed there was a purpose or reason for disclosing, if there was the opportunity to disclose, and if there was a connection to what the survivor was talking about. The data of this study was collected through researchers or therapists who invited NOCs or survivors to speak about their experience. Thus, certain dialogical aspects — e.g., between the therapist and the participant — may have impacted what was reported by the participant (Jensen et al., 2015). Furthermore, the participants were recruited as they exhibited concerns for CSA. Therefore, these results cannot be generalised to those families who do not harbour such concerns (Jensen et al., 2015).

The confidant's reaction to the child's signs is pivotal to the disclosure process, and has an influence on the psychological effects of CSA, and the child's mental health (Reitsema & Grietens, 2015). Children are usually very sensitive towards adult's opinions and feelings, and are able to anticipate their NOC's reaction to their disclosure (Reitsema & Grietens, 2015). Older children are generally more cognitively capable of reflecting on, and anticipating reactions to their CSA disclosure (McElvaney, 2015). Expecting a negative reaction (Hershkowitz et al., 2007; Reitsema & Grietens, 2015), or the anticipation of not

being believed (McElvaney, 2015), may result in the child delaying disclosure, and/or excluding certain information. A number of characteristics such as cultural background, age and gender have also been suggested to influence the timing of disclosure (Shaeffer et al., 2011).

Reactions to Disclosure

The interaction partner of the disclosure is usually unprepared to respond appropriately to the survivor due to their own emotional reactions and lack of information (Fontes & Plummer, 2010). NOCs are tasked with caring for their child following the CSA, as well as dealing with their own reactions and feelings towards the abuse (McCourt et al., 1998; Remer & Ferguson, 1995; Walker-Descartes et al., 2011). They are faced with multiple issues, including how to deal with the initial disclosure and parent in this unique situation, how to access information, and how to cope with their own issues of victimisation, if any (van Toledo & Seymour, 2013). McElvaney and Nixon (2020) carried out a qualitative study investigating the caregivers' experiences of their child's CSA disclosure. The sample was comprised of both mothers and fathers, and although there were only few fathers in this study, some differences in responses to CSA disclosure emerged. The age or gender of the child did not impact CSA disclosure responses. This finding may have been due to the sample size, with the authors suggesting that a larger sample may have allowed for such patterns to be identified.

The reactions of NOCs vary substantially when finding out about the sexual abuse (Alaggia, 1999; Daignault et al., 2018; Elliott & Carnes, 2001), and are very often influenced by contextual factors (Knott & Fabre, 2014). Cultural differences are also believed to influence the different responses to CSA disclosure (McElvaney & Nixon, 2020). A patriarchal family structure, religious commitments, and an emphasis on family have been

suggested as an explanation for culturally based maternal responses (Knott & Fabre, 2014). Social reactions influence how survivors make sense of the cause of the sexual abuse, these reactions affect the way survivors view themselves and the world around them, and impacts the way survivors react in risky situations (Morris & Quevillon, 2021). Situations are defined and responded to based on the anticipated and actual reactions received from individuals (Hlavka, 2017). While the majority of mothers provide some support to their child following the CSA disclosure, this support is sometimes ambivalent or inconsistent (Yancey & Hansen, 2010).

Ambivalent Reactions to Disclosure

NOCs' reactions are generally not simply positive or negative (Reitsema & Grietens, 2015). Studies have highlighted the ambivalence present in some NOCs' responses to the survivor's CSA disclosure (Reitsema & Grietens, 2015). Such reactions are neither entirely abnormal nor unexpected (Plummer & Eastin, 2007). It may be usual for the NOC to have an ambivalent response to CSA disclosure when the NOC has close relations with both the perpetrator, and the child, and is forced to choose between the two (Bolen, 2002; Bolen & Lamb, 2004). The NOC may experience ambivalence both cognitively — e.g. being uncertain about who to believe — as well as affectively — e.g. experiencing conflicting emotions towards the perpetrator and/or child (Bolen & Lamb, 2004). This cognitive or affective ambivalence may lead to fluctuations in the NOC's behaviours (Bolen & Lamb, 2004). The motivations behind an ambivalent reaction are inter-personal, such as when the NOC is asked to choose between the perpetrator and the child, and intra-personal, such as when the NOC has a relationship with the perpetrator, but also wants to provide safety for the child (Bolen & Lamb, 2004). Thus, an ambivalent response may occur when choosing a side would result in high costs for the NOC, which is quite a common situation (Bolen, 2002).

Further complicating the situation is when the perpetrator is a family member, particularly when he/she is a caregiver of the survivor, and also financially supports the family (Yancey & Hansen, 2010). Thus, choosing to protect the child may leave the family in a financially vulnerable situation due to the loss of the breadwinner (Yancey & Hansen, 2010).

Impact of NOC Support on Survivors Following Disclosure

Social support (Tang et al., 2008), and maternal support (Corcoran, 2004; Serin, 2018) are believed to play a significant role in the child's recovery following the abuse. A supportive response is usually accompanied by believing the survivor's CSA disclosure, and by providing emotional support (Knott & Fabre, 2014). This tends to lead to action against the abuse (Knott & Fabre, 2014). The majority of extant literature indicates that support from NOCs following CSA disclosure is related to improved psychological intervention (Elliott & Carnes, 2001; Kim et al., 2011; Tavkar & Hansen, 2011), and functioning in survivors (Smith et al., 2010) following the sexual abuse. Survivors who receive support from their NOCs, tend to experience fewer, or less severe negative consequences when compared to those CSA survivors who did not receive support (Alaggia, 1999; Alaggia, 2002b; Yancey & Hansen, 2010). Therefore, the reaction of the confidant is not just significant during the disclosure process, but appears to have a long-term impact on the survivor (Reitsema & Grietens, 2015).

While there appears to be a strong positive correlation between support from NOCs and the survivor's recovery, a meta-analysis carried out by Bolen and Gergely (2015) suggests otherwise. Bolen and Gergely posit that it is still too early to reach a conclusion about the relationship between NOC support and the survivor's post-disclosure functioning. This statement is supported in the findings of Wamser-Nanney's (2017) study, which challenges the findings of some of the studies mentioned above. Wamser-Nanney carried out her study with survivors who have sought treatment and their mothers. She found a weak

relationship between a mother's support and the child's functioning. Unfortunately, given the unique sample used in this study, the findings cannot be generalised to other mothers who have not sought treatment, or to non-offending fathers.

This inconsistency in the literature may be due to the varying conceptualisations of NOC support (Bolen & Gergely, 2015; McElvaney & Nixon, 2020), and the numerous methods used to measure NOC support (Bolen & Gergely, 2015). More attention is necessary to understand the long-term impact of negative reactions to CSA disclosure (Ullman, 2007). Until a valid construct for NOC support is developed, determining whether there is a relationship between NOC support and post-disclosure functioning in survivors will not be possible (Bolen & Gergely, 2015).

Underrepresentation of Non-Offending Fathers

While the reactions of non-offending fathers to CSA disclosure are generally overlooked, numerous studies strongly suggest that both NOCs — mothers and fathers — typically experience distress (Elliott & Carnes, 2001). Cyr et al. (2016) carried out a study on the psychological and physical health of NOCs following their child's CSA disclosure. The findings suggest that a proportion of caregivers encounter problems concerning their psychological and physical health, and that generally, more mothers appeared to report health issues when compared to fathers following CSA disclosure. Cyr et al. (2019) conducted an exploratory study with 17 fathers whose children had been sexually abused. The aim of this study was to understand the paternal role following their child's CSA disclosure. This would be done by understanding the paternal perception of the impact of CSA disclosure on their level of involvement and support of their child (Cyr et al., 2019). They found that the father's psychological distress interfered with their involvement with their child, and consequentially, supporting their child following the CSA. Father's who participated in this study explained

how they are less involved in, and how they sometimes avoid activities which include physical contact. This would include hygienic care, as well as physical play and affection. Such feelings may be 'normal' once the child reaches a certain age, however this reduction of involvement was found to occur prematurely, and this may eventually impact the father-child attachment (Cyr et al., 2019). Studies focusing on mothers have not reported such findings, suggesting that these feelings experienced by the participants may be unique to non-offending fathers (Cyr et al., 2019).

Vladimir and Robertson (2020) conducted a study with non-offending fathers or father figures whose children had been sexually abused. This study aimed to understand the father, or father figures' reaction to the CSA of their child. Participants experienced psychological distress, and engaged in self-blaming behaviours. The stigma surrounding CSA appeared to have had a significant impact on the participants. All participants mentioned fearing that they would be viewed as being an irresponsible parent. Non-offending fathers found difficulty in attending to their different roles and duties, such as being available and meeting financial needs. The authors highlighted the overwhelming reports of participants hoping for compassion from those around them. Some of the limitations of the study were as follows, (a) the retrospective interviews were carried out with some participants who lived through this experience over two decades ago, thus, there may be issues with regards to memory of the events; (b) the majority of the interviews were carried out over the phone, and some interviewees provided short answers; and (c) the sample was homogenous in race, marital status of NOC, the child's gender, and socio-economic status, thus limiting its generalisability (Vladimir & Robertson, 2020).

Fathers are not the perpetrators of the CSA in many cases, and thus, may play a crucial role in the child's recovery (Cyr et al., 2019; Cyr et al., 2014). The existing knowledge base does not currently include studies on the lived experience of fathers, or on

how they cope with the impact of their child's sexual abuse on their own wellbeing (Vladimir & Robertson, 2020). A limited amount of studies have specifically focused on the experiences and needs of non-offending fathers (Vladimir & Robertson, 2020), and the potential impact of the relationship between a father and child in the event of CSA (Parent-Boursier & Hébert, 2015). Moreover, the majority of studies exploring the parental role and parent-child relationships have predominantly and almost entirely, either focused on general support from both parents, or exclusively on the mother-child relationship (Parent-Boursier & Hébert, 2015). In many cases, parental support has come to be operationalised as maternal support (Wamser-Nanney, 2017). Due to the gender expectations associated with a father's role, the coping strategy of a father following their child's sexual abuse may be different from a mother's (Vladimir & Robertson, 2020). More research is necessary in order to explore the experience of a father and understand the support needs following the sexual abuse of their child (McElvaney & Nixon, 2020; Vladimir & Robertson, 2020).

Impact of Disclosure on NOCs

The impact CSA disclosure may have on NOCs, and the imperative role played by NOCs in the survivor's recovery following CSA disclosure, necessitates the need of understanding the NOCs' needs when helping the survivor (van Toledo & Seymour, 2013). Support in NOCs following disclosure of their child's sexual abuse is a prominent issue in the CSA literature (Bolen & Lamb, 2004). Disclosure is only the beginning of a number of stressful episodes which the NOC may experience (Cyr et al., 2016). The extant literature has reported the broad range and different levels of challenges encountered by NOCs after discovering their child has been sexually abused (Fong et al., 2017). While the effects resulting from disclosure vary from one NOC to another (Tavkar & Hansen, 2011), it is common for mothers of the survivor to experience a crisis following their child's disclosure

(Pretorius et al., 2011; Serin, 2018). Mothers experiencing substantial loss, trauma and emotional turmoil upon finding out about the CSA appears to be a common finding in the research (Thompson, 2017). Mothers of children who have experienced CSA may therefore be considered to be secondary victims (Remer & Ferguson, 1995; Womack et al., 2000), and can be deeply traumatised (Knott & Fabre, 2014; Womack et al., 2000).

Psychological Distress in NOCs

A number of studies have reported psychological difficulties for mothers following their child's disclosure of CSA (Kim et al., 2007; McElvaney & Nixon, 2020). There is evidence suggesting that NOCs experience symptoms of psychological distress, as well as depression and PTSD (Elliott & Carnes, 2001). Timmons-Mitchell et al. (1996) carried out an exploratory study on the post-traumatic stress symptoms experienced by mothers following the discovery of their child's experience of sexual abuse. The sample consisted of 28 mothers, half of whom had a history of sexual abuse. All 28 mothers reported significantly more PTSD symptoms when compared to the normative sample. Furthermore, those mothers who had a history of CSA experienced more symptoms of PTSD than those who did not have a history of CSA. In another study carried out by Kilroy et al. (2014), the researchers conducted semi-structured interviews with 24 biological parents whose children were under 17 years and who had experienced CSA with physical contact. This study focused on the impact on parents whose children had experienced sexual abuse (Kilroy et al., 2014). Through the use of grounded theory (GT), the researchers identified eight categories, (a) family context, (b) characteristics of the CSA, (c) emotional impact, (d) cognitions, (e) support systems; (f) impact on daily life, (g) coping, and (h) family dynamics (Kilroy et al., 2014). Kilroy et al. conceptualised these eight themes as *systemic trauma*. According to the researchers, the trauma is systemic as the eight identified categories interact with each other.

Some of these categories may be a result of the traumatic incident, while also being a moderator of the extent of the trauma. It is worth keeping in mind that this study was carried out with individuals who have easy access to parenting support.

Fong et al. (2017) carried out a qualitative study focusing on the impact of NOCs and families finding out about CSA. The authors found that NOCs experience substantial psychological distress following their child's CSA disclosure. Four sources of this distress were highlighted by the researchers. These include (a) being concerned about their child, (b) negative perception of their abilities to parent, (c) their family members' behaviours, and (d) memories of their own maltreatment in the past (Fong et al., 2017). This sample was primarily comprised of black female participants, with a history of maltreatment. These participants did not receive mental health services following the discovery of CSA. Unfortunately, due to the specific sample used in this study, the findings cannot be generalised to diverse groups of NOCs. In a quantitative study carried out by Newberger et al. (1993), participants — who were mothers of children who experienced sexual abuse — exhibited significant emotional distress following their child's CSA disclosure. Pre-existing psychological issues were not taken into account, however the longitudinal data implies that such distress cannot be fully explained by pre-existing pathology, as the average symptom score of participants returned to almost normal one year later. This study focused predominantly on mothers of children who have experienced sexual abuse, thus, the findings cannot be generalised to fathers.

The disclosure of CSA by one's child may, for some mothers, bring up past memories of their own experience of CSA (Hébert et al., 2007). Hébert et al. (2007) conducted a study aiming to understand the factors correlated to distress in mothers following their child's CSA disclosure. They found that mothers with a history of CSA were more likely to reach clinical levels of distress, when compared to mothers with no history of CSA. However, it is worth

noting that mothers are a heterogeneous group, and not all mothers with a history of CSA experience high levels of distress (Hébert et al., 2007). They also found that the level of distress reported by non-offending mothers was not related to the severity or duration of the CSA. The identity of the perpetrator was however associated with distress levels, implying that intra-familial CSA would have a heightened impact on a mother's distress levels when compared to extra-familial CSA (Hébert et al., 2007). While the study points to high rates of psychological distress, it may be worth noting that it did not take into account the various events which follow disclosure, which may impact one's distress (Hébert et al., 2007). This study consisted of mothers, thus, these findings are limited to this group, and cannot be used to inform studies on non-offending fathers. In a qualitative study carried out by Plummer and Eastin (2007), the authors identified feelings of guilt and self blame in mothers following their child's CSA disclosure. These feelings appeared to be more prevalent when the perpetrator was the father of the target of abuse.

Feelings of Grief and Loss in Mothers

Finding out about the CSA of one's child is confusing, and accepting such news may involve a deep emotional loss (Hébert et al., 2007). This is supported by McCourt et al. (1998) and Pretorius et al. (2011) who discovered themes related to grief and loss in their qualitative research. McCourt et al. carried out a qualitative study focusing on identifying a counselling response for NOCs, whom they refer to as secondary victims. The study consisted of 19 children who had experienced CSA, and 16 caregivers — mothers, fathers, stepfathers and in one case the maternal grandmother. In all cases the perpetrator was known to the child and family, except for one case where the perpetrator was known to the child, but not the family. The severity and duration of abuse varied from one participant to another. The researchers highlight the commonality between the effects of CSA and bereavement. Such

themes include, anger, disbelief, self-blaming, guilt, and feeling down and isolated. The extent of guilt and self blame seemed more alike to the accidental death of one's child. One of the prevalent themes which is not commonly associated with grief experiences is the destruction of trust.

Pretorius et al. (2011) studied the experience of three South African mothers finding out that their children had experienced sexual abuse which was perpetrated by the mother's intimate male partner. The authors compared the mothers' post-disclosure feelings to those of loss. Such feelings include, shock, betrayal of trust, guilt, depression, blame, and anger. Participants' expressions of feelings of shock, disbelief, and betrayal of trust are associated with the fact that they were unaware the CSA was happening. It is worth noting that this research is focused on intra-familial CSA and thus, the findings cannot be generalised to those who have experienced extra-familial CSA, or to other populations who form part of different cultures.

The Five Stages

The themes which emerged in these studies are more or less in line with the five stages identified in Kübler-Ross and Kessler's 2005 book titled "On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss". The authors wrote about five stages in reference to dealing with loss (Corr, 2015; Corr, 2020).

- (1) Denial, the first stage, resonates with the disbelief which is exhibited by a number of NOCs who sometimes do not believe all, or some, of their child's CSA disclosure (Elliott & Carnes, 2001).
- (2) The second stage is anger, it is experienced by individuals who are grieving (Bolden, 2007) and this may be compared to NOCs. This may be expressed through self-blame, which has been highlighted as a consequence of CSA disclosure by some researchers

(Kilroy et al., 2014; McCourt et al., 1998; Plummer & Eastin, 2007). Anger may also be felt towards the child (Kilroy et al., 2014; McCourt et al., 1998), the perpetrator (Kilroy et al., 2014; McCourt et al., 1998; Pretorius et al., 2011) as well as family and friends (Kilroy et al., 2014) in some cases of CSA.

- (3) Bargaining, the third stage, may also be seen through the self-blaming exhibited by NOCs who believe they may have in some way been able to stop the CSA from occurring (McCourt et al., 1998; Plummer & Eastin, 2007).
- (4) The fourth stage is depression. Depression has been cited by a number of researchers as being one of the consequences of CSA disclosure (see Elliott & Carnes, 2001; Kilroy et al., 2014; Pretorius et al., 2011; Santa-Sosa et al., 2013).
- (5) Acceptance, which is the last stage, emphasises the acknowledgment of reality and acceptance for what has happened (Kübler-Ross & Kessler, 2005; as cited in Corr, 2015)

This study indicates that Kübler-Ross and Kessler's (2005) five-stage model could be an apt framework from which to view NOCs' emotional reactions following disclosure.

Influencers of Bereavement

The literature focusing on bereavement implies that there are numerous factors, independent to the actual loss, which impacts the process and consequences of bereavement (Neria & Litz, 2004). These factors may include intrapersonal features, such as characteristics and/or events which are unique to the individual (Neria & Litz, 2004). Interpersonal features may also have an impact on the bereavement of an individual, this may include the relational variables between an individual and those in their environment (Neria & Litz, 2004). Similarly, NOCs' post CSA disclosure responses and adjustment are influenced by factors related to both intrapersonal elements, such as one's personality styles, cognitive patterns,

coping responses, as well as external elements like social support and interventions offered (Thompson, 2017).

Post-Disclosure Coping in NOCs

Psychosocial services, one's coping strategies, and support from others play a prominent role in how NOCs deal with their child's disclosure (Cyr et al., 2013). This was evidenced by the study carried out by Kilroy et al. (2014), where the authors found that NOCs receiving support from others — such as family, friends, police, social workers etc. — strongly influenced the way NOCs were impacted by the discovery of their child's sexual abuse. Daignault et al. (2018) carried out a quantitative study with almost 300 mothers who had recently been disclosed to. They found that the use of avoidant strategies, combined with reduced use of problem solving strategies and reduced levels of looking for social support were correlated with increased symptoms of distress. While a number of professionals are under the impression that mothers who have also experienced CSA are most in need of support, this study suggests otherwise. The authors posit that it is the reoccurrence of a traumatic experience — and not specifically CSA — which may result in elevated levels of distress and/or increased use of less efficient coping strategies.

There are a limited number of studies which have focused specifically on the impact of mothers' coping styles following their child's CSA disclosure (Thompson, 2017). Cyr et al. (2013) conducted a quantitative study with 226 non-offending mothers of children who had experienced sexual abuse. More than half of the CSA was perpetrated by a father, a relative or boyfriend of the mother. Just over 36% of the children were living with the perpetrator at the time of the sexual abuse. A major limitation of this study is the possibility of the underrepresentation of non-supportive mothers, as this group would have been more likely to refuse participating. The findings of this study grouped the mothers into four

categories, (a) resilient mothers, (b) mothers using avoidant coping, (c) traumatised mothers, and (d) anger-oriented reaction.

The resilient mothers did not report any psychological symptoms or elevated stress levels. The mothers using avoidant strategies reported moderate levels of PTSD symptoms, avoidance symptoms and use of avoidant coping. Almost one third of the mothers in this group did not offer emotional support to their child following the sexual abuse. The traumatised group of mothers had a history of child maltreatment, exhibited high levels of neuroticism, and showed a high level of stressful events in their life. These mothers may qualify for a clinical diagnosis of PTSD. Finally, the mothers in the anger-oriented reaction group believed and protected their child from the perpetrator, whilst also being angry at their child. These mothers reported having a difficult relationship with their child, and were more punitive and inconsistent in the way they disciplined their child. Behavioural and psychological problems of the child were also reported by the mother.

Intervention Following CSA Disclosure

The evidence from research studies, although quite limited, supports the need for NOCs to receive interventions following CSA disclosure (Alaggia et al., 2019). The main areas to be addressed during intervention include providing information and support, addressing the NOC's reaction to their child's sexual abuse disclosure, and assisting NOCs in supporting and caring for their children (Alaggia et al., 2019; Malloy & Lyon, 2006; van Toledo & Seymour, 2013; Yancey & Hansen, 2010). This is imperative in order to hinder the consequences on NOCs and other family members (van Toledo & Seymour, 2013), and to help NOCs in managing their distress (Yancey & Hansen, 2010). Psycho-education may empower NOCs and may potentially reduce self-blaming behaviours (McElvaney & Nixon, 2020). NOCs experience a number of secondary consequences following the discovery of

CSA which may be tackled through intervention (Malloy & Lyon, 2006). Such secondary consequences may result from the separation of the offending caregiver, which may then result in the loss of financial and social support (Malloy & Lyon, 2006).

Mothers are generally understood to play a central role in their child's recovery following sexual abuse, however, little attention has been given to their needs (Hébert et al., 2007). Information surrounding the challenges of these non-offending mothers is limited (Kim et al., 2007). A mother's reaction to the CSA disclosure, her mental health, and her emotional availability towards her child's needs, may impact the survivor's outcome following disclosure, as well as the therapeutic intervention (Daignault et al., 2018). A mother's mental health impacts her capacity to be sensitive and responsive towards her child, which may then impact the child's post sexual abuse recovery (Lewin & Bergin 2001). Parental distress may thus hinder the NOC's ability to optimally care for their child (Hébert et al., 2007). This is supported by a quantitative study that was conducted by Santa-Sosa et al. (2013). This study focused on comparing parenting behaviours of mothers with self-reported depression, and mothers without self-reported depression. The parenting behaviours were reported in this study by both the mother and the child. The authors found that mothers whose children had been sexually abused experienced more depressive symptoms. Both mother and child participants describe the implementation of inconsistent discipline from mothers with depressive symptoms. This suggests that such symptoms impact the way a mother disciplines her child.

It is evident that the needs of NOCs are intertwined with those of their child (van Toledo & Seymour, 2013), and it seems rational to hypothesize that a mother's distress may result in her inability to effectively support her child (Kim et al., 2011; McElvaney & Nixon, 2020). The mental health and functioning of NOCs is central to the survivor's recovery (Daignault et al., 2018). Since CSA is not usually a topic of conversation within families

(Reitsema & Grietens, 2015), intervention may aid NOCs in discussing the sexual abuse with the survivor in a therapeutic way (Malloy & Lyon, 2006). By identifying the unique stressors experienced by NOCs during this confusing period and the myriad consequences related to disclosure of CSA, mental health professionals may be better equipped to (a) appreciate the responsiveness of some NOCs to their child who has been sexually abused, and (b) safeguard those children whose NOCs were not supportive (Bolen, 2002). NOCs who participated in a study conducted by Fong et al. (2017) expressed how mental health services were needed or helpful in coping with the affects of CSA, and in aiding them to support their child/children. The family system plays a crucial part in the outcomes of CSA, including the child's adjustment following the abuse, thus it is vital to understand the family variables (Yancey & Hansen, 2010).

Limited Interventions

Given the diverse ramifications following CSA, mental health services for survivors are essential (Theimer et al., 2020). Previous studies have focused on the need for interventions to be made available (van Toledo & Seymour, 2013), and for therapists to work with NOCs of survivors of CSA (Hernandez et al., 2009). Having accessible interventions for CSA survivors and their non-offending family is vital (Tavkar & Hansen, 2011). NOCs are diverse in terms of their responses towards the discovery of their child's sexual abuse (Elliott & Carnes, 2001). Thus, there is no "normal" or "standard" response of NOCs to the discovery of CSA (Elliott & Carnes, 2001). The differing repercussions experienced by CSA survivors, their NOCs, and their siblings, warrants the need to ensure the availability of extensive mental health services that are able to cater for these heterogeneous groups more successfully (Tavkar & Hansen, 2011).

Individual or Group Interventions

Interventions for NOCs may be either individual, or in a group setting (Alaggia et al., 2019). Group interventions may increase availability of services and make it more feasible as a number of individuals are receiving the service simultaneously (Theimer et al., 2020). Thus, the price may be reduced when compared to individual sessions. Individuals attending group interventions — both survivors and NOCs — may be apprehensive in attending due to the high risk of knowing someone in the group, or the worry that others in the group will not keep their information confidential (Theimer et al., 2020). This may be particularly concerning in Malta where residential mobility is limited due to its small geographical size, and residents are victim to a high level of social visibility (Clark, 2012).

CSA Prevalence in Malta

Aġenzija Appoġġ is an agency in Malta which offers psycho-social services to individuals (Foundation for Social Welfare Services). It safeguards the well-being of individuals and their families (Foundation for Social Welfare Services) (refer to fsws.gov.mt for more information). Child Protection Services (CPS) is a service within Aġenzija Appoġġ that deals with cases of abuse, neglect and situations where a child appears to be at risk of significant harm (Foundation for Social Welfare Services). CPS delivers an annual statistical report with information regarding Directorate Child Protection (Marchand-Agius, 2022). This includes, the amount of cases and individuals worked with, the amount of referrals, new and re-contact cases, the number of cases which have been closed, as well as demographic information (Marchand-Agius, 2022). Marchand-Agius (2022) found that in 2020 there were 100 cases of sexual abuse referred to the agency. This number more than doubled when compared to 2019, with 45 cases being referred. Additionally, 175 cases of sexual abuse were referred to the agency in 2021.

The Local Context

There is a lacuna in the bank of knowledge surrounding the topic of CSA in Malta. I was unable to find any papers focusing on CSA in Malta, especially on the topic surrounding NOCs of children who have experienced sexual abuse.

Malta

Malta is located in the centre of the Mediterranean, it has the lowest total population of all the EU Member States (Agius et al., 2016), and yet, the highest population density in Europe (Agius et al., 2016; Clark, 2012). This results in close-knit communities which produces a quality of intimacy that is not found in larger cities (Clark, 2012). In Malta, the family — which very often includes the extended family — is one of the most influential factors in a Maltese individual's life (Agius et al., 2016). The family is where one finds their sense of belonging (Agius et al., 2016).

CSA is one of the most challenging areas in paediatrics in Malta, and is unfortunately on the rise (Attard Montalto & Mangion, 2007). It is fraught with stigma in most families (Reitsema & Grietens, 2015), and this may be particularly true for Maltese families. A number of aspects of CSA can lead to feelings of shame, this includes the topic of CSA itself, the perception held by those who surround the survivor — e.g. neighbours and friends — and the inclusion of authorities (Fontes & Plummer, 2010). Shame may also be experienced by the immediate family of the survivor once the CSA is discovered (Reitsema & Grietens, 2015). The entire family is affected by the awareness that other individuals are observing, judging and expecting certain responses (Fontes & Plummer, 2010). This may be especially problematic in Malta where there is a strong sense of “moral community”, with people ready to form judgements about each other usually through gossip (Clark, 2012).

Religion and Patriarchy

Malta is a non-secular society even though a substantial proportion of Maltese citizens are considered to be functioning with a secular mentality (Gellel & Sultana, 2008). The Mediterranean is built on Roman Catholicism which is infused with the principles of patriarchy (Azzopardi et al., 2006). Malta's population is around 90% Roman Catholic, with half that amount attending mass on Sunday (Agius et al., 2016). While religious believers are ever present in Maltese society, they seem to steer away from following the teachings of the church and appear to participate in fewer religious practices than they previously did (Gellel & Sultana, 2008). That is not to say that Religion is any less prominent in the formation of Maltese identity (Gellel & Sultana, 2008). Progressive change is present in Malta, particularly among more educated citizens, nevertheless, "culturally Malta remains patriarchal" (Azzopardi, 2017, p. 70). It is challenging for children to disclose about their experience of sexual abuse in a cultural environment that hinders discourse surrounding the topic of sexuality (Fontes & Plummer, 2010). While the power of the church has decreased over the past few years, the message is still relatively the same (Azzopardi, 2017). Thus, disclosure may be inhibited as a result of religious taboos which prohibit the use of particular words that need to be used in order to describe the survivor's experience of sexual abuse (Fontes & Plummer, 2010).

The Social Context

The decision to disclose about CSA and/or report it, is made in a social context (Fontes & Plummer, 2010). Contextual factors, cultural beliefs and values, family dynamics (Reitsema & Grietens, 2015; Tener & Murphy, 2015), and the age and gender of the survivor influence the process of CSA disclosure (Fontes & Plummer, 2010; Shaeffer et al., 2011). Culture may also have an influence on the maternal responses to disclosure (Knott & Fabre,

2014), as well as the family's decision to report the CSA to authorities (Fontes & Plummer, 2010). Alaggia (2002b) carried out a qualitative study focusing on the cultural and religious influences on maternal responses to intra-familial CSA. Three themes related to what influences a mother's understanding of the CSA, and how they act following the disclosure emerged in relation to culture. These three themes are (a) culture and religion, (b) cultural beliefs about preserving the family unit, and (c) value system conflicts between the mothers and service providers (Alaggia, 2002b).

It is imperative to acknowledge how culture influences maternal response patterns in order to deliver effective services to this population (Knott & Fabre, 2014). Certain cultural values, such as those concerning parenting styles, and judgments that discourage the discussion of private family matters, may act as a barrier to disclosure (Alaggia & Kirshenbaum, 2005). The importance of social context in one's experience of CSA has thus, been increasingly recognised by researchers and practitioners (Tang et al., 2008), and will be kept in mind throughout the analysis of this research in reference to the NOC's experience of finding out about the CSA.

Conclusion

This chapter provides an overview of the extant literature. A major drawback which is present throughout the literature is that of the inconsistency in defining terms and a variety of methodological factors, which both reduce the accuracy of CSA prevalence rates, and create obstacles when carrying out meta-analyses. While there is some research focusing on NOCs' experiences of finding out about CSA, there is still a dearth of literature. The majority of literature does not focus on the experience of NOCs finding out — which is the primary focus of this research — but on their reactions and support/belief following disclosure, and on the factors which may influence NOCs' reactions. Ambiguous findings have been

highlighted throughout this chapter, as well as the underrepresentation of non-offending fathers. Due to the complexity of the topic being studied, the referral to one conceptual framework would have been insufficient to capture the different aspects of the phenomenon being studied, thus a variety of conceptual frameworks were drawn upon. The following chapter will provide a detailed explanation of the search strategy, the methodology being used, and the motivations for choosing it. An overview of the theoretical framework will be provided, as well as a breakdown of the participants who have been interviewed. The data collection methods and analysis, and the ethical procedures employed will be discussed.

Methodology

Chapter Overview

This chapter aims to explain the method and methodology used to explore the experience of NOCs finding out that their child has been sexually abused. I provide an overview of the research aims of this study and the search strategy used. A rationale for making use of a qualitative approach is provided, as well as a rationale for opting for IPA over other approaches. The philosophical underpinnings of IPA are presented together with a section on epistemological reflexivity. An overview of the limitations of IPA is also provided. I give an explanation of the participant criteria, recruitment procedures and channels, as well as the ethical procedures and steps which were implemented to safeguard participants and their identity. This is followed by an overview of the methods of data collection, transcription, and data analysis. A section on reflexivity follows, in which I explain the steps taken to provide an in-depth analysis, as well as to be aware of, and essentially limit, the impact of my biases or pre-conceptions on this research. Finally, I present a section on validity criteria.

Research Questions

Throughout this research I followed the methodological guidance of Smith et al. (2009, 2021), who have been referred to as “three of the most acknowledged modern-day minds (theorists) in the IPA approach” (Alase, 2017, p. 9). While Smith et al. (2009, 2021) recommend choosing a research approach to data analysis prior to formulating the research questions, this was not the approach I took. I carried out my undergraduate dissertation on the topic of CSA, and I knew that my Master’s dissertation would involve research on the same topic. For this reason, I began by reading literature about the topic of CSA. This eventually led to the research questions listed below. The research approach was then chosen to fit the

research question. This research study is geared towards answering the following research questions:

1. How do caregivers describe their experience of hearing that their child has been sexually abused?
2. How do caregivers make sense of their reactions to their child's disclosure?

The answers to these questions may provide insight into how professionals can help such clients, and indirectly, the survivors of CSA. This study also aims to encourage discourse about CSA, in the hope of reducing the stigma surrounding this topic.

Search Strategy

A thorough search was carried out from April 2020 up until February 2021 to understand and provide an explanation of the topic at hand. This process was carried out over a long period of time in order to include more recent studies. Different platforms such as HyDi and Google Scholar were used in the search for literature. These platforms provide papers from different sources and databases, including ProQuest, SAGE Journals, ELSEVIER, Routledge, Taylor & Francis Online, Research Gate, Wiley Online Library and others. Only papers that were written in or translated to English were used for this research. Different key words were used in order to help find papers which were relevant to the topic. Such key words include but are not limited to, "Child Sexual Abuse", "Parent's Experience of Finding Out", "Impact of Finding Out", "Disclosure", "Child Sexual Abuse Disclosure", "Post-Disclosure of Child Sexual Abuse" and many more.

Qualitative Method

This research is an exploratory study which employs qualitative methods of data collection and analysis. Qualitative research is an approach which tends to be more focused

on the qualities of a particular phenomenon, unlike quantitative research which is more concerned with behaviour and prediction (Langdrige, 2004). Quantitative research focuses on analysing causal relationships and not processes (Denzin & Lincoln, 1998). In comparison, qualitative research generally emphasises the socially constructed reality, the relationship between the researcher and the participant, and the limitations that impact the inquiry (Denzin & Lincoln, 1998). Qualitative research is inductive (Creswell, 2013), and generally makes use of small samples (Willig, 2013), as will be done in this study. This type of approach can be useful when the researcher is exploring phenomenon which are less understood (Tuffour, 2017). It endeavours to understand the subjective life experiences of individuals (Krauss, 2005; McElvaney et al., 2012; Tuffour, 2017), and focuses on the meaning as opposed to the behaviour (Langdrige, 2004). When using a qualitative approach, one is accepting the notion of multiple realities (Creswell, 2013). For the purpose of this study, an interpretative phenomenological approach was selected (Eatough & Smith, 2017; Willig, 2013).

The Ontological and Epistemological Framework

There are a number of proposed differences between quantitative and qualitative epistemologies, and the main difference lies within the philosophical underpinnings, not the methodological ones (Krauss, 2005). According to Crotty (1998) ontological and epistemological concerns usually emerge together, however, I will be explaining these terms separately.

Ontology and Epistemology

Ontology “is concerned with ‘what is’” (Crotty, 1998, p.10). It is interested in the true nature of being and reality (Neuman, 2014; Ponterotto, 2005; Scotland, 2012).

Epistemological assumptions are concerned with how knowledge is created and communicated (Scotland, 2012), what knowledge really is (Krauss, 2005), and how knowledge is acquired (Ponterotto, 2005). Epistemology is interested in the relationship between the one who has the knowledge — the knower — and the “would-be knower” (Ponterotto, 2005). Our ontological assumptions inform our epistemological perspective, and this is exhibited in our choice of methodology (Henn et al., 2006). Ontology involves the true meaning of reality, epistemology is concerned with the process of knowing that reality, and the methodology is the approach through which knowledge can be known (Krauss, 2005). Thus, ontology, epistemology, and methodology are related to one another (Krauss, 2005).

The ontology, epistemology, methodology and methods make up a paradigm (Scotland, 2012), which is grounded in its specific ontological and epistemological assumptions. This means that each paradigm differs in their notions of what constitutes reality and knowledge (Scotland, 2012). Qualitative research is generally grounded in a relativistic and constructivist ontology, which suggests that reality is subjective, and that there are multiple realities (Krauss, 2005). In line with this is IPA, which is concerned with the way in which individuals experience an event, thus, subscribing to a relativistic ontology (Willig, 2013). It is worth noting, however, that a constructionist epistemology is also compatible with a realist ontology (Crotty, 1998).

This study focuses on the meaning attributed to the lived experience of participants. Interpretivism is fitting for this study as one’s culture and environment play a role in the way CSA is perceived, and the manner in which it impacts individuals. This approach assumes meaning to be created through the interplay between the world and one’s consciousness (Scotland, 2012). IPA has its roots in symbolic interactionism (Shinebourne, 2011; Willig, 2013), and recognises that the meanings ascribed to particular events are a result of the interactions between the individual and others in their world (Willig, 2013). Similarly, the

interaction between the researcher and participant is central to capturing, and interpreting the lived experiences of the participants (Ponterotto, 2005). IPA highlights the active role of the researcher in the dynamic process of the research (Giorgi et al., 2017). From the constructionist point of view, meanings are constructed by individuals through their engagement with their world (Crotty, 1998). Constructionism and phenomenology are interlaced with one another, and thus, one cannot claim to be phenomenological, while also adopting an objectivist or subjectivist epistemological stance (Crotty, 1998).

My position

I will adopt a social constructionist framework as it is comprised of perspectives that are present in symbolic interactionism, interpretivism, and phenomenology, and fits well with the research approach of this study. Although I acknowledge the value of quantitative research and the important role nomothetic studies have in psychology, some areas of the discipline are, in my view, best studied by means of idiographic approaches. In line with the social science perspective, qualitative studies provide us with a more empathic understanding of behaviour, or to use Weber's term, *verstehen*. This particular study warrants a qualitative approach, as I believe that it is most effective in understanding individual experiences. I believe that every individual's experience is unique to them and is influenced by their culture, past experiences, and by those around them. While I believe that each experience is relative and unique to the individual, I also argue that every experience, and the meanings derived from that experience, are real to the individual, even if they differ from those who have experienced the same phenomenon. Thus, choosing this framework came naturally to me, and immediately made the most sense when thinking about the way in which experiences are created and understood.

This research is highly value-laden, and my values and beliefs cannot entirely be separated from the interpretation of data (Ponterotto, 2005). Therefore, reflexivity is vital in such a study and sections on reflexivity will be presented at various stages of the analysis. I am fully aware of the risk of bias interfering in the data collection and interpretation phase, and acknowledge the presence of my own values and beliefs. Alase (2017) has referred to IPA as being an approach which shows respect and sensitivity to the participants' lived experiences. I believe that in order to show respect to participants I must be fully aware of my biases and presuppositions prior to the interviews, and that by being unaware, I am doing an injustice to the participants, as well as this study.

Theoretical Framework

Social Constructionism

“Social constructionism can be seen as a source of the postmodern movement” (Galbin, 2014, p. 89). It is a theory of knowledge that examines the constructed understanding of the world, and rejects the positivistic approach to knowledge (Galbin, 2014). Social constructionism maintains that knowledge (Galbin, 2014) and experiences (Langdridge, 2004) are historically and socially dependent. Phenomena are therefore viewed as events that can only be understood within one's social and historical context (Langdridge, 2004). Thus, different individuals may live in very different worlds (Crotty, 1998). The social constructionism perspective argues that one is born into culture, and thus, born into a world where meaning has already been created (Scotland, 2012). We are born into a social world where we inherit a system of symbols (Crotty, 1998). Therefore, culture should be viewed as being the source of one's thoughts and behaviour, rather than the result (Crotty, 1998). Social constructionism maintains that all aspects of humanity — other than those which are

inherited or developmental aspects — are created and destroyed through our interactions with individuals (Galbin, 2014).

According to Willig (2013), the perspective of a social constructionist is generally referred to as being relativist. However, Crotty (1998) has described social constructionism as being both realist and relativist. By saying that reality is socially constructed does not mean that it is not also real (Crotty, 1998). Many of the key assumptions of social constructionism have existed for years, and this can be seen in the perspective of symbolic interactionism (Galbin, 2014). A fundamental belief of symbolic interactionism is that individuals construct their own and other's identities through social interaction (Galbin, 2014).

Symbolic interactionism

Symbolic interactionism was born from the thinking of George Herbert Mead, who believed that every individual is a social construction (Crotty, 1998). Herbert Blumer developed the approach from Mead's thought and coined the term *symbolic interactionism* (Carter & Fuller, 2015). It is concerned with issues of communication, language, relationships and community (Crotty, 1998). It is through symbols — language — that individuals communicate, and it is only through dialogue that we become aware of other's feelings, attitudes and perceptions, and ultimately understand these meanings (Crotty, 1998). Symbolic interactionism addresses the way in which society is created and defined through meaningful and repeated interactions amongst humans (Carter & Fuller, 2015).

From a symbolic interactionist perspective, we are naturally inclined to understand and create meanings out of our experiences (Krauss, 2005). It is concerned with the way in which meanings are constructed in the social and personal worlds of individuals (Shinebourne, 2011). The creation of meanings is viewed as a social process, and in order to

define a situation one must place themselves in the shoes of that person (Oliver, 2012). This theoretical framework is particularly useful for this study as it posits that behaviour is dependent on the meanings derived from one's interaction with others (Burbank & Martins, 2010). Thus, the NOC's reaction to disclosure may be based on the meanings they extract from the process and interaction with their child during their CSA disclosure. Furthermore, the meanings derived from the interviews and analysis are dependent on my interaction with the participants.

Interpretivism

Understanding the subjective meanings of individuals is central to the interpretive paradigm (Goldkuhl, 2012). The key idea of interpretivism is to use these already present subjective meanings, reconstruct and understand them, and use them as blocks in theorizing, without distorting the meaning (Goldkuhl, 2012). The interpretivist approach has been supported by hermeneutics, phenomenology and symbolic interactionism (Crotty, 1998), which fits well with IPA. It is based on a constructivist ontology (Goldkuhl, 2012), and emerged in contradiction to the positivistic approach, and attempts to explain our social reality (Crotty, 1998). It searches for "culturally derived and historically situated interpretations of the social life-world" (Crotty, 1998, p.67), and aims to bring the social forces and structures into consciousness (Scotland, 2012). Much like social constructionism, from an interpretivist point of view, knowledge is culturally and historically grounded (Scotland, 2012).

Alternative Methodologies Considered

Grounded Theory

I initially considered using GT for this study. I believed this to be a suitable option for this research because GT is commonly used in exploratory research where the phenomenon of interest is under-researched (Henn et al., 2006), as is the case for the topic of this research. GT is an inductive method of research (Neuman, 2014; Willig, 2013), and links theoretical development with the research process (Charmaz, 1996). There are numerous versions of GT, however the constructivist GT appears to be the most popular for research in psychology (Smith et al., 2009). Researchers using GT typically aim to generate a theory based on a particular phenomenon (Smith et al., 2009). It provides the researcher with the freedom to be open to new ideas, and the option to rephrase the research question altogether should new ideas arise (Henn et al., 2006). This freedom, which would come from using GT, made me both anxious and intrigued.

Grounded Theory vs IPA

According to Willig (2013), GT was initially designed to permit researchers to study and understand social processes. IPA, on the other hand, was developed to provide insight into the psychological worlds of participants. Thus, Willig has referred to IPA as a “specifically psychological research method” (p. 295), and has claimed that GT is better equipped to address research questions associated with sociology. IPA aims to interpret first-person accounts in a wider context, considering social, cultural and psychological symbols (Willig, 2013). Whereas, the aim of GT is to identify and explain social processes which provide reasons for phenomena, consequently limiting the application to more phenomenological questions (Willig, 2013). This was one of the main reasons why I opted against using GT for this research study.

Rationale for use of IPA

IPA was developed as a qualitative approach to conduct research in psychology, providing a theoretical foundation and guide (Brocki & Wearden, 2006). It is an exploratory methodology (Larkin & Thompson, 2012), and is particularly useful when researching topics that are complex and relatively under-researched (Smith & Osborn, 2003). IPA provides the researcher with guidelines, while also allowing them to be flexible in the design, as well as the execution of the study (Eatough & Smith, 2017). It enables the researcher to conduct a thick descriptive study, and is viewed by a number of researchers as being the most participant oriented qualitative approach (Alase, 2017). It offers the opportunity for multiple individuals who have experienced a similar phenomenon to tell their story (Alase, 2017). As I will explain in more detail later on in this chapter, IPA assumes an interpretative position (Smith et al., 2009), and is an idiographic (Shinebourne, 2011; Smith et al., 2009) and phenomenological approach (Giorgi et al., 2017). This is in keeping with the goal of this research, which is to understand how NOCs describe their experience of finding out that their child has been sexually abused, and to understand how they make sense of their reactions to their child's disclosure.

Theoretical Underpinnings of IPA

IPA was proposed as an alternative to the Duquesne School approach, a phenomenological approach which Jonathan Smith believed to be too descriptive (Langdrige, 2004). IPA is now one of the leading qualitative research approaches (Tuffour, 2017), and has been referred to as an experiential approach (Eatough & Smith, 2017). While IPA was pioneered by Smith in 1996, it is grounded in schools of thought which have a longer history, and is influenced by major theoretical concepts (Smith et al., 2009). It is based on three main theoretical underpinnings, (a) phenomenology, (b) hermeneutics, and (c)

idiography (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014; Shinebourne, 2011; Smith et al., 2009, 2021). In the following three sections I will be delving deeper into each school of thought.

Phenomenology

The philosophy of phenomenology was founded by Edmund Husserl (Giorgi & Giorgi, 2010; Giorgi et al., 2017) as an eidetic approach (Pietkiewicz & Smith, 2014). Phenomenology is an approach to the study of existence (Larkin & Thompson, 2012) and experience (Larkin & Thompson, 2012; Smith et al., 2009) – i.e., the study of *Being* (Larkin & Thompson, 2012). It is interested in identifying the elements within experiences which make them distinct from others (Pietkiewicz & Smith, 2014). It acknowledges that an experience is rooted in one's own world, which influences the way they experience and understand phenomena (Smith et al., 2009). Phenomenology focuses on the quality of one's experience — what an experience was like — rather than finding out what truly happened, or what caused an event to occur (Willig, 2013).

Husserl, a philosopher writing in the early 20th century, developed a phenomenological method intended to achieve a *phenomenological attitude*, which set out to identify the main features and elements of human experience (Smith et al., 2009). In line with Husserl's philosophical method, qualitative researchers must attempt to set aside/bracket the taken-for-granted world (Smith et al., 2009), and attempt to put aside our own assumptions about the world (Langdrige, 2004). We must doubt our own natural attitude, such as biases (Langdrige, 2004), as well as scientific “facts”, which Moustakas (1994) referred to as things that are known from external sources, and not through internal reflection. Our presuppositions and biases about the world are thus bracketed, allowing us to gaze into the same world with openness and a clear consciousness (Moustakas, 1994). Husserl used the

Greek word *epoché* to refer to this process, which is sometimes also referred to as bracketing (Langdrige, 2004). The *epoché* is the first step in seeing things without judgments or biases (Moustakas, 1994).

Epoché or bracketing, is followed by phenomenological reduction (Smith et al., 2009; Langdrige, 2004), which is a fundamental epistemological strategy of phenomenology (Dowling, 2007). Phenomenological reduction consists of describing what is seen, both in terms of the actual external object, and our own internal consciousness (Langdrige, 2004, Moustakas, 1994). *Eidetic reduction* consists of techniques to help us reach the true essence of the external object or phenomenon (Smith et al., 2009, 2021). One of these techniques is known as *free imaginative variation* (Smith et al., 2009). The aim of free imaginative variation is to examine how an experience is made possible, and to identify the conditions of the phenomenon which make it what it is (Willig, 2013). The end-goal of this technique is to reach a structural description of a phenomenon (Moustakas, 1994).

Transcendental reduction is the approach used to examine the nature of our consciousness (Smith et al., 2009), and to identify and interpret our knowledge (Moustakas, 1994). Conscious awareness is the first step towards constructing knowledge of one's reality (Lavery, 2003). Husserl's main focus is understanding phenomena in the way they are exhibited through consciousness (Lavery, 2003; Smith et al., 2009). He uses the term *intentionality* to refer to "the relationship between the process occurring in consciousness, and the object of attention for that process" (Smith et al., 2009, p.13). Husserl's student, Heidegger, diverges from Husserl's transcendental interests and emphasises a hermeneutic and existential approach to phenomenology (Smith et al., 2009, 2021). Heidegger, Merleau-Ponty and Sartre developed Husserl's work in a manner in which it has become more of an interpretative and worldly approach (Smith et al., 2009). Heidegger criticised Husserl's focus on description as opposed to understanding (Racher & Robinson, 2003). As a consequence,

many academics differentiate between descriptive phenomenology, and hermeneutic phenomenology (Finlay, 2009).

Hermeneutics

Hermeneutics has been referred to as the “theory of interpretation” (Smith et al., 2009, p. 21, 2021 p.17). Much like Husserl’s phenomenology, hermeneutic phenomenology is similarly concerned with the lived experiences of individuals (Dowling, 2007; Kafle, 2011; Laverty, 2003). It was applied by Heidegger as a method grounded in the ontological argument that the lived experience is a process of interpretation (Racher & Robinson, 2003). While Husserl was focused on understanding phenomena or beings, Heidegger was focused on “the mode of being human”, which he called *Dasein* (Laverty, 2003). He used the term *forestructure* to refer to the pre-understanding of “Being” (Crotty, 1998). The forestructure reveals any prior knowledge of “Dasein” which is known about the entities of one’s world (Horrigan-Kelly et al., 2016).

In Heidegger’s (1927/1962) *Being and Time* he asserts that, “in every case this interpretation is grounded in something we have in advance – in a fore-having...in a fore-sight... in fore-conception” (p.191). The forestructure is always present and is at risk of creating an obstacle for interpretation (Smith et al., 2009). While it is suggested that our pre-understanding, our forestructure, precedes our experience and/or interaction with new things, it may actually be that the object which is encountered may help us understand our forestructure (Smith et al., 2009). Smith et al. (2009) give the example of encountering a text. They explain that when reading a text, one is unaware of what part of their forestructure is relevant, and thus, has a better understanding once the text is read.

Heidegger rejected the notion of suspending our personal opinions (Kafle, 2011), and embarked upon the phenomenology of being (Crotty, 1998). He emphasises that we access

lived experiences through interpretation (Smith et al., 2009). According to Finlay (2009), interpretation constitutes the fundamental pillar of our being, since we experience something that has already been interpreted. This is a perspective that I subscribe to as can be seen in the section on my views on bracketing below.

Paul Ricoeur, a French philosopher, explained that meaning and experience are closely related, and created a link between phenomenology and hermeneutics (Tuffour, 2017). For Ricoeur, meaning is essential to experience (Tuffour, 2017), which is why hermeneutics provides vital theoretical insights for IPA, and forms part of the intellectual history (Smith et al., 2009). Consistent with its hermeneutic underpinning, IPA utilises interpretative analysis to contextualise the participants' narratives within the relevant literature (Shinebourne, 2011). It acknowledges the interpretative role played by the researcher in understanding the experience of participants (Shinebourne, 2011).

The Hermeneutic Circle

Hermeneutic phenomenology follows the belief that interpretations are all that we have, and that description is an inherently interpretive process (Kafle, 2011). In order to produce the best interpretation of phenomena, this school suggests using what has been termed as the *hermeneutic circle* (Kafle, 2011). According to Smith et al. (2009, 2021) the hermeneutic circle is the most significant concept in hermeneutic theory, and is adopted by the majority of hermeneutic authors. It encourages writers to analyse the data in a more dynamic and cyclical process (Eatough & Smith, 20117). The parts are interpreted in reference to the whole, and the whole is interpreted in reference to its parts (Eatough & Smith, 2017; Smith et al., 2009). Therefore, the hermeneutic circle provides an effective way for IPA researchers to think about "method" (Smith et al., 2009). I related to this particularly when analysing the participants' transcripts. I began by attempting to bracket out any

preconceived ideas in order to analyse the transcript with a clear mind. I then analysed the transcript, focusing on what the individual participant said and implied. Finally, I thought about what emerged from both participants, and essentially, thought about my own interpretations on each. In this way, I initially started with my idea of what I would find, resulting from my experiences and literature review. I then focused on the parts — the transcripts — and lastly, I brought these parts together again to form a whole, and to understand where participants' experiences diverge and converge.

Researchers who employ IPA engage in what has been called a *double hermeneutic* (Tuffour, 2017). The researcher is making sense out of what the participant is saying, as the participant is making sense out of their own experience (Smith et al., 2009; Tuffour, 2017). The information available to the researcher is limited to what the participant is sharing, and the researcher's interpretation of this information is conducted through their experientially-informed point of view (Smith et al., 2009). According to Smith et al. (2009), there is an alternative way in which IPA uses a double hermeneutic. Ricoeur distinguished between two interpretative stances, (a) hermeneutics of empathy, and (b) hermeneutics of suspicion (Smith et al., 2009). Hermeneutics of empathy endeavours to understand the experience in its own terms, and the hermeneutics of suspicion makes use of external theoretical viewpoints to help make sense of phenomena (Smith et al., 2009). In order for IPA to be successful, the researcher should engage with both positions (Smith et al., 2009). In line with Smith's recommendations, I make use of the hermeneutics of empathy during the interviews with participants, and the hermeneutics of suspicion when interpreting data elicited from participants.

Idiography

Idiography is the third theoretical underpinning of IPA (Smith et al., 2021), and is a

fundamental constituent of the methodology (Shinebourne, 2011). An idiographic approach is concerned with more in-depth analyses of individual cases, and understanding the perspectives of participants in their own world (Pietkiewicz & Smith, 2014). This contrasts greatly with a nomothetic approach. Psychology is “nomothetic” and is interested in establishing claims about the broader population (Smith et al., 2009). It collects and analyses data in such a way that it cannot be traced back to the individual who provided the information (Smith et al., 2009).

IPA’s commitment to the particular is twofold according to Smith et al. (2009). Firstly, IPA focuses on detail and provides an in-depth analysis. Secondly, IPA is concerned with understanding how individuals make sense of phenomena. This is done through the use of small samples which have been purposely recruited to understand the phenomena of interest from their point of view (Smith et al., 2009). IPA is therefore appropriate for this study as it permits researchers to gain an in-depth understanding of the lived experiences of individuals (Alase, 2017; Eatough & Smith, 2017). This is done before comparing cases in an attempt to produce patterns of meaning (Eatough & Smith, 2017; Shinebourne, 2011). IPA ensures that all generalisations are grounded in the particulars of the experience of the individual (Eatough & Smith, 2017). This is in line with one of the most fundamental tenets of idiography, that is, each individual case must be explored before establishing generalised statements (Pietkiewicz & Smith, 2014).

Limitations of IPA

As is the case with various approaches of phenomenological research, IPA has a number of limitations which are both conceptual and practical (Willig, 2013). These limitations revolve around the use of language, participants’ accounts, and description versus explanation (Willig, 2013). The limitation of the use of language refers to the way in which

experiences are communicated to the researcher, and the level of validity to which language can capture and describe one's experience (Willig, 2013). Language constructs reality, therefore, when a participant reports their experience, the researcher is collecting data on the way the participant speaks about their experience, rather than collecting data about the experience itself (Langdrigde, 2004; Willig, 2013).

A second limitation concerning the suitability of participants' accounts, refers to the participants' capability of describing their experience in rich detail (Willig, 2013). IPA aims to capture the meanings associated with particular phenomenon rather than the participants' opinion towards it, thus, the suitability of the participants' account of their experience is dependent on their use of language (Willig, 2013). Thirdly, phenomenological research aims to describe lived experiences, not to explain them (Willig, 2013). Langdrigde (2004) asserts that in order for phenomenology to impact society, it must go beyond description. Willig (2013) also argues this point, and suggests that by disregarding the cause of an experience, we may be limiting our understanding of that phenomenon.

Lastly, Willig (2013) asserts her concern that IPA's focus on cognition may clash with some aspects of phenomenology. A large amount of phenomenological writing has emphasised the basic features of experiences which emerge in a pre-reflective state (Smith et al., 2009). Smith et al. (2009) remind us that phenomenology is not solely concerned with basic and immediate features of experiences, but also takes into account the objects, people, and relationships, which impact our lived experiences. I would tend to agree with Smith et al. as I lean towards a social constructionist approach and believe that experiences and objects cannot be understood in a vacuum, and that meaning is created by the individual through their interactions.

Bracketing my biases

Prior to the interviews, I attempted to reject the notion that all NOCs would be traumatised as a result of their child's CSA disclosure. I did not want to be biased, as I had previously been in my undergraduate dissertation, where I assumed that every survivor of CSA would automatically experience symptoms of trauma. Thus, in an effort to avoid this, I went into the interviews with the preconceived notion that the NOCs would not necessarily be traumatised. Retrospectively, I realised that this assumption was a bias in itself. The awareness of my bias occurred as a result of the first interview, and permitted me to be more self-aware during the next interview. I made an effort to bracket my biases and keep an open mind to the possibility that some NOCs may indeed be traumatised, while others may not.

Husserl's bracketing suggests that one must set aside their natural attitude and render it non-functional in order to enter a phenomenological attitude, and enact the epoché (Giorgi et al., 2017). Heidegger, however, believed that while researchers should endeavour to achieve the epoché, it may not be entirely possible to reach what has been referred to as, a "God's eye view" (Langdrige, 2004). I tend to agree with Heidegger's position, as I do not believe that bracketing is fully possible. While researchers can be aware of their fore-conceptions, I do not believe it is possible to encounter and interpret things without the presence and influence of one's pre-understanding, despite awareness. My adherence to Heidegger's views on bracketing are discernible throughout the research project. Additionally, I followed the writings of Dahlberg (2006), a Swedish researcher, also of the opinion that bracketing is not possible, and who has used the term *bridling* to guide phenomenological researchers to critique and 'contain' their presuppositions as they endeavour to interpret or describe phenomena (Vagle et al., 2009). Dahlberg and Dahlberg (2019) have described bridling as a method of self-reflection which requires researchers to question their own understanding, and to ask themselves why they understood something in a

particular manner. This prevents researchers from jumping to premature understandings. It is a phenomenological attitude that encourages one to actively wait for the emergence of a phenomenon or meaning (Dahlberg, 2006). Bridling is an approach which I adopted throughout the interviews as well as analysis. For example, during the interviews I did not directly ask participants whether they were traumatised by their child's CSA disclosure, but actively waited for this to emerge naturally from their narratives. I considered the possibility that these may have at times been discernible through the participants' resistance to "go back" to the moment of their child's disclosure.

Concluding remarks

IPA synthesizes ideas from phenomenology and hermeneutics resulting in a method which is descriptive because it is concerned with how things appear and letting things speak for themselves, and interpretative because it recognizes there is no such thing as an uninterpreted phenomenon. (Pietkiewicz & Smith, 2014, p.8)

There are similarities and differences in the ontological and epistemological frameworks of phenomenology and hermeneutics (Lavery, 2003). Husserl was mostly concerned with the relationship between the knower and the topic of interest, while Heidegger transitioned to a more ontological question about *Being*, and the nature of reality (Lavery, 2003). Heidegger has pushed us to rethink bracketing in the way it was initially conceptualised by Husserl, and through his introduction of the forestructure, has enabled us to view bracketing as being non-linear and as something which can never be completely achieved (Smith et al., 2009). IPA does not aspire to achieve transcendental knowledge (Larkin & Thompson, 2012), but identifies more with the hermeneutic tradition and uses the work of Heidegger, Merleau-Ponty and Sartre to interpret the lived experiences of individuals

(Tuffour, 2017). The works of these aforementioned philosophers work together to provide a holistic and multi-faceted phenomenology (Tuffour, 2017).

I will be adopting Heidegger's perspective and work on phenomenology throughout this study. From an IPA point of view, the connections which Heidegger makes between phenomenology and hermeneutics are essential (Smith et al., 2009). IPA is in agreement with Heidegger, that phenomenological inquiry is essentially an interpretative process (Smith et al., 2009). IPA is also committed to an idiographic approach, thus, it is interested in the particular (Larkin & Thompson, 2012), it explores individuals' perspectives, and begins with a detailed breakdown of each case prior to establishing more general claims (Smith et al., 2009). This coincides with IPA's constituent of hermeneutic phenomenology (Larkin & Thompson, 2012).

Research Methods

The Sample

The sample of this study is comprised of 2 non-offending mothers. I had initially aimed to recruit more participants, however, this proved to be more difficult than anticipated. Studies employing IPA tend to make use of purposive sampling to recruit participants who have lived through the same experience, therefore, this type of sample can be more challenging to recruit (Smith et al., 2009, 2021), as was the case for this study. The inclusion criteria of this study are very specific and were outlined with the intention of safeguarding the participants, and the survivor of CSA. However, due to this specificity, the pool of participants became even smaller, resulting in difficulty to find eligible participants. I believe that Malta's small size also played a part in the recruitment of this study, making it more challenging due to the stigma surrounding CSA, and the fear within participants that someone may find out about the CSA. This fear of judgement experienced by participants also emerged in the analysis and will be discussed in the following chapters.

Smith et al. (2009) advise that a sample size of 3-6 participants is reasonable for student projects making use of IPA. They recommend that IPA studies for undergraduate or Masters students should use a sample size of 3 as the default size. Alase (2017) suggests that an IPA study can make use of a sample size which consists of 2 to 25 participants. IPA studies tend to benefit from a small sample due to the complexity of human experience (Smith et al., 2009). Smith et al. (2009, 2021) have also suggested that the use of single case studies may be particularly powerful, however, ideally the researcher has previous experience in qualitative analysis. It is not uncommon for researchers to conduct single case-studies using IPA. For example, in 2006, Eatough and Smith attempted to understand the phenomenon of anger by means of a single case study using IPA in their seminal paper “I was like a wild wild person: Understanding feelings of anger using interpretative phenomenological analysis” (Eatough & Smith, 2006). Yusof et al. (2019) also used IPA to analyse a case study which aimed to understand a teacher’s pedagogical beliefs in teaching grammar. Since then, Smith et al. (2009, 2021) have become even more vociferous in extolling the benefits of using IPA for single case studies, with Smith et al., (2021) stating that “IPA utilizes small, purposively-selected and carefully-situated samples, and may often make very effective use of single cases analyses” (p.24).

The objective of this research was not empirical generalisability, but to provide an in-depth analysis of the participants’ lived experiences, and of the meanings attributed to these experiences, that cannot be generalised to other individuals who have lived through similar phenomena. Thus, recruiting a small sample allowed me to carry out a more time consuming detailed case-by-case analysis (Pietkiewicz & Smith, 2014), in line with the principal aim of IPA, which is to capture the individual’s lived experience in detail, and which is concerned with quality and not quantity (Smith et al., 2009).

Eligibility Criteria

The eligibility criteria listed below inevitably reduced the pool of potential participants who could participate in this study, and brought with it a number of limitations which will be addressed in the final section. Nonetheless, the safety and wellbeing of participants, and ultimately the principle of non-maleficence, are of utmost importance, and these principles were adhered to in order to reduce the chances of psychological harm to participants. All individuals needed to meet the following inclusion criteria listed below:

1. Their child had experienced sexual abuse and disclosed of this experience to them.
2. The survivor of abuse is over 18 years of age.
3. At least 3 years have past since the time of disclosure.

Participant Recruitment

Participant recruitment began once ethical approval from the Faculty Research Ethics Committee (FREC) and the University Research Ethics Committee (UREC) were obtained. Purposive and snowball sampling were used to recruit participants. Purposive sampling is typical for studies utilising IPA (Smith & Shinebourne, 2012; Smith et al., 2021), as such studies tend to use small (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014; Smith et al., 2009, 2021; Smith & Osborn, 2003), and relatively homogenous samples (Larkin & Thompson, 2012; Smith et al., 2009, 2021; Smith & Osborn, 2003), where the participants are able to provide insight into the topic being researched (Larkin & Thompson, 2012). This allows researchers to analyse similarities and dissimilarities in the data (Smith et al., 2009). Thus, purposive sampling falls in line with IPA's theoretical underpinnings (Pietkiewicz & Smith, 2014; Smith & Shinebourne, 2012).

Channels of Recruitment

Different channels of recruitment were used for this research. The first mode of recruitment included the Malta Chamber of Psychologists (MCP). The MCP was contacted, and was provided with a description of the research study and the information sheet in Maltese (see Appendix A) and English (see Appendix B). The MCP agreed to disseminate an email to its members — on my behalf — which would include a description of the research and the information sheet in Maltese and English. Following the dissemination of this information via the email, members of the MCP would be free to pass on this information to past and current clients, who would then be free to contact me directly.

The second mode of recruitment included the use of social media. A Facebook group named “Women for Women” was also used in the recruitment of participants. With permission from the group administrator, I posted a notice in the Facebook group outlining the aims of the research. I also provided some information on the method of data collection and participant criteria. Group members were free to contact me via mobile, email or Facebook messenger if they fit the criteria and were interested in participating. Individuals were provided with more information about the research once they contacted me, and were provided with a copy of the information sheet, a copy of the participants’ consent form in Maltese (see Appendix C) and English (see Appendix D), as well as copy of the consent form for the survivor of CSA in Maltese (see Appendix E) and English (see Appendix F).

Once I began recruiting participants, it became evident to me that I would need more channels of recruitment to reach more individuals, given that very few potential participants showed interest in participating. With the permission of FREC, I contacted a number of potential gatekeepers, enquiring about the possibility for them to disseminate invitations to participate, as well as the information sheet about the study. The gatekeepers who assisted me in the recruitment of participants include the Foundation for Social Welfare Services

(FSWS), the Maltese Association of Social Workers (MASW), Victim Support Malta (VSM), and the Department of Health at Mount Carmel Hospital (MCH), as well as private clinics such as TherapyWorks and Maia Psychology Centre. In order to recruit through the FSWS I needed to fill up a research request form and wait for them to review it, and eventually approve the study. Once approval from the FSWS was acquired, my information sheet was disseminated to the appropriate parties.

Similar to the MCP, the MASW disseminated the information sheet and a drafted email to its members. VSM informed me that they would be in contact should they have clients who fit the criteria of the study. A copy of the information sheet in Maltese and English were sent to VSM. The Department of Health at MCH, TherapyWorks and Maia Psychology Centre also disseminated the information sheets and a drafted email to the professionals who work at the clinic. These recruitment methods ensured that participation was entirely voluntary, and the decision to contact me was left entirely in the hands of the participants. This also guaranteed that all details of potential participants were unknown to me until they made contact. The communication with the gatekeepers can be found in Appendix G.

Ethical Considerations

Prior to recruiting participants and collecting participant data, approval was obtained from FREC and UREC (see Appendix H). This helped ensure that the study followed ethical guidelines and employed the necessary precautions in order to minimise risks to participants. This included having information sheets and consent forms in both Maltese and English. Due to the sensitive nature of this study there were a number of criteria in place when recruiting participants. These criteria helped decrease the chances of participants experiencing distress during, or following the interview. Participants were given a digital copy of the information

sheet and consent form — for the participant and CSA survivor — prior to the interview.

This enabled them to read the forms in their own time and think of any questions. Participants were briefed and informed consent was obtained — from the survivor of CSA as well as the participant — before the interview. The third party consent form was signed and scanned to me prior to the interview, and a signed copy of the participant's consent form was given to the participant.

Participants were informed of the true purpose of the research, as well as the possible risks and benefits which may result from participating (Brinkman & Kvale, 2017).

Participants were aware that their participation is voluntary (Brinkman & Kvale, 2017), that they could stop the interview at any point, and that excerpts of the interview would be published. I explained that the interview would be audio-recorded using my laptop, and that these recordings would be saved under a pseudonym in a password-protected folder on my laptop. I also explained that I would be the only individual listening to the recordings and that the transcripts would be pseudonymised. All participants were given the opportunity to ask questions about the study and their participation. A list of mental health professionals was also provided to the participants in both Maltese (see Appendix I) and English (see Appendix J), in case that they wanted to speak to someone following the interview. The participants were debriefed after the interview in order to ensure that no harm was done, and to remind the participants that they are entitled to a session with a mental health professional on the list provided to them. The debriefing also ensured that the participants understood that they were free to withdraw from the study up until the data was codified, as well as to offer the opportunity for the participant to ask any further questions.

Participant Anonymity and Confidentiality

Anonymity refers to the anonymisation of participants, meaning that they cannot be identified through their name (Henn et al., 2006). Participants were assigned a pseudonym in order to protect their true identity. The interview recordings and transcripts were saved under this pseudonym, and the participants were referred to using their pseudonym in the analysis and discussion section. The names of the participants' family members were also changed in the transcript, in order to protect their identity. I was the only individual who knew the true names of the participants and their family members. The participants' real names and the pseudonyms were written on a paper and were locked in a drawer in my bedroom, along with the consent forms. I found it useful to remember which pseudonym refers to which participant, as it enabled me to carry out a more in depth and reflexive analysis of the interviews. The recordings were saved in an encrypted folder on my password-protected laptop. Two different pre-set passwords known only to myself were needed to gain access to my laptop, and to the encrypted folder containing the recordings.

In order to ensure confidentiality, researchers must do more than just change the participants' names. Henn et al. (2006) refer to confidentiality as being an attempt to remove any identifying information of the participants from the research records. An individual may be identified through geographical information, occupation and various features or characteristics (Henn et al., 2006). The group of participants in this study are already a very specific population, thus, any additional information which is specific to them may render them identifiable to those who know them. This is especially true in Malta where the small community renders persons more easily identifiable. I therefore took extra caution in this step and excluded or changed certain information from the analysis to ensure that participants would not be identified. Details which were excluded or changed include the names and exact ages of participants, the exact age at which the child disclosed, the names of all individuals

who were mentioned throughout the interviews — e.g., the children — as well as information on where the participants lived.

Data Collection

The data was gathered through the use of retrospective, in-depth, one-to-one semi-structured interviews. An interview guide (see Appendix K) was prepared prior to the interview. This interview guide consisted of 14 open-ended questions and prompts which helped the participants provide accounts of their experiences. This guide included introductory questions, the main questions, and concluding questions which allowed me to gather feedback on what the interview experience was like for the participant. Dividing the interview into three sections helped to organise my thoughts, and made the process of developing the interview questions easier. The questions were formulated with the intention of asking more general questions that would then lead to more specific answers through the use of prompts if necessary. The interviews were conducted face-to-face in a location selected by the participant, and lasted approximately 60 minutes. The locations of the interviews included the participants' own home, and in the event that the participant could not, or did not want the interview to be conducted at their home, I would book a room at the Msida campus of the University of Malta. The interviews were conducted in English, with the both participants answering in both Maltese and English. The Maltese excerpts were translated into English and back-translated, in order to ensure that meaning did not get 'lost in translation'.

Prior to beginning the interview, I engaged in conversation with the participants to explain what my personal interest in this topic is, and give them a brief explanation of who I am, and reiterated the aim of my research. Smith et al. (2009) suggested that building rapport with the participant is one of the most important things that needed to be done at the start of

an interview. I believe this helped put them at ease, and thus, encouraged them to speak more candidly about their lived experience. I personally also found this helpful, both from a researcher's and a personal perspective. From a researcher's point of view, I believe this gave me a better sense of who the participant is and what their natural disposition is like before starting the actual interview. From a personal perspective, conversing with the participant also put me at ease and alleviated some of my anxiety, which was especially present during the first interview. Establishing rapport also helped create a balance in power between myself and the participant. I viewed the participants as co-researchers throughout the research process. This falls in line with the qualitative approach being used, as well as the symbolic interactionist framework being drawn upon in this study.

The interview was not piloted and the main questions of the interview guide were not amended following the first interview, however, some new prompts were added in order to better facilitate the interview, and focus the questions on more specific information. Participants were willing to speak about the way in which they found out and very often took charge of the interview. They began sharing their experiences and telling me their story as soon as I asked the first question. I think this helped them feel in control and go through their story at a pace which suited them. While the participants spoke about their experience, they did so from a superficial level and resisted digging deeper, thus additional prompts enabled me to guide participants to dig deeper and answer more specific questions. I believe that the prompts helped participants to speak about their experience in more depth, as it broke down their experience into 'sections', and prevented them from becoming overwhelmed. I believe this guide worked well overall, however, in retrospect, some aspects could have been improved. For example, this research may have benefited from having less but more in depth questions. I believe my novice instinct was to include more questions as a safety net, however, in hindsight, this was not necessary. Participants were very open to share their story

and only needed prompting to go beyond the surface and delve deeper into their experience. Having said that, I was able to cover all the questions while also recognising which questions required further prompting.

I found the use of semi-structured interviews suitable as they provided a guide (Eatough & Smith, 2017; Smith & Osborn, 2003), while also providing flexibility, allowing me and interviewee to engage in dialogue and address any arising issues (Pietkiewicz & Smith, 2014; Smith & Osborn, 2003). The objective of these interviews was to enable the participants to provide detail about their lived experience and enable me to enter their world (Langdridge, 2004). I believe that this occurred throughout the interviews as I felt immersed in their story, as though I was watching their lived experience from the outside. This was especially true for the first interview which took place at the participant's home. Researchers utilising IPA tend to focus on gathering data in great detail in order to gain more depth on the particular phenomenon, as opposed to taking a wider angle (Pietkiewicz & Smith, 2014). Using semi-structured interviews permitted me to do this, and to focus on the participants' point of view (Henn et al., 2006), which was ideal, as the primary purpose of an IPA interview is not to gather facts, but to explore meanings (Larkin & Thompson, 2012).

The Interviews

I concluded every interview with two main questions. The first asking about the participants' advice to other NOCs in their position, and the second focusing on the participants' experience of the interview. I believed that such questions were necessary to end the interview with a sense of closure, to understand the way participants felt while speaking about their past experience, as well as to understand how the interview experience could be improved for future participants. The feedback received from the participants was positive and in some cases the interview even seemed to be cathartic for participants. Both

participants were happy to share their story because they believe CSA is not spoken about enough and by participating they were helping to address this problem.

Following the first interview, I was extremely emotional and concerned by what the participant shared. I was not prepared to feel the intensity of the participant's experience, nor did I expect to empathise so deeply with a stranger. This prevented me from prompting the participant for more detail in some cases where I feared that she would become more emotional. Therefore, I believe my empathy and the intensity of emotion that emerged from both parties, may have impacted the data collection to some extent. This first interview provided me with the opportunity to reflect upon and record my thoughts, and prepare for the next interview. It generated both feelings of anxiety and motivation. I felt very sad for the participant and her family, however, I also felt determined to keep working on my research. It highlighted the lack of awareness and conversations surrounding CSA, as well as the important role research has in helping participants share their story, and potentially helping others in similar situations. During the second interview I did not feel anxious or emotional, and I felt more able to take a stance in which I was very much present for the participant, but could 'pull-back' when my emotions became too intense. This enabled me to ground myself in order to become available and present once again.

Transcribing Interviews

The interviews were audio-recorded and transcribed verbatim, which is necessary when using IPA (Pietkiewicz & Smith, 2014; Smith et al., 2009). I opted not to make use of transcribing software or third parties, but to transcribe both of the interviews myself. Despite the length and laboriousness of this procedure, it ensured my full immersion in the data and facilitated reflexivity during the analytic process. Langdrige (2004) has suggested that the transcription process may be viewed as the initial stage of analysis, and I would tend to agree

with his position. I reflected upon my presumptions and feelings following each individual interview, as well as throughout and following the transcription of both interviews. The transcription took place within a couple of hours of the interviews, allowing me to remain in a similar mind-frame, and in order to preserve memories, sensations, and experiences which would otherwise be forgotten with the passing of too much time after the interview. Both interviews were transcribed in the language used throughout the interviews, specific and direct quotes have been presented both in the original language, as well as in English in cases where the original quote was in Maltese.

Data Analysis

The current literature available on the analysis of IPA does not stipulate a single “method” as various papers have provided researchers with flexibility with regards to analysis (Smith et al., 2009). I followed the steps outlined by Smith et al. (2009) as a guide when carrying out the analysis for this study. An updated version of “Interpretative Phenomenological Analysis; Theory, Method and Research” was published in December 2021. I am aware of the changes that have been made, for example, the authors now refer to emergent themes as experiential statements. By the time this book was published however, I had already written most of my dissertation. Therefore, although I refer to the new material, I will abide by the old terms since I followed the old method. Smith et al. (2021) state that for those students whose analysis is “well under way” (p. 76), the old terminology may be used. The first step which has been titled “Reading and re-reading” required my full immersion in the data collected from participants. The second step labelled “Initial noting” by Smith et al. (2009) — now referred to as “exploratory noting” (Smith et al., 2021) — has been described as the most time-consuming step. I started off by reading the entire transcript a couple of times without taking down notes. This was done in order to understand the transcript as a

whole, so that the parts would then be understood in relation to the whole. I then proceeded to follow Smith et al.'s (2009) guide where step one and two merged together, i.e. taking notes whilst reading and re-reading.

As mentioned, I transcribed the interviews myself, and read through the hard copies of the transcripts multiple times throughout the analysis. While reading through the transcripts, I was underlining quotes which I believed to be significant, whilst attempting to 'bracket off' my initial thoughts and observations. My initial readings aimed at being fully open to the participants' experiences, in a phenomenological stance which Ricoeur (1975) would term 'hermeneutics of empathy'. I then re-read the transcripts a few more times while jotting down initial notes. I found it more effective to print out all transcripts as I felt that this helped me immerse myself fully and limit distractions. Each time I went through the transcription I seemed to pick-up on something different. For example, I initially interpreted Samantha's compassion for the perpetrator as her simply being empathetic towards him. However, after reading multiple times, I began to interpret this as possible denial or a projection of her true feelings. In subsequent readings I engaged in Ricoeur's 'hermeneutics of suspicion' which encouraged me to read through the transcripts with a more critical and interpretative attitude, although I took care not to take interpretation too far from the data.

There are three types of comments which have been identified by Smith et al. (2009), and which I jotted down throughout this process. These include (a) Descriptive comments, which focus on describing the subject which the participant is speaking about; (b) Linguistic comments, which focus on exploring the specific language used by the participant; and (c) Conceptual comments, which focuses on analysing the data at a more interpretative, interrogative, and conceptual level. I also included process notes which focused on what happened during the interview, such as when the participant would tear up, or a moment when I was impacted in some way by what was said.

I added comments on these three areas in the same margin of the same transcript, and I made use of different coloured pens for different comments. This allowed me to distinguish between what I was commenting on, while also allowing me to make connections between comments. I found the conceptual comments the hardest to take note of as it required me to dig beneath the surface and look beyond what was said at face-value. These, in my opinion, are also the most abstract comments when compared to the others. I also listened to the audio recordings of the interviews, while simultaneously reading through the transcriptions. This enabled me to remember certain instances during the interview where there were changes in the participants' intonation and, in some instances, the presence of stuttering. On one occasion I could also hear a participant fidgeting with an item on the table when mentioning their own history of CSA. I refer to these as process points which were noted in the margin of the transcript with the other comments. Referring back to the audio recordings allowed me to conduct a more in-depth and reflexive analysis. I also found it helpful to refer to my post-interview notes which I wrote immediately following the interviews.

I printed out the transcripts in the format that is suggested by Smith et al. (2009). My comments were written in the margin on the right, while the themes were noted on the left hand side. The transcript was printed in the middle enabling me to refer back when needed. I found this to be extremely effective as everything was on one paper, making it easier to link comments and themes. An excerpt of the transcripts illustrating how I elicited themes from the raw data can be found in Appendix L. The descriptive comments were written in green, the linguistic comments in blue, the conceptual comments in black, and the process notes in red.

The third step identified by Smith et al. (2009) is "Developing emergent themes", which is referred to by Smith et al. (2021) as "constructing experiential statements". In this step I aimed to reduce the volume of data and represent it in different terms, without losing

its complexity and richness. To create the themes, I depended mainly on my notes and comments which were written in the right margin, rather than depending on the transcript. I believe that these notes and comments were a good representation of what was said and intended during the interviews, and thus were sufficient to create themes. In some ways, this reflects the hermeneutic circle. The whole, which is the transcript of the interview, is split into different parts — which are the notes and comments jotted down in the margin. These parts eventually became a whole again when the themes were created. The themes are a mixture of the participants' words and meanings, as well as my own interpretation. The themes were written in chronological order as they appeared in the notes and comments.

The fourth step named “Searching for connections across emergent themes” (Smith et al., 2009), involves the mapping and organisation of different themes and the way in which they fit together. This step is now referred to as “Searching for connections across experiential statements” (Smith et al., 2021). During this step I found that a number of themes were not significant and relevant for the research questions of this study. This included themes which were redundant, and thus, they were discarded. I used one of the methods suggested by Smith et al. (2009) to make connections between the different themes. This method consisted of printing out the list of themes and cutting them up on separate pieces of paper. I then spread the pieces of paper all over the floor of my bedroom and began organising them. I did this by going over the different pieces of paper, and placing the themes which are related together, and those which are unrelated, away from each other. I was initially suspicious of this method as I thought it would be more confusing to do it this way. However, after speaking to a friend who also carried out IPA for their dissertation, I was encouraged to try it. To my surprise, I found this method to be very effective as it allowed me to view all the themes and move them around as I saw fit.

The steps outlined above were carried out with both of the interview transcripts. Thus, by the end of the individual analysis of the transcripts, I had 2 separate tables of all the subordinate themes and superordinate themes which emerged in each transcript. Superordinate themes are now referred to as “personal experiential themes” (Smith et al., 2021). I found it progressively more difficult to analyse transcripts while bracketing out my preconceptions which resulted from analysing the previous transcripts. To describe this in terms of Heidegger’s hermeneutics of “forestructure”, it can be said that my forestructure had been influenced by the previous analysis. Carrying out the steps previously mentioned ensured that each transcript was given the equal attention and analysis needed to stay true to each participant’s individuality. Once each transcript was analysed, I began to look for patterns across cases by comparing the tables which contained themes and superordinate themes. This is in line with IPA’s idiographic nature, as each case was analysed separately and in-depth before exploring potential patterns between cases (Miller et al., 2018). Finally, a table consisting of all the superordinate themes, the subthemes, and a quote from each participant which falls under each subtheme was created. This can be found in Appendix M.

This process was quite a daunting task for me: a novice researcher who was using IPA for the first time. However, I focused on the data, and followed the advice of my supervisor and Smith et al. (2009). There were times where I would investigate each interesting detail which emerged throughout the interview, and this would sometimes lead nowhere. Alternatively, other investigations led me to tentative answers. Themes were elicited from the data following a bottom-up approach. This essentially means that the clusters of meanings that led to the subordinate and superordinate themes, were extracted directly from the participants’ stories. I tried my utmost to adhere to the cases at hand without being influenced by a particular theory or model, however, the elimination of prior knowledge in the way that Husserl (as cited in Finlay, 2008) describes as the epoché — scientific reduction or

bracketing of scientific theories — is virtually impossible, and resonances with fore-conceptions will inevitably arise. For example, some similarities were noted between my findings and those of other researchers, such as Alaggia (2002a) and Kübler-Ross and Kessler (2005). However, the themes are novel and driven by the data, and my discussion is merely a juxtaposition of my findings against these models/theories.

Self-reflexivity During Data Analysis

Self-reflexivity in qualitative research allows researchers to provide insight into not only what is known, but the way in which it is known (Etherington, 2004). It helps researchers to become aware of their biases and fore conceptions, as well as to understand how they potentially affect the collection and interpretation of data during the analysis. For example, during the first interview I began feeling intense emotions which prevented me from questioning deeper. Thus, I believe this was a result of a fore conception that the participant may breakdown due to my belief that their own feelings were unbearable. It could be that I had been attributing my own unbearable emotions to the participants, and thus believed that they would be unable to tolerate their experience. In this way, my fore conception may have impacted the data collection, as at times perhaps this led me to be overly cautious during the interview. I wondered whether other elements would have emerged had I prompted the participants further.

I also reflected upon the interview questions which were asked to participants, and wondered whether Socratic questioning was needed to achieve access to the meta cognitive aspect, or to achieve the aim of IPA. I also questioned whether the guidance provided by the proponents of IPA were sufficient for me, a novice researcher, to answer this research question. However, it became increasingly clear to me that there are no right questions which will necessarily lead to uncovering the phenomenon of interest. I acknowledge that other

researchers may have asked different questions and may have come up with different interpretations. I followed the process which emerged from the joint experience of myself and the participants, which reflects that experiences are multi-faceted.

Throughout the process of data analysis, I endeavoured to be as aware of my cognitions and biases, and “bridle” my preconceptions (Dahlberg, 2006). I had conversed with a number of caregivers on a social level — whose children, to my knowledge, had not experienced CSA — about the topic of my dissertation. They would explain what they would imagine the experience of finding out to be like, and how it would make them feel. I also tried to put myself in the shoes of these NOCs to try and imagine what I would feel if I were in their position. My preconceived notions of what this experience would be like for caregivers were also influenced by the extant literature. Despite attempting to bracket my fore-conceptions, and continuously reminding myself to focus on what the participants’ reported, I would tend to agree with Heidegger that bracketing is not entirely possible. I adopted Dahlberg’s (2006) approach of bridling and actively waited for the emergence of meanings. Bridling, as mentioned earlier, is a way in which one can increase self-awareness through self-reflection and constant questioning of one’s own presumptions. This is something which I tried to carry out throughout the process of data analysis.

As mentioned, bracketing became more challenging with the second interview that I transcribed, and analysed. I found myself focusing more on instances in the participants’ experiences that were similar to each other, rather than focusing on the individual experience of each participant. I made a conscious effort to analyse the second transcript while trying to ‘forget’ or bracket what had emerged in previous analyses. Many converging themes emerged, with the participants even using the exact same words when describing part of their experience. One of the biggest frustrations which I encountered was finding the right words to convey my interpretations of the participants’ experiences. I wanted to make use of

unbiased language and remain truthful to what the participants shared, therefore, using the correct terms was essential. I was able to do this by writing the Findings chapter and the Discussion chapter as two separate chapters. In this way, following the two different stances I adopted during the transcription of both interviews which I described above, I again attempted to draw a line where the ‘hermeneutics of empathy’ (Ricoeur, 1975) end, and where the ‘hermeneutics of suspicion’ (Ricoeur, 1975) begin. In the following chapter, the Findings chapter, I made use of the hermeneutics of empathy, where I stayed close to the terminology used by the participants, and made use of direct quotations to elaborate on the emerging themes. In the Discussion chapter, while I also made use of direct quotations from the participants’ interviews, I also provided a deeper investigation into what meanings may be derived from what was shared by participants. Thus, I engaged in the hermeneutics of suspicion (Ricoeur, 1975).

Quality in Qualitative Research

I chose to follow Lucy Yardley’s (2000) principles for evaluating the quality in this qualitative research. I particularly related to these principles as they are accessible, logical, and provide not only the qualities that need to be present in qualitative research, but also examples of what can be done to ensure these qualities are present. The four principles put forward by Yardley (2000) include, (a) Sensitivity to context, (b) Commitment and rigour; (c) Transparency and coherence, and (d) Impact and importance. These four principles are very closely related to those of IPA and are in line with its constructionist underpinnings. Smith et al. (2009), whom I constantly referred to for guidance, also make reference to Yardley (2000) and explain their reasons for opting to adhere to her criteria. These include the pluralistic stance adopted by Yardley, the wide variety of ways that quality may be obtained, and that

the criteria can be applied to different theoretical orientations. I endeavoured to follow these four principles throughout the course of this research.

Sensitivity to context

The first principle is sensitivity to context. Context in qualitative research is comprised of a number of different facets. This includes theoretical context and knowledge of the relevant literature, as well as context in the sense of the sociocultural setting of the participant (Yardley, 2000). Thus, researchers should not only avoid imposing their own preconceived notions on the findings, but should also consider the meanings behind what participants are sharing (Yardley, 2017). Smith et al. (2009) suggest that researchers using IPA exhibit sensitivity to context during the early stages of their research, and that sometimes the decision to use IPA as a methodology is centred around this sensitivity to context and the commitment to the idiographic. I believe I demonstrated sensitivity to context in various ways. Firstly, I conducted a thorough literature review which provided me with a deep understanding of the topic at hand. This literature will also be referred to in the Discussion chapter to provide a context for the reader. Secondly, in the previous chapter, I provided an overview of the local context and how this may impact individuals following disclosure. Thirdly, I exhibited sensitivity to the context during the interviews, where I aimed to put the participants at ease, as well as during the data analysis where I referred back to the recordings on multiple occasions. Lastly, as will be seen in the following chapter, I constantly provide verbatim extracts from the interviews. This was done to support the analysis, and to provide the readers with an opportunity to form their own opinion of my interpretations, as well as to form their own understanding of the participants' experiences.

Commitment and Rigour

Yardley (2000, 2017) defines commitment as the prolonged engagement with the topic being researched, the development of skills in the methods being employed, as well as immersing oneself in the literature. Rigour refers to the thoroughness of the research being conducted (Smith et al., 2009). This includes the suitability of the sample, and the quality of the interview and analysis. Unfortunately, I was unable to pilot the interview due to the limited NOCs who were eligible to participate, and the even smaller pool of those who were willing to participate. I displayed commitment to the topic through the thorough literature review that was carried out, and by continuously referring back to the literature in the Discussion chapter. I believe I was rigorous both in my way of recruiting participants, as well as the interview and analysis. I endeavoured to use open-ended non-leading questions during the interview, and only used focused questions to dig deeper on what had already been said, rather than to confirm an assumption of mine. Throughout the analysis, I stayed true to what participants said and constantly referred back to the recording. The sample recruited was homogeneous to a certain extent, and had to fit a number of criteria to be eligible to participate. Both participants are mothers of the survivors which further standardised the sample. Analysis was carried out using the steps outlined by Smith et al. (2009). These steps acted as guidelines to ensure that a deep analysis was conducted.

Transparency and Coherence

Transparency refers to the extent to which all research processes are disclosed of and explained (Yardley, 2000). The way in which the interpretation of the data was carried out should be clear to the reader (Yardley, 2017). In an effort to be transparent, I have provided an audit trail which includes a detailed explanation of the entire research process starting from the recruitment methods, to the data collection, and finally analysis. This was done with

commitment to a reflexive stance as far as this was possible. I included a step-by-step overview of what was done throughout the research study, as well as the difficulties and frustrations that were encountered along the way. I explain the steps taken throughout the interview to put myself and the participants at ease, as well as the steps taken to reduce bias during different stages of this research. Lastly, I also provide an explanation of the different influencing factors which may have impacted my preconceived notions of what the experience of finding out would be like for NOCs. This provides readers with a better understanding of how I came to my own conclusions, while also enabling readers to potentially disagree with my findings and come up with their own interpretations.

Coherence is judged by the reader once the research write-up has been completed (Smith et al., 2009). This refers to whether my dissertation presents a coherent argument, and whether, for example, the themes resulting from the analyses fit together logically. There are some themes presented in the following chapter which group the experience of the participants together under the same umbrella term, while not necessarily referring to exactly the same thing. Contradictions are present in the data, however, I believe the analysis of the data presents a coherent argument and adequately captures and elucidates the participants' experiences. I also tried to adhere to the principles of IPA throughout the analysis and focus on the experiential component of the data.

Impact and Importance

“The decisive criterion by which any piece of research must be judged is, arguably, its impact and utility” (Yardley, 2000, p. 223). Yardley (2000) explains that the usefulness can only be measured in relation to the objectives of the research and the individuals for whom the findings would be relevant. This primarily refers to the notion that all research should generate knowledge (Yardley, 2017). Due to the research gap I believe that this study can

contribute to the research of other researchers interested in the area, and inform mental health professionals who work with NOCs and their families. If nothing else, I believe this research provided a safe space for NOCs to share their experience, and encouraged the discourse around such topics, hopefully reducing the stigma experienced by NOCs.

Evaluation of IPA in this study

As previously mentioned, I started off my journey with this study debating between two methods of research, GT and IPA. Now that I have conducted the analysis, I reflect back and try to understand whether IPA was the most suitable approach for the research questions. Perhaps GT would have provided me with a more structured guide for the analysis, however, overall I believe IPA was the better choice. I am confident in my decision to have opted for IPA as a research approach to understanding the NOCs' experience of finding out. IPA equipped me with both guidance on how to carry out the analysis, as well as the freedom to be creative. It was also the ideal approach as recruitment proved to be challenging leading to a limited number of individuals participating. IPA permitted me to carry out an in-depth analysis on the participants providing a deeper understanding of their experience.

Conclusion

In this section I address the methods and methodologies used throughout this research study. I provide an overview of the research questions and approach, as well as the ontological and epistemological frameworks that inform my thinking. This is followed by an explanation of the qualitative approach chosen as well as its theoretical underpinnings. A section on the way in which I acknowledged and addressed my personal opinions and preconceived notions is provided. This is followed by an explanation of the sample recruited, the eligibility criteria, the recruitment strategy, ethical considerations and the steps taken to

safeguard participants. I provide an overview of the data collection methods, interview and transcribing process, and the data analysis procedure employed. Lastly, the steps taken to be reflexive and the validity criteria are presented. The next section will present the findings of the research, corroborated by verbatim quotes elicited from the interviews.

Findings

Chapter Overview

In this chapter I will present the findings that emerged from the interviews with two mothers, Jane and Samantha, who found out that their children experienced CSA. The table below provides an overview of the participants. This includes the pseudonym assigned to each participant, the participants' age range, and the relationship to the survivor, as well as the type of CSA and disclosure. A brief overview and description of the participants' stories and their experiences is provided. This is followed by another table which provides a breakdown of the superordinate and subordinate themes which have emerged from the data. Each of the superordinate and subordinate themes are explained and supported by direct quotes taken from the interviews with participants. Critical incidents and non-verbal cues which provide insight into how the participants may have been feeling will be considered. This chapter is concluded with advice from the participants to other NOCs who are living through a similar experience.

The participants

In-depth face-to-face interviews were carried out with both participants. Participants have been given an age-range and have been assigned pseudonyms in order to safeguard their identity. A breakdown of the participants, as well as some basic information on the type of CSA and disclosure can be found in the table below.

| Name of Participant | Relationship to Survivor | Age Range | Years since Finding out | Type of Disclosure | Type of CSA |
|----------------------------|---------------------------------|----------------------|--------------------------------|---------------------------|-----------------------|
| Jane | Mother | 55 – 64 Years old | 25 years | Unprompted Disclosure | Intra-familial CSA |

| | | | | | |
|----------|--------|----------------------|----------|------------------------|------------------------|
| Samantha | Mother | 45 – 54 Years old | 15 years | Prompted Disclosure | Extra- familial CSA |
|----------|--------|----------------------|----------|------------------------|------------------------|

Jane's Story

Jane was the first participant to be interviewed. She had a very sweet and kind disposition. She is the biological mother and primary caregiver of her daughter, the survivor of CSA. Jane's husband — who will be referred to as *the perpetrator* from this point onwards — had sexually abused their daughter. The incestual sexual abuse went on for approximately 3 years before the survivor disclosed it to Jane. While Jane was noticing certain behavioural changes in her daughter, the disclosure was unprompted and took place in the presence of the perpetrator, whom Jane subsequently separated from. Jane also has a history of CSA, however, unlike her daughter, she was not believed by her parents.

Samantha's Story

Samantha was the second participant to be interviewed. She is married and is the biological mother and primary caregiver of her son, the survivor of CSA. Samantha describes her experience of finding out that her son — her first child — had experienced sexual abuse perpetrated by an older student at school. Two boys from Samantha's neighbourhood explained that something was happening at school between her son and another student. They refused to give further information, thus leading to Samantha prompting her son's disclosure. Her son disclosed to her that the sexual abuse had been going on for around 1.5 – 2 weeks.

Jane and Samantha

Jane's and Samantha's stories contrast greatly with one another. Jane's daughter's CSA was intra-familial, while Samantha's son's was extra-familial. Jane's daughter's

disclosure was unprompted, while Samantha's son was prompted. The survivors of CSA disclosed at different ages which range from 5 to 15. Jane is now separated from the perpetrator, while Samantha is still married. Despite the clear differences between the two, many similarities in their experiences have been noted and will be elucidated throughout this chapter.

Super-ordinate and Sub-ordinate themes

The table below presents the super-ordinate and sub-ordinate themes which emerged from the analyses of the data. Following this, an in-depth explanation of each of the super-ordinate and sub-ordinate themes will be provided.

| Super-ordinate Themes | Sub-ordinate Themes |
|------------------------------|--|
| The Moment | <ol style="list-style-type: none"> 1. It was a shock 2. Belief and Support: A Knee-jerk Reaction 3. Compassion and Empathy |
| Finding out as a Process | <ol style="list-style-type: none"> 1. The Many Aspects of Fear 2. Guilt and Self-blame 3. The presence of Anger 4. Feelings of Disappointment 5. Experiencing Grief and Loss 6. The Gift of Acceptance |
| The Occurrence of Trauma | <ol style="list-style-type: none"> 1. Revisiting the Past 2. The Weight of the Past 3. Remembering vs Forgetting |

The Moment

The super-ordinate theme ‘The Moment’ is translated from “il-Mument”, which is a direct quote taken from Jane’s interview. Jane used this phrase at the beginning of her interview to refer to that moment when her daughter disclosed her experience of sexual abuse. This term refers to a big moment in Jane’s life, and is a term which I believe is loaded with emotion. Jane’s voice was very low throughout the entire interview, particularly when speaking about the moment she found out. I could feel her anxiety transferring to me as Jane said the words ‘il-Mument’ (“the moment”). This super-ordinate theme endeavours to highlight the stages and feelings which the participants experience in the moment they found out that their child was sexually abused, as well as their actions which occurred shortly after the disclosure. This was one of the harder topics for me to ask participants about, and for participants to answer, as it required them to relive the experience again by revisiting that moment when their child disclosed to them.

It was a Shock

Jane. Shock was one of the most prominent feelings which emerged from the interviews. When I asked Jane how she feels when she thinks about the day she found out, she asked if she could go back a bit. She then began speaking about the moments leading up to the disclosure and the signs she misinterpreted. She described finding out as “a big blow”, and described her daughter’s disclosure as “the moment she spat it out”. Jane went on to explain that she was shocked, speechless and overwhelmed with questions upon finding out about her daughter’s sexual abuse experience; “shocked, speechless... well the first thing that comes to mind: How? Why? When? At what times? Where was I? I was overwhelmed with such questions”.

Samantha. Samantha also appears to have experienced feelings of shock, however this emerged very differently during the interview when compared to Jane. Samantha's intonation changed when she was speaking about her experience of finding out. Her voice became softer, which I interpreted as her becoming emotional. She explained that when her son disclosed what happened to him she "got cold". I interpreted this feeling of becoming 'cold' as a psychosomatic symptom of shock. I believe Samantha, at various points throughout the interview, could not articulate exactly what she was feeling or what she intended to say, and thus, in this case, tried to get her message across by describing her physical feelings. Samantha also explained that she felt as though the world was ending: "Qisu qed taqa' d-dinja" ("it's as though the world is ending").

About halfway through the interview Samantha explained how she was more shocked that it happened to her son because he is a boy. She continued to speak about how one rarely hears about CSA perpetrated against boys, but also seemed quite hesitant and uncertain about how to explain herself: "U fuq tifel, lanqas naf, anke l-mentalita ta' dak iż-żmien, it was different. Um, mhux għax ...lanqas naf kif naqbaq nispejga ruhi. Um, Mhux biex nkun sexist jew xi ħaġa, imma on a boy ma tantx tisma ħafna bihom" ("And on a boy. I don't even know. The mentality in that time, it was different. Um, not because... I don't even know how to begin explaining myself. Um, not to be sexist or something but on a boy you don't hear a lot about them").

Samantha also describes the questions which came to mind upon finding out about her son's CSA experience. Similar to Jane, Samantha also appeared to be overwhelmed with questions. However, Samantha's questions appear to be a result of her lack of awareness about CSA perpetrated against males, and the worry of potential CSA consequences: "for me it was more of a shock, I mean x'ha jkunu l-konsegwenzi? I mean... ha jkollu problemi? Is it going to tear? I mean, ha jkollu problemi minn ġewwa? I never knew" ("for me it was more

of a shock. I mean, what are the consequences going to be? I mean, is he going to have problems? Is it going to tear? I mean, is he going to have problems from the inside? I never knew”). Here Samantha was expressing her concern about her son’s potential physical consequences following the CSA. When she said “is it going to tear”, she was referring to her son’s anus.

Belief and Support: A Knee-jerk Reaction

The sub-theme of belief and support is about the participants instantly believing their children’s CSA disclosure, and supporting their child. This overlaps with the shock experienced by participants, as while they felt shocked upon finding out, they also immediately believed their children’s claims and supported them.

Jane. Jane immediately believed her daughter when finding out: “I believed her”. Her daughter disclosed in front of the perpetrator so Jane’s first instinct was to protect her daughter, and she told her to write down all of this information: “I told her to write everything down and, well I was afraid of what he could do. And I told her to leave it on my bedside table and that we’d talk later”. Jane acknowledged that the situation was out of her control and that she would require support from a third party to get through the situation she was in: “this is something beyond me”. Jane contacted Agenzija Appogg — an agency responsible for supporting and protecting children and their families through psycho-social services — and sought help from there. Jane’s pro-active actions represent the extent to which she believed and wanted to support her daughter.

Samantha. Samantha prompted her son’s CSA disclosure, and immediately believed her son when he disclosed. Samantha’s initial concern for her son was his physical health, and so the first thing she did was call her son’s paediatrician. She then contacted Agenzija Appogg and booked an appointment: “As soon as I got to know, I phoned my paediatrician, u

ħadtu għandhu u għamel it-testijiet u hekk, u um, and I phoned Appoġġ” (“As soon as I got to know I phoned my paediatrician and I took him to him and he did the tests etc... and um... I phoned Appoġġ”). Samantha recognised her lack of knowledge in this area and believed Aġenzija Appoġġ would be able to guide her accordingly: “I didn’t know what to do exactly”. Much like Jane, Samantha was also very pro-active and took charge of the situation in order to care for and support her son.

Compassion and Empathy

The sub-theme of ‘compassion and empathy’ surfaced in two very different ways (a) compassion for the survivor, and (b) compassion for the perpetrator and his family. Both participants exhibited empathy for their children, for what they had endured, and the unanticipated consequences they encountered.

Jane. This theme emerged during Jane’s interview when she became visibly upset when speaking about her daughter’s experience of CSA. She had tears in her eyes, and her voice became low, suggesting that she was becoming emotional. This is evidently a very sore topic for Jane to speak about and relive. I believe that Jane, having experienced sexual abuse as a young girl, truly understood the potential consequences her daughter could be faced with, and was able to truly relate to her daughter’s experience. Jane also exhibits compassion for her other children who were impacted by the repercussions resulting from the incestual CSA of their sibling. The primary repercussion highlighted by Jane, was the incarceration of the perpetrator. She explains that once the perpetrator was arrested, “the whole family was shattered”. Jane speaks about how she had to explain to some of her children what happened, while her youngest daughter was too young to understand “why her dad vanished”. The use of the word “vanished” evokes strong emotions and suggests that this happened suddenly,

with no warning. It is possible that this strong feeling of compassion also contained a mixture of guilt.

Samantha. On the other hand, while Samantha did express her sense of compassion towards her son: “at that time, I felt *li kollox spiçça, u thares lejh* and you start, *mhux pity, imma... aha* pity sort of, *miskin*. Why did he have to go through such a turmoil? *Miskin*” (“at that time, I felt like everything ended, and you look at him and you start, not pity, but...aha pity sort of, poor boy. Why did he have to go through such a turmoil? Poor boy”). The use of the term ‘*miskin*’ translates to ‘poor boy’ and indicates that she is feeling compassion towards her son. She also tended to down-play the situation at times, and even rated her son’s experience of CSA as a ‘7 on 10’: “It must have been bad, *imma* on a scale of one to ten *kieku nagħtiha seven naħseb. Mhux ten*” (“It must have been bad, but on a scale of one to ten, I would give it a seven I think. Not ten”). Throughout the interview Samantha went on to explain that when her son was telling her what he had experienced, she expected it to be worse: “it was bad, but initially I thought it was going to be much worse”. She also imagined that there would be more penetration than there actually was: “More, *jien naf, forsi, penetration jew xi ħaġa*” (“more, I don’t know, maybe penetration or something”).

Samantha became very upset when speaking about her son’s perpetrator and his family, and she almost seemed to favour the position she was in — as the mother of a survivor of CSA — when compared to being the mother of the perpetrator. She explained that during the planned encounter with the mother of the perpetrator she began feeling sorry for her: “*bdejt niħassar lilha*” (“I started feeling sorry for her”). During this part of the interview Samantha seemed to truly empathise with and show compassion for the mother of the perpetrator, she exclaimed that she was putting herself in the mother’s shoes: “I was putting myself in her shoes”. The participant began to tear up when imagining what it would be like to be in the other perpetrator’s mother’s position: “*Madonna dik, imagina kien it-tifel*

tiegħi ġej jigri xi haġa hekk... how am I going to deal with this situation” (“My God this woman, if it was my son and something like this happens... how am I going to deal with this situation?”). This was the point that Samantha became most emotional when compared to other instances throughout the interview. Samantha also recalled her encounter with her son’s perpetrator following the CSA. She explained that she didn’t feel angry towards the perpetrator, but pitied him: “As soon as I saw him, I didn’t feel bad. I just felt sorry for him. I don’t know why, I just felt sorry for him”. In this moment Samantha choked up and found it difficult to speak, possibly due to the strong emotions she was experiencing.

Finding out as a Process

This super-ordinate theme is based on the notion that finding out about one’s child’s CSA experience is a process. Throughout the process of finding out about their child’s experience of CSA, participants appear to move through a series of feelings which have emerged from the interviews. These feelings tend to overlap with each other, and are not prescribed to any particular order. These feelings include fear, guilt and self-blame, anger, disappointment, grief and loss, and acceptance.

The Many Aspects of Fear

The sub-ordinate theme of Fear was very prominent throughout the interviews with both participants. Jane and Samantha both explained that they feared their husbands’ actions following their children’s disclosure. However, this sense of fear emerged for very different reasons for the two participants. I interpreted the fear experienced by participants as emerging in their efforts to control and keep the situation calm, as Jane and Samantha both attempted to tone down the situation. Fear also emerged in relation to fear of judgement.

Participants' fear of judgment and blame is highlighted in their resistance to share their experience with and seek comfort in those closest to them.

Jane. In Jane's case, her effort to calm down the situation was made to keep the peace between family members: "I had to tone it down as much as I could". The perpetrator owned guns and used to "point the gun at her (survivor of abuse)" to scare the survivor into not reporting him. This presence of violence and oppression from the perpetrator also appears to have added to the level of fear, especially since the perpetrator lived in the same home as Jane and her children. Additionally, Jane's daughter disclosed of the abuse to Jane in front of the perpetrator, thus her concern for her daughter's safety heightened Jane's fear. Jane continued to be afraid following the perpetrator's release from prison as he still had access to her children through supervised visits. She explained how she "was afraid he was going to do something to them".

Samantha. Samantha tried to tone down the situation with the intention of preventing her husband from becoming very angry, "Kont qed nipprova nżomm kalma" ("I was trying to remain calm"). Her effort to calm the situation was not done out of fear for herself or her son, but out of fear for what her husband could potentially do to the perpetrator and his family. She explained that she was trying to keep the situation calm to prevent anything bad from happening: "Jiena nipprova nżomm il-kalma biex lilhu ma narahx ma jmurx mamma mia jmur għalihom u joqtolhom" ("I was trying to keep the situation calm so that I don't see him, mamma mia, go for them and kill them").

Jane. Jane did not share her experience of finding out with many people: "I never really talked about it to friends". When I asked Jane about her experience of telling her parents and their reaction to her news, she remained quiet and did not answer. I interpreted Jane's silence as suggesting that this is a difficult and unpleasant memory to recall, one that she may not want to speak about. However, once prompted, she began to speak about her

father's reaction. She received different reactions from her parents, her father was shocked, and her mother was judgmental: "obviously from my mum's side I had some judgements". This may have possibly triggered some memories for Jane's parents regarding Jane's own experience and disclosure of CSA. Jane speaks more slowly at this point, suggesting that this impacted her negatively and was especially difficult for her to speak about. Jane also opened up to one friend about her situation and her child's disclosure. She was believed by her friend and describes her friend's reaction as a great relief: "she believed me, obviously it was a great relief, no judgement". I interpreted this sense of relief as a result of Jane's anticipation and fear that she would be judged.

Samantha. Samantha never told her parents, or anyone outside her immediate family about her son's CSA experience: "I don't think anyone knows". Samantha brought up the topic of her mother, and explained that she would never tell her mother about her son's experience of CSA. When asked why, she began to laugh. Samantha laughed at various points throughout the interview. I interpreted this laughter as a way of coping with what she was saying and experiencing, possibly as a result of feeling uncomfortable. When I asked how she thinks her mother may have reacted, her voice became lower and she spoke more slowly. This change in tone suggested perhaps that this was a sensitive topic for her. Samantha explained that her mother is very judgmental and would have probably blamed her for what happened: "Probabli twaħħal fiha" ("She'd probably blame me"). The lack of willingness to share such information highlights the stigma surrounding CSA and the fear of judgement that comes with it. Samantha's husband was also "very judgmental" when finding out about their son's CSA experience. This possibly reinforced Samantha's fear that she would be met with judgement from others.

Guilt and Self-blame

This theme emerged throughout the course of the interviews with both participants. Jane and Samantha exhibited feelings of guilt and engaged in self-blaming behaviours for their children's experience of CSA. This emerged in various ways throughout the interviews. During Jane's interview she states that she felt guilty and blamed herself for her daughter's experience, while Samantha discloses her inner thoughts upon finding out, and goes into detail about her parenting. The participants' constant need to convince themselves that "deep down" (Jane and Samantha) they know they did everything they could, emphasises the guilt and self-blame they experienced, and/or are experiencing. Both participants made use of the phrase "deep down" in the same context during their interviews. While the emotions experienced by the participants appear to be the same, the reason behind these feelings seems to be different.

Jane. Jane openly expresses her feelings of guilt and self-blame when she describes feeling "guilty as hell" while speaking about her daughter's CSA experience. She states that she blames herself for what happened to her daughter: "I blame myself for it all". Jane's guilt and self-blame also appears to be stemming from the fact that her daughter's CSA was incestual. She explains how she would warn her children of the danger of strangers, but never about family members: "My mistake was, is, that I always told them to beware of strangers with sweets, but I never said anything about a family member". I believe that this guilt and self-blame may have manifested into shame, which consequently deterred Jane from confiding in more people: "I was too ashamed to speak about it... I should have protected her. I should have known, and I still say I should have known". Jane was also faced with blame from her non-abused daughter as the perpetrator was no longer at home: "She was always blaming me for not having her dad". This blame from Jane's non-abused daughter may have added to the manifestation of guilt and self-blame.

Samantha. When Samantha was asked about her reaction to her son's disclosure of CSA, Samantha was very quick to explain what she did not say or do: "Um, for sure I didn't judge him. Ma għidtlux 'tort tiegħek', jew 'x'għamilt?' Le" ("Um, for sure I didn't judge him. I didn't tell him 'it's your fault' or 'what did you do?' no"). This immediate response to shut down any insinuations from my end, suggests that Samantha became very defensive about her reaction to her child's CSA disclosure. She then went on to explain that she used to ask herself why her son was with the perpetrator and the bystanders in the first place: "deep down kont ngħid 'xiz zikk mar jagħmel magħhom'" ("deep down I used to say 'what the hell did he go to do with them?'"). Following this statement, it became clear that Samantha's initial defensiveness stemmed from a place of insecurity and guilt about her own personal thoughts. Samantha's insecurity is also highlighted in her need to explain and justify her parenting methods, and explain in great detail the way in which she's dealt with certain events following her son's disclosure. This emerged when Samantha explained how she dealt with the situation following the news that her son failed an exam:

I don't know how my response was, xi haġa like "u min jaf kemm qed thossok hażin" speċji. I can't really imagine how bad you're feeling at the moment". Imbagħad għidtlu, "issa m'hemmx tagħmel, go for the resit uw, speċji I'm sure you'll do well in the resit". Għidtlu "I know now that you're going to study, and do your best, issa jġgri x'jġgri, m'hemmx tagħmel. If you have to repeat, m'hemmx tagħmel, you're not going to be the first one, not even the last one. I mean hemm hafna iktar min jistudja hafna u jeħel xorta, aħseb u ara int issa, ma studjajtx, speċji face the consequences issa"

(I don't know how my response was, something like, "I can't imagine how bad you're feeling sort of thing. I can't really imagine how bad you're feeling at the moment".

Then I told him, “there’s nothing to do, go for the resit now, sort of thing, I’m sure you’ll do well in the resit”. I told him “I know now that you’re going to study, and do your best, now what happens, happens. We can’t do anything. If you have to repeat, there’s nothing to do. You’re not going to be the first one, not even the last one. I mean there are more, which study a lot and still get stuck. Let alone you now, you didn’t study, sort of face the consequences now”)

This is just one example of the kind of detail Samantha went into when describing her method of dealing with situations concerning her son. Samantha’s insecurity is further emphasised in her desire to speak to a psychologist so that she would be told “isma, you did right...you didn’t do a bad job” (“listen, you did right... you didn’t do a bad job”). I believe that this sense of insecurity may possibly be stemming from a place of self-blame for the way in which she handled the situation following her son’s disclosure. This notion is further supported when she states: “I don’t know if I should have handled the situation differently”. Furthermore, Samantha explained that she didn’t tell her mother about her son’s CSA experience, as she would have probably been blamed for it. She goes on to imagine what her mother would have told, had she disclosed about her son’s CSA: “Tgħidli li jien għamilt xi haġa hażina. The first thing that would come to her mind ‘qed tara missek mhux thallih imur ma n-nies, tmur taqbad u jekk trid twasslu, twasslu int’” (“She’d tell me that I did something wrong. The first thing that would come to her mind ‘you see should should not let him go with people, you go and if you need to take him yourself, you take him yourself’”). This is referring to the fact that Samantha’s neighbour would give her son a lift to school.

Jane. The incessant need to convince herself was particularly prominent in the case of Jane. This may be possibly due to the fact that the sexual abuse was incestual and occurring under the same roof she lived in: “I know I’m not guilty, I know I did everything, I know”.

The occurrence of Jane trying to convince herself that she is not to blame happens multiple times throughout the 60-minute interview: “Deep down I know it’s not my fault. U le, deep down I know it’s not my fault, there’s no way I could have avoided it. I did everything I could. Le, deep down I know”. At one point in the interview Jane also acknowledges her efforts to convince herself: “I do try to convince myself that is wasn’t my fault. That I couldn’t have known, obviously I would have acted”. This constant act of convincing oneself highlights the guilt and self-blame experienced by Jane: “Had I known, I wouldn’t have let it happen”.

Samantha. Similar to Jane, Samantha appears to cope with the notion of her son being sexually abused by consoling and convincing herself that her son’s CSA experience could have been more severe. She explains that the abuse “could have been much worse”, and that “it could have been prolonged for a much longer period”. “It was never physical, qatt ma kellu gifieri xi sexual intercourse” (“it was never physical, he never had sexual intercourse”). Samantha also reassures herself that even though she is not fully confident in the way she handled the situation following her son’s disclosure, she believes she could have handled it worse: “I feel I could have done worse”.

The Presence of Anger

Anger was experienced by both participants. Jane was angry towards the perpetrator for harming her children as well as towards the system, while Samantha was angry at the bystanders during her son’s abuse, and angry at the situation she was in. Both participants also exhibited anger towards themselves through the self-blaming behaviours discussed above.

Jane. Jane did not exhibit feelings of anger during the interview, except for one instance. She was angry towards the perpetrator, who despite everything, was still allowed to

meet with his children through supervised visits. She was also angry towards the systems which enabled the perpetrator to have access to her children following his release from prison: “the worst thing was imbagħad, when once he was out of jail, he still had access visits” (“The worst thing was and then, when once he was out of jail, he still had access visits”). I could see the look of disgust on Jane’s face when she was explaining that the system allowed these supervised visits to take place. This seemed to be one of the more upsetting moments throughout the interview for Jane: “It was torture having to give them to him”.

Samantha. Samantha does not feel angry towards the perpetrator, however, she feels anger towards the two boys who were bystanders during her son’s sexual abuse: “Everytime I see those two boys, ta’ dik, till this day, ma nħarisx lejhom. Għax, um, għax naf li huma kienu hemmhekk, preżenti, and they didn’t do anything about it” (“Every time I see those two boys, of her, till this day, I don’t look at them. Because, um, because I know that they were there, present, and they didn’t do anything about it”). Samantha also expressed that after some time had past since she found out about her son’s CSA, she started to begin feeling quite angry at the situation: “you start becoming, not angry...sort of angry at the situation. Why? I mean why should something like that happen? It’s...but a bit later that (the anger) and then”. This was the first time throughout the interview where Samantha’s son’s CSA experience appeared to get to her, and she started to speak as though she was affected by it.

Feelings of Disappointment

The sub-theme of Disappointment refers to participants’ experience with professionals who they encountered while dealing with their child’s CSA experience, as well as the anticipation of the kind of experience they might have had. While Jane and Samantha

may have been in different situations with regards to the severity of their children's CSA, both participants dealt with external support providers.

Jane. Due to the fact that the perpetrator lived in the same home as Jane and her children — including the survivor — the police had to be involved. The police arrived at their home to arrest the perpetrator while they were having a family dinner. She explained that it was that moment where it became “a bit too much”. While Jane was supported by the different agencies within the system, she was also very disappointed in certain instances: “that really bothered me, the whole system”. One of the points highlighted by Jane was that her daughter — the survivor of CSA — was examined by a male doctor following her experience of sexual abuse: “When it came to the doctor, why should there be a male checking them?”. This examination may have added to the trauma of both the survivor and the participant. Jane also expresses her disappointment with the judicial system as it took the authorities a number of years to charge the perpetrator, who in the meantime was harassing the survivor of CSA, “they charged him, but it took maybe over two years with him still running around trying to kill her. It was too much”.

Samantha. Samantha did not want to involve the police in their situation: “li t-tifel tiegħi mhux ħa ndaħlu għand il-pulizija... bil kemm irid jgħid tal-appoġġ xgħara u ma ġarax, ħa joqgħod jgħid, imāgina, xi court jew hekk” (“I’m not going to get my son involved with the police. He just about wanted to tell the one’s of Appoġġ about what happened and what didn’t happen, he’s going to say, imagine in a court or something”). However, Samantha’s husband wanted to involve the police from the moment of their son’s CSA disclosure. Samantha insisted against it as she believed they would do more harm than good: “imbilli ndaħħal il-pulizija I don’t think they’re going to understand the situation, imbagħad forsi they make it worse” (“if we involve the police, I don’t think they’re going to understand the situation, and then maybe they make it worse”).

Both participants explained that while they were able to get an appointment for a meeting at Appoġġ relatively quickly following their child's disclosure, there was a very long waiting list to get an appointment for the child with a Psychologist at Appoġġ: "Qaltli hawnhekk trid tistenna sena għall-appuntament" ("She told me that here I would need to wait for a year for an appointment") (Samantha). Due to this, both participants opted to visit a psychologist privately: "I said then we'll go private" (Samantha), "obviously there was a waiting list, so I had to take them privately (Jane).

Experiencing Grief and Loss

Loss is one of the sub-themes that was directly mentioned by only one of the participants, and subtly insinuated by the other. It is nonetheless significant in the experience of finding out. Jane's loss is that of her husband due to his imprisonment, while Samantha feelings of loss stem from the notion that her son has lost his innocence and perfection which he held prior to the CSA.

Samantha. The way in which Samantha spoke about her son following his experience of sexual abuse insinuates that he has lost his current life, and the potential for a future. Her cognition surrounding the abuse appears to be fairly negative: "it was like he had a future, and now he doesn't". Samantha spoke of her son very highly throughout the entire interview and frequently made reference to his extra curricular activities which he stopped some time following his experience of CSA. Samantha wondered whether the CSA was the cause for his decision to stop his activities: "he made certain decisions in his life like when he stopped basketball. I mean, was it a consequence of what he went through?". I believe that Samantha perceived her son to be the perfect child, and now that he has had an adverse experience, in her eyes, he has been tainted:

I mean, and he's always been a really nice child. U vera respective, u vera kwiet. I mean, u l-iskola kulhadd ihobbu, minn banda ħażin ta' għax when you have sort of a perfect child, when things happen, iktar toħodhom...I mean dan bħal meta ttelgħa xi ħadd fuq pedestal, and then when you see him crash, it's it's... u l-istess hu

(I mean, and he's always been a really nice child, very respective, very quiet, I mean, and everyone at school really loves him, on the other hand, it's bad because when you have a sort of, a perfect child, when things happen, you feel it more... this is like when there's someone on a pedestal, and then when you see him crash, it's it's... and the same for him)

The Gift of Acceptance

The sub-theme of Acceptance is one of the more positive themes to have emerged from the interviews. It signifies the sense of peace experienced by participants following their journey of finding out and dealing with the consequences of CSA.

Jane. While Jane expressed how her experience of finding out does not hurt much anymore: "It doesn't hurt that much", she also went on to contradict herself later in the interview. Jane described how the consequences of CSA for her daughter are endless and still impacts her so many years later. She explained that you never get over such an experience, even as the mother of a child who experienced sexual abuse, and that there is always some kind of trigger: "Naħseb you never really get over it. I mean, għax there's always something that triggers it" ("I think you never really get over it. I mean, because there's always something that triggers it"). While Jane is not in a place of acceptance yet and explains that she is hard on herself sometimes: "sometimes I do beat myself up", her acceptance of what her daughter experienced may come in time.

Samantha. Towards the end of the interview Samantha appeared to have a positive outlook on what she had experienced and how she had dealt with the situation. She has come to terms with her son's CSA experience and appeared to have a sense of pride over what her and her family lived through. This is directly stated when she said "I think I'm quite proud of myself". She explained that she and her family have overcome the situation well: "U nħoss li we got through it quite well" ("And I feel that we got through it quite well"). Samantha spoke about her experience with a sense of satisfaction in what she had accomplished. She explained that she believes she handled the situation in the correct way: "deep down I know, I dealt with it in the right way I think, because I feel good". This is further emphasised when she explained that she has dealt with all of her issues: "whatever I had to do, I resolved it".

The Occurrence of Trauma

The super-ordinate theme of Trauma emerged from the data in several, often contradictory, ways. The way some participants endeavoured to portray themselves, and the words chosen to describe their experience of finding out, dismissed the notion that they may have experienced trauma as a result of their child's CSA disclosure. Samantha insisted, on more than one occasion, that she did not think the CSA was traumatic. She said that "personally I don't feel it was very traumatic", and that she "had traumas, imma naħseb, din le" ("I had traumas, but I think um, this no"). Despite this I believe that their facial expressions, prosody, body language, and the implicit meanings of what was being said, suggested the opposite. In my opinion their trauma manifested itself in ways unknown to them, such as their inability to remember particular details about the day they found out, as well as remembering very specific details, their unwillingness to go back to the past, and their own history of adverse experiences.

Revisiting the Past

Throughout the interview the participants were required to revisit the past and speak about the moment they found out that their child had experienced sexual abuse. They were asked about the emotions they experienced in “that moment”. While a number of years elapsed since their children’s disclosure, both participants resisted staying in the past for too long and continuously changed topic to something more neutral, or to something happening in the present. This may suggest that their experience of finding out had a traumatic impact in one way or another, and included painful memories which discouraged them from revisiting their past experience for too long.

Jane. Jane would become visibly upset when speaking about specific moments of her daughter’s disclosure. However, she managed to tolerate and push through the upsetting emotions she was experiencing and explained everything she needed to. When asked about the ways in which she coped during the time of her daughter’s disclosure, Jane changed the subject. She began by answering my question, and then quickly shifted onto her children: “I just kept going, I had to, I had no choice...Imbaghad even the kids, they all had psychological problems...” (“I just kept going, I had to, I had no choice...and then even the kids, they all had psychological problems...”). This was one of the instances where Jane chose to avoid revisiting the past.

Samantha. Samantha appeared to find it challenging to stay on topic when speaking about her son’s CSA as she very often changed subject mid way through a sentence, and generally spoke about more neutral and less intimate topics. This was also evident when Samantha was explaining the way in which she found out that something was going on at school with her son. She began by explaining that the two boys who lived nearby did not want to share what exactly was happening at school, and then immediately changed topic and

went on to describe what her husband told the neighbour with regards to the vandalism on her house:

We started asking the younger one and he started saying “no no I’m not going to speak. For sure I won’t say anything. Leave me alone, I’m not going to say anything”. And they went running home [...] my husband told her sort of, don’t worry about the house, xorta konna ha ngibu xi hadd biex jirrangaha, qalilha, and it’s not deep enough li jkollha l-problemi

(We started asking the younger one and he started saying “no no I’m not going to speak. For sure I won’t say anything. Leave me alone, I’m not going to say anything”. And they went running home [...] my husband told her sort of, don’t worry about the house, I mean anyway we were going to get someone to fix it, and he told her it isn’t deep enough to create a problem).

In this way, Samantha escaped remaining in the moment when she realised something had happened, and focused her attention on a materialistic non-issue. This happened continuously throughout the interview with Samantha

The Weight of the Past

Jane. In Jane’s case, her own personal history of CSA may have also played a part in her experience of trauma, which she acknowledged at some points throughout the interview. While Jane was the only participant who has a history of sexual abuse as a child, I believe that it provides great insight into how a person who is also a survivor of CSA reacts, and deals differently to a person who has not experienced CSA. It is also important to keep in

mind that the severity of the sexual abuse of the participants' children is very different and may also play a part in the reactions and feelings of participants.

When Jane began speaking about her own history of CSA, and how her parents did not believe her, she began fidgeting with her spectacles which suggests that she had become somewhat agitated. Jane's guilt following her daughter's disclosure was intensified as she was still carrying some guilt from her own CSA experience: "I still carried so much guilt from my own abuse and stuff". Unfortunately, Jane was not believed by her parents when she disclosed of her abuse to them, nonetheless, her anger was still directed towards herself: "I was never angry for those who didn't protect me, for those who did that to me. Sort of, the anger was all against me". This self-blaming tendency re-emerged following her daughter's disclosure. Jane's history of CSA impacted the way she dealt with her daughter's disclosure, and it was through therapy that she was able to come overcome her self-blaming tendencies and come to terms with what happened:

Therapy did help a lot, għax imbagħad I realised my abuse was not my fault, it was his fault. Once I accepted that it helped me deal with Emma's sort of. I mean I saw all the same patters, blaming myself for everything

(Therapy did help a lot, because and then I realised my abuse was not my fault, it was his fault. Once I accepted that it helped me deal with Emma's sort of. I mean I saw all the same patters, blaming myself for everything)

Remembering vs Forgetting

This sub-theme lies on a spectrum ranging from lack of memory to vivid memory. Jane has vivid memories about specific moments of finding out and the events which

followed, while Samantha appears to have forgotten many details which one may not usually forget in the absence of trauma.

Jane. When Jane recalled her daughter's physical examination by a male doctor following the sexual abuse, her voice became a bit louder and she started speaking faster, suggesting she was becoming aggravated. She explained that she could still picture her daughter's facial expressions: "I can still see her face, her terrified eyes looking at me". When Jane was speaking about this moment, and remembering her daughter's face, she appeared to become upset. She spoke a bit more slowly at this point, pausing in between every couple of words.

Samantha. When speaking about her son's disclosure, Samantha did not seem to be overly affected by her son's actual experience of sexual abuse. It was other events which occurred throughout the process of disclosure and following the disclosure that appeared to upset her more. She tended to focus mainly on the boys who told her that her son was being bullied in some way, which is what eventually led her to prompt her son's CSA disclosure. Samantha explained that she was particularly still upset with the older boy who could have potentially stopped the abuse, or spoken up about it, however she is unable to remember his name: "insejt totalment, ma nistax niftakar x'kien jismu t-tifel" ("I completely forgot, I can't remember the boy's name"). She explained that she erased both the boys' names from her memory: "I erased them from my memory".

Advice from Non-Offending Mothers

Towards the end of the interview I asked participants what their advice would be to other NOCs living through a similar experience. Both Jane and Samantha took some time to answer this question and appeared to reflect internally on what they wished they had been told back then when they had found out. Jane's advice to other NOCs is "don't feel guilty"

and “seek help”. Her advice to others to not feel guilty highlights her own feelings of guilt, and the impact it has had on her. Before Samantha answered there was a moment of silence. She explained how she would advise other NOCs to “focus on the child, not the abuser” and speaks about how she wished she had someone to help her cope with the situation: “I wished I had someone to help me cope with the situation, to stay speaking to them and telling them things, apart from my husband”

Concluding remarks

Jane’s advice to NOCs to not feel guilty resonates with the feelings she exhibited throughout the course of this interview. Jane and Samantha both appeared to emphasise the necessity of external support following their children’s CSA disclosure. Neither of the participants attended therapy themselves during the same time that their children did. However, Jane attended therapy some years later. She explained that there was a time in her life where she “couldn’t look at the mirror”. Jane described: “seeing a complete stranger. Not knowing who I am or what I am”. However, she went on to explain that therapy was very helpful and that it brought her to the realisation that her own sexual abuse was not her fault. This then helped her deal with her daughter’s CSA as she was able to identify the same self-blaming behaviours. Samantha has not yet attended therapy, however, this is something that she plans to do one day: “one day I’m going to go to a psychologist”.

Conclusion

This chapter provided an overview of the findings from the interviews with participants. The findings are based on what participants said, and in this way, I exercised the hermeneutics of empathy and tried to adhere to the participants’ claims. Feelings of shock emerged from the interviews with both participants. Nonetheless, both participants claimed to

have believed and supported their children, and displayed feelings of compassion and empathy. These compassionate and empathetic feelings also emerged from Samantha's interview in relation to the perpetrator and his family. In the Findings and Discussion chapters I refer to the experience of finding out as a process. A number of feelings emerged in this process, such as, fear, guilt and self-blame, anger, disappointment, grief and loss, and acceptance. Through the analysis, trauma also emerged as a theme in relation to the experience of finding out, as well as Jane's own history of CSA.

In my opinion, one of the most interesting discoveries which was brought out through the findings, is that, while the aspects of the sexual abuse vary greatly from one participant to another, both participants appear to experience many converging feelings. Participants also brought up the same issues, such as their encounter with the perpetrator and their experience with Agenzija Appogg. The next section which is the Discussion chapter will provide an overview of the findings in relation to the extant literature available. In the discussion chapter my voice, as the researcher, will be more resounding, whereas in this section I endeavoured to let the participants' voices be heard.

Discussion

Introduction

In this section I present a discussion of the findings in the light of the literature that was presented in the Literature Review section. The analysis of data from the interviews yielded the following themes. The first theme labelled ‘The Moment’, aims to depict that moment when the NOCs found out about their child’s experience of CSA. It describes the reactions and feelings of participants upon finding out, as well as descriptions on the initial way in which they coped with the situation. The second theme, ‘Finding out as a Process’, elucidates the feelings — which I noted occurred in stages — that participants experienced following their child’s disclosure. The third theme, ‘Trauma’, aims to portray the hardship experienced by the participants as a result of finding out about their child’s CSA experience. This theme incorporates the difficulty encountered by participants while trying to recall memories throughout the interview, the impact of past experiences on present life, and the memories available to participants. Novel data that emerged from the interviews gave rise to the need to re-read the studies mentioned in my literature review, in order to unpack further the aspects that were underdeveloped in that section, in line with a data-driven approach. I will conclude each theme with reflexive commentary on the analysis.

The Moment

This super-ordinate theme places emphasis on the exact moment in which participants found out about their child’s CSA experience. Participants were asked directly about this moment and the way they feel when they think about that moment. This was one of the more emotional questions for participants to answer, however, it was essential to the study as it provided insight into the participants’ initial reactions and emotions. The name of this super-ordinate theme was chosen as a result of the interview with Jane, the first participant. She referred to the moment she found out about her daughter’s experience of sexual abuse as “Il-Mument”, which is Maltese for ‘the moment’. I chose to use this term as I believe it

emphasises the significance of the experience, while also allowing me to stay true to the participant's words and experience.

It was a shock

The feeling of shock is expressed by both participants throughout the interview when describing the moment they found out about their child's CSA experience. While the findings of Pretorius et al. (2011) cannot be generalised to other populations, or to those who experienced extra-familial CSA, I believe it is worth mentioning that one of the emotions experienced by their participants following disclosure is that of shock. Similarly, Thompson (2017) identified 'shock' as a subtheme in her study to describe one of the initial reactions of NOCs when finding out. Kilroy et al. (2014) also found that a number of participants in their study used the term 'shock' to describe their initial feeling upon finding out. While both participants of this study describe feeling shocked, this was not solely a result of them being unaware of the CSA. I believe that the shock is stemming from more complex roots for both participants, and for very different reasons.

I speculate that Jane was shocked and overwhelmed with questions because her daughter was sexually abused by her own father, Jane's husband. This element of intra-familial CSA has undoubtedly added to the element of shock. On the other hand, I believe Samantha's shock was stemming from a place of ignorance about the occurrence Male CSA. Her shock was very closely tied to her worry about potential problems which may arise as a consequence of the sexual abuse. These worries primarily centred around internal complications and tearing of skin tissue, due to the fact that her son is male. This is in line with some of the findings of Kilroy et al. (2014) who found that parents' concerns surrounded physical health. However, unlike the findings in their study, Samantha did not express any concern for her son's mental health. One of the participants in the study of Kilroy

et al. (2014) used the phrase ‘the end of the world’ to describe her experience of finding out.

This is coherent with what Samantha said when describing the moment that she found out:

“Qisu qed taqa’ d-dinja” (“It’s as though the world is ending”).

Belief and Support: A Knee-jerk Reaction

While belief and support are separate constructs, they are very closely related and therefore have been paired together in one sub-theme. This sub-theme refers to the belief and support provided by participants to their children following their disclosure of CSA. I found the belief exhibited by participants comforting as it instilled a sense of hope within me. It was hopeful to see that these NOCs immediately believed their children and reacted supportively towards them, even in the case where the CSA was intra-familial. While the majority of participants in the study of Kilroy et al. (2014) believed their children’s CSA disclosure, they also found that some participants did not. This was primarily because the NOCs thought that their child misinterpreted normal affection. Alaggia (2002a) and Elliott and Carnes (2001), both suggested that levels of belief and support are ever changing, however this did not appear to be the case with Jane and Samantha. Both participants claim to have instantly and continuously believed and supported their children. It has been suggested that NOCs have trouble believing the allegations against the perpetrator in cases of intra-familial CSA (Elliott & Carnes, 2001), and are also less likely to support the child (Malloy & Lyon, 2006). Wallis & Woodworth (2021) also found that NOCs who participated in their study were less supportive in cases of intra-familial CSA. Jane, however, did not act in accordance with this. Jane immediately believed her daughter’s allegations and provided support. This is in line with Reitsema and Grietens’ (2015) review, where they posited that most non-offending mothers believe their child’s allegations.

Alaggia (2002a) similarly suggested that support should be viewed as having three different dimensions; (a) belief, (b) affective support, and (c) behavioural support. I believe that both participants exhibited behaviour which is in line with each of these dimensions, thus, entirely supporting their child. Firstly, belief; both participants believed their children's allegations unconditionally. Secondly, affective support; both participants sought professional help following their children's disclosure, even though Samantha did not appear to be concerned about the potential consequential psychological distress of her son. Affective support is also demonstrated in the participants' empathic reactions to their children's disclosure. Lastly, behavioural support; in the case of Jane, where the abuse was intra-familial, she took action to remove the perpetrator from her home, thus, mitigating the risk of re-abuse. Samantha worked to ensure that her son would not come into contact with the perpetrator in social or educational settings.

Compassion and Empathy

The sub-theme of Compassion and Empathy underscores the pity and empathy experienced by participants following their children's CSA disclosure. These feelings were exhibited throughout the interview towards their children, and/or the perpetrator and his family. Jane started to tear up when speaking about her daughter's CSA experience, and also exhibited compassion towards her other children who were impacted by the incarceration of their father; a consequence of the intra-familial CSA. This is in line with the findings of Kilroy et al. (2014) who identified sympathy for the survivor of CSA as one of the feelings experienced by their participants. Kilroy et al. also found that some participants felt sympathy for the perpetrator and their family, particularly when the perpetrator was also a minor. This was the case for Samantha who displayed feelings of sympathy towards her son's perpetrator and his family.

While Samantha's sympathy for the perpetrator may be genuine, I also believe that Samantha may have displaced her feelings of compassion towards the perpetrator and his family. I believe that this may have been a coping mechanism of Samantha. Allowing herself to feel sadness and empathise with her son may have been too difficult, and may have potentially resulted in more intense feelings and emotions. This could be Samantha's coping strategy in making sense of and coping with the situation. This is in line with the avoidant coping strategy, one of the four categories identified by Cyr et al. in their 2013 quantitative study. Throughout the interview Samantha was continuously trying to reassure herself that the abuse and the situation could have been much worse, e.g., she thought the abuse would have involved more penetration. I believe this was one of her avoidant coping strategies. By allowing herself to believe this, Samantha avoided thinking about the impact the sexual abuse had on her child, and avoided feeling intense sadness for her son. Instead, her empathy was directed towards the perpetrator and his parents — particularly, his mother, whom she appeared to identify with. Cyr et al. (2013) found that moderate levels of PTSD symptoms were present in the group of mothers who were identified as making use of avoidance coping. These PTSD symptoms were exhibited through high levels of avoidant coping and avoidance symptoms.

Reflexive Commentary

I remember the interview with Jane clearly, I remember the point in which she said 'Il-Mument' (the moment). I immediately realised that this word depicted the importance participants attributed to the moment they found out, and the intensity of the shock they experienced. It perfectly pinpoints the exact instance in which the NOCs found out about their children's experience of sexual abuse. It also helped me, as a novice researcher, to focus on what this super-ordinate theme needed to encompass.

The name of the first sub-theme — ‘It was a shock’ — was also a quote taken from Jane’s interview. This subtheme was the easiest to identify of the three. Both participants explicitly explained that the news was a shock and it was clear that this was an immediate reaction to the disclosure. Belief and Support: A Knee-jerk Reaction naturally followed. I was delighted to write this sub-theme as opposed to one title ‘*disbelief and unsupportive reactions*’. On reflecting upon my relief on discovering the opposite, i.e. that participants indeed believed and supported their children. I realised that my belief that I had embarked on the interviews with no expectations or preconceived notions of what I believe is the right way to react to CSA disclosure, was erroneous. I retrospectively became aware of my fore conceptions, demonstrating the hermeneutic circle (Heidegger, 1962). I was extremely surprised to hear that Samantha felt compassion for the mother of the perpetrator. It intrigued me and sparked an interest in what the experience is like for parents of perpetrators. My surprise also indicated that I had, in the initial stages of the study, expected participants to have mostly negative feelings for perpetrators. This then led me to question whether my own negative impressions of perpetrators could have impacted the data collection and analysis in some way.

Finding out as a Process

This theme highlights the most prominent stages of finding out which were identified throughout the interviews with the participants, and the analysis. These stages are not predetermined, and one may move through these stages in any order, may go back and forth, and may skip a stage altogether. The stages identified throughout the interviews and analysis are likened to the stages of loss identified by Kübler-Ross and Kessler (2005). I acknowledge that there may be other stages which other NOCs may go through in their process of finding out which were not identified in this study. In the following sections, I will make reference to

different studies which have been carried out. Particularly the qualitative studies carried out by Fong et al. (2017), McCourt et al. (1998), Pretorius et al. (2011), Kilroy et al. (2014) and Thompson (2017). These researchers identified themes relating to feelings of grief and loss.

The Many Aspects of Fear

The theme of Fear has been identified by a number of researchers such as McCourt et al. (1998), Pretorius et al. (2011) and Thompson (2017). However, the manner in which fear emerged in these studies differs from that of the participants in this study. Therefore, while I somewhat expected the sub-theme of Fear to emerge from the interviews, it surfaced in some ways which I did not expect. I would have assumed that, if fear were to emerge from the interviews, then it would be fear from the perpetrator — which was the case for Jane. Similar to one of the participants in the study of Pretorius et al. Jane also feared that the perpetrator would harm her children following his release from prison. While the perpetrator was removed from their household, he still had access to the children through access visits.

Samantha feared for the potential consequences of CSA, however, this did not appear to be her main source of fear. Samantha's main source of fear emerged in reference to her husband's actions following their son's CSA disclosure. Samantha feared that her husband would harm the perpetrator and/or his family. This is in line with the findings of Fong et al. (2017), who found that participants experienced distress as a result of the anticipation that a family member would confront the perpetrator. This fear could possibly indicate Samantha's displaced emotions onto an individual — in this case her husband — who in her eyes may be less of a threat than the perpetrator. It may also be the case that Samantha feels bad to have negative emotions towards the perpetrator, who is still a minor, just like her son. Both participants' fear stemmed from their husbands, however, for very different reasons.

Jane and Samantha both exhibited fear of judgement and Samantha also feared that she would be blamed for her son's CSA experience. This fear highlights the judgement from the community, and the perceived stigma surrounding CSA in Malta. One of the non-offending mothers who participated in Pretorius et al.'s (2011) study, explained how she was embarrassed that individuals in her community would find out about the CSA. While the embarrassment, and the fear of judgement and blame, are not the same thing, I believe they overlap and equally highlight the shame and perceived stigma which is attached to sexual abuse. Shame and stigma are closely related (Hlavka, 2017), and shaming in societies like Malta is more likely to take place, possibly due to the culture which fosters this behaviour (Darmanin Kissaun & Clark, 2022). I believe this is a result of Malta's small size (Clark, 2012), the social dimensions which tend to be more conservative (Azzopardi, 2017), and the importance of belonging to a group, and thus, not deviating from it (Agius et al., 2016).

Guilt and Self-blame

This sub-theme is prominent in the extant literature concerning NOCs. Feelings of guilt and self-blame were identified in the studies conducted by Fong et al. (2017), McCourt et al. (1998), Pretorius et al. (2011), and Thompson (2017). However, some of the ways in which these feelings emerged in their participants differs from Jane and Samantha. Both participants of this study displayed feelings of guilt and self-blame, which at points appeared to manifest as shame. While the feelings exhibited by participants were not surprising to me, the extent to which they felt these feelings, and appeared to truly believe them, was surprising.

Jane blamed herself for her daughter's CSA experience. Jane explained how she always warned her children to beware of strangers, but never warned them about being harmed by family members, or their father in this case. She was also faced with blame from

her other daughter who did not experience sexual abuse, but was angry that her father — the perpetrator — was no longer present at home. Throughout the interview, Jane bluntly states that she blames herself for her daughter's experience of sexual abuse and feels guilty. This is concordant with the findings of Fong et al. (2017), who also found that participants experienced guilt for not realising the abuse was taking place, and ultimately, for not preventing it. However, Jane also repeatedly explains that she knows the abuse was not her fault, and that she would not have let it happen had she known what was going on. I believe that this attempt at convincing herself that she was blameless further emphasises the guilt and self-blame experienced by Jane. I posit that Samantha also exhibited self-blame in the way she described how she thought her own mother would react to the news of CSA. She explained what she thought her mother would have said had she disclosed of her son's CSA experience to her: "Tgħidli li jien għamilt xi haġa ħażina..." ("She'd tell me that I did something wrong..."). I believe that these assumptions of Samantha's mother's reaction may be her own self-blaming thoughts about what she told herself when finding out.

Samantha appeared to experience feelings of guilt about the way in which she dealt with the news of her son's experience of sexual abuse. She was quick to explain the ways she did not react, rather than the way she did. Samantha also expressed her wish to speak to a psychologist so that she could be reassured that she dealt with the situation well. Samantha also appeared to be attempting to soften the blow by telling herself that the CSA could have been much worse than it actually was. Similarly, she explained that she could have dealt with the news of the abuse in a worse way. Samantha's behaviour of questioning her parenting strategies following the disclosure converges with the findings of Fong et al. (2017), and Kilroy et al. (2014). These studies also found that NOCs held negative beliefs about their parenting skills, and questioned the way they dealt with finding out. Plummer and Eastin (2007) also found that following the CSA disclosure, mothers were insecure about their

ability to parent their child, and expressed uncertainty in their methods of parenting, even when they were confident about their parenting prior to finding out.

I believe that Samantha's self-blame and guilt surrounding her son's CSA manifested as insecurity around her parenting skills. This emerged in her incessant need to give real-life examples of the way in which she has handled life events concerning her son, which were unrelated to the CSA. This begs the question as to whether the nature of the disclosed material actually rendered parenting more difficult, due to the fact that mothers were trying to deal with their own negative affect whilst also trying to support their children. This study cannot provide a definite answer to this question, however, it seems that the disclosure resulted in self-doubt and overthinking about parenting skills.

The Presence of Anger

Anger is a prominent finding in the available literature on non-offending mothers (Thompson, 2017), and was identified by McCourt et al. (1998) as forming part of the bereavement theme in their findings. The presence of anger often emerges in reference to the perpetrator (Fong et al., 2017; McCourt et al., 1998; Pretorius et al., 2011; Thompson, 2017), towards oneself (Kilroy et al., 2014), towards the survivor of abuse (Kilroy et al., 2014), as well as general anger (Fong et al., 2017).

Anger appears to have been experienced by both participants at a later stage throughout the disclosure process. Jane and Samantha appeared to direct their anger towards themselves through their self-blaming behaviour, and feelings of guilt. Jane also exhibited anger towards the perpetrator who not only abused their daughter, but betrayed her trust. Luckily for the survivor of CSA, Jane did not turn and blame the target of the abuse, but blamed the perpetrator, which eventually led to his incarceration and the cessation of abuse. Jane also experienced feelings of anger towards the systems which permitted the perpetrator

to have access to Jane's children, despite his violating actions. This is similar to the findings of Kilroy et al. (2014) and McCourt et al. (1998), who also found that some of their participants exhibited anger towards the systems which are intended to help NOCs, and the survivors. While, in Jane's case, the police removed the perpetrator from the household, they did so in an intrusive way. The experience of court was described as a negative experience for both Jane and her daughter, and the liberty provided to the perpetrator which allowed him to have supervised visits angered Jane.

Samantha, in my opinion, may have been exhibiting displaced anger when she explained that she was angry at the bystanders, but not the perpetrator. The reason for this could be that Samantha refrained from displaying anger towards the perpetrator for fear of aggravating her husband, whose anger she was trying to assuage. Thus, I believe that this displacement of anger is one of Samantha's coping mechanisms which provided her with an outlet, without posing severe consequences. Samantha also expressed feelings of anger towards the situation in general. The way in which Samantha spoke at this particular moment in the interview suggested that this anger consumed her more than it previously had when she experienced feelings of anger towards the bystanders. I believe that Samantha was unable to direct these emotions to one specific target, leading to the overwhelming feeling of anger being directed towards her current situation in general.

Feelings of Disappointment

This sub-theme incorporates the professional support systems which were available and availed of by the participants. It includes medical professionals, mental health professionals, social workers, and the police. While I was pleasantly surprised to find out that both participants made use of third party services for support and guidance following their children's disclosure, I was also disappointed to hear about the agencies' lack of resources to

provide help. Jane dealt with medical professionals, social workers, mental health professionals, and the police, while Samantha's experience was limited to a mental health professional and her son's paediatrician. Both Jane and Samantha primarily dealt with the situation alone. Jane did not find any support in her parents, and only disclosed her situation to one friend. Samantha, on the other hand, had her husband, however he did not participate in some of the more difficult moments and situations which followed the disclosure.

Both participants mentioned the positive aspects of the system, and that they were able to set up an initial meeting with Appoġġ quickly. However, the negative aspects appeared to overshadow the positive ones. While Jane explained that she was given a lot of support, her experience quickly became quite negative when her daughter was possibly re-traumatised during her physical examination which was carried out by a male doctor. This was followed by a lengthy court case which left the perpetrator free for over two years. Samantha was resistant to involve the police in her situation, despite her husband's best efforts. While Samantha promptly met with Appoġġ for an initial meeting she would have had to wait a year for her son to visit a professional, therefore, like Jane, she visited a professional privately. Luckily, both Jane and Samantha were able to afford sessions with a private psychologist. Unfortunately, many people may not have that luxury. I believe this sheds light on one of the various challenges faced by NOCs, and indicates that this is an area for potential improvement in Malta. Kilroy et al. (2014) discovered similar findings in their study. Many of their participants had a negative perception of the professional support systems available, and following their engagement with the support systems, they experienced these to be unsupportive, lacking in empathy, and limited in resources.

Experiencing Grief and Loss

I was initially unsure about whether to include this sub-theme in the Findings and Discussion chapters. After digging deeper and looking beyond the spoken word, I realised how prominent this theme actually is in both participants. While Jane did not mention any experience of loss throughout the interview, I believe that this was obliquely insinuated as she lost her husband when he was incarcerated. Samantha speaks about the loss of her son's "future" and the loss of the "perfect child" as a consequence of his CSA experience. She is mourning the loss of her son's innocence, and grieving the loss of his youth, of the ideal. Samantha described her son as being on a pedestal prior to the abuse, whereas now she no longer perceives him in the same way. Her prosody throughout this section of the interview suggested she was mourning the loss of a version of her child, whose actions will forever be influenced by the experience of sexual abuse.

Kübler-Ross and Kessler's (2005) five stages of loss include denial, anger, bargaining, depression and acceptance. While both participants did not go through all of these stages, I still believe it is worth noting the similarities between the stages identified by Kübler-Ross and Kessler, and the stages which emerged during the interviews of this study. Denial, while not explicitly mentioned, may have manifested itself in feelings of shock experienced by both participants, and avoidant behaviours exhibited in Samantha's coping strategy. Both participants experienced anger in various ways discussed above. I believe that Jane experienced bargaining in the form of self-blame, possibly believing that she may have been able to prevent the abuse. In the case of Samantha, I posit that this was exhibited in her acts of self-judgement with regards to her parenting skills and response to the news of CSA. While participants did not exactly experience depression, I believe they experienced feelings of pity and empathy which were discussed in the sub-theme titled 'Compassion and Empathy. Acceptance, which will be discussed in more detail in the following section, was also

experienced by participants. This suggests that the participants' experience of finding out is similar to that of someone who is grieving. This is supported by the findings of a number of researchers, such as, Kilroy et al. (2014), McCourt et al. (1998), Pretorius et al. (2011), and Thompson (2017), who all identified themes relating to grief and loss in their studies.

The Gift of Acceptance

Acceptance is the fifth and final stage identified by Kübler-Ross and Kessler (2005) in their stages of grief and loss. This stage signifies the acknowledgement and acceptance of what has happened. This is not to say that once an individual reaches the stage of acceptance no further hardship is experienced, but that the individual has essentially accepted what has happened, and they can live with it. Jane explains that the pain of what she has experienced does not hurt as much as it initially did, however, she believes that one could never truly move on from such an incident. She describes that she still gets upset with herself over what her daughter endured and that the consequences are endless. This contrasts with Samantha who speaks about her experience with a sense of pride and accomplishment for what her and her family have lived through, and overcome. Jane and Samantha appear to be in different stages of their journey of finding out, possibly resulting from the ten-year difference between their experiences. Jane found out about her daughter's CSA 25 years ago, while Samantha found out about her son's CSA 15 years ago.

The experience of both participants differ significantly from each other. Jane had her own experience of CSA and was married to the perpetrator who abused her own daughter. Samantha did not mention any history of abuse and is married, thus, having some form of support. Her son was sexually abused by another minor who was older. This is not to say that one experience is more distressing or unfortunate than the other, but this may be the reason for their difference in attitude. I believe this is highlighted in the ways in which both

participants spoke about their current state. The theme of acceptance also emerged in the qualitative study of Thompson (2017). She found that acceptance was one of the fundamental processes in the participants' efforts to re-establish their sense of control.

Reflexive Commentary

As I was writing this theme, I felt that it was the most structured out of them all. It is the theme that had a lot of similarities to previous studies that were conducted. For this reason, I found it hard to ignore the literature available, and focus on the findings of this study. I kept noticing a tendency within myself to look for similarities in what I wrote in my literature review. I stopped myself, and remained focused on what the participants' said in their interview, only then realising that there were similarities just the same. I then felt an opposite force, one that led me to question my findings, and seek out differences in the literature. However, I believe that despite my struggle to separate my thoughts from the literature, being aware of my tendency allowed me to control it and stay true to the participants. I believe that these six sub-themes provide a clear understanding of the process of finding out, even though, as mentioned above, they may not cover every stage or feeling experienced by all NOCs. I am very aware of the fact that two NOCs participated in this study, and that having more may have resulted in the emergence of different feelings or stages.

The Occurrence of Trauma

Trauma may be described as an emotional or psychological response to an unpleasant experience or event. In this case, it is referring to the participants' response to finding out that their children were sexually abused. This theme is possibly the theme which required the most in-depth analysis. It required my analysis to extend beyond the spoken word and to

understand the implicit meanings of what was shared during the interview. I engaged in the hermeneutics of suspicion, and focused on the prosody and body language of the participants, in conjunction with what was being said, in order to uncover the truth behind their words. There were instances throughout the interview where the participants were unable to express themselves, or did so by using an unnecessary amount of words, which suggests the presence of trauma.

Revisiting the Past

This is a retrospective study where participants were required, to some extent, to visit the past and recall what their experience of finding out was like. This is one of the more obvious sub-themes which falls under the super-ordinate theme of Trauma. Not because it was clear that this was a traumatic response, but because their discomfort was clear in their body language and in their resistance to stay in the moment of the question. When Jane describes the day she found out about her child's experience of intra-familial sexual abuse, she appears to find it challenging to stay in the moment. She continuously refers to the days that followed the disclosure, as opposed to the day the disclosure took place. The consequences following her child's disclosure appear to be more upsetting than the actual moment of the disclosure. She repeats that the experience was "too much" on multiple occasions. This highlights the distress which she was experiencing throughout the days following the disclosure. The disclosure, in my opinion, should be viewed as a process, and not simply a moment of when the child discloses about their experience of CSA. Jane often changed the topic while answering my questions and would shift onto a less intense, possibly less upsetting, topic. This implied that it was too painful for her to stay in the moment, and to an extent, relive it.

Samantha also seemed to have difficulty remaining on topic when speaking about the day she found out. She continuously changed the topic to something neutral and somewhat irrelevant to what was being discussed. I believe that by mentioning something materialistic and familiar, Samantha grounded herself and may have eased any anxiety she may have been experiencing at that moment. This is another example of Samantha's avoidance strategy and suggests the presence of symptoms of PTSD. This is concordant with the quantitative findings of Daignault et al. (2018), who found that avoidant coping mechanisms were related to dissociation and symptoms of PTSD.

The Weight of the Past

Past experiences and traumas may have impacted the participants' experiences of finding out, and the coping strategies which they employed. It may have influenced the level and intensity of emotions experienced, as well as the post traumatic stress symptoms. In the exploratory study conducted by Timmons-Mitchell et al. (1996), they found that mothers who had recently discovered that their child was sexually abused, and who also had a history of CSA, experienced more post traumatic stress symptoms when compared to mothers who did not have a history of CSA. Samantha did not mention having a history of CSA, while Jane did. I posit that Jane's history of CSA may have impacted her experience of finding out, as well as the level and type of support she provided to her daughter following the CSA disclosure. Jane was not believed or supported by her own parents when she disclosed about her own abuse, and still carried a lot of guilt from her past experience. Jane became very fidgety when speaking about her experience of sexual abuse and her parents, which suggests that she was feeling agitated and anxious. She engaged in self-blame following her experience of CSA and also felt feelings of anger towards herself, as opposed to those who

did not protect her, or those who hurt her. These feelings of guilt, self-blame and anger resurfaced after her daughter's disclosure.

Similarly, Fong et al. (2017) found that all participants with a history of maltreatment — CSA or otherwise — endorsed that finding out about their child's experience of sexual abuse triggered negative memories of their own history. Much like Jane, one of the NOCs who participated in the study of Fong et al. (2017), explained how they re-experienced the same feelings they had felt following their own CSA experience. Thompson (2017) also found that many of the participants with a history of CSA experienced retraumatisation, intrusive memories, and coping difficulties following the discovery of their child's sexual abuse experience.

Remembering vs Forgetting

This sub-theme is focused on the memories which were available to the participants during the interview. Jane and Samantha contrast with each other greatly. Jane's memories are vivid, while Samantha exhibits difficulty in recalling details of certain memories. The way in which Jane describes her daughter's physical examination suggests that the memory was quite intense. There was a clear change in prosody, her voice became louder, she began to speak more quickly, and explained that she can still picture her daughter's face. Once she mentioned her daughter's face, she seemed as though she was transported back to that moment, her voice became low and she spoke slowly, pausing between words.

Samantha, on the contrary, seemed to focus her energy and emotion on the boys who encouraged her to prompt her son's disclosure. Samantha explained how she was upset with these boys because they didn't stop the abuse from occurring. What I found interesting here, is that Samantha mentioned these two young boys constantly throughout the interview, and they appeared to have played a significant role in her experience finding out. However, she is

unable to remember their names, she has “*erased*” them from her memory. Throughout the interview, Samantha appeared to have difficulty articulating what she wanted to say and very often resorted to describing her physical feelings at that moment. I interpreted this to suggest that she could, to a certain extent, still feel those physiological feelings. Thus, while Samantha had trouble staying in the moment of the question and recalling certain details, her body appears to remember the experience of finding out.

Timmons-Mitchell et al. (1996) found that mothers who had recently found out that their child was sexually abused, experienced higher levels of PTSD symptoms when compared to the normative sample. I am not qualified to diagnose an individual and thus, will not attempt to do so. However, after analysing the interviews and reading through the literature, I do believe that Jane and Samantha may have been experiencing some trauma symptoms. Trauma can impact memories in one of two ways. It may either cause the memories to be intrusive, especially in the presence of PTSD, or it may lead the individual to forget details or entire memories altogether, like in the case of amnesia. I hesitate to write that Jane’s memories were intrusive, because I don’t believe she experienced flashback type memories which were unwanted, and which occurred out of nowhere. However, I do believe that Jane’s memories were more intense than those of someone who did not experience or live through a traumatic event, as she appeared to be experiencing psycho-somatic symptoms when describing her daughter’s face during the physical examination.

Reflexive Commentary

Analysing and writing the super-ordinate theme of Trauma required a lot of energy, reading and re-reading the transcripts, going over the findings, and listening to the recordings for any change in prosody. This is not to say that the other themes did not require this type of work and commitment, but I believe that this theme may have required a more complex

analysis due to the implicit meanings hidden behind the participants' words. During the analysis I would close my eyes and remember the interview scenario. I would remember Jane fidgeting with her specs while her kitten was walking around the table. I would remember Samantha avoiding eye contact and laughing out of nervousness as she described her experience of finding out. As mentioned in the methodology chapter, I went into the first interview of Jane with an unconscious bias that NOCs would not have symptoms of trauma. Following the first interview, I then became aware of my bias and was more open to the possibility that NOCs may experience trauma symptoms. Therefore, I would say that this theme is possibly the most surprising of the three.

Conclusion

This chapter provides an overview of the findings in relation to the extant literature. I highlighted some similar findings between this study and other research which has been carried out, as well as points of divergence between the literature and the findings of this research. I look beyond the explicit meanings and focus on the non-verbal communication which provides insight into the true meanings. The body language speaks louder than words, and betrays the participants to a certain extent. Even though this study is limited in the number of participants, Jane and Samantha, while having many similarities in their experience, contrast each other in many ways. It exhibits how sexual abuse can vary in severity, and how it does not discriminate against gender or sex. It evidences how the experience of finding out is impacted by a myriad of factors, and how individuals experience different emotions, as well as experience the same emotions differently. Lastly, it portrays how trauma manifests itself differently from one person to the next, and that one cannot take things at face-value, but must look beyond the spoken word to understand the true meaning of what is being communicated. The following chapter will conclude this study and provide a

summary of the salient findings, implications for policy and practice, and the strengths and limitations of this study. Finally, I will provide recommendations for future research which emerge from my findings, in the hope of encouraging future researchers in the area.

Conclusion

Introduction

In this concluding chapter I will provide an overview of the salient findings which were presented and discussed in the previous chapters. I will subsequently present the implications for policy and practice based on the findings, as well as the strengths and limitations of the study. This is followed by my recommendations for future research, and lastly, my concluding remarks.

Overview of Salient Findings

This study explored the experiences of two non-offending mothers finding out that their children experienced CSA. Both of the participants' stories differ in many ways, including the type and severity of abuse, the manner in which the disclosure occurred, as well as their family system and support. Through the interviews and in-depth analysis three main super-ordinate themes — also termed “personal experiential themes” (Smith et al., 2021) — emerged, The Moment, Finding out as a process, and The Occurrence of Trauma. These themes provide an understanding of the experience of Jane and Samantha. The analysis revealed that both participants were initially shocked to find out about their children's CSA experience, nonetheless, the CSA survivors were met with belief and support from their non-offending mothers. Both participants appeared to have felt compassion and empathy towards their children, with one participant, Samantha, also empathising with the perpetrator and his family.

Participants experienced multiple feelings and transitioned through a number of stages, which I termed “Finding out as a Process”. They experienced fear, fear of their husbands following the CSA disclosure, and fear of judgement. While the fear of their husbands may seem like a consistent finding, this fear emerged for different reasons. Jane feared her husband, the perpetrator, because she was afraid he would harm her children.

While Samantha feared that her husband would harm the perpetrator for what he did to their son. The findings indicate that feelings of guilt and self-blame were prominent. Anger was another emotion that emerged from the analysis, which the participants experienced for a number of different reasons. Firstly, they felt angry at the perpetrator who harmed their children. Secondly, they were angry at the situation they were in, and thirdly they were angry at themselves which was evident in their self-blaming behaviours. Lastly, Samantha was angry towards the bystanders who did not prevent the CSA from happening. Participants also repeatedly attempted to reassure themselves that “deep down” they knew they had done what they could.

The findings also reveal a mutual disappointment towards the external support providers, to whom both participants turned to for help following the disclosure. This disappointment was due to a number of factors. In Jane’s case, this disappointment was stemming from the fact that a male doctor examined her daughter following the CSA, which may have potentially resulted in re-traumatisation. Jane also experienced disappointment as a result of the time it took for Jane’s husband to be charged. Lastly, the external support providers were inundated with the number of cases and thus, could not see to the participants’ children immediately, resulting in the need to visit professionals who work privately. One of the participants, Samantha, appeared to experience feelings of grief and loss following her son’s CSA disclosure. I compared the stages experienced by participants to the five stages of loss identified by Kübler-Ross and Kessler (2005). Lastly, “The Gift of Acceptance” refers to the peace and acceptance experienced by Jane and Samantha in reference to their children’s disclosure. Samantha appears to reflect on her experience with a sense of pride, while Jane acknowledges that the pain of her daughter’s CSA has somewhat subsided, but that she is still affected by it.

“The Occurrence of Trauma” is the final super-ordinate theme which emerged from the analysis. This is divided into three sub-themes, (a) Revisiting the past, (b) The Weight of the Past, and (c) Remembering vs Forgetting. The first sub-theme refers to the discomfort exhibited by participants throughout the interview. The questions asked during the interview required participants to revisit the past and explain what their experience of finding out was like. This was met with some resistance at points which was exhibited when participants changed topic. “The Weight of the Past” refers to one of the participant’s history of CSA. Feelings of guilt, self-blame and anger were experienced following this participant’s own CSA experience, and these same feelings re-emerged upon finding out about her child’s CSA experience. The last sub-theme refers to the participants’ memory, in which, the participants’ experiences differ. Jane’s memories appear to be vivid, while Samantha’s seem too difficult to recall. Despite the differences, the last three sub-themes point to the possibility that participants could have experienced symptoms of trauma.

Implications for Policy Making

In order to provide an effective service to non-offending mothers and to develop beneficial policies, it is essential to understand the mothers’ experiences of finding out about their children’s CSA (Gilgun & Anderson, 2013). This study provides insight into the NOCs’ experience of finding out. It focuses on what the exact moment of finding out was like, the process and stages following the disclosure, and the impact the disclosure has on the NOCs. Through the interviews it emerged that the participants’ experience with external services, that are in place to essentially aid and support families in this situation, was somewhat negative. The NOCs were able to make contact with these services considerably quickly, however, the participants had to seek help privately due to the long waiting time for an appointment. This issue may be tackled if more individuals were incentivised to enter this

area of work, thus, employing more people in this area and hopefully decreasing waiting time. One of the key findings in relation to external services was that Jane's daughter was eventually examined by a male doctor following her CSA experience. This may have led to re-traumatisation of both the survivor and the NOC. It may be beneficial to provide patients with the option to choose whether they would feel more comfortable to have a male or female doctor. I would like to address the fact that this CSA happened years ago, thus, it may be that this option has already been implemented. Similarly, it may also be that the waiting time to be seen by a mental health professional or social worker has decreased.

Implications for practice

While this study is not generalisable, and does not claim to be, I believe that it may still prove useful to professionals, and possibly help in understanding what kind of treatment NOCs may benefit from. The study provides an overview of the different stages experienced by the participants following their children's disclosure. The process of finding out was compared to the stages of loss identified by Kübler-Ross and Kessler (2005). This may shed some light on the type of therapeutic approaches and techniques that can be used, once the therapist has discerned which stage in the process NOCs may be in. The findings of this study also suggest the presence of trauma symptoms which may also be beneficial for professionals to keep in mind when working with NOCs. This does not mean that all NOCs will necessarily experience trauma symptoms, however, it is a possibility and should be considered with each client.

Newberger et al. (1993) suggests that the NOCs' compassionate responses to their children's disclosure, exhibits the NOCs' emotional suffering. This further supports the necessity to provide NOCs with therapeutic interventions following the CSA of their child. Compassionate and empathic responses of the NOCs to their children's disclosure were

highlighted in the findings chapter. One of the participants had a personal history of CSA and attended therapy following her daughter's CSA disclosure. She explains that it was through therapy that she was able to understand that she was not at fault for her own CSA, which then helped her deal with her daughters CSA experience. Exploratory therapy may be helpful for NOCs in order to address and process the number of different emotions they experienced following the disclosure that were evidenced by the findings.

Psycho-education and Support

It may be beneficial for therapists to provide guidance to NOCs on how to face their family members following their child's CSA disclosure. This may be particularly important when the perpetrator forms part of the family and has suddenly been removed from the household or family. Grant (2006) has suggested that the grandparents are a good source of support for the NOC and the rest of the affected family. Thus, their involvement following the disclosure should be encouraged (Grant, 2006), especially in Malta where family members are very much involved in each other's life. NOCs may benefit from group treatment where their emotions and beliefs are normalised (Grant, 2006). Both participants mentioned the importance of external support during the experience of finding out, and this may be provided through group sessions. Grant has also stated that NOCs feel a sense of healing, resulting from their ability to help other NOCs. This sense of belonging may tackle NOCs' symptoms of trauma and enable them to process their thoughts, feelings and behaviour.

It may also be beneficial to support and provide psycho-education to NOCs, which may provide them with the skills and emotional support needed to essentially provide support to their offspring. This may also address the feelings of inadequacy in relation to parenting skills experienced by NOCs, which clearly emerged in the findings. These feelings were

exhibited through participants' feelings of guilt, self-blame, and shame. Family therapy may also be beneficial to address the disruption caused in the family system as a result of CSA, which the findings also evidences.

Strengths of the Study

This study addressed a relatively under-researched area in Psychology, particularly in Malta. It provided a frequently forgotten cohort with a voice to share their experience and with the opportunity to be heard. NOCs may be considered hard to access participants due to the stigma and shame surrounding this topic, thus, this study addresses the gap in the bank of knowledge in this area. Smith et al., (2021) state that "A good case study, with an insightful analysis of data from a sensitively conducted interview, on a topic which is of considerable importance to the participant, is making a significant contribution to psychology" (p.31). I believe this study provides rich and complex data which may inform policy and practice, as stated above.

Limitations of the Study

While a number of tentative conclusions have emerged as a result of this research, there are a number of factors which limit the study. Firstly, participants were non-offending mothers, and thus, the findings cannot be transferable to the non-offending male caregiver's experience. This is a consequence of the small pool of participants available, as well as one of the recruitment channels that was used which involved a Facebook group that consisted of only female members. While other recruitment methods were employed, thus providing opportunity for male caregivers to participate, the participants in this study were all recruited as a result of the Facebook group, suggesting that this was the most effective recruitment channel. I also acknowledge that different findings may have emerged from the interviews

with a different group of participants. Another limitation of this study is that the type and severity of CSA experienced by the survivors vary in a number of ways, thus limiting the transferability of the experience. Similarly, the disclosure of both participants differs as one was prompted, while the other was unprompted.

I carried out the interviews during 2021, when COVID-19 was still quite prevalent. This impacted the study in a number of different ways. Firstly, this may have deterred individuals from participating in this research since the interviews were conducted face-to-face. Secondly, I wore a facemask for the interview with the first participant, which may have added a barrier between myself and the participant in terms of openness, as she was unable to see my facial reactions. Thirdly, if the participants' mental health was impacted by the COVID-19 situation, then this may have had an influence on the findings. Another inevitable limitation is that this is a retrospective study, with over 15 years having passed since participants found out about their child's CSA experience. This may limit the reliability of the participants' memories.

Reflections on the use of IPA

I found it difficult to discern whether what I reported is the meaning participants attributed to their experience of finding out, or whether it was my own meaning making of their experience. Since I was constantly keeping the research questions in mind, I found it frustrating at times that I had to infer and make use of the double hermeneutics. One of the research questions asks how NOCs make sense of their reactions to their child's disclosure. I understand that researchers cannot take what participants say at face value, and that we need to look beyond the spoken word and understand the implicit meanings of what is being said. The meaning making of the participants was often discerned from observing their non-verbal communication, and from making interpretations based on these non-verbal cues, as opposed

to the participants' spoken word. Although IPA encourages the use of the double hermeneutics, it is not always clear where the researcher's voice begins to impinge upon the actual meaning making of the participant, and whether sometimes inference is taken too far.

Recommendations for Future Research

While I believe that this study adds to the literature and has given a voice to the non-offending mothers who participated, it also has a number of limitations which have been highlighted above. I am of the opinion that future studies should endeavour to not only build on the literature available, but to do so in a way that their research will have fewer limitations and more depth. Non-offending fathers are highly underrepresented, thus, future research should aim to include non-offending fathers in their research, ideally, in a study focusing solely on them as opposed to a comparative study which would also include non-offending mothers. While I believe a comparative study may also be of use to practitioners, I would suggest that before this is done, more of an understanding on non-offending fathers may be beneficial. Additionally, I believe that future research should aim to be more focused and aim to have stricter eligibility criteria for participants. For example, only including non-offending fathers of survivors of CSA who have experienced extra-familial CSA. This may be more attainable in larger countries, where the pool of participants is greater.

Another interesting cohort may be the siblings of survivors of CSA. Siblings form part of the family system and may be impacted by the sexual abuse of their sibling, as was seen in the case of Jane. It may also be interesting to understand what the experience is like for a caregiver to find out that their child has perpetrated sexual abuse against a minor. This idea was generated through the interview with Samantha, who empathised with the mother of the perpetrator. Future qualitative studies should also aim to have a higher number of participants which will enable the researchers to gather more data, and potentially, more transferable

findings. I believe it may also be beneficial for future studies to limit the time between NOCs' experience of finding out and the interview, this will help limit the memory bias.

I believe it may be beneficial to interview both the NOCs and their children who were sexually abused, in two separate interviews. This may be useful to understand whether the perceived support provided by the NOCs was the support experienced by the survivor. Given that it was found that participants experienced feelings related to loss in line with those identified by Kübler-Ross and Kessler (2005) as seen in the findings. It may also be interesting to focus and compare groups of participants who have either recently lost a family member and are grieving, and those who have recently discovered that their child has been sexually abused. This may shed some light onto the similarities or dissimilarities of the experience of finding out with that of losing a loved one. Ideally the study would either choose to recruit non-offending mothers or non-offending fathers, so that the findings may be transferable. I believe it may also be interesting to focus on NOCs who have attended therapy following their child's CSA disclosure, in order to gain an understanding on the kind of therapeutic approaches which are beneficial to NOCs and their families. One of the participants with a history of CSA explained how therapy aided her in coming to terms with her own experience, and eventually accepting her daughter's CSA experience.

Concluding Remarks

This study provides an in-depth understanding into the NOCs experience of finding out that their child has experienced CSA. This study highlights that the experience of finding out is not simply a single moment in time. The experiences of finding out is likened to the process of loss identified by Kübler-Ross and Kessler (2005). It is an experience which may result in consequences, such as trauma symptoms, which linger on following the disclosure. It is a process whereby NOCs initially learn about the occurrence of CSA, and experience a myriad of emotions. It would be an injustice to simplify the experience of finding out to a

single moment which is over once the act of disclosing ends. I believe this study also emphasises the presence of different severities of CSA, the different types of disclosure — prompted and unprompted — and the complexity of the experience of finding out. I hope this study has shed some light onto the experience of NOCs finding out, and will encourage researchers to focus on this area of research in the future.

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Appendix A

Formola ta' l-informazzjoni

Titlu tad-dissertazzjoni: Disclosure of Child Sexual Abuse: The Experience of Non-Offending Caregivers Finding Out

Għażiż/a Sinjur/a,

Jien jisimni Michela Laurenti u bħala parti mill-kors tal-Masters ta' Psikologija ninstab nikteb dissertazzjoni fuq l-esperjenza ta' dawk il ġenituri/'caregivers', li saru jafu li uliedhom ġew abużzati sesswalment u dwar l-fatturi li jinfluwenzaw ir-reazzjonijiet tagħhom. Din l-ittra hija stedina biex tipparteċipa f'din ir-riċerka. Hawn taħt tista' ssib l-informazzjoni fuq x'tinvolvi jekk tipparteċipa.

Din ir-riċerka tista' tgħin fil-ftehim ta' liema metodi terapewtiċi jistgħu jintużaw u/jew liema tekniki jistgħu jkunu ta' għajjnuna fit-trattament ta' dawn il-ġenituri/'caregivers'. Din ir-riċerka ser tiffoka fuq dawn il-mistoqsijiet ewlenin,

1. Kif, il-ġenituri/'caregivers', jiddeskrivu l-esperjenza ta' meta skoprew li sar abbuż sesswali fuq uliedhom/tfal li qegħdin taħt il-kura tagħhom?
2. Kif, il-ġenituri/'caregivers' fehemu r-reazzjonijiet tagħhom għall-iżvelar ta' uliedhom/tfal li qegħdin taħt il-kura tagħhom, dwar l-abbuż?

Jekk tipparteċipa f'din ir-riċerka, trid twieġeb mistoqsijiet tal-intervista fuq l-esperjenza tiegħek, meta skoprejt li sar abbuż sesswali fuq uliedhek/tfal li qegħdin taħt il-kura tiegħek.

L-informazzjoni tiegħek ser tiġi ‘codified’. Dan jifisser li ismek mhux se tiġi użata, iżda ser tingħata psewdonimu jew kowd (e.g. Respondent A).

L-informazzjoni se tkun miġbura bil-mezz ta’ intervisti li ser jsejtnu b’wiċċ imb wiċċ. L-intervista ser iddum mhux iktar minn siegħa u ser tiġi rrekordjata u traskritta. L-informazzjoni tiegħek ser tiġi użata biss għall-iskop ta’ din ir-riċerka. Ir-riċerkatura u s-superviżura se jkollhom aċċess għar-rekordings u għat-traskrizzjoni, u f’ċirkostanzi eċċezjonali l-eżaminaturi għal skopijiet ta’ verifika. Il-partecipazzjoni f’din ir-riċerka hija volontarja u għandek id-dritt li twaqqaf l-intervista’ meta trid, u jekk tagħmel hekk, l-informazzjoni tiegħek tista’ tiġi mħassar jekk tistaqsi. Wara l-intervista, għandek id-dritt li tneħhi l-informazzjoni tiegħek mingħajr ma tagħti raġuni, sakemm hija possibbli (sakemm l-informazzjoni tkun ikkodifikata), sakemm it-tneħħija ta’ l-informazzjoni ma taffettwax b’mod serju u negattiv, l-għanijiet ta’ r-riċerka. It-tneħħija tal-partecipazzjoni u l-informazzjoni tiegħek mhux se tirriżulta f’ebda konsegwenza negattiva għalik.

Jekk tipartecipa f’din ir-riċerka, trid tinnotta li m’hemm l-ebda benefiċċi direttament għalik. L-partecipazzjoni tiegħek tista’ tirriżulta f’riskju ta’ ritromatizzazzjoni li jista’ jikkawża diffikultà psikoloġika. Minhabba s-sensittività ta’ dan is-sugġett, huwa meħtieġ li uliedek/tfal li qegħdin taħt il-kura tiegħek għandhom 18+ u mill-inqas tliet snin għadda minn l-episodju ta’ l-abbuż. Huwa meħtieġ li inti sirt taf dwar l-abbuż sesswali ta’ uliedek/tfal taħt il-kura tiegħek mill-inqas tliet snin qabel din l-intervista sabiex jitnaqqas ir-riskju ta’ ħsara psikoloġika. Fil-każ li tħossok skomdu/skomda matul l-intervista, ir-riċerkatura pprovdilek referenzi għas-servizzi ta’ psikoterapija immedjata. Dan jiggarrantixxi aċċess immedjat u faċli għat-terapija, u ma tkunx fuq lista ta’ stennija għas-sessjoni tiegħek.

Trid tinnota li bhala parteċipant, għandek id-dritt li taħt il 'General Data Protection Regulation (GDPR)' u l-legiżlazzjoni nazzjonali biex taċċessa, retiffika u fejn hi applikabbli ssaqsi biex l-informazzjoni tiegħek tiġi mhassra. Ir-rekordings ser jinżammu maħżuna go fajl kriptat li ser jithassar wara sena ta' tlestija ta' l-istudju.

Kopja ta' din il-formola ser tkun ipprovduta għalik u għar-referenza tiegħek.

Grazzi tal-hin u l-konsiderazzjoni tiegħek. Din ir-riċerka qed sseħħ taħt is-supervizjoni ta' Dr Greta Darmanin Kissaun, li tistà tiġi kkuntattjata fuq +356 23403129 jew greta.darmanin-kissaun@um.edu.mt. Jekk tixtieq iktar informazzjoni, jew għandek xi mistoqsijiet oħrajn, jekk jogħgbok kkuntattjani fuq +356 79380558, jew fuq michela.laurenti.15@um.edu.mt.

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Appendix B

Information sheet

Title of dissertation: Disclosure of Child Sexual Abuse: The Experience of Non-Offending Caregivers Finding Out

Dear Sir/Madam,

My name is Michela Laurenti and I am a student at the University of Malta. I am reading for a Masters of Science in Psychological Studies. I am interested in researching the experience of non-offending caregivers learning that a child in their care has experienced sexual abuse, and the factors that influenced their reaction. This letter is an invitation to participate in this study. Below you will find information about what your involvement would entail should you decide to take part.

This study may contribute to understanding which therapeutic frameworks could be drawn on and/or which techniques could be helpful to use when treating non-offending caregivers. The research study will primarily focus on the following research questions,

3. How do caregivers describe their experience of hearing that their child/a child in their care has been sexually abused?
4. How do caregivers make sense of their reactions to the disclosure of their child/a child in their care?

Should you choose to participate, you will be asked to answer interview questions about your experience of finding out your child/a child in your care has been sexually abused. Data

collected will be codified, meaning your real name will not be used. Instead you will be given a pseudonym or code (e.g. Respondent A).

Data will be gathered through the use of face-to-face open-ended interviews which will last no longer than 60 minutes. The interview will be audio-recorded and transcribed verbatim. The data collected will be used solely for the purpose of this research study. The researcher and supervisor will have access to the audio-recordings and transcripts, and in exceptional circumstances, the examiners for verification purposes. Participation is voluntary and you have the right to stop the interview at any point, and if you do so, any data collected will be erased upon request. Following your participation in the interview, you have the right to withdraw the data without providing a reason for as long as this is technically possible (before data is codified), unless the erasure of data would render impossible or seriously impair achievement of the research objectives. The withdrawal of your participation or data will not result in any negative consequences.

If you choose to participate, please note that there are no direct benefits to you. Your participation may entail risk of retraumatisation that would cause psychological distress. Due to the sensitivity of this topic, it is required that your child/child in your care is presently 18+ and that three years have past since the abusive episode. It is required that you were disclosed to at least three years prior to the interview in order to reduce the risk of psychological harm. In the case that you do experience distress during the interview, the researcher has provided referrals to counselling or psychotherapy services. This ensures quick and easy access to therapy, and you will not be put on a waiting list for your session.

Please note also that, as a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and where applicable ask for the data concerning you to be erased. Audio-recordings will be stored in an encrypted folder and will be deleted 1 year following the completion of the study.

A copy of this information sheet is being provided for you to keep and for future reference.

Thank you for your time and consideration. This research is being carried out under the supervision of Dr Greta Darmanin Kissaun, who can be contacted on +356 23403129 or greta.darmanin-kissaun@um.edu.mt. If you would like any additional information or have any questions, please do not hesitate to contact me on +356 79380558, or michela.laurenti.15@um.edu.mt.

Sincerely,

Ms Michela Laurenti

michela.laurenti.15@um.edu.mt

+356 79380558

Dr Greta Darmanin Kissaun

greta.darmanin-kissaun@um.edu.mt

+356 23403129

Appendix C

Formola tal-Kunsens

Disclosure of Child Sexual Abuse: The Experience of Non-Offending Caregivers Finding Out

Jien, is-sottoskritt, nagħti l-kunsens biex niparteċipa fir-riċerka ta' Michela Laurenti. Din il-formola ta' kunsens tispjega t-termini tal-partecipazzjoni tiegħi.

Jien nikkonferma li qrajt il-formola ta' l-informazzjoni u fhimt l-informazzjoni ngħatajt. Kelli l-opportunita' biex nsaqsi l-mistoqsijiet, u irċivejt tweġibiet sodisfaċenti.

Nifhem li sirt stedint biex niparteċipa fl-intervista fejn ir-riċerkatura se tistaqsin mistoqsijiet fuq l-esperjenza tiegħi, meta skoprejt li sar abbuż sesswali fuq uliedi/tfal li qegħdin taħt il-kura tiegħi. Nifhem li l-intervista ser iddum mhux iktar minn siegħa. Nifhem li l-intervista se jkun f'hin u post li hu convinjenti għalija.

Nifhem li l-partecipazzjoni huwa volontarju u minnhix obligat/a biex nagħti raġuni jekk ma rridx niparteċipa. Nifhem li nista' nwaqqaf l-intervista mingħajr ma nagħti raġuni, u jekk nagħmel hekk, l-informazzjoni tiegħi tista tigi mħassar jekk nsaqsi.

Nifhem li nista' nirrifjuti li nwieġeb mistoqsijiet matul l-intervista mingħajr ma nagħti raġuni. Wara l-intervista, nifhem li nista' nsaqsi biex ineħhi l-informazzjoni mingħajr ma nagħti raġuni, sakemm hija possibbli (sakemm l-informazzjoni tkun ikkodifikata), sakemm it-tneħħija ta' l-informazzjoni ma taffettwax b'mod serju u negattiv, l-għanijiet ta' r-riċerka.

Nifhem li l-partecipazzjoni tiegħi tista' tirrizulta f'riskju ta' ritromatizzazzjoni li jista' jikkawża diffikultà psikoloġika. Nifhem li jekk inhosni skomdu/a matul l-intervista nista' ningħata l-ġhajnuna ta' servizzi ta' terapija mingħajr l-ebda spiża finanzjarja tiegħi.

Nifhem li l-informazzjoni li ġiet miġbura matul l-intervista tiġi użata biss għall-iskop ta' din ir-riċerka.

Nifhem li mhux bil-fors ser nibeniffika minn din ir-riċerka. Nifhem li r-riċerka tista' tgħin fil-ftehim ta' liema metodi terapewtiċi jistgħu jintużaw u/jew liema tekniki jistgħu jkunu ta' ġhajnuna fit-trattament ta' dawn il-ġenituri/'caregivers'.

Nifhem li taht il 'General Data Protection Regulation (GDPR)' u l-legizlazzjoni nazzjonali biex taċċessa, retiffika u fejn hi applikabbli ssaqsi biex l-informazzjoni tiegħek tiġi mħassra.

Nifhem li l-informazzjoni tiegħi ser tiġi psewdonimizzata; dan jifisser li l-identità tiegħi mhix se tiġi miktuba fuq it-traskrizzjonijiet jew fuq in-noti ta' l-intervista tiegħi, iżda ir-riċerkatura ser tuża psewdonimu jew kowd. Il-kodici li jgħaqqdu l-informazzjoni tiegħi mal-identità tiegħi ser jinżammu separat fi fajl kriptat. Ir-riċerkatura u s-supervizura biss se jkollhom aċċess għal dan l-informazzjoni, u f'ċirkostanzi eċċezjonali l-eżaminaturi għal skopijiet ta' verifika. Kwalunkwe materjal stampat ha jinżamm f'armarju msakkra.

Kwalunkwe materjal li jidentifikani bħala partecipant f'dan l-istudju ser jinħażen b'mod sigur matul it-tul ta' l-istudju, u ser jithassar wara sena ta' tlestija ta' l-istudju.

Nifhem li l-identità tiegħi u l-informazzjoni personali tiegħi mhux se jiġi żvelat fl-ebda pubblikazzjonijiet, rapporti jew prezentazzjonijiet li jirrizultaw minn din ir-riċerka.

Jien konxju, li jekk nagħti l-kunsens, l-intervista se tkun awdjo rekordjata u ser tiġi traskritta. Nifhem li l-informazzjoni kollha ser tiġi mħassra wara sena ta' tlestija ta' l-istudju.

Jien konxju, li jekk nagħti l-kunsens, siltiet mill-intervista tiegħi jistgħu jiġu użati, b'forma anonima jew ser tingħata psewdonimu (kond jew isem falz e.g. Respondent A).

Jien konxju, li nista nitlob għall-opportunita biex nirrevedi siltiet rilevanti tat-traskrizzjoni tal-intervista tiegħi qabel ma jiġu ppubblikati. Nifhem li nista' nsaqsi biex jsiru xi tibdiliet, jekk nikkunsidra li dan huwa neċessarju.

Nifhem li jekk niżvela informazzjoni dwar ir-riskju tiegħi nnifsi jew ta' xi hadd ieħor, ir-riċerkatura għandha d-dritt li tirraporta dan l-informazzjoni mingħajr il-permess tiegħi.

Nifhem li nista' nikkuntatja r-riċerkatura jekk ikollhi bżonn iktar informazzjoni billi nużha d-detalji fuq il-formola ta' l-informazzjoni.

Jien gejt provdut kopja ta' konsola tal-informazzjoni u nifhem li se ningħata ukoll, kopja ta' din il-formola ta' kunsens.

Qrajt u fhimt id-dikjarazzjonijiet ta' hawn fuq, u naqbel li napparteċipa f'dan l-istudju.

Isem tal-parteeipant -----

Firma tal-parteeipant -----

Data -----

Michela Laurenti

michela.laurenti.15@um.edu.mt

+356 79380558

Dr Greta Darmanin Kissaun

greta.darmanin-kissaun@um.edu.mt

+356 23403129

Appendix D

Consent Form

Disclosure of Child Sexual Abuse: The Experience of Non-Offending Caregivers Finding Out

I, the undersigned, give my consent to take part in the study conducted by Michela Laurenti. This consent form specifies the terms of my participation in this research study.

I have read the information sheet and I have understood the information provided. I have had the opportunity to ask questions, and any questions I had, were answered fully and to my satisfaction.

I understand that I have been invited to participate in an interview in which the researcher will ask questions to explore my experience of finding out my child/ a child in my care has been sexually abused. I am aware that the interview will take approximately 60 minutes. I understand that the interview is to be conducted in a place, and at a time that is convenient for me.

I understand that my participation is voluntary and that I am free to decline participating in this research study without providing a reason. I am free to withdraw at any point throughout the interview without providing a reason, and if I do so, any data collected from me will be erased upon request.

I understand that I can refuse to answer any question/s during the interview without providing a reason. Following my participation in the interview, I can withdraw the data provided by me without providing a reason for as long as this is technically possible (until data is codified), unless the erasure of data would render impossible or seriously impair achievement of the research objectives.

I understand that my participation may entail risk of retraumatisation that would cause psychological distress. If I feel that the interview has distressed me in any way, a psychologist or psychotherapist will be available to assist me at no financial cost on my part.

I understand that the data collected during the interview will be used for the sole purpose of this research study.

I understand that I may not directly benefit from participating in this study, or from its findings. I also understand that this research may contribute to the understanding of which therapeutic frameworks could be drawn on and/or which techniques could be helpful to use when treating non-offending caregivers with similar experiences.

I understand that, under the General Data Protection Regulation (GDPR) and national legislation, I have the right to access, rectify, and where applicable, ask for the data concerning me to be erased.

I am aware that my data will be pseudonymised; i.e., my identity will not be noted on transcripts or notes from my interview, but instead, a code or pseudonym will be assigned. The codes that link my data to my identity will be stored securely and separately from the

data, in an encrypted file on the researcher's password-protected computer, and only the researcher and supervisor will have access to this information, and in exceptional circumstances, the examiners for verification purposes. Any hard-copy materials will be placed in a locked cupboard. Any material that identifies me as a participant in this study will be stored securely for the duration of the study and destroyed within 1 year of completion of the study.

I am aware that my identity and personal information will not be revealed in any publications, reports or presentations arising from this research.

I am aware that, if I give my consent, the interview will be audio-recorded and converted to text as it has been recorded (transcribed). I understand that all data collected will be erased within 1 year of completion of the study.

I am aware that, if I give my consent, extracts from my interview may be reproduced in these outputs, either in anonymous form, or using a pseudonym (a made-up name or code – e.g. respondent A).

I am aware that I may ask to be given the opportunity to review relevant extracts of the transcript of my interview, before the results of the study are published. I am also aware that I may ask for changes be made, if I consider this to be necessary.

I understand that if I disclose that I, or anyone is at risk of harm, the researcher reserves the right to report this information with or without my permission.

I understand that I may contact the researcher following the interview using the contact details provided on the information sheet should I require any more information.

I have been provided with a copy of the information letter and understand that I will also be given a copy of this consent form.

I have read and understood the above statements and agree to participate in this study.

Name of Participant -----

Signature of Participant -----

Date -----

Michela Laurenti

michela.laurenti.15@um.edu.mt

+356 79380558

Dr Greta Darmanin Kissaun

greta.darmanin-kissaun@um.edu.mt

+356 23403129

Appendix E

Formola tal-Kunsens (Survivor)

Disclosure of Child Sexual Abuse: The Experience of Non-Offending Caregivers

Finding Out

Għandhi 18+ il-sena u għadda mill-inqas tliet snin mill-esperjenza ta' l-abbuż sesswali tiegħi.

Nifhem li l- ġenitur/‘caregiver’ tiegħi ser jitkellem/titkellem fuq l-esperjenza ta’ t-tgħallim ta’ l-abbuż sesswali tiegħi.

Nifhem li l-informazzjoni li giet miġbura matul l-intervista tiġi użata biss għall-iskop ta’ din ir-riċerka.

Nifhem li mhux bil-fors ser nibeniffika minn din ir-riċerka. Nifhem li r-riċerka tista’ tgħin fil-ftehim ta’ liema metodi terapewtiċi jistgħu jintużaw u/jew liema tekniki jistgħu jkunu ta’ għajjnuna fit-trattament ta’ dawn il-ġenituri/ ‘caregivers’.

Nifhem li l-identita tiegħi mhux ser jiġi żvelat fl-ebda pubblikazzjonijiet, rapporti jew prezentazzjonijiet li jirriżultaw minn din ir-riċerka. Nifhem ukoll li l-‘caregiver’ se tingħata psewdonimu jew kowd (e.g. Respondent A) li jiżgura l-anonimità tagħhom. L-informazzjoni kollha ser jinżammu maħżuna go fajl kriptat.

Nifhem li se ningħata kopja ta’ din il-formola ta’ kunsens.

Qrajt u fhimt id-dikjarazzjonijiet ta' hawn fuq, u nagħti l-kunsens tiegħi għall- ġenitur/
'caregiver' tiegħi biex jirkellmu dwar l-esperjenza tagħhom ta' t-tgħallim ta' l-abbuż sesswali
tiegħi.

Firma tas- 'survivor' -----

Data -----

Michela Laurenti

michela.laurenti.15@um.edu.mt

+356 79380558

Dr Greta Darmanin Kissaun

greta.darmanin-kissaun@um.edu.mt

+356 23403129

Appendix F

Consent Form (Survivor)

Disclosure of Child Sexual Abuse: The Experience of Non-Offending Caregivers Finding Out

I am of 18+ years and at least 3 years have passed since my experience of sexual abuse.

I understand that my caregiver will be speaking about their experience of finding out that I was abused sexually.

I understand that the data collected during the interview will be used for the sole purpose of this research study.

I understand that I may not directly benefit from participating in this study, or from its findings. I also understand that this research may contribute to the understanding of which therapeutic frameworks could be drawn on and/or which techniques could be helpful to use when treating non-offending caregivers with similar experiences.

I am aware that my identity will not be revealed in any publications, reports or presentations arising from this research. I am also aware that my caregiver will be given a pseudonym or code (e.g. Respondent A) ensuring their anonymity. All data will be stored in an encrypted folder.

I will be given a copy of this consent form.

I have read and understood the above statements and I give my consent for my caregiver to speak about their experience of finding out that I was abused sexually.

Signature of survivor -----

Date -----

Michela Laurenti

michela.laurenti.15@um.edu.mt

+356 79380558

Dr Greta Darmanin Kissaun

greta.darmanin-kissaun@um.edu.mt

+356 23403129

Appendix G

The Malta Chamber of Psychologists

Dissemination of Information Sheet

3 messages

Michela Laurenti <michela.laurenti.15@um.edu.mt>
To: [REDACTED]@um.edu.mt>

26 June 2020 at 08:33

Good morning,


I am carrying out research for my Masters in Psychological Studies. This research will focus on the experience of caregivers finding out that their child/ a child in their care has experienced sexual abuse.


Could the MCP disseminate the information sheet of the study to its members, once it is accepted by the Ethics Committee? I will provide a cover letter when the time comes.

Attached kindly find the information sheet (Maltese and English).

Kind regards,
Michela Laurenti

2 attachments

 Information Sheet.pdf
66K

 Formola ta' l-informazzjoni.pdf
80K

[REDACTED]@um.edu.mt>
To: Michela Laurenti <michela.laurenti.15@um.edu.mt>

26 June 2020 at 09:03

Dear Ms Laurenti,

this is to inform you that the Malta Chamber of Psychologists would be very happy to disseminate any information for your recruitment of participants in connection with your dissertation

Best regards

[REDACTED]
[REDACTED]
Department of Psychology
Faculty for Social Wellbeing
University of Malta
MSc Addiction Studies Course Coordinator
Master of Psychology in Forensic Psychology Course Coordinator
00356 [REDACTED]

President - Malta Chamber of Psychologists

[Quoted text hidden]

Michela Laurenti <michela.laurenti.15@um.edu.mt>
To: [REDACTED]@um.edu.mt>

26 June 2020 at 09:06

Thank you for your prompt reply!

Have a good weekend.

Kind regards
Michela

Women for Women



Michela Laurenti <michela.laurenti.15@um.edu.mt>
to womenforwomenmalta ▾

Thu, 3 Sep, 13:27 (20 hours ago) ☆ ↶ ⋮

Good afternoon,

I am carrying out research for my Masters in Psychological Studies at the University of Malta. This research will focus on the experience of caregivers finding out that their child/ a child in their care has experienced sexual abuse. Therefore, the research interview will **not** take place with the survivor of abuse, but with the caregiver of the survivor.

I would like to ask for your permission to post on your group named 'Women for Women' to recruit participants for my dissertation. Recruitment of participants will only begin once the ethics committee has given me the go ahead. The caregiver and survivor of abuse will be provided with consent forms prior to starting the interview.

Should you require more information kindly find the information sheet attached. Please feel free to contact me via email or by mobile (+35679380558).

I look forward to hearing from you. Thank you for your time.

Kind regards,
Michela Laurenti

2 Attachments



Women For Women
to me ▾

05:05 (4 hours ago) ☆ ↶ ⋮

Yes of course. Go ahead.

Caritas

Research Request External Inbox x



Michela Laurenti <michela.laurenti.15@um.edu.mt>
to info ▾

Mon, 28 Jun, 14:30 (3 days ago) ☆ ↶ ⋮

Hi,

I hope this email finds you well.

My name is Michela Laurenti and I am reading for a Masters in Psychological Studies at the University of Malta. I am researching the experience of non-offending caregivers finding out that a child in their care has been sexually abused, and how these caregivers make sense of their reactions to the disclosure.

I have already received approval from FREC and UREC as can be seen attached.

To be eligible for this study:

1. the participant must be a **caregiver** of a child who has experienced sexual abuse
2. the child must have disclosed their experience of sexual abuse to the participant (caregiver)
3. at least **3 years** must have past since finding out about the sexual abuse
4. the survivor of sexual abuse is **18+**

Would you kindly be able to disseminate a drafted email and information sheet (*both provided by me*) to your clients, or anyone you know, who may be interested in participating please?

Thank you for your time. I look forward to hearing from you.

Kind regards,
Michela



[REDACTED] <[REDACTED]@caritasmalta.org>
to me ▾

11:15 (11 hours ago) ☆ ↶ ⋮

Dear Ms. Laurenti,

Thank you for reaching out to us.

If you send us an information letter I could distribute it among our staff members and residents. Participation is obviously voluntary and whoever is interested would contact you privately.


Best regards,

[REDACTED]
Human Resources Manager



Fondazzjoni Caritas Malta
5, Lion Street
Floriana, FRN1514
t: +356 [REDACTED]
m: +356 [REDACTED]
e: [REDACTED]

This email and any files transmitted with it are confidential and intended solely for the use of the person/s or entity to whom they are addressed. If you have received this email in error kindly delete it from your system and notify the sender immediately. If you are not the intended recipient you should not disseminate, distribute, or copy this email.

 **Michela Laurenti** <michela.laurenti.15@um.edu.mt> 17:47 (4 hours ago) ☆ ↶ ⋮

to [REDACTED] ▾
Dear [REDACTED]

Thank you for your reply.

Below is a draft email which can be sent to the residents and staff members. I have also attached the information sheet in Maltese and English.

Dear all,

My name is Michela Laurenti and I am reading for a Masters in Psychological Studies at the University of Malta. I am researching the experience of non-offending caregivers finding out that their child or a child in their care has been sexually abused, and how these caregivers make sense of their reactions to the disclosure.

I am currently recruiting individuals who would like to participate in this research, and who fit the criteria listed below. I understand that this is a sensitive topic and thus, it is vital that at least 3 years have passed since the caregiver's experience of finding out.

To be eligible for this study:

- 1. the participant must be a **caregiver** of a child who has experienced sexual abuse*
- 2. the child must have disclosed their experience of sexual abuse to the participant (caregiver)*
- 3. at least **3 years** must have past since finding out about the sexual abuse*
- 4. the survivor of sexual abuse is **18+***

More information can be found on the information sheets attached.

Please contact me should you wish to participate, or if you have any queries/concerns or require more information.


Email: michela.laurenti.15@um.edu.mt

Mobile: +356 79380558

Please pass on this information should you know of anyone who would like to participate.

Thank you for your time

Kind regards,

 [REDACTED] 14:45 (1 minute ago) ☆ ↶ ⋮


to me ▾
Dear Michela,

Thank you for your email. It was disseminated among our staff members, and any clients who fit the criteria would be made aware too just in case they wish to participate.

Best regards,

[REDACTED]

[REDACTED]
Human Resources Manager

 **Caritas**

Fondazzjoni Caritas Malta
5, Lion Street
Floriana, FRN1514
t: + [REDACTED]
m: + [REDACTED]
e: [REDACTED]

Maltese Association of Social Workers

Research Request

External Inbox x



Michela Laurenti <michela.laurenti.15@um.edu.mt>
to info ▾

1 Jun 2021, 09:52 ☆ ↶ ⋮

Good morning,

I hope this email finds you well.

My name is Michela Laurenti and I am reading for a Masters in Psychological Studies at the University of Malta. I am researching the experience of non-offending caregivers finding out that a child in their care has been sexually abused, and how these caregivers make sense of their reactions to the disclosure.

I have already received approval from FREC and UREC as can be seen attached.

Would you kindly be able to disseminate a drafted email and information sheet to your members please?

Kind regards,
Michela



MASW

to me ▾

Wed, 2 Jun, 00:15 (13 days ago) ☆ ↶ ⋮

Dear Michela,

I trust this e-mail finds you well.

In order to assist you during your studies by circulating your recruitment letter with our social work members, we kindly request that one would enrol as a member with the MASW.

The fee for a student member is still of €12.50 for one year (even though you are counselling student, we are making an exception). Attached kindly find the membership form and there are several options on how you can affect the payment.

Should you feel that this is helpful, feel free to contact us again.


Good luck for your studies,

██████████
██████████

Maltese Association of Social Workers

*The Professional Centre,
Sliema Road,
Gzira, GZR 1633*

info@masw.org.mt
<https://masw.org.mt>

 **Michela Laurenti** <michela.laurenti.15@um.edu.mt>
to MASW ▾ Wed, 2 Jun, 10:13 (13 days ago) ☆ ↶ ⋮

Dear [REDACTED]


Thank you for your prompt reply.

Thank you for allowing me to join even though I am not a social work student. I would just like to clarify (in case it makes a difference) that I am not a counselling student. I am reading for my Masters in Psychological Studies, which is a research based masters.

I am happy to become a member and pay €12.50 through Revolut. Could you kindly let me know to whom I would need to send the payment?

Attached please find the application form.

Kind regards,
Michela

 **MASW**
to me ▾ 2 Jun 2021, 17:49 (13 days ago) ☆ ↶ ⋮

Dear Michela,

Apologies, a mistake from my end. It will not make a difference though.
Thank you for becoming a member, you can send your payment to this number: + [REDACTED]

Please forward your recruitment letter/information sheet and we will be able to circulate with all our members.


Kind regards,
[REDACTED]

Maltese Association of Social Workers

*The Professional Centre,
Sliema Road,
Gzira, GZR 1633*

info@masw.org.mt
<https://masw.org.mt>



 **Michela Laurenti** <michela.laurenti.15@um.edu.mt>
to MASW ▾ Thu, 3 Jun, 09:05 (12 days ago) ☆ ↶ ⋮

Dear [REDACTED]

I have sent the payment of Eur 12.50 via Revolut. Below is a draft of the email which I kindly ask you to send out to your members. I have also attached two documents which, if possible, would need to be attached to the email sent out.

Dear all,

My name is Michela Laurenti and I am reading for a Masters in Psychological Studies at the University of Malta. I am researching the experience of non-offending caregivers finding out that their child or a child in their care has been sexually abused, and how these caregivers make sense of their reactions to the disclosure.

Could you kindly share the information sheet attached with your clients, or anyone you know, who may be interested in participating. I understand that this is a sensitive topic and thus, it is vital that at least 3 years has passed since the caregiver's experience of finding out.

To be eligible for this study:

- 1. the participant must be a caregiver of a child who has experienced sexual abuse*
- 2. the child must have disclosed their experience of sexual abuse to the participant (caregiver)*
- 3. at least 3 years must have past since finding out about the sexual abuse*
- 4. the survivor of sexual abuse is 18+*

Please contact me should you have any queries/concerns or require more information.

Email: michela.laurenti.15@gmail.com

Mobile: +356 79380558

Thank you for your time.

Kind regards,
Michela

Thank you for your help, [REDACTED]

Kind regards

**MASW**

to me ▾

Mon, 7 Jun, 23:11 (8 days ago) ☆ ↶ ⋮

Dear Michela,

Thank you, your payment has been received. You will receive a receipt shortly.
I have also circulated your e-mail and sheets with our members.

Kind regards,

[REDACTED]

Maltese Association of Social Workers

*The Professional Centre,
Sliema Road,
Gzira, GZR 1633*

info@masw.org.mt
<https://masw.org.mt>



Foundation for Social Welfare Services

Research Request External



Michela Laurenti <michela.laurenti.15@um.edu.mt>
to research.fsws-headoffice ▾

Mon, 14 Jun 2021, 09:44 ☆ ↶ ⋮

To whom it may concern,

I hope this email finds you well.

My name is Michela Laurenti and I am reading for a Masters in Psychological Studies at the University of Malta. I am researching the experience of non-offending caregivers finding out that a child in their care has been sexually abused, and how these caregivers make sense of their reactions to the disclosure.

I have already received approval from FREC and UREC as can be seen attached. I have also already started recruiting participants through different channels. Should my application and research be approved by the FSWS, I would need your help to recruit individuals to participate in face-to-face interviews.

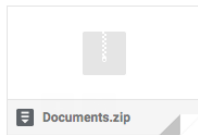
I have attached all the documents in a zipped folder, as well as the research request form.

Please let me know if you require any more information.

Thank you for your time.

Kind regards,
Michela

3 Attachments



[Redacted] FSWS-Head Office <[Redacted]@gov.mt>
to me ▾

Mon, 14 Jun 2021, 11:55 ☆ ↶ ⋮

Dear Ms. Laurenti

Thank you for your email and for the documents.

We will now process and get back to you as soon as possible.

Best regards

[Redacted signature]

Foundation for Social Welfare Services
Research Office
212, Cannon Road, St. Venera

Tel: (+356) [Redacted]

Email: [Redacted]

Outcome of FSWS research application External



[Redacted] FSWS-Head Office <[Redacted]@gov.mt>
to me ▾

Mon, 28 Jun 2021, 10:13 ☆ ↶ ⋮

Dear Michela Laurenti,

Please find attached the approval letter for your request to conduct your research with the FSWS. The research office is also forwarding your recruitment letters (information sheet) to the appropriate services for dissemination with potential service users.

Please be informed that available participants are quite limited and you will probably have a very low response rate. The approval letter does not guarantee that participants will be found nor that those contacted will be willing to participate.

Regards,



[Redacted]
Leader – Research (Senior Research Executive)
FSWS - Head Office

t +356 [Redacted]
www.gov.mt | www.publicservice.gov.mt




Addictions in a pandemic reality: **Building Resilience**

FOUNDATION FOR SOCIAL WELFARE SERVICES

FSWS HEAD OFFICE - 212, TRIQ IL-KANUN,
SANTA VENERA, MALTA

Kindly consider your environmental responsibility before printing this e-mail

Maia Psychology Centre

 **Michela Laurenti** <michela.laurenti.15@um.edu.mt> 15 Jun 2021, 09:49 (7 days ago) ☆ ↶ ⋮
to info ▾

Good morning,

I hope this email finds you well.

My name is Michela Laurenti and I am reading for a Masters in Psychological Studies at the University of Malta. I am researching the experience of non-offending caregivers finding out that a child in their care has been sexually abused, and how these caregivers make sense of their reactions to the disclosure.

I have already received approval from FREC and UREC as can be seen attached.


To be eligible for this study:


1. the participant must be a **caregiver** of a child who has experienced sexual abuse
2. the child must have disclosed their experience of sexual abuse to the participant (caregiver)
3. at least **3 years** must have past since finding out about the sexual abuse
4. the survivor of sexual abuse is **18+**

Would you kindly be able to disseminate a drafted email and information sheet (*both provided by me*) to your clients, or anyone you know, who may be interested in participating please?

Thank you for your time. I look forward to hearing from you.

Kind regards,
Michela



 **Michela Laurenti** <michela.laurenti.15@um.edu.mt> 14:51 (23 minutes ago) ☆ ↶ ⋮
to info ▾

Hi,

I am just following up with my previous email.

Would you kindly be able to disseminate a drafted email and information sheet (*both provided by me*) to your clients, or anyone you know, who may be interested in participating please?

Kind regards,
Michela

 **Maia Psychology Centre** 15:04 (10 minutes ago) ★ ↶ ⋮
to me ▾

Hi Michela

Yes of course, send us the information and we will distribute to our professionals.

Regards
██████████



Michela Laurenti

to Mala ▾

15:15 (0 minutes ago)



Hi [REDACTED]

Thank you for your prompt response.

Below is the draft to be sent to your professionals at your earliest convenience. I have also attached the information sheet in Maltese and English.

Dear all,

My name is Michela Laurenti and I am reading for a Masters in Psychological Studies at the University of Malta. I am researching the experience of non-offending caregivers finding out that their child or a child in their care has been sexually abused, and how these caregivers make sense of their reactions to the disclosure.

Could you kindly share the information sheet attached with your clients, or anyone you know, who may be interested in participating. I understand that this is a sensitive topic and thus, it is vital that at least 3 years have passed since the caregiver's experience of finding out.

To be eligible for this study:

- 1. the participant must be a caregiver of a child who has experienced sexual abuse*
- 2. the child must have disclosed their experience of sexual abuse to the participant (caregiver)*
- 3. at least 3 years must have past since finding out about the sexual abuse*
- 4. the survivor of sexual abuse is 18+*

Please contact me should you have any queries/concerns or require more information.

Email: michela.laurenti.15@um.edu.mt

Mobile: +356 79380558

Thank you for your time.

Kind regards,

Michela

Thank you for your help, [REDACTED]

Therapy Works

Research Request

7 messages

Michela Laurenti <michela.laurenti.15@um.edu.mt>
To: info@bloomclinic.com.mt

15 June 2021 at 09:38

Good morning,

I hope this email finds you well.

My name is Michela Laurenti and I am reading for a Masters in Psychological Studies at the University of Malta. I am researching the experience of non-offending caregivers finding out that a child in their care has been sexually abused, and how these caregivers make sense of their reactions to the disclosure.

I have already received approval from FREC and UREC as can be seen attached.

To be eligible for this study:

1. the participant must be a **caregiver** of a child who has experienced sexual abuse
2. the child must have disclosed their experience of sexual abuse to the participant (caregiver)
3. at least **3 years** must have past since finding out about the sexual abuse
4. the survivor of sexual abuse is **18+**

Would you kindly be able to disseminate a drafted email and information sheet (*both provided by me*) to your clients, or anyone you know, who may be interested in participating please?

Thank you for your time. I look forward to hearing from you.

Kind regards,
Michela Laurenti



Screen Shot 2021-06-01 at 09.46.03.png
102K

TherapyWorks <info@therapyworks.com.mt>
To: Michela Laurenti <michela.laurenti.15@um.edu.mt>

15 June 2021 at 14:17

Dear Michela,

Thank you for reaching out to us at this point in time.

Unfortunately, we are unable to pass this to our clients. However, we can disseminate your email with our therapists. Let us know what you think. Good luck with your research!

Thanks and regards,

██████████
Psychology Assistant
TherapyWorks Clinic

TherapyWorks 52, Triq Ġużè Ellul, Gwardamanġa PTA 1030

M ██████████ | W www.therapyworks.com.mt | E info@therapyworks.com.mt

[Quoted text hidden]

Michela Laurenti <michela.laurenti.15@um.edu.mt>
To: TherapyWorks <info@therapyworks.com.mt>

15 June 2021 at 14:34

Hi [REDACTED]

Thank you for your prompt reply!

Yes please, it would be highly appreciated if you could disseminate the following email and attachments with your therapists.

Please let me know if you require any further information or have any questions. Below is a draft of the email should you wish to send this out.

Dear all,

My name is Michela Laurenti and I am reading for a Masters in Psychological Studies at the University of Malta. I am researching the experience of non-offending caregivers finding out that their child or a child in their care has been sexually abused, and how these caregivers make sense of their reactions to the disclosure.

Could you kindly share the information sheet attached with your clients, or anyone you know, who may be interested in participating. I understand that this is a sensitive topic and thus, it is vital that at least 3 years have passed since the caregiver's experience of finding out.

To be eligible for this study:

- 1. the participant must be a **caregiver** of a child who has experienced sexual abuse*
- 2. the child must have disclosed their experience of sexual abuse to the participant (caregiver)*
- 3. at least **3 years** must have past since finding out about the sexual abuse*
- 4. the survivor of sexual abuse is **18+***

Please contact me should you have any queries/concerns or require more information.

Email: michela.laurenti.15@um.edu.mt

Mobile: +356 79380558


Thank you for your time.


*Kind regards,
Michela*

Thank you for your help. [REDACTED]

Kind regards,
Michela
[Quoted text hidden]

2 attachments

 **Formola ta' l-informazzjoni.pdf**
87K

 **Information Sheet.pdf**
62K

TherapyWorks <info@therapyworks.com.mt>
To: Michela Laurenti <michela.laurenti.15@um.edu.mt>

15 June 2021 at 14:47

Dear Michela,

Thank you for your reply. We have forwarded the email and attachments to our team of therapists and assistants. Take care :)!

Thanks and regards,

[REDACTED]
Psychology Assistant
TherapyWorks Clinic

Victim Support Malta

Research Request

3 messages

Michela Laurenti <michela.laurenti.15@um.edu.mt>
To: info@victimsupport.org.mt

11 June 2021 at 14:37

To whom it may concern,

I hope this email finds you well.

My name is Michela Laurenti and I am reading for a Masters in Psychological Studies at the University of Malta. I am researching the experience of non-offending caregivers finding out that a child in their care has been sexually abused, and how these caregivers make sense of their reactions to the disclosure.

I have already received approval from FREC and UREC as can be seen attached.

Would you kindly be able to disseminate a drafted email and information sheet to your clients, or anyone you know, who may be interested in participating please?

Have a nice weekend.

Kind regards,
Michela



Screen Shot 2021-06-01 at 09.46.03.png
102K

Info <Info@victimsupport.org.mt>
To: Michela Laurenti <michela.laurenti.15@um.edu.mt>

14 June 2021 at 11:26

Your email has been received and contents noted. If we have any clients, we will inform them of this research accordingly.

Thanks and Regards,

The VSM Team

info@victimsupport.org.mt | 21228333 | victimsupport.org.mt



Michela Laurenti <michela.laurenti.15@um.edu.mt>
To: Info <Info@victimsupport.org.mt>

14 June 2021 at 11:38

Good morning,

Thank you for your reply.

I have attached the information sheet in both Maltese and English. I have also listed the eligibility criteria for this research below.

To be eligible for this study:


1. the participant must be a caregiver of a child who has experienced sexual abuse
2. the child must have disclosed their experience of sexual abuse to the participant (caregiver)
3. at least 3 years must have past since finding out about the sexual abuse
4. the survivor of sexual abuse is 18+


Have a good day.

Kind regards,
Michela

[Quoted text hidden]

2 attachments

 **Formola ta' l-informazzjoni.pdf**
87K

 **Information Sheet.pdf**
62K

Mount Carmel Hospital

Recruitment of Participants - M.Sc Psychological Studies External Inbox x



Michela Laurenti <michela.laurenti.15@um.edu.mt>

17 Feb 2022, 19:59 ☆ ↶ ⋮

to: [REDACTED]

Dear [REDACTED]

I hope this email finds you well.

I am reading for a Masters in Psychological Studies (research based) at the University of Malta on a part-time basis. I am currently working on my dissertation titled "Disclosure of Child Sexual Abuse: The Experience of Non-Offending Caregivers Finding Out". My research aims to understand the experience of non-offending caregivers finding out that their child has experienced sexual abuse, as well as to understand how these caregivers make sense of their reactions to the disclosure.

I have been given ethical clearance as can be seen attached. Would it be possible to kindly have the attached information sheets and consent forms (for both survivor and caregiver) disseminated to the professionals who may be able to assist in the recruitment of participants please?

I have listed the eligibility criteria below for ease of reference;

1. the participant must be a caregiver of a child who experienced child sexual abuse
2. the participant's child must have disclosed of their experience of sexual abuse to their caregiver (the participant)
3. at least 3 years must have past since finding out about the sexual abuse
4. the child (i.e. the survivor of sexual abuse) is 18+

Kindly let me know should you have any questions or concerns with regards to the recruitment of participants.

Thank you for your time and consideration.

Kind regards,
Michela Laurenti
79380556



[REDACTED] Health-Mental Health Services

Sat, 19 Feb, 18:28 ☆ ↶ ⋮

to: [REDACTED] me

Dear Michela,

I will need a supporting letter by your supervisor.
The Ms. [REDACTED] in copy, can circulate this to all specialists.

[REDACTED] PhD (Maastricht) MSc (Psych)(London) FRCPsych(U.K.)
Clinical Chairman (Psychiatry), Dept. of Psychiatry, within Ministry of Health, Malta
Chairman of 'Fondazzjoni Kenn ghal Sahhtek', Malta
Associate Professor of Psychiatry, University of Malta
Senior Research Fellow, CMHR - Cambridge University, UK



Greta Darmanin Kissaun

Mon, 28 Feb, 19:48 ☆ ↶ ⋮

to: [REDACTED] me

Dear [REDACTED]

Hope you are well

I attest that the details provided by Ms Michela Laurenti are correct and that I am the supervisor of her dissertation. Michela has obtained ethical approval and has completed her literature review and methodology chapters.

We would very much appreciate your kind assistance with recruitment of participants, as per Michela's email

Many thanks and warm regards

*Dr Greta Darmanin Kissaun
PhD (Lond), Dott. Psicol. (Padua), B.A. (Hons), B.A. (Gen), Dip. GPTIM
Clinical Psychologist and Psychotherapist
B.Psy (Hons) Co-ordinator
M.Psy (Clinical Stream) Co-ordinator
Department of Psychology
Room 244, Old Humanities Building, University of Malta
Maida, Malta MSD 2080*

For information on the M.Psy programme in Clinical Psychology please see <https://www.um.edu.mt/socialwellbeing-old/overview?code=PMPSYCLPFTT2-2017-8-O>

For information on the B.Psy (Hons) programme please see
<https://www.um.edu.mt/courses/overview/UBPSYHIFT-2020-1-O>



Health-Mental Health Services [redacted] gov.mt>

Sat, 5 Mar, 13:36 ☆ ↶ ⋮

Dear Resident Specialists,

You are kindly asked to note the below correspondence and the attached documents from Ms Michela Laurenti. The research is approved by [redacted]

Regards,

[redacted]

Department of Psychiatry
Health-Mental Health Services

t +356 [redacted] [redacted]
<https://health.gov.mt> | www.publicservice.gov.mt | fb.com/servizzpubbliku

Kindly consider your environmental responsibility before printing this e-mail



MINISTRY FOR HEALTH

MOUNT CARMEL HOSPITAL, TRIQ NOTABILE,
ATTARD, MALTA

Appendix H

UREC Approval

Research Ethics Proposal – Accepted following amendments requested by UREC-DP

Inbox x



SWB FREC <research-ethics.fsw@um.edu.mt>
to me, Greta, Gottfried

Wed, 20 Jan, 09:14



Unique Form ID: 6377 10.09.2020

Dear Michela Laurenti,

Reference is made to the **submitted amendments** which were **requested by UREC-DP** regarding your research titled *Disclosure of Child Sexual Abuse: The Experience of Non-Offending Caregivers Finding Out*.

Your ethics proposal has been **approved** and **you may now start your research**.

Regards,



Faculty Research Ethics Committee

Faculty for Social Wellbeing
Room 115, Humanities B
+356 2340 3192, +356 2340 2237
um.edu.mt/socialwellbeing/students/researchethics



Appendix I**Debriefing Form (Maltese)**

Għażiż Partecipant,

Grazzi talli għażilt tipparteċipa f'din ir-riċerka. Jekk tħossok skomdu/skomda wara l-intervista, int intitolat għal-sessjoni ma' wieħed mill-professjonisti miktubin hawn taħt. Tista' tikkuntattja lill-professjonisti billi tuża d-dettalji ta' kuntatt tagħhom f'din il-forma. Jekk jogħbok, infurmani jekk tixtieq tattendi sessjoni, u ma min, biex inkun nista' nħallas għalik. Tista' tikkuntattjani fuq michela.laurenti.15@um.edu.mt, jew fuq il-mowbajl +356 79380558. Jekk tħoss li għandek bżonn iktar sessjoni, tista' tikkuntattja Richmond Foundation, jew Kellimni.com

1. Ms [REDACTED]

Mobile: [REDACTED]

2. Ms [REDACTED]

Mobile: [REDACTED]

[REDACTED]

3. Dr [REDACTED]

Mobile: [REDACTED]

Tislijiet,

Michela Laurenti

Appendix J**Debriefing Form (English)**

Dear Participant,

Thank you for choosing to take part in this research study. Should you feel distressed as a result of the interview, you are entitled to a session with one of the professionals listed below.

You may contact the professionals by using their contact details on this sheet. Kindly inform me if you would like to attend a session, and with who so that I may cover the costs. You may contact me via email (michela.laurenti.15@um.edu.mt) or mobile (+356 79380558).

Should you feel the need to attend more than one session, you may access the services provided by Richmond Foundation, or Kellimni.com.

1. Ms [REDACTED]

Mobile: [REDACTED]

2. Ms [REDACTED]

Mobile: [REDACTED]

[REDACTED]

3. Dr [REDACTED]

Mobile: [REDACTED]

Sincerely,

Michela Laurenti

Appendix K

Interview Questions

Introductory questions

- Age range:
- Relationship Status:

Can you tell me a bit about yourself?

Prompt: How do you spend your time? What do you enjoy doing?

Can you tell me a little bit about your family?

Prompt: origin family, current family

Main questions

- Remind them what the study is about to prepare them

How do you **feel** when you think about the day you found out?

Prompt: What comes to mind?

Can you **describe** how you found out?

Prompt: When did your child tell you about the abuse? What did he/she say? Did you prompt your child to disclose?

Can you tell me what **it was like for you to find out** about the abuse?

Prompt: How did you feel emotionally and physically? How did you react? (What did you tell your child?)

What is the **relationship** of the child to the **perpetrator**?

Prompt: age of perpetrator.

How **long** did the abuse go on for before you found out?

Prompt: frequency of abuse, severity of abuse.

What/who **helped you cope** with the news?

Prompt: which internal/external resource helped you? Did you make use of any mental health services (e.g., psychotherapy)? – what helped you in psychotherapy?

How would you describe the way other **family members reacted** to the news of the abuse?

Prompt: Your partner? Other children? Siblings? Grandparents?

How did **the abuse stop**?

Prompt: What was done to bring the abuse to an end?

Do you think the disclosure affected your **relationship with your child**? If so, in what way?

Prompt: Some info on child; first or second child?

How do you **cope with it today**? Who/what supports you to deal with this experience?

If you had to know of someone who is going through the same experience, **what would you tell them**?

Concluding questions:

- How was this experience?
- How did you find the questions?
- Do you have any questions for me?
- Do you know of anyone who may be interested in participating?

Appendix L

Excerpt of Transcript

Participant 1

| | | |
|---|--|--|
| <p>Shock Self-blame Incestual abuse</p> <p>Convincing oneself</p> | <p>I: If you had to go back to the moment where she first told you, how would you describe your feelings? What did you feel.. emotionally or physically?</p> <p>P: Well, definitely it was a shock. The fact that it's her dad made it much worse. Well, I blame myself for it all. I just couldn't blame him. I mean, alright I do blame him in a way but sort of it I had done this, or I had done that</p> <p>I: How do you cope now-a-days, when you think about it?</p> <p>P: It doesn't hurt that much. Obviously it depends on triggers or days, because sometimes I do try to convince myself that it wasn't my fault. That I couldn't have known, obviously I would have acted. When I started to see changes in her, I know I did everything, but that thing never came to mind. I do blame myself because I always told her. I never warned her regarding family, and anyway, how do you go about it? I cannot tell her, don't stay on daddy's lap. Filfat, to be honest, I did it Imbaghad with this child. The worst thing was Imbaghad, when once he was out of jail, he still had the access visits.</p> <p>I: To all of them?</p> <p>P: Yes, Emma refused. The boy and the others, well they would choose the day. Imbaghad obviously supervised</p> | <p>The idea of Self-blame is emerging now, around the time she mentioned her own CSA. Is the Self-blame stemming from there? Feelings during disclosure Emphasis on identity of perpetrator</p> <p>Coping in present day Convincing oneself Inability to say 'sexual abuse' Why would she warn about family?</p> |
|---|--|--|

Participant 1

| | | |
|--|---|---|
| <p>consequences or present day Fear</p> | <p>visits, but obviously, it was torture having to give them to him. Supervised visits or not ... [inaudible] ... And then again, I mean, the little one used to ... She still mentions it. She says I made her scared. Well, I was afraid he was going to do something to them. Obviously Mario was scared and didn't want to go, but he had to. And even with the supervisor I mean, he still... I don't know if the supervisors knew the case. I wish they would, I mean it was unacceptable to see him coming back with him sitting on him and he's driving. And I used to tell the supervisor. I mean first of all, it's unsafe obviously to drive with a child like that. Secondly [inaudible]. And even when they'd come back from him crying, obviously the first reaction was "did dad do something to you?" I mean I couldn't help saying it... [inaudible] ... I told him you know what do you expect. If you came from school, I would ask you what happened. It doesn't make a difference. If you're coming from your dad, I would ask if something happened at dad's house.</p> <p>I: So, what was your first reaction when Emma told you?</p> <p>P: Shock, shock is the first reaction nah, she left me speechless. Obviously, I didn't want to face him, besides he has guns and stuff in the house. I had to tone it down as much as I can, that's why I told Emma. Then when things came out and he even yelled used to point the gun at her and that if she speaks about it then he'll kill me. That was the first thing I told the police - to take his</p> | <p>Perpetrator's actions visits Retraumatization? She may be blaming herself for scaring her other child? Constant worry Justifying her worry / concerns First reaction emphasis on Shock Concern for one's Safety Presence of violence → keeping things under Control!</p> |
| <p>Shock Control / Calming Situation</p> | | |

Appendix M

Themes, Sub-themes and Quotes

| Super-ordinate Themes | Sub-ordinate Themes | Quote from Participants |
|--------------------------|---|---|
| The Moment | 1. It was a shock | <p>“the moment she spat it out” (Jane)</p> <p>“Qisu qed taqa’ d-dinja” (“it’s as though the world is ending”) (Samantha)</p> |
| | 2. Belief and Support: A Knee-jerk Reaction | <p>“I believed her” (Jane)</p> <p>“As soon as I got to know, I phoned my paediatrician, u ħadtu għandhu u għamel it-testijiet u hekk, u um, and I phoned Appoġġ” (As soon as I got to know I phoned my paediatrician and I took him to him and he did the tests etc... and um... I phoned Appoġġ”) (Samantha)</p> |
| | 3. Compassion and Empathy | <p>“the whole family was shattered” (Jane)</p> <p>“bdejt nithassar lilha” (“I started feeling sorry for her”) (Samantha)</p> |
| Finding out as a Process | 1. The Many Aspects of Fear | <p>“[she] was afraid he was going to do something to them [her children]” (Jane)</p> <p>“Kont qed nipprova nżomm kalma” (“I was trying to remain calm”) (Samantha)</p> |

| | | |
|--|--------------------------------|---|
| | 2. Guilt and Self-blame | <p>“I blame myself for it all” (Jane)</p> <p>“I don’t know if I should have handled the situation differently” (Samantha)</p> |
| | 3. The Presence of Anger | <p>“It was torture having to give them to him” (Jane)</p> <p>“you start becoming, not angry...sort of angry at the situation. Why? I mean why should something like that happen? It’s...but a bit later that and then” (Samantha)</p> |
| | 4. Feelings of Disappointment | <p>“that really bothered me, the whole system” (Jane)</p> <p>“imbilli ndaħħal il-pulizija I don’t think they’re going to understand the situation, imbaghad forsi they make it worse” (“if we involve the police, I don’t think they’re going to understand the situation, and then maybe they make it worse”) (Samantha)</p> |
| | 5. Experiencing Grief and Loss | <p>“it was like he had a future, and now he doesn’t” (Samantha)</p> |
| | 6. The Gift of Acceptance | <p>“It doesn’t hurt that much” (Jane)</p> <p>“whatever I had to do, I resolved it” (Samantha)</p> |

| | | |
|---------------------------------|----------------------------------|--|
| <p>The Occurrence of Trauma</p> | <p>1. Revisiting the Past</p> | <p>“I just kept going, I had to, I had not choice...Imbaghad even the kids, they all had psychological problems...” (Jane)</p> <p>We started asking the younger one and he started saying “no no I’m not going to speak. For sure I won’t say anything. Leave me alone, I’m not going to say anything”. And they went running home [...] my husband told her sort of, don’t worry about the house, xorta konna ha ngibu xi hadd biex jirrangaha, qalilha, and it’s not deep enough li jkollha l-problemi (We started asking the younger one and he started saying “no no I’m not going to speak. For sure I won’t say anything. Leave me alone, I’m not going to say anything”. And they went running home [...] my husband told her sort of, don’t worry about the house, I mean anyway we were going to get someone to fix it, and he told her it isn’t deep enough to create a problem). (Samantha)</p> |
| | <p>2. The Weight of the Past</p> | <p>“I still carried so much guilt from my own abuse and stuff”. (Jane)</p> |

| | | |
|--|------------------------------|--|
| | 3. Remembering vs Forgetting | “I can still see her face, her terrified eyes looking at me” (Jane) “I erased them from my memory”. (Samantha) |
|--|------------------------------|--|