Children's Life Transition Following Sexual Abuse

Jacqueline Hatlevig

The life transition of children 6 to 13 years old was studied for 1 to 3 years following sexual abuse. Data included transcripts from in-depth interviews about the children's daily living experiences and drawings were analyzed using the ADOPT analysis procedure. Implications for nursing include the use of drawings as a research technique and the effectiveness of strategies used by participants to manage the aftermath of the trauma.

Key words: AUTHOR: please provide key words. Thanks.

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Violence directed at a child, particularly sexual abuse, is of increasing concern to health care professionals. Creighton (2004) found international prevalence rates for child sexual abuse of 6.8%-20.4% for females and 1%-16% for males. The significance of this data is that child sexual abuse has become a major public health problem.

In the aftermath of sexual abuse, the child experiences emotional upheaval, psychological trauma, and environmental changes. Studies of children who were physically or sexually abused have reported both catastrophic acute reactions and persistent chronic disability in a significant proportion of victims (Haven & Pearlman, 2004; Heim & Nemeroff, 2001; Kendler, et al., 2002; Paolucci, Genuis, & Violata, 2001).

Histories of sexual abuse in childhood have been consistently obtained in psychiatric patients with affective and eating disorders (Root & Fallon, 1988; Palmer, Oppenheimer, Dignon, & Howells, 1990), somatizing disorders (Morrison, 1989), borderline personality disorders (Weaver & Clum, 1993), and multiple personality disorders (Coons & Milstein, 1986).

Putnam (2003) conducted a 10-year review of the published research on child sexual abuse and concluded that it can have adverse consequences either shortly after the abuse or in adulthood or both. These data suggest the experience of sexual abuse is a traumatic life event resulting in serious consequences.

One of the problems in interpreting studies on the consequences of sexual abuse is the limited information on the numerous confounding variables that influence the responses of the child who has been sexually abused (Putnam, 2003). For instance, little is known about the experiences of the child following sexual abuse. It would be helpful to have information about the child's environment including problem-solving techniques or significant persons in the child's life.

Researchers in the area of child sexual abuse have investigated the abuse as a single variable and attempted to link family dynamics, characteristics or symptoms of victims, and the subsequent development of psychopathology to the experiences of child sexual abuse. The question of how the numerous variables interact to effect successful or unsuccessful adaptation remains unanswered. The use of in-depth interviewing and using multiple sources of data provides a perspective on aspects of the affected person life that have been overlooked in research.

Allowing children to describe their daily lives after sexual abuse provides valuable information to professionals. This information can be gathered through in-depth interviews and art productions to uncover aspects of a child's life that have been overlooked in research. For example, the interview questions ask the child about teachers, professionals, family and friends that are considered supportive and what these individuals do that the children find supportive. Other valuable information is obtained through questions about how these children manage strong emotions.

Review of the Literature

Understanding responses to trauma involves describing the processes that occur over time from the client's perception. The Life Transition Theory (Selder, 1989) evolved from a series of clinical research studies that examined individual's responses to disrupting life events (Jones & Selder, 1996;

Kachoyeanos & Selder, 1993; Selder, 1982 Selder 1989; Schmitt, 1982). The theory describes a person's transition "from a reality which has been disrupted to a newly constructed or surfacing reality" necessitated by the disrupting event (Selder, 1989, p. 438). A transition occurs only when a disruption of reality necessitates incorporating the event by reorganizing or reconstructing the existing reality.
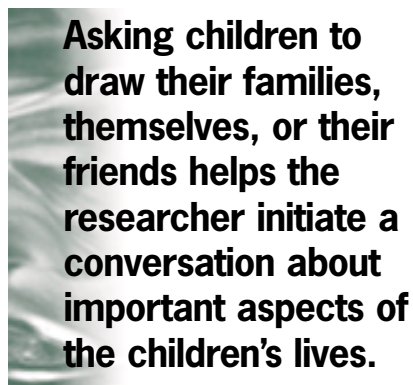
After a disrupting event, awareness of one's changed reality occurs in response to trigger events (awareness triggers) that promote awareness and acknowledgment of changed circumstances. The individual then begins to differentiate the boundaries of the previous reality and the emerging reality (Selder, 1989). Processes such as confronting irrevocability, experiencing reactivation, and identifying missed options function to promote an individual's awareness.

A marked characteristic of a life transition is uncertainty (Selder, 1989). Uncertainty occurs when an individual becomes aware of his or her changed reality. When previous ways of understanding, experiencing, and relating to the world are no longer appropriate or lack utility, the person seeks information as a way to decrease uncertainty. Previously held assumptions about what is normal or ordinary no longer exists. Many of an individual's concepts, ideas, and beliefs are clustered into assumptions about how the world operates and what we consider to be normal. Progress through the transition involves engaging in processes such as comparative testing, normalization, competency testing and minimizing missed options, in order to reduce uncertainty.

The goal of the individual experiencing a life transition is to move from the disrupted reality to one of the possible new realities in such a way that his or her sense of self and wholeness is maintained or regained.

For this study, sexual abuse is the disrupting event. Survivors of violence frequently find their assumptive world challenged (Janoff-Bulman, 1996). Circumstances related to the event, the duration and type of the sexual abuse and response of adults following the discovery of the abuse will influence the child's perception of sexual abuse as disruptive. Based on the Life Transition Theory (Selder, 1982), sexual abuse could be perceived as a disruption of the child's reality if the child's expectations, assumptions, and rules that defined that reality are significantly altered. For instance, following the discovery of sexual abuse, interventions by social services may alter the child's living arrangements and relationships to significant others. These circumstances contribute to the changed reality and do increase uncertainty. The child's sense of uncertainty may also be increased by feelings of vulnerability and isolation, difficulty expressing fears, and a limited understanding of the meaning of the changes.

> **Asking children to draw their families, themselves, or their friends helps the researcher initiate a conversation about important aspects of the children's lives.**

Burgess and Hartman (1993) have used drawing as an associative tool for accessing information about the sexually abused child's feelings and thoughts. The authors suggest that drawings from these children provide a view of how the child represents life experiences to themselves and others and "reflects cognitive structures through the organization of the drawing selection of content, the relationship of people and objects, and beliefs and assumptions expressed by the child about the content of the drawing" (p. 163). Asking children to draw their families, themselves, or their friends helps the researcher initiate a conversation about important aspects of the children's lives and establish rapport without appearing intrusive or provoking anxiety.

Children are asked to make a series of drawings beginning with the nonthreatening topic of "your favorite weather," moving to a picture of themselves as they are now, continuing with a drawing with a family theme, and concluding with a free drawing. This allows the children to visually express their world.

Using a variety of techniques provides the researcher with different instruments that encourage children to feel comfortable and more willing to express themselves in the research setting. The drawings were then used as a way to initiate questions about family members and daily routines.

Various information gathering techniques including drawings and free play (Bass-Feld, 1994; Karp, 1997; Peterson, Hardin, & Nitsch, 1995) have been used to assess the responses of children who have been sexually abused for clinical assessments. The Draw-a-Family or Family Drawing Technique (Harris, 1963) is an elaboration of the Draw-a-Man projective technique (Goodenough, 1926).

As a research technique, projective drawings are used as an associative tool and as a means of understanding the subjective experience of the patient – not as a scientific instrument. The symbols represented in the drawings provide indicators of the subjective experience and should be validated with interview data, history, client behavior and other data sources (Karp, 1997). Although several studies have described the use of projective drawings as an associative tool, no studies could be found using projective drawings as a source of data with sexually abused children.

Methodology

An exploratory approach, such as in-depth interviewing, assumes that the perspective of others is meaningful, knowable, and able to be made explicit (Patton, 1990). This approach gives attention to the social context in which the child lives and emphasizes understanding of the child's world (Cobb & Haggemaster, 1987).

The purpose of this exploratory study was to describe the experiences of children who have been sexually abused from the perspective of the children. The specific research question was: What are the perceptions of

children between the ages of 6 and 13 within 3 years following the discovery of sexual abuse?

To address the children's current life experiences, the following areas were explored:

1. How do children who have been sexually abused describe significant others in their lives such as family, friends, teachers, or others?
2. How do they describe their daily living routine?
3. How do these children describe their interactions with parents and significant others in their lives?
4. What do these children do when confronted with a problem such as a disagreement with friends or siblings?
5. What do they say about their future?

To encourage the children to expand their descriptions in these areas, additional questions were asked. The qualitative data collection method of in-depth interviewing and drawing allowed the children to fully describe their daily lives following sexual abuse.

In this study, multiple interviews were conducted with each child at different times to increase accuracy, specificity, and thoroughness in description (Lincoln & Guba, 1985). Each interview lasted between 45 minutes to 2.5 hours, based on the child's convenience, with an average of two to five interviews per participant. The mean or average length of the interviews was 4.7 hours per child. Varying the number of interviews from child to child allowed them to establish their own comfort level. In addition, interview techniques, such as drawings, prompted descriptions that encouraged specificity and thoroughness.

Prior to the interviews a certified art therapist, who was experienced with trauma patients, was consulted regarding analysis of the drawings. The therapist later reviewed the drawings and provided opinions and direction.

After the study was completed and the art therapist consulted, the researcher developed a table with relevant categories to facilitate analysis. These categories included: aesthetic development (AD), observed verbal/nonverbal behavior while drawing (taken from the transcripts) (O), projective analysis of the drawings from the literature (PT), and an analysis of the categories by the researcher. The author has identified this analysis process as ADOPT. Selected drawings from the participants were then analyzed based on the above categories. The ADOPT analysis was an additional source of qualitative data.

Data Collection. The investigator developed a written summary for agency personnel informing them of the proposed research and requesting cooperation in recruiting participants. Each agency that agreed to participate in the research was given a list of participant criteria, an introductory letter explaining the research, and the researcher's name cards. When a potential participant, male or female, met the criteria, the agency contact person would review the written summary of the research with the potential participant and his or her guardian. Contact persons were encouraged to emphasize that the participants may refuse, without fearing negative consequences, to participate in the study. Participants were also asked in the informed consent for permission to audio tape interviews. When both the potential participant and his or her guardian agreed to participate in the research, the release of information was signed.

The case worker evaluated whether each participant met the criteria and gave the parent or guardian a stamped researcher-addressed envelope to mail if interested in joining the study. In some cases, the participant chose to have the case worker contact the researcher and provide his or her name and address. The researcher then contacted the participant's parent or guardian, and made an appointment for an initial visit. The initial visit occurred in a mutually convenient location. Most interviews took place at the participant's home or at another mutually convenient location.

At the initial meeting, the researcher reviewed the goals of the study, the informed consent, and the release of information; obtained the verbal assent of the child, and collected demographic data. An interview guide was used to facilitate the interview with each participant. The aids described in the interview guide, such as a large drawing pad, markers, play telephone, and a dollhouse, were brought to the interview by the researcher.

Following the interviews, the children were asked what they thought about answering the questions and whether anything made them uncomfortable. In addition, significant symptoms or concerns reported by the children were discussed with the referring agency as appropriate.

In addition to the interviews, field notes describing observations and researcher memos were maintained throughout the study and provided additional data sources (Taylor & Bogdan, 1984). Field notes are written by the researcher about the researcher's observations, thoughts, and feelings during the interview. Researcher memos contain theoretical insights and decisional information written throughout the course of data collection and analysis (Glaser & Strauss, 1967). Audio recordings of the interviews were transcribed verbatim by the researcher. All the transcripts were checked for accuracy in the transcription. Data analysis commenced with the completion of the first interview.

Data Analysis. The interviews were transcribed from the audiotapes and the data were analyzed using analytic induction, a method for verifying theoretical propositions by seeking the best fit between data and the proposed theory. Categories of processes in Life Transition Theory were used for the initial coding. Using Life Transition Theory (Selder, 1989) in the initial coding of data permitted the researcher to recognize the broad range of responses common to sexual abuse survivors including responses that demonstrate the structuring of a new reality. Comparative testing, competency testing, normalization, and minimizing missed options are some of the adaptive mechanisms people use to decrease uncertainty and limit intrusiveness which then permits progression through the transition. QSR NUD.IST facilitated inductive analysis by helping the researcher organize data

into matching descriptions and key themes. Data that did not fit into these categories were categorized based on emerging themes or patterns.

The first step in qualitative analysis is to read and again read the transcripts (Taylor & Bogdan, 1984). As one is reading, any ideas, insights, common themes, or interpretations that emerge from the data should be jotted down in an interviewer's log. In this study, the researcher also wrote memos to herself as she came across themes or thought of concepts that applied to the topic of study. Field notes were completed after each interview and included observations of nonverbal behavior, descriptions of play, and comments regarding the drawings. The data were then initially coded into pre-established Life Transition Theory coding categories. Data that did not fit into these categories were categorized based on emerging themes or patterns. Typologies or classifications schemes were developed to assist in identifying themes and concepts. The development of coding categories helped the researcher analyze the emerging themes. All the notes, transcripts, and documents were coded into categories.

In this study, new concepts and theoretical propositions were developed by capturing the meaning of what the participant was describing, comparing the information to discover concepts that linked data, and looking for similarities among themes. Theoretical propositions were developed by describing underlying generalizations about the data. As the theory was developed, selective sampling of the literature was done to provide insights regarding potentially relevant concepts and theoretical propositions.

Additional interviews with subjects were obtained as needed until no new concepts or themes emerged from the data.

Rigor was obtained by following criteria suggested by Lincoln and Guba (1985) and Sandelowski (1986): credibility, transferability, dependability, and confirmability. Multiple interviews, having a detailed description of research methodology, an audit trail, field notes, memos, peer debriefing, member checks, and a reflexive jour-

nal were techniques used to ensure rigor criteria. Approval for this study was obtained from the Institutional Review Board for the Protection of Human Subjects of the University of Wisconsin- Milwaukee before initiating the research.

Sample. Five participants were recruited from human service agencies in Minnesota and Wisconsin. Participants were volunteers, 6 to 13 years of age at the time of the abuse, able to speak and understand English. All participants were identified by human service agencies as within 3 years of the sexual abuse experience, and who either had no contact or only supervised contact with the abuser. Additionally, only participants who had been sexually abused by a family member or a trusted authority figure and who had no criminal or civil legal issues associated with the sexual abuse pending were included. All of the offenders of the abuse had been prosecuted and convicted. Although this may not represent the typical sexual abuse survivor, these criteria were implemented to minimize the chance of further legal involvement for the researcher. Having no further contact with the offender may have provided more comfort for the survivor when telling his or her story.

The average age of onset of abuse for the participants was 6 years. The average duration of the abuse was 4.8 years with the two youngest participants reporting 1 year of abuse each and the three olde**st** participants reporting 7.5, 7.5, and 7 years of abuse. Four out of five participants reported that the sexual abuse involved sexual intercourse.

Alicia. Alicia is a 6-year-old white female in kindergarten. She lives with her mother and 8-year-old brother in a rented two-story home. Her abuse was reported 6 months prior to the interview by her mother. The offender was an adult male, a friend of the father. The offender was prosecuted and jailed. Her father is currently in jail for drug-related crimes. Alicia's mother reported that the family attends a weekly family group.

Adrienne and Anna. Adrienne, 15, and Anna, 16, are white females who live in a small rural midwestern com-

munity with their mother. The two sisters are in 9th and 10th grade respectively and attend an alternative school for children with emotional problems. They live in a small trailer of less than 1,000 square feet in a trailer court with several cats and one dog.

The two girls were sexually abused by their father for approximately 4.5 years, from the age of approximately 5 or 6 (neither participant remembered exactly when it began) until the age of 9 or 10. The two young women reported drinking alcohol and smoking pot with their father every evening during the years of the abuse. Anna reported the abuse to her mother who contacted the authorities. The father was subsequently prosecuted and jailed. He is due to be released in approximately 5 years. A great-uncle also sexually abused both girls. The abuse by the uncle began when they were approximately 11 or 12 and continued until Anna reported the abuse to her group counselor approximately 6 months prior to the interview.

Both girls have been treated for depression and. has been hospitalized twice for suicide attempts. Both girls attend a family group with their mother once a week and have received intermittent counseling.

Susan and Rebecca. Sisters Susan, 15, and Rebecca, 9, are white females who are in 9th and 4th grade respectively. Susan's and Rebecca's home is a two-story house located approximately 7 miles from a small rural town. They live in an isolated valley. Their paternal grandparents, the families of their father's brother and sister, and the offender are all neighbors.

The abuse was first reported 8 years ago by Susan when she was 7. The offender was a neighboring male cousin, then 11 years old. Susan initially reported the abuse to her stepmother who contacted the authorities. During the prosecution of the offender the judge determined that he was just "experimenting" and no conviction occurred. The abuse was again reported 2 years ago when Rebecca told Susan she was being abused by the same offender. The offender, at age 18, was then prosecuted for sexual abuse of Susan, Rebecca, and his own 7-

year-old sister. He is currently in jail. Susan and Rebecca began counseling 1 year ago when Susan asked her step-mother for counseling for her and her sister. The individual counseling lasted approximately 6 months. Susan was diagnosed as being depressed.

Results

The Life Transition Theory (Selder, 1989) was used in the initial coding of the data. The concepts of uncertainty and intrusiveness were identified as themes relevant to the theory. Themes that emerged from the data that did not fit within the theoretical framework of the theory included mediating relationships, keeping safe, and regulating affective responses. These emerging themes were specific to sexual abuse and encouraged further expansion of the theory

Relationships and keeping safe. The participants described characteristics they valued in people with whom they chose to have relationships. Each participant's mother was identified as being especially important to her. The safety and security provided by the nonabusing parents was evident in this statement by one participant: "My mom loves me no matter what." The importance of staying close to mom by engaging her attention was identified in examples of sleeping with mom, wanting to spend more time with her, and limiting mom's dating relationships.

For three of the children in this study, their relationships with an older adult female decreased their sense of isolation and provided feelings of support, understanding, and knowledge about the recovery process. Susan (15), Adrienne (15) and Anna (16) found an older female friend who listened and understood. Susan described her older friend this way: "It was my basketball coach's wife and she always came to all of our games. I feel kind of close to her. She really likes to give advice too and she listens and she went through something similar to what I did, and I can talk to her about that, which is really nice and she understands."

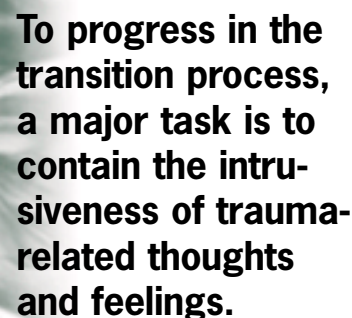Teachers, counselors, and support groups were also identified as important relationships. Anna described her relationship with her Emotional Behavioral Disabilities (EBD) teacher: "Oh, he's a really good teacher. He's always open; he's totally 100% honest with me." When asked if there were counselors at school she was required to talk to or who she usually talked to, she replied' "I am allowed to, but they're cunts, to say the least, they have no source of confidentiality whatsoever. Nothing you say will be kept confidential, you are guaranteed that."

Participants chose to establish relationships based on recognizing desirable characteristics such as trustworthiness, honesty, confidentiality, ability to understand abuse experience, and listening. Individuals with these characteristics increased the participants' feelings of being safe. People who did not possess these characteristics were considered less safe and were avoided.

Another strategy used by the participants to find safe relationships was avoiding being alone with most men. Several of the participants described feeling unsafe with the majority of men and identified only a few specific men in their family they "felt safe" with. One participant, 16-year-old Anna, said, "Like now, I just leave the room. Like I won't have a guy over unless there is somebody else in the house unless it is my uncle or grandpa."

In the transition following trauma, these participants sought and developed relationships based not on age or mutual interests but on the ability of others to listen, be confidential, and understand their life experiences. Participants chose whether to have relationships with individuals based on characteristics of honesty and trustworthiness. Individuals who did not have these characteristics were not trusted and the participants took actions to ensure that they these individuals were not in their lives.

Intrusiveness. Intrusiveness was a major concept in this study. Based on the Life Transition Theory (Selder, 1989), to progress in the transition process, a major task is to contain the intrusiveness of trauma-related thoughts and feelings. Anna described seeing events that happened during the sexual abuse at inopportune times, like "When I am taking a test or keyboard-

> **To progress in the transition process, a major task is to contain the intrusiveness of trauma-related thoughts and feelings.**

ing. That's really hard and you are trying to concentrate on what the test is saying, you are trying so hard that everything comes back." Although Anna was able to block her flashbacks most of the time, they did come back when she was concentrating on other topics. Containing intrusiveness meant being vigilant in any environment.

These participants engaged in strategies in an attempt to avoid the invasion of memories related to the sexual abuse. Participants reported engaging in numerous skills such as listening to music, keeping busy, and trying not to think about the traumatic memories as methods to contain the intrusive thoughts and feelings. In contrast to these noninvasive and positive methods for managing flashbacks, one participant, 15-year-old Adrienne, used self-mutilation to contain the intrusive thoughts and feelings. Using knives, glass, and cigarettes to inflict bodily harm permitted her to refocus away from painful memories.

Another negative strategy observed was dissociation. The researcher observed Rebecca, 9, experiencing a dissociative episode during one interview session when she talked about staying overnight at her cousin's house, where the offender, her older cousin lived. At the mention of his name, Rebecca froze and was gently prompted back to the interview.

In a "free drawing" Rebecca drew a series of bad days from before and after a storm. The final drawing of after the storm is included and a broken tree has been drawn to represent the damage from the storm (see Table 1). These participants reported that over time the frequency of the intrusive thoughts lessens. However, many of the strategies the participants used

Table 1.
Analysis of Drawings Provided by Rebecca (age 9) Free Drawing-Four Drawings of Storm/Trees (Drawing 1)

Verbal/nonverbal behavior while drawing (from transcripts)

Client was asked to draw a sad picture and began by drawing a tree. After she had drawn a tree, a puddle, and dark clouds, she stated, "I know exactly what I want to draw. It is getting more worse." "This is a hollowed out tree for an owl.". When asked if she always drew knotholes in trees she said, *"Yeah, always, cause it looks better, more like nature"*, she then announced that a tornado was moving in. In the next drawing, she said, *"This is what happens after the tornado hits."* In the next drawing, she said, *"The clouds are all gone and we have nice sunshine."* When asked to draw something that makes her worry, she responded that, "I don't have anything that makes me worry." She then proceeded to tell me about her bad dreams of fires where her parents and her were outside the house watching the house burn. When asked why that dream scared her she said, *"I thought it would happen."*

Drawing 1.
A Bad Day, Rebecca (Age 9)

Projective analysis of drawings from the literature

Tree drawings as an assessment tool are based on the assumption that the tree drawing is a representation of self (Rankin, 1994). Knotholes, broken branches, damaged trunks, and leafless tress are indicative of traumatic episodes in an individual's life. Sixty-four percent of subjects with scars, knotholes and broken branches reported past abuse. Sixty percent of the tree drawings created by individuals diagnosed with dissociative disorders contained a knothole, broken branch, a damaged trunk or were leafless. In another study, Torem, Gilbertson, & Light (1990) suggest that the presence of multiple tree injury markings be related to past traumatic experience. Blackened knotholes indicate shame associated with trauma experience (Oster & Gould, 1987). A small animal inside the knothole indicates ambivalence surrounding childhood. Exaggerated emphasis on trunk indicates emotional immaturity.

Analysis based on child's aesthetic development

A child's feelings are reflected in his or her spontaneous drawings (Gardner, 1994). The child will highlight those features in the drawings about which he or she has strong positive or negative feelings. Following an extremely positive or negative life experience, the child's drawings will demonstrate strong emotions in artistic expression.

Analysis of drawing by the researcher

Although this participant initially denied that she worried or was afraid, when given the opportunity to express herself in a free drawing, she was able to verbalize her concern of bad things happening and draw her fears. This participant drew knotholes in all her trees and also chose to draw a tree broken in half following a tornado. The symbolism in her drawings combined with her verbal acknowledgment that she feared bad things happening are suggestive of her past traumatic experience. Collectively, these indicators permit the researcher to suggest that the tree drawings suggest a traumatic life experience and damage to Rebecca's self.
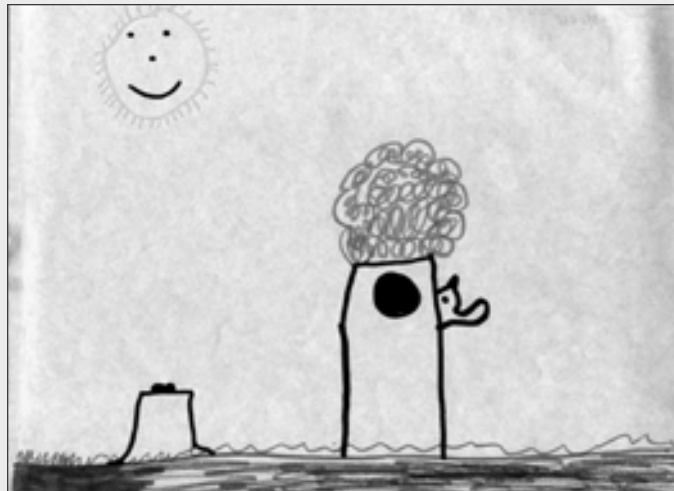
to manage their intrusive thoughts were continued.

Affective responses. Participants in this study described skills in controlling and regulating their intense emotions. Sleeping was the most common strategy mentioned by the participants to avoid negative thoughts or emotions. When asked what she did when she was having a bad day, Anna said, "Really stressed? I go to sleep." Rebecca described sleeping when she was angry, sad, or bored. When Rebecca was asked what she did when she had a bad day, she drew a picture of activities: a book, a bike, a phone, a bed, and a stream for swimming (see Drawing 1). Keeping busy was reported by three of the participants as a way to manage emotions. Other management skills reported were blaming, avoiding talking about emotionally painful situations, controlling the conversation with pressured speech, and changing the subject.

Seeking support was another skill described by the participants to regulate their emotions. The participants expressed mixed feelings about counselors and other mental health professionals. Four of the participants reported seeking help from counselors. Several participants reported problems when seeking support from mental health professionals. Anna reported that she had problems with insurance coverage and had to change counselors. She also said she had difficulties finding an antidepressant that worked: "My doctor just increased my meds and just kept on increasing and stuff, and it just didn't work." It is interesting to note that the problems Anna identified were related to changing or being denied access to mental health professionals and changing medications. She did not identify problems with specific counselors or with the therapy provided by the counselors.

Table 2.
Analysis of Drawing Provided by Adrienne (age 15) Self as Child (Drawing 2)

Verbal/nonverbal behavior while drawing (from transcripts)
"Marlboro, weed, Mary Jane, and Marijuana" were written on the picture. In the picture with the child, a lighter, pipe, and a cigarette were drawn. She described the following, *"Big eyes. I was always high as a child. On pot."* When asked how young she was, she replied, *"I don't know. Old enough to know but too young to care. Probably around 7 or 8."* She said she smoked pot *"a couple of days a week"* when she was that age. She also drank a lot of beer with her dad, *"He had me smoking pot, drinking, smoking cigarettes, everything."*

Projective analysis of drawings from the literature
A mouth that is overly emphasized indicates immaturity and oral aggression (Oster & Gould, 1987). Bared teeth also indicate aggressiveness that is orally related. Fingers enclosed by loops or a single dimension indicate a wish to suppress aggressive impulses.

Analysis based on child's aesthetic development
By the age of 11-13, the average child will have developed some mastery over the principles of perspective (Gardner, 1994). Deviations from the normal representations provide insight into the child's subjective life experiences. Exaggeration of important parts represents a deviation from normal.

Analysis of drawing by the researcher
Adrienne's drawing of herself as a child is very revealing. From the projective data analysis, the dark lines, the teeth bared, and the fingers looped suggest a desire to suppress aggression and hostility. She drew in cigarettes, a pipe, and pot in her picture of herself. Her dialogue during the drawing revealed that her father had purchased the substances for her to use and drank and smoked with her during the years of abuse. She drew herself as a child using chemicals. As an associative tool, the drawing prompted Adrienne to talk about her trauma experience. In addition, Adrienne's human figure drawings demonstrate a less developed use of symbols than her age would suggest.

Drawing 2.
Self as child , Adrienne (age 15)

Difficulties regulating emotions were reported by several participants. Two participants reported believing themselves to be 'out of control.' Adrienne expressed both of these sentiments, feeling out of control and yet attempting to control her relationships and people in her environment. Anna also saw herself as uncontrollable, impulsive and unpredictable. In contrast, for Susan, being in control of her emotions was very important. Her sister's statement, "I've never seen Susan yell, not once," suggests a very controlled individual. This description when contrasted to Susan's individual statements about her anger helps one understand the amount of control she demonstrates in order to control her anger.

Self-definition. Present definitions of self were obtained by asking interview questions about the participant's current life and requests to draw pictures. Although the children were able to describe both positive and negative aspects of self, considerably more negative self-messages were reported. Adrienne chose to report many trauma-related childhood events. Adrienne narrated while she was drawing herself as a child (see Table 2 and Drawing 2), "Big eyes, I don't know, I was always high when I was little." When asked how she started doing drugs, she replied, "With my dad, always. He had me smoking pot, drinking, smoking cigarettes, everything." She drew herself with bloodshot eyes and green teeth from nicotine, smoking a bowl of pot and smoking cigarettes, with a bottle of alcohol and "aliens and stuff around." Adrienne's trauma experience had become an integral part of her self-definition.

Following the trauma and related trauma events, the participants integrated the "trauma" messages such as "This is not normal," into their self-definitions. In addition, the trauma-related cognitive schemas and the trauma-related emotional responses of fear, pain, anger, and sadness represent various aspects of the self.

The trauma-related cognitive schemas and the trauma-related emotional responses of fear, pain, anger, and sadness represent various aspects of the self.

Figure 1.
AUTHOR: please provide a title for this figure.
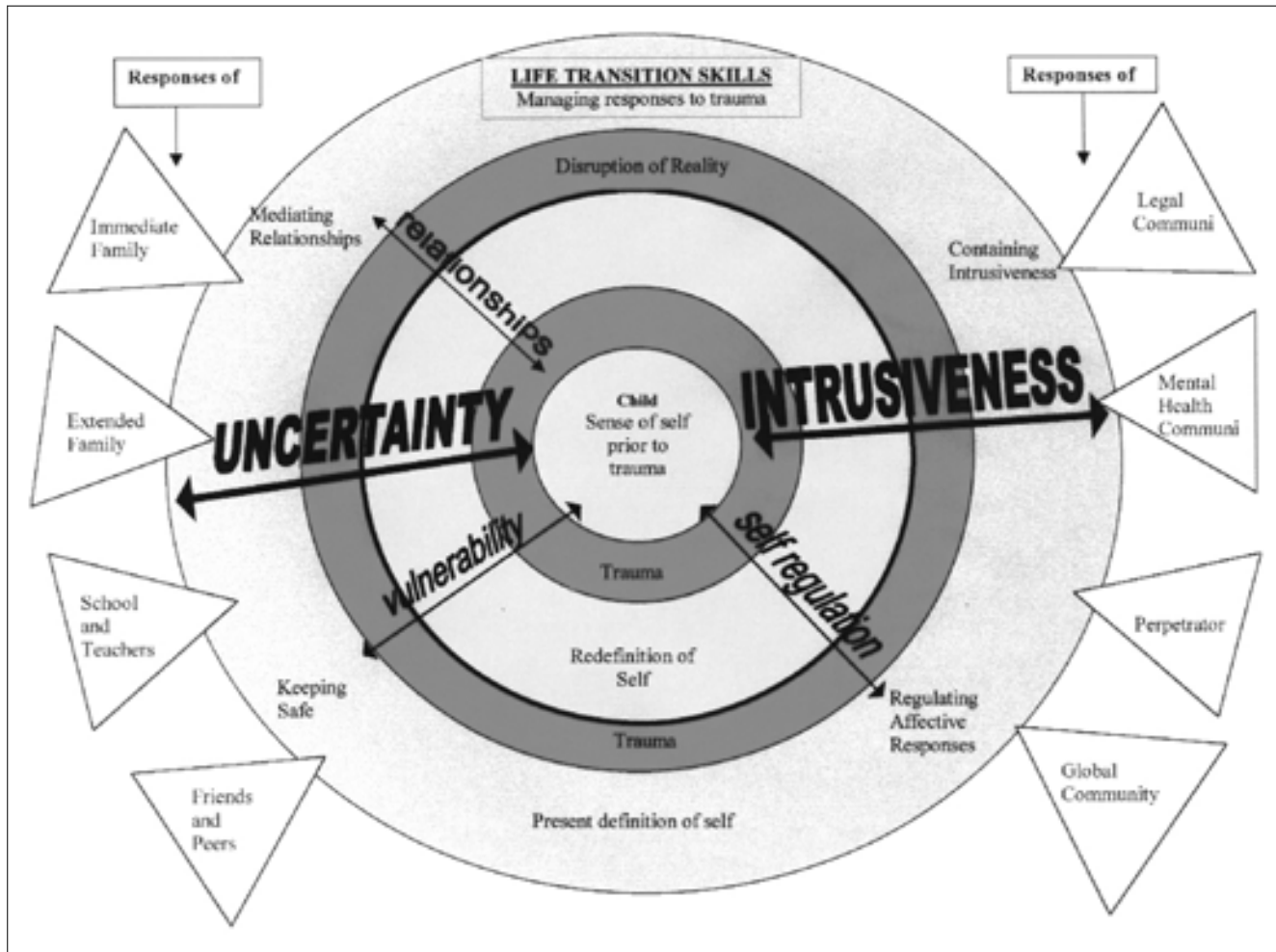
The descriptions of life experiences presented provide the reader with the opportunity to see the children's lives from their perspective. To manage the aftermath of the sexual abuse, these participants developed skills that would help them regulate their emotions, contain the intrusiveness of the past trauma, and seek safe relationships. These skills permitted the participants to protect the self and control their thoughts and feelings.

Discussion

For these participants, the sexual abuse experience is a marker in their lives. The sexual abuse and events following disclosure of abuse are disrupting life experiences. Figure 1, "Life Transition Skills: Managing Responses to Trauma," is an attempt by the researcher to diagram significant variables in the transition experiences.

At the center of the diagram, a circle represents the child and the child's sense of self or identity constancy before the sexual abuse experience. The next circle surrounding the child ("Trauma") represents the onset of the sexual abuse. The next two circles, "Redefinition of self," and "Disruption of Reality/Trauma," represent respectively the developing sense of self influenced by the critical event of sexual abuse and the disclosure process (resulting in reality disruption). The outermost circle shows how the participants reported regulating affective responses, mediating relationships, containing intrusiveness, and managing identity constancy as

skills they used to protect themselves and manage their responses to trauma.

The major concepts of intrusiveness and uncertainty in the Life Transition Theory are represented on this diagram with large arrows to emphasize the pervasiveness of these concepts.

In Life Transition Theory (Selder, 1989), identity constancy is defined as the stable condition of being oneself and is considered a measure of the core sense of self. The sense of self gets challenged when the reality one has built is fractured. Self-definition and self-integration are two aspects of the self. The trauma experience becomes a part of the self-definition.

For these participants, managing the aftermath of the trauma involved developing skills that would reduce

uncertainty, contain intrusiveness, and manage identity constancy. Reducing uncertainty involved skills to mediate the relationships in their lives; containing intrusiveness involved skills to manage the intrusiveness of thoughts and feelings; and managing identity constancy involved self-integration.

The art productions of the children were both an associative tool and a source of data. No literature could be found about the use of art productions in research. Therefore, the researcher in consultation with a certified art therapist developed an analysis procedure. Although the sample is small with only four participants choosing to draw and 22 drawings, the researcher noted several areas of interest. First, as an associative tool, the act of drawing permitted the children to discuss many feelings and thoughts that may not have been revealed if interview questions alone were asked. In particular, when one of the participants was asked to draw herself as a child, she stated that she did not remember much of her childhood. Another participant drew herself as a child with a bottle of alcohol, a bowl of pot, and a pack of cigarettes. One participant drew herself hitting a brick wall to represent her anger and drew large ears on her mother to convey her mother's ability to listen. These examples provided visual representations of each participant's thoughts and feelings

By using multiple indicators to analyze the drawings, the researcher was able to suggest that the pictures may indicate altered perceptions of self and a less developed use of symbols than would be expected of other children the same age. The participants' use of symbols was consistent with children of approximately 6 years of age. Since the age of onset of their abuse was approximately 6 years of age, the arrested aesthetic development and the age of onset of the abuse may be connected. Further research in aesthetic development of sexually abused children and the use of art productions as a research instrument is needed.

Prior to this study, the Life Transition Theory had not been applied to sexually abused children. Previous studies had confirmed the

concepts of uncertainty and intrusiveness. This study has contributed to the concept of identity constancy in the Life Transition Theory. In addition, the researcher was able to describe the skills and strategies that helped participants manage the intrusion of trauma-related thoughts and feelings and reduce their feelings of uncertainty.

Implications for Clinical Forensic Nursing

This research contributes to the profession of forensic nursing by enhancing knowledge about the lives of children following sexual abuse. By understanding the child's perception of daily experiences following sexual abuse, nurses will have an increased awareness of the multiple problems these children face following the discovery of abuse. Thus, nurses will be better equipped to provide appropriate nursing interventions.

Knowing that the discovery process may be an additional disrupting experience for the child encourages nurses to thoroughly assess the responses of the child to the investigation and prosecution process. As noted in the report of findings, the participants' perceptions were that many others, such as judges and extended family, did not believe them and directly or indirectly demonstrated support for the offender. The uncertainty and confusion felt by the children during the abuse may continue if the children do not feel supported or believed.

Sending a clear message to children that they are believed is one way nurses can advocate for this population. Thus, one clear implication of this study is the need for nurses to advocate for increased access to resources for survivors. When a client reports evidence that legal advocacy has failed, nurses can advocate for the client by providing anticipatory guidance regarding the legal processes, monitoring the child's responses during this time, and referring the child to appropriate mental health resources.

In addition to knowledge of nursing interventions during the investigation and prosecution of sexual abuse, nurses are frequently involved in the consequences of sexual abuse, which may effect children for years following

disclosure. For nurses who work in mental health, the client with a history of sexual abuse may present herself or himself with various mental health problems. In this study, survivors reported responses of depression, anxiety, sleeplessness, anger, intrusive thoughts, problems with impulse control, self- mutilation, feelings of loss and shame, low self-esteem, problems with memories of childhood, fear of men and other responses.

The nurse who assesses survivors with anxiety problems may also wish to assess for dissociation, hyper vigilance, self-mutilation, eating disorders, and intrusive thoughts and feelings. In planning care for these clients, the nurse may wish to help them recognize how they manage their relationships or contain the intrusiveness of memories. In addition, if nurses are aware that a client has experienced sexual abuse and has symptoms that may be related to the trauma experience, nurses may choose to refer survivors to psychiatric nurses and other mental health professionals with expertise in trauma therapy.

In this study, interviewing children about their perceptions of life experiences provided a wealth of information that would not be obtained by the use of instruments that measure selected variables. Although exploratory research with sexually abused children presents many research challenges (it is time consuming and difficult to obtain clients), listening to children describe their lives captures a perspective on their various challenges and the multiple strategies they use to face their problems. ■

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