

AN EXPLORATORY STUDY: TO DETERMINE IF THERE ARE
TRAUMA-INDUCING DIMENSIONS AND POST TRAUMATIC
STRESS DISORDER SYMPTOMS DEVELOPED IN WOMEN
SURVIVORS OF INCEST

A THESIS SUBMITTED
TO THE FACULTY OF CLARK ATLANTA UNIVERSITY IN
PARTIAL FULLFILLEMT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTER OF SOCIAL WORK

BY
MYOSHI JAVONE TERRANCE

WHITNEY M. YOUNG JR., SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

MAY 2006

© 2006

MYOSHI JAVONE TERRANCE

All Rights Reserved

ABSTRACT

SOCIAL WORK

TERRANCE, MYOSHI JAVONE B.S., MORRIS BROWN COLLEGE, 2001

B.S.W GEORGIA STATE UNIVERSITY, 2004

AN EXPLORATORY STUDY: TO DETERMINE IF THERE ARE
TRAUMA- INDUCING DIMENSIONS AND POST TRAUMATIC STRESS
DISORDER SYMPTOMS DEVELOPED IN WOMEN SURVIVORS OF INCEST

Advisor: Hattie M. Mitchell, MSW

Thesis dated May 2006

This study seeks to explore and explain (define symptoms relating to) trauma-inducing dimension (TID) and post traumatic stress disorder symptoms (PTSD) in women survivors of child incest sexual abuse. Both variables posed a correlation with one another as it relates to women's past incest experience. This sample anticipated a number of 30, yet resulted in 28. This study included a population of only females, ages ranging from 26 to 58.

This study was based on the premise that women survivors of incest would experience both symptoms of TID and PTSD. A Chi-Square statistical test approached was used to analyze data and results revealed that there were a significant relationship with both TID and TID of women survivors of incest and their past incest experience. Conclusions found within findings suggest that inquired knowledge regarding this study has clearly been enhanced by its outcome.

ACKNOWLEDGEMENTS

First and foremost, I would like to thank my Lord and Savior for allowing me the opportunity to enhance my knowledge and pursue my education. I would like to deeply thank my family Vajha, Vance, Jr. and Vance, Sr. for the extended love, support and encouragement which allowed this journey to prove that all things are possible. There are no words to explain how much you all mean to me, how you shared this experience through all my trials and tribulations, it means a lot to know that you were there sincerely knowing I could always depend on you all. A special thanks to my sisters, Miquelle and LaShonta for their continuous family support. My niece Ja'Rielle for being apart my life. A warm thanks to both my parents, Terry Terrance for having her own special way of expressing her love, support, believing in me and allowing me to understand her role in my life; Kevin Lagarde, you will remain with me in spirit always. Lastly, my thesis supervisor, Professor Mitchell who was not only a professor, but provided guidance, support and the necessary knowledge throughout this process.

TABLE OF CONTENTS

	PAGE
ACKNOWLEDGMENTS.....	ii
LIST OF TABLES.....	v
CHAPTER	
I. INTRODUCTION	
Purpose.....	1
Background of the Problem.....	2
Statement of the Problem	6
Significance of the Study.....	8
Summary.....	9
II. REVIEW OF THE LITERATURE	
Organization of the Review.....	11
Gaps in the Literature	11
Proposed Study.....	13
Definitions of Variables	14
Summary of Proposed Study.....	15
III. CONCEPTUAL/THEORETICAL FRAMEWORK	
Theoretical Framework.....	17
Statement of Research Question.....	19
Hypothesis	19
IV. METHODOLOGY	
Design of the Study.....	21
Description of the Setting.....	22
Sampling Procedure.....	24
Description of the Instrument.....	27
Data Collection Procedures.....	27
Statistical Analysis	28

TABLE OF CONTENTS CONTINUED

	PAGE
V. PRESENTATION OF FINDINGS	
Present Data for Research Question	30
Demographics	31
Frequency Distribution of Women Survivors of Incest	36
VI. DISCUSSION AND IMPLICATIONS OF FINDINGS	
Study's Support of the Literature	38
Limitations of the Study	39
Conclusions Based on Findings	40
Implication to Enhance Social Work Practice	41
APPENDICIES	44
Appendix A: Participant Consent Form	45
Appendix B: Measure	46
Appendix C: Survey Questionnaire	49
BIBLIOGRAPHY	57

LIST OF TABLES

	PAGE
Table 1: Are you a survivor of child incest sexual abuse?	49
Table 2: Have you had previous counseling or therapy?	49
Table 3: Have you been diagnosed with a stress disorder?	49
Table 4: Have you been diagnosed with post traumatic stress disorder?	49
Table 5: Have you been diagnosed with a personality disorder?	50
Table 6: Do you blame yourself for being sexually abused as a child?.....	50
Table 7: How old were you when sexual abuse began (around/approximate)?.....	50
Table 8: How old were you when you were sexually abused?	50
Table 9: Do you care to share who sexually abused you as a child?	51
Table 10: How old are you?.....	51
Table 11: What is your level of education?	51
Table 12: What is your racial identity?	52
Table 13: What is your total of income?	52
Table 14: How long were you sexually abused.....	52
Table 15: Was your sexual abuser a relative?.....	53
Table 16: Was your sexual abuser your uncle?	53
Table 17: Was your sexual abuser a close friend to the family?.....	53
Table 18: If so, as your abuser considered a relative?	53

LIST OF TABLES

	PAGE
Table 19: Are you between the ages of?.....	54
Table 20: Do you feel betrayed by the person that sexually abused you?	54
Table 21: Do you have repeated flashbacks during sexual encounters?	54
Table 22: Do you tend to avoid being around others?	54
Table 23: Do you often have memories of your sexual abuse?	55
Table 24: Do you feel helpless (i.e. lack of strength or authority)?	55
Table 25: Do you ever feel betrayed by the person whom sexually abused you? ...	55
Table 26: If you answered no, then by whom do you feel betrayed by?	55
Table 27: Do you have memories of your past sexual abuse?	56
Table 28: Do you have marks on your body that remind you of your sexual abuse?...	56
Table 29: Have counseling been sought? If you have not been medically diagnosed with any long-term effects/post-traumatic stress disorder(s).	56
Table 30: If you have answered no to #27, have you sought out any type of help to assist you at all in the past/present? If so, please explain.	56

CHAPTER ONE

INTRODUCTION

Purpose

As a professional social worker in the developmental stages of engaging in social disparities, this topic is presented due to a great interest of identifying individuals who have in fact experienced a specific traumatizing experience of child sexual abuse. For many years, there have been a combination of both reported and unreported cases of incest but have not yet accumulated enough sufficient literature to dispense. In addition, this topic has posed a great interest for research from a social worker's professional perspective with an initiative to target women who are incest survivors of child sexual abuse. Possible factors may result in seeking other means of treatment by accumulating enough sufficient knowledge and understanding the after effects resulting from individuals and their past incest experience.

This study seeks to define and explain trauma-inducing dimensions which can be contributing factors of PTSD in women survivors of incest. With obtaining the necessary data, this topic and relevant information can be of great evidence proving women survivors of incest can possibly develop symptoms of both PTSD and trauma inducing-dimensions.

Background of the Problem

Upon reviewing a number of incest articles and literature, shared symptoms and occurrences of women survivors include similar feelings from their incest experience. The most common symptoms results from long-term effects, post traumatic stress symptoms and trauma inducing dimensions. Many victims of incest also have a combination of symptoms which they have in the past and currently are struggling to deal with. For instance, long-term effects are a list of associated factors of after-effects; post traumatic stress disorder symptoms is an initial reaction from the trauma resulting from child incest sexual abuse; and trauma inducing dimensions focus on specified variables that are specific symptomatic factors in women survivors of incest and their incest experience.

Women survivors of incest, child sexual abuse have been an undergoing, yet an exploratory area of recent research (McLean & Gallop, 2003). Past studies have not been widespread due to lack of reported incidents or incidents left unreported and not properly followed up (Courtois, 2000). However, this topic has had an increased exposure to the media and has become one of the leading topics in popular literature. Amazingly, both men and women are coming forward to say that they have been victims of child sexual assault by a relative. Current research indicates that one in four girls are victimized before the age of 18 and their offender was known to the child by 70-90 percent of reported cases (www.star.ak.org/Library/files/si.htm).

Perpetrators of incest are both men and women, although the majority of reported incidents included men. Men abuse children with greater frequency than women do. For instance, 95% of the perpetrators of girls are men and 80% of the perpetrators of boys are men (Courtois, 1988). Currently and in the past, both girls and boys have been victimized with the majority of victims being girls. In fact, a random survey which sampled 2,627 women and men (from every state in the union) conducted by Bud Lewis of the Los Angeles Times found that 27% of the women and 16% of the men had been incestuously abused as children, which would total nearly 38 million adults who had been sexually abused as children (<http://danenet.wicip.org.dccrsa/saissues/surviv.html>) Perpetrators may include: mothers and fathers, aunts and uncles, grandfathers and grandmothers, brothers and sisters. According to Diane Russell, author of the Secret Trauma, interviewed more than 900 randomly chosen San Francisco women about their childhood sexual experiences and 4.5% women reported an incestuous experience with fathers or step fathers before the age of 18 and 4.9% of women reported an incestuous experience with an uncle before the age of 18 (which totals a number of 38% between both). Incest cuts across lines of race, age and class. It has been reported that incestuous abuse started as early in a child's life as a few months old lasting throughout teen years and possibly into adulthood (<http://danenet.wicip.org.dccrsa/saissues/surviv.html>)

Traditionally, sexual abuse of children was considered either incest or pedophilia. Currently, it is being viewed as continuum. While some incestuous men have sex with their own children in their own homes, nearly 68% of incest incidents experienced by the victims took place in the victims home (<http://danet.wicip.org.dccrsa/saissues/surviv.html>)

and at least 44% abused their children outside the home during the time their having sexual contact with their own children and an unknown percentage have sex with children they aren't related to.

According to International Critical Incidents Stress Foundation (1998) studies in the past have also displayed implications that strongly lead to a potential post-traumatic stress syndrome known as post-traumatic stress disorder. This stress disorder has been a current developing symptom as a result from victims past incest experience. PTSD is one of the most common disorders that have developed in women survivors of incest.

Commonly known symptoms include highly possible after-effects in which 40% of all victims/survivors suffer from and is serious enough to require therapy in adulthood (Curtois, 1988). Some of the after-effects can include low self-esteem, self-blame, guilt, vulnerability toward revictimization, depression, suicidal ideation, plan or intent to harm self, dissociative reactions, sexual dysfunctions (fear of intimacy), isolation (alienation from others), flashbacks (bad memories), post traumatic stress reactions, inability to trust (which can affect the therapeutic relationship) and eating disorders (Curtois, 2000).

After-effects can affect the survivor's life internally and externally in many ways. For instance, many of the victims have reported that the actual physical sexual abuse was not the worse aspect of their past incestuous experience, rather it was carrying such a powerful secret that had to be protected from everyone

(<http://danenet.wicip.org/dccrsa/saissues/surviv.html>). Commonly, most victims may choose to suppress their traumatizing memories in order to escape from their past tragic

experience using this method to escape the actual and factual truth. Unfortunately, after-effects can be experienced over many years and possibly into adulthood.

Researchers have proven in most cases, symptoms of after-effects are severe and may meet criteria for long-term effects and the diagnosis of post-traumatic stress disorders (Courtois, 2000). In reviewing the available literature (Courtis, 2000) on the after-effects of incest child sexual abuse described four main trauma-inducing dimensions of such abuse (“traumagenic dynamics”), each with its own psychodynamics, psychological impact, and behavioral manifestations (McLean, Gallop, 2003): Traumatic Sexualization; Betrayal; Powerlessness; and Stigmatization. The terms and their variables will be further explained in detail in Chapter II.

With the exception of disclosed information in previous studies, currently there are more incest survivors of child sexual abuse seeking or receiving treatment in comparison to the past (McLean & Gallop). Seemingly, it appears more participants are even more willing and have also put an effort in attempting to seek assistance and/or undergo group facilitation to reinforce and manage internal and external demands. Although incest child sexual abuse information has expanded over time, past studies (very few) lacked the number of incidents reported but have received data from participants who were apart of actual research conducted. Unfortunately, incest cases are growing over time and victims who that are left helpless. However, there is no way of bringing this to a haut at this time but a particular focus can be placed in prevention.

Statement of the Problem

There are a number of problems surrounding the trauma experiences of women survivors of incest. Problems involved with incest survivors of child sexual abuse has and continue to be an intense, yet major issue. Affects that may occur with the individuals experience may include traumatic, emotional, cognitive, and sexual after-effects of incest which can put adult survivors at particular risk for additional sexual abuse and revictimization throughout their lifespan (Courtois, 2000). Recently, the issue regarding incest child sexual abuse has been openly spoken about and researched more so now than in the past. Reported literature supports the notion of adult “incest survivors are at greater risk of additional sexual abuse and revictimization.” Risk instances such as this can lead to developmental active signs and symptoms of trauma-inducing dimensions and PTSD.

Incest child sexual abuse has been and currently continue to be an ongoing issue, yet a sensitive popular topic for many years now. An increased number of children are becoming victims and existing victims have been at greater risk of revictimization. Incest is a cultural disparity amongst the African-American community. It is a well known factor that incest clearly derives across the line of class and race. However, a number of cases have been reported and still there is a lack of literature provided to support African American victims past incest experience. However, race isn't an initial issue in this study, incest child sexual abuse is the major focus along with other symptomatic responses from victims and their past incest experience.

Data regarding incest has been a major area of research and has been found limited. A number of articles provide research in which data includes “sexual abuse” of children by

those other than a relative (non incest related) in comparison to research based on a relative's role (incest related) as the perpetrator. Nevertheless, there is a lack of knowledge as it pertains to the incest population. Research has been conducted with participants to determine whether or not they met criteria which qualifies them to be apart of the child incest population. Past research has lacked information that supports the symptoms victims face after their traumatizing experience of sexual abuse. In order to extend literature on this issue, increased studies will be needed with great attempts to enhance the level of awareness and knowledge of this issue for the community, victims and others who pose an interest in this area. In addition, this sensitive issue proves itself to be a challenging area to explore and has contributed to a conspiracy of silence, this in fact may be the reason why talking about incest seems to be "forbidden" in comparison to incest "itself."

Lastly, information to support this research are limited in recent studies. However, most literature over laps one another with past research conducted focusing on the perpetrator and their relationship with the victim. To rectify this matter, an increased amount of research should take place in order to assist clinicians and therapist with the necessary approaches taken to assisting victims who are apart of this population. This would give a better insight on what victims are experiencing internally when using crisis intervention strategies. Acquiring valid knowledge in reference to the victim and their effects can be the key factor within the social work profession, increase the level of awareness, address and identify issues of the victim. Without the necessary knowledge,

there is no way of knowing exactly how to address past incest experiences and developmental symptoms in women survivors of incest.

Significance of the Study

The significance of previous related studies empirically assesses the effectiveness of a group and individual treatment program in a clinical population of women with a history of incest (Johnson & Saxe, 1999). Although most women tend to develop trauma-inducing dimensions and post-traumatic stress disorder symptoms from their past, there is a high association between both dependent variables (trauma-inducing dimensions and PTSD) with relevance and correlations to PTSD (International Critical Incident Stress Foundation, 1998). PTSD symptoms are developed from potentially traumatizing events that are related to the individual histories of women incest survivors of child sexual abuse. This study's relativity describes and explains issues concerning victims of incest child sexual abuse in order to create a simple, yet valid knowledge and understanding of women with a history of child sexual abuse and other relating symptoms.

The significance of this study aims to identify, clarify and explain trauma-inducing dimensions and PTSD symptom affiliation developed from past traumatic experience. Although presenting factors are supportive upon describing and defining related symptoms, most presenting issues have displayed a high correlation of PTSD diagnosis in regards to the incest population. However, this study is not as simple

as it may seem, the reported responses are extremely sensitive and deserve to be viewed from various perspectives. In addition, seeking to explain these conflicting variables, presenting challenges can attribute to the development of wide range approaches to assist the incest population.

Research questions for this study seeks to specifically identify, clarify and explain: 1.) Post Traumatic Stress Disorder Syndrome, a leading syndrome that meets a combination of symptoms for Post Traumatic Stress Disorder (PTSD) and 2.) Trauma-inducing Dimensions. Each question specifically asked what the study is seeking as it relates to the symptoms and after effects of the victim. Each (relating) symptom is listed in the form of a question to specifically target whether or not the victim was or have had experienced PTSD or trauma-inducing dimensions.

Summary

Incest is the major focus of this study with a specific concentration on women. This study tends to target women who have had a past experience of child incest abuse. No requirements such as age, race, culture, etc. Once victims become participants, symptoms of PTSD and trauma-inducing dimensions will be identified, clarified and explained. This study also intends to answer related questions pertaining to incest and develop an understanding of both dependent variables, trauma-inducing dimensions and PTSD.

Throughout this study, data will be obtained and sufficient knowledge will be explained based on the understanding of the victims and their responses. The next chapter

will include gaps in the literature which will deliberate in detail, information that what included to fully support this study; an explanation of the variables and their relationship with one another; and an analysis of the proposed study and an abridgment of the proposed study.

CHAPTER TWO

Review of the Literature

Organization of the Review

The Review of the Literature will focus on specific symptoms in relation to Post Traumatic stress Disorder and Trauma-Inducing Dimensions which will be the primary focus of this study. Upon obtaining relevant sufficient data, variables will be defined and explained. Variables that intend to be addressed are: 1.) Overview: History of Incest Child Sexual Abuse; 2.) Defining Post Traumatic Stress Disorder and Trauma-inducing dimensions, 3.) Erik Erikson's Psychosocial Theory Correlation to Overall focus with Study; 4.) Study's Procedures/Sampling/Data Collection; 5.) Data for Research Questions; 6.) Discussion of Findings and Implications.

Gaps in the Literature

Information found in research studies regarding strengths would include the various amounts of approaches that were used to collect information from survivors of incest child sexual abuse. While studies tend to focus greatly on participants and gathering disclosed information, studies fail to research specifically "who was the victimizer." Although strengths differ from diagnosis (Kisrt-Ashman & Hull, 2002), concentrating on specific approaches with an attempt to increase a developed outcome

can expand on disclosed information. Seeking alternatives approaches to report not only victimizers, but seeking to define find what the victims leading symptoms are which relates to both PTSD and trauma-inducing dimensions would greatly benefit future studies. Although, PTSD symptoms are one of the leading causing symptoms that follows traumatic experiences, trauma-inducing dimensions symptoms are definitely associated with PTSD and women survivors of incest.

Other limitations viewed in two current studies in which both focused on strategies used to cope specifically with abuse itself but not specifically seeking women current methods of coping with incest abuse (Alexander & Brand, 2003). This report lacked women's self-determination due to noninvolvement in regards to allowing the victims to suggest or initially discuss how they have dealt with their past trauma experience. Allowing the victims to report their personal perspectives and experiences used to cope with their past traumatic experience could play a leading factor in approving the effectiveness of researchers and counselors approach in obtaining information. The second study currently investigated coping among individuals experiencing mild to moderate abuse and not adequately describing "abuse" for their sample (Brand & Alexander, 2003). In closing, characteristics of abuse have been found to be associated with coping (Brand & Alexander, 2003) which can be approached with proper measures of intervention model(s). If researchers allow the involvement of participants, this could assist in specifically identifying, defining and explaining trauma-inducing dimensions and PTSD in women survivors of incest, including assessing their domains.

Unexpectedly, this can expand on approaches in retrieving data from victims. It can also create a foundation of knowledge and understanding for those who have been/are victims of incest child sexual abuse. In addition, providing related literature and education regarding their condition has possible chances in accumulating an understanding of specific approaches to take when dealing with a victim's past trauma experience.

Proposed Study

The development of describing, defining and explaining trauma-inducing dimensions and PTSD can serve as an initial understanding of incest survivors of child sexual abuse. Distinguishing between both trauma-inducing dimensions and PTSD, can be used to educate and expand on knowledge based material for professions who inquire little or no knowledge of this issue. Providing additional education to victims can also create possibilities of encouragement and bring on strong possible intensions and thoughts of seeking assistance. With the hope of creating and promoting sufficient understanding pertaining to the conception of this sensitive issue, this issue of incest highly recommends assessment, intervention and possible ongoing therapy/counseling as a preventative approach to decrease revictimization. Presenting the necessary, yet sufficient information with this sensitive topic would attempt to endure assimilation with less ambivalence regarding the victim's accumulated symptoms. With great awareness of incest as being a sensitive topic, a detailed perception of the victim's symptoms can allow social work researchers and professionals to have empathy and understanding of this

population. In addition, it's a deliberating fact that symptoms of both trauma-inducing dimensions and PTSD are contributors that affect women survivors of incest.

Definition of Variables

Post-traumatic stress disorder (PTSD) is an applied term for the official diagnosis of a post-traumatic stress syndrome which is characterized by symptoms of: a.) excessive excitability and arousal, b.) numbing withdrawal, and avoidance, c.) repetitive, intrusive memories or recollections of the trauma and/or events related to the trauma, d.) duration of at least one month (Internal Critical Incidents Stress Foundation, 1998).

Excessive excitability and arousal is defined as an individual becoming excited quite often for no apparent reason. Unfortunately, this specifically results from the experienced. Withdrawal and avoidance is defined as evade, isolation or keep a distance from others and what they may offer (such as parties, gatherings and events). Repetitive intrusive memories include constant thoughts of past experienced trauma that occurs time and time again beyond an individual's control. Lastly, duration states the time frame in which both events and trauma experience occurred.

PTSD developed in women survivors of incest, child sexual abuse can lead to extensive long-term effects of personality disorders which are related to the individual's potential traumatizing events from the past (Internal Critical Incidents Stress Foundation, 1998). Other common signs strongly correlated with PTSD are cognitive, physical, emotional, and behavioral symptoms (International Critical Incidents Stress Foundation, 1998). Cognitive defined explains the manner in which an individual is thinking in

relation to their past trauma; physical is a state that the individual performs on a day to day basis; emotional explains the nature of an individual feelings or how someone feels; and behavioral symptoms are relating symptoms that have a pattern relating to an individual's actions on a day to day basis as it relates to their past sexual trauma experience.

Traumatic sexualization is defined as a defect occurring in one's attempted intimate life and causes a problem with intimacy study. It is also what describes trauma-inducing dimensions (TID) throughout this study. In proceeding with the dimensions that will pose a great interest of identifying most of the symptoms in women survivors of incest is: 1.) Betrayal is caused in an individual who feels like their disloyal or astray; 2.) Powerlessness is defined as a way of feeling like there's no control over your strength or authority; and 3.) Stigmatization is a mark or scar that resulted from their past traumatic event of child sexual abuse. While being unique to sexual abuse, extensive evidence express a connection with both incest/child sexual abused children and adult survivors. In comparison, children are more likely to suffer more mentally and psychologically while adults tend to develop personality disorders and common related symptoms of excessive stress.

Summary of Proposed Study

Victims may endure a combination of symptoms from both trauma inducing dimensions and PTSD. However, the initial focus is based on their symptoms that are accumulated in resulting from their past child incest abuse experience. To identify and

explain the symptoms and understand that there will be an association of presenting symptoms. Upon proving that women survivors of incest will have associations with other relating symptoms, trauma-inducing dimensions and PTSD will be the initial cause of this study.

The following chapter will include a theoretical explanation of Erik Erikson's Psychosocial Theory and the theory's relationship with the study's variables; a statement of the research question; and the hypothesis which will give insight on the study's anticipation.

CHAPTER THREE

CONCEPTUAL/ THEORETICAL FRAMEWORK

Theoretical Framework

Conceptualizing related variables concerning incest child sexual abuse range from excessive stress symptoms. Three main factors include psychological, personality and anxiety disorders which may lead to potential post-traumatic stress syndrome, PTSD. According to the 28 question survey given to participants, comments and assumptions have been made to enhance the application of identifying crisis victims. With utilizing this survey, it will assist with the identification of relating syndromes of trauma inducing dimensions and PTSD. It can also provide information of participant's length of abuse, actual start of abuse and when abuse actually began with detection of possible revictimization occurrences. In relying on this survey and extending on current and past related studies, expected findings such as coping outcomes and their measures are directed to the participants' responses to all written questions.

This theory provides a summary of the eight stages of psychosocial crisis with the inclusion of three organizing concepts: Life Stage, Psychosocial Crisis and Developmental Activities. The first component included life stage which was defined as the time and ages of participants. Components are comprised of two of Erikson's Stages, Middle-Adult to Middle-Age. The domains for assessment included questions such as how old was the participant when child incest sexual abuse began. The second concept

included the psychosocial crisis which intended to define how (crisis) and when trauma occurred and at which current; and the length trauma occurred. The domains for assessing this concept were, age incest sexual abuse began and how long abuse occurred as a child. The last organizational concept included developmental activities. This included trauma inducing dimensions and after-effects that occurred after a crisis; and specifying characteristics of PTSD syndrome. The domains for assessing these factors were actual questions that specifically targeted each trauma-inducing dimension and PTSD such as: Avoidance, Memories of past abuse, Memories of abuse at all and often do Memories occur (PTSD) and Flashbacks, helplessness, betrayal and marks on your body that reminds you of child incest abuse (TID).

According to Eric Erikson Psychosocial Crisis Stages, the natural state of tension resulting from the different sets of expectations and coping capacities are associated with each life stage (Norlin, 2003). In relative terms, psychosocial theory is of narrow and limited range with a contrasting and providing comparison to psychoanalytic theory of Sigmund Freud (Norlin, 2003). The dominant organizing schemes are life stage: internal (psycho) and external (social) determinants of behavior, the Psychosocial Crisis (Norlin, 2003). It is possible for an individual to become fixated and move on without full completion of current stage. Erikson states fixation is caused by individuals and their environment, culturally determined, maturation process and occur in an invariant sequence. Erikson assumed that an understanding of individuals and their behavior must specifically be considered for the social context in which it occurs as well as the life stage (Norlin, 2003).

This theory not only explains the various psycho and social determinants of individuals and their behavior, depending upon their state of mind and their environment can be leading and causing result of their behavior around others. This simply means that internally they are or have dealt with the experience of trauma, which outcome determines how they will respond socially. Women of this population may have problems with socialization no matter how in dept trauma experience was. According to Erikson, you could successfully move on to one of the eight psychosocial stages and become fixated if internal and external demands are not met. However, this matter results from cultural factors, maturation and or other external factors that could prevent the progression of moving forward to the following appropriate stage. Individuals who meet the qualifications of a survivor of child sexual abuse have to seek other alternatives to deal with those internal factors in order to function accordingly and satisfy their external demands.

Statement of Research Question

This is an exploratory study that seeks to define and explain trauma-inducing dimensions and post traumatic stress disorder symptoms in women survivors of incest resulting from their past incest experience.

Hypotheses

According to the review of the literature, theoretical framework and the general purpose of this study, relevant data pertaining to this study lead to ask the following:

Is there a statistical significant relationship with both trauma-inducing dimensions and post traumatic stress disorder symptoms resulting in women survivors of incest from their past incest experience?

HO: There will be a statistical significant relationship between both trauma-inducing dimensions and post traumatic stress disorder symptoms resulting from women survivors of incest resulting from their past incest experience.

HA: There will be no statistical significant relationship with both trauma-inducing dimensions and trauma-inducing dimensions in women survivors of incest resulting from their past incest experience.

CHAPTER FOUR

METHODOLOGY

Design of the Study

This study uses an exploratory design, which enacted purpose is to lay the foundation for other knowledge (Yegidis & Weinbach, 2002). In addition, this study serves a purpose of enhancing the researcher knowledge as it relates to the study. This empirical study is a One Shot Case Study, also called the one-group, posttest-only design which is most basic of all research design (Yegidis & Weinbach, 2002). The design notation for this study is XO. X represents exposure to the intervention of the questionnaire used to conduct the study. O represents both variables, trauma-inducing dimensions and post traumatic stress disorder symptoms which are used as a measurement in the questionnaire. With an attempt to identify symptoms relating to both variables, trauma-inducing dimensions and post traumatic stress disorder (PTSD) symptoms developed in women of child incest abuse. This instrument is used to measure and identify the many relating factors of trauma-inducing dimensions and PTSD will be upon the completion of survey which serves as O. The major advantage of this design is simplicity. However, it does not provide any comparisons such as, how symptoms are developed and why symptoms have increasingly grown. Rather, this study seeks to explain how symptoms have developed based on women's past incest experience and if the symptoms have a significant relationship with one another. This study allows

identification of particular symptoms used from exploration and identifications. It would indeed be quite difficult to conclude from this design that that the questionnaire itself (and not something else) brought any changes with existing symptoms. However, this non experimental study simply explores, identify and explain presenting issues regarding both trauma-inducing dimensions with have specified symptoms which are being identified.

Internal validity is very imperative with this explanatory study. The initial threat would be the participants focus with completing the survey without having an emotional reaction to the questions which probably caused an experimental morality. Maturation, which strongly relates to their knowledge of symptoms defined for this study. Lastly, participants have possibly even experienced a reactive effect which may have caused them to feel demoralized by being studied.

Description of the Setting

This study consisted of three combinations of groups/individual. Each group/individual included both mailed or hand delivered surveys to participants. The first of three included a facilitator and group located in Sugar Hill, Georgia. The group facilitator and group meets in a room filled with lights and two windows. The chairs are set in a circle in the middle of the room with the facilitator included in the circle. This positioning of the chairs gives the participants an option to have complete eye-contact or not. The room provides air at a moderate level to the individuals comfort.

The second of three groups/individuals, surveys were hand delivered to three participants. The participants met with the researcher on different occasions. Participants received the survey in a personal mailbox and completed the form in a office located at Grady Memorial Hospital located in central Atlanta. Participant reported a high level of comfort while completing the survey in an air conditioned atmosphere. The office included two desks across from one another. The participant was the only individual in the room upon completion of survey.

The third group/individual included another hand delivered survey completed by a graduate student. The student completed the survey located in Thayer Hall located on the campus of Clark Atlanta University in room 312. The room was moderately hot, yet comfortable and included a number of desks. The survey was completed while in class with other students before class began.

The last group is apart of an agency called Standing Together Against Rape (STAR). The agency is a website source and is located in Alaska. STAR is an agency that provides a variety of confidential services. The agency is very strict with releasing agency information regarding when and where support groups are held. In order to know detailed information regarding this agency and their services, you must go through a required screening which requires the individual to be assessed to determine the severity of their past incest experience (<http://www.star.ak.org/Library/files/si.htm>).

Sampling Procedures

To initially seek relative participants that would fit the criteria of this study would be located at local resources. Upon speaking with a Licensed Clinical Social Worker (LCSW) at a Rape Crisis Center in Grady Memorial Hospital which is located in central Atlanta. The LCSW provided referrals that were very limited. The LCSW provided one major source in attempt to locate the study's selected population, Prevent Child Abuse Georgia. In the process of contacting this primary source, the provision of three more sources were given, two therapists and a group counselor/facilitator. All sources made clear that none of the participants were going to be treated in a manner of being exposed. This statement was made several times due to confidentiality and protection of their clients. This procedure succeeded due to two of three given resources. The other participants resulted from casual conversations about this proposed study.

First and foremost, all sources were contacted by phone. Each conversation related to study was verbally explained that all information would be used for research purposes only and no names would be used for incrimination or exploitation. Both therapist and group facilitator offered to assist with this study. Surveys were mailed/e-mail/hand delivered with informed consents attached and hopes of a speedy return. The procedure (of both) is as follows:

Firstly, upon speaking with group counselor/facilitator located in Sugar Hill Georgia, the administration of surveys took place in a large room with two windows. Blinds were closed, lights were bright and air condition was on at moderate, comfortable level that normally satisfies their comfort. The group's position was in a circle with

facilitator included within the circle. Group members were asked if they would complete the survey at the beginning of their session and the group agreed as a whole. The group facilitator read aloud the informed consent and the members read along. Members were then asked to complete the survey to the best of their knowledge and also to reread informed consent, initial and provide signature. Group members' time of completion was between 15-20 minutes. Once surveys were completed, group members passed their completed surveys back to group facilitator. The facilitator collected each survey and returned via post mail. Survey was received and specifically used for study.

Secondly, a local therapist in Kennesaw, Georgia agreed to complete the survey herself. However, the therapist opposed including her participants. There was no extended explanation, yet brief and straight to the point. The therapist felt that this would add on to her clients' presenting trauma issues. The therapist expressed participation in completing the survey without including clients. The survey and informed consent were e-mailed to the therapist. The therapist returned e-mail regarding the receipt of survey via e-mail. The therapist explained that survey would be completed at home. The therapist clarified that informed consent was read and signed. After completion of survey, the therapist returned the survey via post mail. The survey was received and used specifically for study.

Thirdly, upon speaking about this study to individuals at school, work and current internship, successfully there were three individuals that decided to complete survey. One individual completed the survey in an office (with cool temperature) at Grady Memorial

Hospital located in central Atlanta. The office included three desks with a high level of light density. Participant was asked to carefully read informed consent with the inclusion of providing signature. Survey was returned upon completion. The remainder of surveys was hand delivered and completed at Clark Atlanta University in Thayer Hall room 302. Temperature in room was fairly warm (as usual, if not too cold) with a low level of light density. Surveys were returned by hand delivery. All participants were thanked for their participation; group and group facilitator was sent a thank you card, local therapist was thanked via e-mail and participants who had hand delivered surveys were thanked in person with gratitude and appreciation.

Lastly, an internet source of an anonymous agency (which chooses to remain confidential while participating in this study) was contacted by phone after viewing the website and the agency's overall information. This agency was appropriate for this study's sample due to the participants having a past experience of child incest sexual abuse. Communication from this point included contact with the lead advocator. The agency and services provided are all strictly confidential, therefore the lead advocator acted as the mediator with the researcher/participants for obtaining questionnaire information. In order to have any form of communication regarding the questionnaire, it would specifically be with the lead advocator (not with the participants). Communication would only take place with the participant were through the program director. Permission was granted to accept the questionnaire and have the participants complete them upon their discretion. The questionnaire would be returned to the program director and then forwarded to the researcher.

Description of the Instrument

The data for this study also included a 28-item questionnaire seeking background information and other questions in relation of being diagnosed with PTSD symptoms with the inclusion of personality disorders. The questionnaire inquired about specific details regarding the individual's history with PTSD, as a woman survivor of incest child sexual abuse. One question specifically asks for feedback regarding details concerning past experience of child sexual abuse, such as: Have you ever been diagnosed with PTSD? Do you avoid being around others? Do you have repetitive memories of child incest abuse? What's the duration of your child incest memories? The participants completed the questions by responding to the open-ended questions and writing the appropriate and needed response by circling yes/no to the closed-ended questions.

This survey is a combination of condensed questions pertaining to each of the symptoms that are being defined and explained. Each symptom is apart of the questions that are apart of the survey. The deliberation that resulted from this notion of approach was to specifically focus on the particular symptoms that are being focused on throughout this study. The actual objective were to be concise and particularly specific regarding what is being focused on as well as the actual symptoms of trauma-inducing dimension and PTSD.

Data Collection Procedures

Procedures regarding the first group which is located in Sugar Hill, Georgia agreed to complete the questionnaires at the request of the group facilitator. The group

facilitator communicated by phone and agreed to mail the completed responses to the researcher. The researcher was able to receive the responses from the questionnaire successfully by mail.

Procedures regarding the second form of obtaining information resulted from a therapist completing the questionnaire and returning it via post mail. The third set of participants returned the questionnaires to the researcher by hand.

Procedures regarding the last and final group included contacting the program director. Upon speaking with a representative of the agency and giving a detailed explanation for the reason of obtaining information from this agency for this research study, a suggestion was made to e-mail the questionnaire to the agency. The Lead Advocate would take the lead role in obtaining the survey's information. Once the surveys were completed, they would be post mailed and returned to the researcher.

Statistical Analysis

This study seeks to determine that there is a statistical relationship between trauma-inducing dimensions and post traumatic stress disorder symptoms. The questionnaire used identified both variables and the specified symptoms that are being defined and explained which serves as O in this study's design notation. The effects of both independent variables are determined by the responses in the questionnaire, which serves as X in this study's design notation. Both variables were scaled at a nominal level. All data was retrieved by utilizing SPSS statistical software.

Data in this chapter specified the relevance of the research design, notation, sampling, sampling procedures, etc. In addition, there is a comprehensive description of the instrumentation as well as the analysis needed which serves as collection procedures. The following chapter will serve as a presentation of findings. As data relates to this study, particular tables were used to depict what the researcher sought to identify. Contained within this section includes frequency distribution, descriptive and cross-tabulation analysis. Data retrieved provided results pertaining to tallied numbers as it relates to the containment of a specified relationship between both trauma-inducing dimensions and post traumatic stress disorder symptoms.

CHAPTER FIVE

PRESENTATION OF FINDINGS

Present Data for the Research Question

The initial purpose of this study was to determine if in fact there was a statistical relationship with trauma inducing dimensions and post traumatic stress disorder symptoms. This chapter will define the study's effort to support the hypothesis. However, this chapter will present relevant findings pertaining to this study and rely on its results from the test as it relates to the significance of presented variables along with the statement of the hypothesis.

Demographics

Table 1

Demographics (N=28)

Included below are women survivors of incest participants

Variable	N	Participants
Gender :		
Female (only)	28	100.0%
Male	0	0.0
Ages:		
Survivors of Incest		
18-21	0	0.0%
22-25	3	10.0%
26-30	4	13.3%
31-40	8	26.7%
41-50	5	16.7%
Over 50 years	8	26.7%
Racial Identity:		
African American	3	10.0%
Hispanic	9	30.0%
Asian/Pacific	8	26.7%

Table 1 (continue)

Demographics (N=28)

Included below are women of incest participants

Variable	N	Participants
Caucasian	8	26.7%
Asian	0	0.0%
Annual Income (in dollars)		
18,000.00 and below	0	0.0%
19,000.00-24,000.00	12	40.0%
25,000.00-35,000.00	3	10.0%
Above 35,000.00	13	43.3%
Length Mon./Yrs. of child incest abuse		
A few occasions	1	1.0%
6 months or less	1	1.0%
6/8 years	3	30.0%
10 years	3	30.0%
17/18 years	2	20.0%
Education Level:		
High School	6	20.0%
GED	0	10.0%
College	3	30.0%
Some College	9	20.0%
Bachelor	6	20.0%
Master's	4	13.3%
PHD	0	0.0%

Participation eligibility was based on the individual (1) sexual abuse during childhood or adolescence; (2) by a family member or corresponding individual identified as a blood relative or relative by law or perhaps even if the perpetrator was considered to be a close friend/adopted relative of the family. Furthermore, if in fact the participant has placed a great amount of trust in their perpetrator, the perpetrator status allows the victim to qualify for this study. Participants also were determined by a past or present diagnosis of any stress disorder, preferably post-traumatic stress disorder, personality disorders and any relating psychological or sexual dilemma (dependent variables). The participants were properly informed with a consent explaining the guidelines of the study and what is expected from their participation regarding the study. This consent specifically explained the procedure for the study and informed participants of their engagement with this study consisted of strict confidentiality.

With knowing the information given, focusing on the independent variables and conceptualizing the dependent variable will allow determination for identifying PTSD and trauma-inducing dimensions developed in women survivors of child incest abuse. With reliance on past research and extending on related studies, this will assist in the provision and enhancement of presenting the results of this study.

The above graph explains in detail the demographics in this study. This study consisted of all women and no males were included as participants at all. Statistical analysis is measured at a nominal level with both variables of trauma-inducing dimensions and post traumatic stress disorder syndromes. This is a non-experimental,

casual study that does attempt to provide correlations with possible limitations to differences. This nonparametric study includes a sample of 28 and attempts to measure signs and symptoms of trauma-inducing dimensions and PTSD in women survivors of incest. This study doesn't impose a change nor depicts any comparisons. However, the sample will be used to investigate the proposed study by identifying, defining and explaining presenting factors which can apply to the chosen sample. All information collected was entered in SPSS to determine reliability coefficients.

Survey Questionnaire will be used to determine a nominal level for the chosen sample. The survey (X) will be used to seek and identify measures relating to symptoms relating to psychological, sexual relationship problems, physical, and emotional signs that are strongly correlated with PTSD (International Critical Incidents Stress Foundation, 998). This exploratory study does not seek to change, modify or provide intervention. It simply specifies particular information explored to satisfy what was initially sought out. That is, to identify specified symptoms of PTSD and signs of trauma-inducing dimensions. The questionnaire provided was used for classification and identification of symptoms associated with trauma-inducing dimensions and PTSD within the appropriate population. Upon identifying the symptoms and relating crisis experiences, supporting factors regarding reliability have been used to test by two sets of questions asked (twice) in different ways but to seek the same response. Question #1 asked, Do you feel betrayed? This question was asked twice and had a reliability coefficient of .1 which displayed that the question was answered with appropriate and consecutive responses each time answered. Question #2 asked, Was your abuser a

relative? Do you care to share who your abuser was? This question was asked to identify victimizer and had a reliability coefficient of .3 which didn't positively support responses but each question was answered and victimizer was indeed identified.

This questionnaire supports information briefly sought to provide clarification and information to those who would like to educate themselves or extend on detailed, yet brief signs of trauma-inducing dimensions and PTSD syndromes which plays the leading factors of PTSD. This test does not attempt to prove (anything); it does no more than explore the many presenting issues and seek to use previous research as a guide for exploration. This study does not aim to provide an experiment, yet it clarifies issues that are there with clarification of relating symptoms.

Frequency Distribution of Women Survivors of Incest

TID=Trauma-inducing Dimensions
PTSD=Post Traumatic Stress disorder Symptoms

Table 2

Question #19 was used to identify feelings of betrayal within the survivor, which assisted with measuring a symptom of TID.

Do you feel betrayed by whom the person that sexually abused you?

Yes		No		Missing		Total	
23	76.7%	5	16.7%	2	6.7%	30	100%

Table 3

Question #20 was used to identify flashbacks experienced by the survivor, which assisted with measuring a symptom of PTSD.

Do you have repeated flashbacks during sexual encounters?

Yes		No		Missing		Total	
13	43.3%	15	50%	2	6.7%	30	100%

Table 4

Question #21 was used to identify avoidance from others, which assisted with measuring a symptom of PTSD.

Do you tend to avoid being around others?

Yes		No		Missing		Total	
21	70%	7	23.3%	2	6.7%	30	100%

Table 5

Question #22 assisted with identifying how often memories occur from sexual abuse experienced by the survivor, which assisted with measuring a symptom of PTSD.

Do you often have memories of your sexual abuse?

Yes		No		Missing		Total	
24	80%	4	13.3%	2	6.7%	30	100%

Table 6

Question #23 assisted with identifying powerlessness, such a feeling hopeless, lack of strength or authority, which assisted with measuring a symptom of TID.

Do you feel helpless (i.e. lack of strength or authority)?

Yes		No		Missing		Total	
17	56.7	11	36.7	2	6.7%	30	100%

Table 7

Question #24 assisted with identifying feelings of ever being betrayed by the person whom abused the survivor, which assisted with measuring a symptom of TID

Do you ever feel betrayed by the person whom sexually abused you?

Yes		No		Missing		No response		Total	
21	70%	6	20%	2	6.7 %	1		30	100%

CHAPTER SIX

DISCUSSION AND IMPLICATIONS OF FINDINGS

Study's support of the Literature

Current literature and past research has contributed in support of women survivors of incest. However, studies have been able to competently identify what was sought out for specific research purposes as it related to child incest abuse. Most literature have similar data regarding both women and men survivors of incest. Currently and in the past, women victims have outnumbered men since this issue has begun. Proving that women have been the spoken voices in this era as well as coming forward and admitting that they have been apart of incestuous acts that have caused them to suffer emotional and physically. However, it is not such a simple topic nor is it an open issue within families. The possibilities of facing such an issue is difficult, yet an awkward position for those who have spoken out in comparison to those who haven't. Those who continue to remain silent due to such an unlawful act can become more of a higher risk in experiencing high levels of not only PTSD but trauma-inducing dimensions as well.

The data gathered based on responses have proven that women survivors of incest child sexual abuse have experienced symptoms of post traumatic stress disorder symptoms (PTSD) and trauma-inducing dimensions (TID). Although responses supported survivors experiencing more PTSD symptoms than TID or vice versa, the

initial focus was to explore, define and explain specified symptoms relating to both symptoms sought out to measure.

Limitations of the Study

Current literature fail to allow the victims to verbally express how they have coped with their past incest experience. Most researchers have taken the initiative to conduct research studies with what they choose to focus on from the beginning. This is not to discredit any approaches in relating studies done, but it can have a major impact on victims disclosing information as well as allowing a sense of self comfort as the student proceeds. Even though experts have posed a specific focus on symptomatic relating outcomes due to their past traumatizing incest experience, if perhaps research can take a different route in obtaining data and an increased amount of victims would be willing to express themselves openly. In addition, this in fact is a sensitive area for research and professionals, understanding their demeanor as it relates to a victims experience can enlightened the overall issue regarding women survivors of incest.

Based on responses regarding recorded data, there were a total of 30 surveys distributed to participants. Upon receiving data, two questionnaires were not completed. This did not cause any errors for the study but in result caused the study to become a non-parametric study. The researcher expected to receive the number of questionnaires that were distributed, however due to a high level of sensitivity with the chosen population could have been a leading factor of the two uncompleted questionnaires.

Conclusions Based on Findings

In conclusion, the purpose of this study was to explore the many great possibilities of relating factors regarding PTSD and trauma-inducing dimensions of women who are survivors of incest. This study explains and proves how vital and sensitive this population is at time of crisis. The many relating signs of trauma-inducing dimensions and PTSD share common factors at time of crisis or after trauma have occurred. However, social workers are there for individuals in such instances as these and suggestions of related studies and past literature may be referred to when providing intervention. Thus, incest incidents have increased over the years and treatment sought, have been equivalent according to reported incidents in the past. Clearly providing simple identification and explaining the signs and factors can be one of many first approaches in assisting this population. This study encourages some form of intervention, individual or group counseling at any time possibly when and if some of the signs and symptoms are experienced at any time. With seeking intervention, it can attribute to alleviating some presenting factors comprised of both trauma-inducing dimension and PTSD. Social Workers who will be working in the field as a practitioner will have the opportunity to challenge the negative and sensitive factors within this oppressed population. It will then become a challenge for us to assist the individual with efficient and appropriate services.

The purpose of this study was to identify, describe and explain the relating explain the many relating factors of PTSD and trauma-inducing dimensions experienced by incest survivors of child sexual abuse. This study strongly proves that even if women

were't diagnosed with PTSD, they compelled components of trauma-inducing dimensions and symptoms of PTSD.

Implications to Enhance Social Work Practice

In the clinical field of social worker practice, addressing matters relating to incest child abuse is critical for future research. This is not only a vital situation, yet extremely important when crisis delivery of service is a concern. Social workers must express empowerment, empathy and be held accountable while providing services that are specific while remaining conscious, accurate and effective with knowledge and skills. If these possibilities are impossible when providing accurate and effectiveness of assessments, treatments and interventions to crisis-related patients, groups/individuals and other populations should heavily rely on theory, constructs and models. Based on the changes occurring within society, various populations are increasing upon addressing several issues with clients. For this purpose, it's imperative for social workers take responsibility to enrich their personal knowledge of a wide range of background of the many clients that may be encountered. To begin responsibility, social work research is needed for the purpose of developing knowledge based empirical evidence related to proper approaches in crisis interventions. While providing professional services, it is very imperative that we uphold the Social Work Code of Ethics while providing appropriate boundaries confidentiality throughout practice. This is not only an ethical obligation but it is to ensure the delivery of services throughout the social work profession during intervention, prevention, problem solving, etc. Social work is apart of the helping

the helping profession, therefore social services and social workers primary focus is to promote, advocate, and facilitate social change. I recommend all practitioners in the field of social work practice not only educate themselves on populations such as incest survivors, but to involve themselves in a wide range of populations to enhance their knowledge regarding sensitive topics for personal reference and future knowledge.

However, we as African Americans social workers have to take the time to do research on our own to discover who and what oppressed population is experiencing social injustice and discrimination. According to the Afro-centric Prospective, we have to understand the “affects and effects” of our society possesses before we can understand how to assist those in need. We have to begin with our roots and understand the struggle that has been experienced in the past and of today. We cannot provide service to anyone unless we understand the foundation of our culture and then we can provide the appropriate knowledge, values and skills to the chosen population. Social Workers are said to be diverse within macro/mezzo/ mezzo, therefore we should express those skills in a proper and professional manner with the Afro-centric Perspective in mind as a positive motivation force.

Lastly, the social work profession is dedicated to the values of human dignity, personal autonomy, self-realization and self-determination. These are the very areas that victims are the most damaged. In order to be effective in identifying the symptoms described throughout this study, the social worker should have knowledge about the symptoms with the inclusion of the after-effects which resulted in a strong relationship with both PTS and trauma-inducing dimensions. Demonstrate and distribute resources,

referrals to medical and legal services and most importantly advocate for the client.

Because this is a very complex, yet sensitive area of practice, social workers should provide knowledge to the individual and possible to the community to educate them on such an intense condition. Social workers must be leaders not only within the community but competently for their clients as well.

APPENDICES

APPENDIX A: PARTICIPANT CONSENT FORM

Consent for Participation

The purpose of this study is to explore post traumatic stress disorder symptom and long-term effects in women who are incest survivors of child sexual abuse. In addition, looking at the leading factors and determining if participants have specific symptoms of PTSD and trauma-inducing dimensions. The results of this study may further inform future researchers of the possibilities in developing effective approaches in obtaining sufficient data for women incest survivors. Understanding that this area of study is sensitive, the initial responsibility while conducting this study is to protect the identity of those who decide to participate and complete this questionnaire.

This study is anonymous. No names or identification will be needed within the time of data collection. Participants are asked to follow through with the study because of the time frame needed to collect data. This procedure will need responses from women regarding a questionnaire in a one shot case study. All data collected will be for research purposes only and will be strictly confidential. Participation in this study is completely voluntary and anonymous. Information given will not be exploited but will only be used for this research purpose only.

If at any time any participant feels uncomfortable with the research process or subject matter, feel free to speak with facilitator and possibly withdraw from completing the questionnaire. To consent to the terms of the study as described above please sign and date two copies of this document. One will be for the facilitator and the other will be for your records. If anytime in the future you have concerns regarding this research study's process, feel free to notify the facilitator of this study by contacting (404) 840-2989.

Thanks in advance for your cooperation.

Signature _____
Print _____

Date _____

APPENDIX B: MEASURE

Please do not write your name on this form. Please answer each question by circling the correct response and writing in the appropriate response.

1. Are you a survivor of incest child sexual abuse? Yes No
2. Have you had previous counseling/ therapy? Yes No
3. Have you ever been diagnosed with a stress disorder? Yes No
4. Have you been diagnosed with post traumatic stress disorder? Yes No
5. Have you been diagnosed with a personality disorder? Yes No
6. Do you blame yourself for being sexually abused as a child? Yes No
7. How old were you when sexual abuse began (around/approximate)? _____
8. How long were you sexually abused as a child (months/years)? _____
9. Do you care to share who sexually abused you as a child? Yes No
If yes, please explain _____

10. How old are you? _____
11. What is your level of education?
High School GED College Some College
Bachelor Master's PHD
12. What is your racial identity?
African-American Hispanic Asian/Pacific Caucasian
Asian Other _____

13. What is your total household income?

Below 18,000

Between 19,000- 24,000

Between 25,000- 35,000

Above 35,000

14. How long were you sexually abused? _____

15. Was your sexual abuser a relative? Yes No

16. Was your sexual abuser your uncle? Yes No

17. Was your sexual abuser a very close friend to the family? Yes No

If so, was your sexual abuser considered a relative? Yes No

18. Are you between the ages of:

18 – 21

26 – 30

41 - 50

22 – 25

31 – 40

Over 50 years of age

19. Do you ever feel betrayed by whom the person that sexually abused you?

Yes No

20. Do you have repeated flash backs during sexual encounters? Yes No

21. Do you tend to avoid being around others? Yes No

22. Do you often have memories of your sexual abuse? Yes No

23. Do you feel helpless (i.e. lack of strength or authority?) Yes No

24. Do you ever feel betrayed by whom the person that sexually abused you?

Yes No

If you answered no, by whom you feel betrayed by (no name, title) _____

25. Do you have memories of your past sexual abuse?

Yes No

If so, how often do your memories occur?

At least once a month Three times a month

Twice a month More than four times a month

26. Do you have marks on your body that remind you of your sexual abuse?

Yes or No

27. Have counseling been sought? If you have not been medically diagnosed with any long-term effects/post-traumatic stress disorder(s).

Yes or No

28. If you answered no to #26, have you sought out any type of help to assist you at all in the past/present? If so please describe _____

APPENDIX C: SURVEY QUESTIONNAIRE TABLES

Table 1

Question #1 Are you a survivor of incest child sexual abuse?

Yes		No		Missing		Total	
28	93%	0	0%	2	6.7%	30	100%

Table 2

Question #2 Have you had previous counseling or therapy?

Yes		No		Missing		Total	
23	76.7%	5	16.7%	2	6.7%	30	100%

Table 3

Question #3 Have you ever been diagnosed with a stress disorder?

Yes		No		Missing		Total	
17	56.7	11	36.7%	2	6.7%	30	100%

Table 4

Question #4 Have you been diagnosed with Post Traumatic Stress Disorder?

Yes		No		Missing		Total	
17	56.7%	11	36.7%	2	6.7%	30	100%

Table 5

Question #5 Have you been diagnosed with a personality disorder?

Yes		No		Missing		Total	
6	20%	22	73.3%	2	6.7%	30	100%

Table 6

Question #6 Do you blame yourself for being sexually abused as a child?

Yes		No		Missing		Total	
9	30%	19	63.3%	2	6.7%	30	100%

Table 7

Question #7 How old were you when you were when sexual abuse began (approximate/around)?

Sexual abuse range began as early as 6 months to no later than 9 years of age.

Table 8

Question #8 How old were you when you were sexually abused?

Duration	Years	Missing		Total	
A few Occasions	10	2	6.7%	30	100%
6 months or less	10				
6-8 Years	3				
10 Years	3				
17-18 Years	2				

Table 9

Question #9 Do you care to share who sexually abused you as a child?

Yes	No	Missing	Total
25	3	2 6.7%	30 100%

Table 10

Question #10 How old are you?

Age Range	# of Participants (30)	Total (100%)
18-21	0	0.0%
22-25	3	10.0%
26-30	4	13.3%
31-40	8	26.7%
41-50	5	16.7%
Over 50 years	8	26.7%

Table 11

Question #11 What is your level of education?

Educational Range	# of Participants (28)	Missing	Total (100%)
High School	6	2	20.0%
College	3		10.0%
Some College	9		30.0%
Bachelor	6		20.0%
Master's	4		13.3%

Table 12
Question #12 What is your racial identity?

Race	# of Participants (28)	Missing	Total (100%)
African American	9	2	30.0%
Hispanic	3		10.0%
Asian Pacific	8		26.7%
Caucasian	8		26.7%

Table 13
Question 13 What is your total household income?

Income Range	# Of Participants (28)	Missing	Total (100%)
\$19,000-\$24,000	12	2	40.0%
\$25,000-\$35,000	3		10.0%
Above \$35,000	13		43.3%

Table 14
Question #14 How long were you sexually abused?

Length of Time	# of Participants	Missing	Total (100%)
A few Occasions	10	2	10.0%
6 Months or less	10		10.0%
6-8 Years	3		30.0%
10 Years	3		30.0%
17-18 Years	2		20.0%

Table 15

Question #15 Was your sexual abuser a relative?

Yes		No		Missing		Total	
25	83.3	3	10%	2	6.7%	30	100%

Table 16

Question #16 Was your sexual abuser your uncle?

Yes		No		Missing		Total	
5	16.7%	23	76.7%	2	6.7%	30	100%

Table 17

Question #17 Was your sexual abuser a close friend to the family?

Yes		No		Missing		Total	
7	23.3%	21	70%	2	6.7%	30	100%

Table 18

Question: 2nd part of question #17 If so, was your abuser considered a relative?

Yes		No		Missing		Total	
12	40%	10	33%	2	6.7%	30	100%

Table 19
Question #18 Are you between the ages of?

Age Range	# of Participants	Missing	Total
18-21	3	2 6.7%	10%
26-30	4		13.3%
41-50	8		26.7%
31-40	5		16.7%
Over 50 Years	8		26.7%

Table 20
Question #19 Do you feel betrayed by whom the person that sexually abused you?

Yes	No	Missing	Total
23 76.7%	5 16.7%	2 6.7%	30 100%

Table 21
Question #20 Do you have repeated flashbacks during sexual encounters?

Yes	No	Missing	Total
13 43.3%	15 50%	2 6.7%	30 100%

Table 22
Question #21 Do you tend to avoid being around others?

Yes	No	Missing	Total
21 70%	7 23.3%	2 6.7%	30 100%

Table 23 Question #22 Do you often have memories of your sexual abuse?

Yes	No	Missing	Total
24 80%	4 13.3%	2 6.7%	30 100%

Table 24

Question #23 Do you feel helpless (i.e. lack of strength or authority)?

Yes	No	Missing	Total
17 56.7	11 36.7	2 6.7%	30 100%

Table 25

Question #24 Do you ever feel betrayed by the person whom sexually abused you?

Yes	No	Missing	No response	Total
21 70%	6 20%	2 6.7 %	1	30 100%

Table 26

Question: 2nd part of question #24 If you answered no, by whom you feel betrayed by (no name, title)?

No responses, question was answered as no one.

Table 27

Question #25 Do you have memories of you past sexual abuse? (asked twice)

Yes	No	Missing	Total
26 86.7%	2 6.7%	2 6.7%	30 100%

Table 28

Question #26

Do you have marks your body that remind you of your sexual abuse?

Yes	No	Missing	Total
4 13.3%	24 80%	2 6.7%	30 100%

Table 29

Question #27

Have counseling been sought?
 If you have not been medically diagnosed with any
 long-term effects/post traumatic stress disorder(s).

Yes	No	Missing	No Response	Total
18 60%	9 30%	2 6.7%	1	30 100%

Table 30

Question #28

If you answered no to #27, have you sought out any type of help
 to assist you at all in the past/present?
 If so, please describe?

Responses	# of Participants (9)	No response	Total (100%)
Has recently sought out help	3	2	9
Has currently began to sought out help	4		

REFERENCES

- Alexander, P.C., & Brand, B.L. (in press). *Coping with Incest: The Relationship Between Recollections of Childhood Coping and Adults Functioning in Female Survivors of Incest*. Journal of Traumatic Stress.
- Bailey, P., Crocq, M.A., Duval, F., Guillon, M.C., Macher, J.P., Macrani, M.C., Monreal, J., et al. (2004). *Increased adrenocorticotropin suppression following dexamethasone administration in sexually abused adolescents with posttraumatic stress disorder* [Abstract]. Psychoneuroendocrinology, 1281 (9pp).
- Baron, R. (1997). Psychology (4th Ed.). Library of Congress Cataloging.
- Christensen, L. (1997). *Experimental Methodology* (7th Ed.). Library of Congress Cataloging.
- Courtois, C. (2000). *The Sexual after-effect of Incest/Child Sexual Abuse*. Siecus Report. New York, 11 (6 pp).
- Hull, G. & Kirst-Ashman (3rd Ed.). Library of Congress Cataloging.
- Internal Critical Stress Foundation (1998). American Psychiatric Foundation (3rd Edition). Library of Congress Cataloging.
- Johnson, S.M. & Saxes, B.J. (1999). *An Empirical Investigation of Group Treatment for a Clinical Population of Adult Female Incest Survivors* [Abstract]. Journal of Child Sexual Abuse 67.

McLean & Gallop, R., (2003). *Implications of Childhood Sexual Abuse for Adult Borderline Personality Disorder and Complex Posttraumatic Stress Disorder*.
The American Journal of Psychiatry, 369 (3pp).

Norlin, J. (2003). *Human Behavior and the Social Environment, Social Systems Perspective* (4th Ed). Library of Congress Cataloging-in-Publication Data.

Robert, E. (1990). *Exemplar of Robert's Seven Stage Crisis Intervention Model in the Health Care Setting*. Library of Congress Cataloging.

<http://danenet.wictp.org.dccrsa.saissues/surviv/html>

www.star.ak.org/Library/files/si.htm