

Bringing Shame Out of the Shadows: Identifying Shame in Child Sexual Abuse Disclosure Processes and Implications for Psychotherapy

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Abstract

Child sexual abuse (CSA) has been described as a highly stigmatizing experience. Despite the recognition of shame as a significant contributor to psychological distress following CSA, an inhibitor of CSA disclosure, and a challenging emotion to overcome in therapy, limited research has explored the experience of shame with young people who have been sexually abused. This study is unique in examining the transcripts of 47 young people aged 15–25 years from a large-scale study conducted in Ireland and Canada and exploring manifestations of shame in CSA disclosure narratives. Using a thematic analysis of both inductive and deductive coding, the data were examined for implicit, as distinct from explicit, manifestations of shame. Three key themes were identified in this study: languaging shame, avoiding shame, and reducing shame. The study supports previous authors in highlighting the need for nuanced measures of shame in research that takes account of

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the complexity of this emotion. Conceptualizations in the literature of the distinction between shame and guilt are challenged when these emotions are explored in the context of CSA. Finally, recommendations for working therapeutically with young people who have experienced CSA are offered with a view to addressing shame in therapeutic work.

Keywords

sexual abuse, child abuse, adolescent victims, sexual assault, support seeking

Introduction

Childhood experiences, including adverse ones such as child sexual abuse (CSA), play a significant role in the formation of the individual's sense of self (Felitti & Anda, 2010). CSA is a highly stigmatizing experience (Kennedy & Prock, 2018), often experienced as an assault on the self, whereby negative messages are communicated to the child that then become "incorporated into the child's self-image" (Finkelhor & Browne, 1985, p. 532), leaving the child and emerging adult with feelings of being deeply flawed and damaged as a human being (Alaggia et al., 2017; Böhm, 2017; Dorahy & Clearwater, 2012; Feiring & Taska, 2005; Hunter, 2011; McElvaney et al., 2014; Sgroi, 1982; Whiffen & MacIntosh, 2005). Shame has been cited as a significant barrier to children's and adults' disclosures (Lemaigre et al., 2017; McElvaney, 2015; Morrison et al., 2018) and to accessing therapeutic support (MacGinley et al., 2019), a mediating factor between childhood trauma and later psychopathology, such as self-harm (Dyer et al., 2017), and presents a challenge to therapists in supporting clients to heal from shame associated with CSA (Paivio & Pascual-Leone, 2010; Sanderson, 2015).

Despite this, limited research has explored in detail the role of shame among young people with a history of CSA. Recent qualitative studies on disclosure processes with both children and adults (Alaggia, 2005; MacGinley et al., 2019; MacIntosh et al., 2016; Malloy et al., 2019; McElvaney et al., 2014) suggest that shame is a worthy focus of research, if we are to better understand the role of shame in meaning making processes and how it is embedded in other related emotions, cognitions, and coping strategies. Such exploration could assist in revealing patterns of CSA processing that need to be recognized and incorporated into therapeutic responses with children and young people, particularly given the long-term impact of shame evident in adults who have experienced abuse in childhood (Dorahy & Clearwater, 2012). The hidden nature of shame and the common coping strategies in

response to shame emotions—to avoid—requires that researchers proactively focus on this phenomenon in an attempt to shed light on and bring shame out of the shadows.

Literature Review

Shame is a multi-faceted emotion. Adaptive or healthy shame has been described as a fast-track physiological response with a social function (Herman, 2011); a biological hardwired experience that assists the developing child in conforming to social norms (Schore, 2003). It is considered a social emotion that requires a cognitive ability to have a sense of self and to evaluate one's behavior against social standards (Lewis, 2000). As a maladaptive emotion, shame has been characterized as feelings of inadequacy, self-condemnation, worthlessness, and vulnerability (Vikan et al., 2010). Tomkins (1991) described shame as an inner torment, "a sickness of the soul" where one feels "naked, defeated, alienated, lacking in dignity and worth" (p. 10) while Kaufman (1996) described it as "acutely disturbing and painful" (p. 5), unmatched by any of the other emotions.

Theoretical models of shame consider shame as an "attachment emotion" (Gilbert & Andrews, 1998, p. 65) with origins in primary attachment relationships. Misattunement between the primary caregiver and the infant, it is suggested, results in a rupturing of the infant's capacity to regulate their affect, impairing the child's sense of interpersonal efficacy and forming the foundation for their later sense of worthlessness. Such models have not, however, been used to explain the shame associated with the experience of CSA. Brown (2006), in her model of shame resilience, described how women moved from feeling trapped, powerless, and isolated to experiencing connection, power and freedom. This process was achieved through acknowledging personal vulnerability, being critically aware, reaching out and speaking shame. Nathanson's (1992) conceptual model, compass of shame, identifies four coping styles for addressing shame, representing the polarities of attack self, withdrawal, attack other, and avoidance. As Elison et al. (2006) suggested, outcomes may be more determined by how one copes with shame rather than the experience itself. While both models focus on adults' experiences of shame and neither focuses on CSA-related shame, Brown's three components of shame—feeling trapped, powerless, and isolated—are common themes in young people's narratives of CSA and resonate with the key traumatic dynamics of CSA identified by Finkelhor and Browne (1985). Nathanson's coping strategies of attack self and avoidance, in particular, may

be considered relevant to CSA-shame coping, particularly given how shame has been postulated as explaining the high prevalence of self-blame in CSA survivors (LaBash & Papa, 2014) and the prevalence of avoidant responses among those who have been sexually abused (Rahm et al., 2013).

Sexual victimization violates physical, emotional, and sexual integrity and is thus notorious for producing shame. In studies of adults, sexual assault has been associated with higher levels of shame than other traumatic experiences (Amstadter & Vernon, 2008). DeCou et al. (2019) found that more than 75% of undergraduate female survivors of sexual assault reported feeling trauma-related shame, while Wetterlöv et al. (2020) also found an association between shame and sexual trauma among adolescent girls. CSA related shame can lead to increased suicidal ideation, substance use, and vulnerabilities to being re-victimised (Aakvaag et al., 2018; Alix et al., 2017; Holl et al., 2017; Kealy et al., 2017). Shame can also act as a significant inhibitor to CSA disclosure. In a study in Israel, 67.8% of young people cited shame as one of three factors that prevented them from disclosing the abuse (fear, 65.1% and fear of the abuser, 52.5% were the other two factors; Lev-Wiesel et al. [2016]). Non-disclosure of CSA may have its own consequences. Negroao et al. (2005) found that shame and humiliation in non-disclosing women survivors of CSA was associated with high levels of PTSD symptoms.

Avoidance is a human response to shame, serving to either minimize exposure to shame or to attempt to prevent further experience of shame (Elison et al., 2006; Nathanson, 1992). Avoidance is also a coping response to CSA (Dorahy et al., 2017; Feiring & Taska, 2005; LaBash & Papa, 2014; Nathanson, 1992; Zupanic & Kreidler, 1998). Whether avoidance as a coping response to CSA exclusively emanates from the experience of shame is unknown; nevertheless, the associations warrant further exploration. Avoidance, as a coping response, may also prevent individuals from acknowledging their own shame response to the experience of sexual abuse. Thus, a closer examination of coping strategies following CSA may reveal meaning making processes that help illuminate shame and inform intervention.

Studies of both children (McElvaney et al., 2014) and adults (Hunter, 2011) have identified shame as a key barrier to disclosing CSA. Both conscious and unconscious avoidance of thinking about the abuse militate against the revealing of the abuse. As noted above, avoidance is a common coping strategy to protect the self from distress. The secrecy surrounding CSA along with the knowledge that exposure of such experiences reflect negatively on the self and family may contribute to feelings of shame (Deblinger & Runyon, 2005). All such responses may lead to isolation as the individual avoids social contact as a means of regulating their experiences of intolerable shame. Even in the act of disclosing, children and adults often express shame through their

language and bodily postures (Rahm et al., 2006). Finally, shame can be heightened by the discovery process as others learn about the abuse, triggering fears of humiliation and condemnation from others. No other trauma group are blamed for their ordeal as frequently as sexual assault survivors (Bhuptani & Messman-Moore, 2019).

Some authors have highlighted the need to focus directly on explicit shame (Zhu et al., 2019), and on survivors' lived experiences of shame following CSA (Dorahy & Clearwater, 2012; MacGinley et al., 2019). However, shame is likely to assume various disguised forms outside the awareness of the individual and those around them (Dearing & Tangney, 2011; Rahm et al., 2006). As Michael Lewis (2000) noted, "one's knowledge of shame is often limited to the trace it leaves" (p. 1187). In a study of male survivors, Weiss (2010) reported language such as feeling "humiliated", "embarrassed", or "uncomfortable" rather than ashamed. Shame can be expressed indirectly through nonverbal and paralinguistic cues (Retzinger, 1995) as well as intra-personal coping skills (substance use, self-harm; Zhu et al., 2019). Shame may also manifest as experiences of feeling trapped, isolated, or powerless (Brown, 2006) or as interpersonal avoidance, withdrawal, or aggression (Nathanson, 1992). It is central to the field of child abuse and maltreatment to identify shame experiences and, in particular, to explore how shame manifests itself during childhood and adolescence, in order to distinguish between shame that is associated with the abuse and disclosure experience during these years and shame that manifests in adulthood. It may be necessary to focus directly on these related dynamics, experiences, and processes if we are to better understand the role of shame in CSA and how to assist in reducing shame.

One potential avenue of research is to examine the CSA disclosure narratives of young people who have experienced CSA, rather than confining one's exploration to explicit shame (i.e., shame that is conscious and accessible to consciousness; MacGinley et al. [2019]). Qualitative research, by its nature, captures the subjective nuances of particular experiences (Willig, 2008). It facilitates an exploration of how young people make sense of their experiences in their own language. Drawing on the theoretical models and research outlined above, this study sought to identify possible manifestations of implicit shame in the disclosure experiences of young people who had been sexually abused in childhood or adolescence.

Method

This study is part of a larger study exploring experiences of CSA disclosure in a sample of young people living in Canada and Ireland (see Collin-Vézina

et al. [2021] for details). Participants were primarily recruited from community-based sexual abuse/assault agencies, hospital-based specialized clinics, and a child advocacy center. The total sample for this study is 47 participants. All participants were either currently receiving or had recently received services for their CSA experiences. The majority of the youth identified as female ($n = 42$, 89.3%), and the remaining identified as male ($n = 4$, 8.5%), or non-binary ($n = 1$, 2.1%). The participants ranged in age from 15 to 25 years, with an average age of 19.3 years. This age group was chosen in recognition of the WHO definitions of “youth” and “young people” as representing those aged 15–24 (www.who.int).

Participation in this research was voluntary and had no impact on access to services provided by the agencies. Ethics approval was obtained from the research ethics boards of the three universities participating in this project as well as agencies that had their own internal ethics board. Written consent/assent was gained prior to conducting the interviews; with participants who chose a phone interview, consent was obtained verbally and digitally recorded.

Participants identified diverse racial, cultural, and religious identities, and reported various abuse characteristics and history. Racial and cultural identities of participants included Hispanic backgrounds, Indigenous, Croatian, Québécoise, Haitian, Jamaican, Somalian, Dutch, Caucasian, and Black. Religious identities included Catholic, Roman Catholic, Jewish, Muslim, Christian, Agnostic, Atheist, Jehovah’s Witness, and spiritual. In terms of abuse history, 37 participants reported experiences of CSA by one perpetrator, while 10 participants reported CSA experiences by multiple perpetrators at either the same or different time points. Two participants experienced both intrafamilial and extrafamilial abuse. Twenty-three participants experienced intrafamilial CSA, with two participants experiencing CSA by multiple perpetrators. Perpetrators included mother’s partner (non-biological father; $n = 6$), biological father ($n = 5$), cousin ($n = 5$), uncle (biological and through marriage; $n = 5$), grandfather ($n = 2$), brother ($n = 2$), and mother ($n = 1$). Twenty-two participants experienced extrafamilial abuse. Perpetrators included family friend ($n = 7$), friend/acquaintance ($n = 6$), stranger ($n = 5$), boyfriend ($n = 4$), friend of sibling or peer ($n = 3$), online predators ($n = 3$), family member of a half-sibling ($n = 2$), and a cousin’s husband ($n = 1$). Age of onset of first sexual abuse experience ranged from 3 years old to 18 years old. Delays from abuse to disclosure ranged from the same/next day to 18 years. Although it was unclear in some cases, 30 participants reported that they disclosed 1 year or longer after the onset of the abuse.

Participants were interviewed using a semi-structured interview protocol that was informed by the Long Interview Method (McCracken, 1988) and

previous research undertaken by the authors (Alaggia, 2005; McElvaney et al., 2012). The interview covered the following topics: sociodemographic information, abuse characteristics, what helped or hindered disclosure, perceived and actual outcomes of disclosure, interactions with wider systems following disclosure, and experiences of discontinuous or recovered memories. A thematic analysis was conducted consisting of an initial comprehensive open coding process following by a later deductive coding process. Transcripts were independently coded in the first inductive phase by the first two authors (RMcE & RL) to capture the young people's experiences of disclosure. The second deductive phase consisted of examining the open codes for possible manifestations of both explicit and implicit shame. This deductive analytic process was informed by the literature and took cognizance of the hidden nature of shame and the need to examine experiences of associated emotions such as fear, anxiety, sadness as well as experiences of self-blame, guilt, and isolation. Through a process of selective coding, relevant codes were examined for their similarities and differences and merged where sufficient similarities were evident, expanding the definition of the code, where appropriate.

Establishing Trustworthiness

Throughout the study, specific measures for trustworthiness and rigor were followed (Drisko, 1997). Prolonged engagement was ensured through the investigators' well-established history of conducting sexual abuse research and practice. Dependability of the data was achieved through verbatim transcriptions of the interviews, and direct participant quotes provided for confirmability of the themes. Peer review was utilized by the authors through the use of multiple coders and regular discussions of emerging findings to reach consensus. Further, investigator triangulation was adhered to in which multiple observers were used to attempt "to secure as many differing views as possible on the behavior in question" (Denzin, 1978, p.102).

Findings

This paper focuses on how shame is manifested in young people's stories of CSA disclosure, the possible contributors to the experience of shame as experienced by these young people, and the markers for reducing shame. Three major themes using narratives of 47 young people who disclosed CSA emerged through in-depth thematic analyses: (a) languaging implicit shame (b) avoiding shame, and (c) reducing shame. All names used to refer to participants are pseudonyms.

Languing Implicit Shame

One notable finding from the analysis was the rare use of the words “shame” or “ashamed” by the young people interviewed to communicate explicit shame. However, an analysis of participants’ narratives revealed the use of several words to describe experiences that have been identified as associated with shame, for example, references to the self as “stupid” (i.e., negative self-evaluation; Dyer et al., 2017), references to perceiving others as viewing them negatively (i.e., negative evaluation by others; Dyer et al., 2017) and feeling confused or isolated (Brown, 2006).

Young people described feeling ashamed through the use of words or phrases such as “dirty secret”, “disgust”, and not wanting to tell someone of the abuse:

I don’t know, I think it was, it was kind of, like it was eating me alive. Like I was holding it like, I don’t know, a dirty secret from somebody, a bit ashamed of it obviously. (Sophia, aged 21)

Other days it totally blocks you, you feel dirty, you’re ashamed, and you feel disgusting. (Olivia, aged 15)

Implicit shame could be seen to be evident in young people’s articulation of why they did not want others to know about what happened to them, due to both negative self-evaluation and the fear of negative evaluation by others: “I don’t really like people knowing about it because I feel like it taints their opinion of me” (Amelia, aged 15).

There’s a stigma or prejudice because in fact there was a drug in my glass so.... Y’know lots of people uh, that I know I could have a judgement like “Well yes, but you were sexually uninhibited. So basically, it’s your fault.” (Lily, aged 24)

Some people don’t understand. Um, and acted negatively towards it, like, why didn’t you do anything? Like, it makes, it kind of makes me feel like you’re to blame. (Maria, aged 24)

I just feel like I should have known kind of thing. (Sharon, aged 19)

Like just feeling like you can’t really go to anyone because you feel like it’s your fault, or like you’re stupid, if you would have done this, you could have avoided it, so either way it’s on you. (Kaylia, aged 18)

One young person explained how the sexual nature of the abuse impacted on both her evaluation of herself, how she made sense of what had happened to

her, and actual evaluation by others more negatively than if she had experienced emotional or physical abuse:

It's not as simplified as emotional or physical, in the sense that, I don't know how to explain it but with sexual abuse like, it's something that's done to you but you almost like, you must have done something to provoke it. So you're minimized by other people's reactions when you tell them and by your own, um, your own self and how you perceive that incident. (Emma, aged 18)

Thus, while explicit references to shame were not prominent in young people's narratives, words associated with shame were evident, as were experiences of negative self-evaluation such as feeling stupid, worthless, and flawed, feeling they should have known what was happening and perceived and actual negative evaluation by others, such as being blamed for the abuse and not being believed. Experiences of confusion and isolation were also common, all of which served as a barrier to bring the abuse, and therefore the shame associated with the abuse, to light.

Avoiding Shame

When these young people were able to disclose, to tell their stories, they used a range of words or phrases to communicate their experiences that often hinted at abuse but didn't directly name the experience as abuse, representing a strong avoidant response. This reluctance to name the experience of abuse, while in some cases may relate to a lack of knowledge or language, could also represent an attempt to protect the self from experiencing shame. The most predominant feature of these attempts to disclose is evident in the not wanting to talk about it or feeling uncomfortable talking about what happened. For some, this was a coping strategy, to deny the reality of what happened and to feel as if it happened to someone else:

I had like multiple defense mechanisms: I was in denial for me I had ... I hadn't experienced that, and it was something ... don't ... don't ... I don't know how to explain it it's as if it was someone else who had experienced that and not me. (Chloe, aged 23)

I just blurted it out, like "[abuser] kinda touched me like" and she was like what ya mean, like he hurt ya, and I said yeah, like I just agreed with her, I didn't really like elaborate. (Aoife, aged 25)

Young people spoke of not wanting to talk about their experiences, of feeling uncomfortable talking about it and of not wanting other people to feel uncomfortable. They spoke of how difficult it was to get the words out:

I just I dunno, I just I got that feeling in my throat, I got it there, I can't speak ... I just couldn't speak like, it just wouldn't come out. (Aoife, aged 25)

It was physically very difficult to actually verbalize the whole thing. Yeah, so it took me about three or four tries to actually get it out, and then when I did, it was a long process in itself as well. (Molly, aged 24)

The words or phrases used to describe the abuse itself ranged from: "this thing happened" (Alice, aged 19), "disclosing that something bad had happened" (Maria, aged 24); "like he'd do things he'd like he'd say things, or like touch me or ... eh things like that" (Aoife, aged 25) and were characterized by an avoidance of using the phrase "sexual abuse". One young person described how she tried to communicate that something was wrong, not so much through her words but through her actions:

And in the first year of secondary school, there was a teacher that I liked a lot, and once when something had happened over the previous weekend, and when it was Friday, the bell rang to go home, and I said, "Can I stay here and live in the school over the weekend? I don't want to go home." And then she laughed, she said, "Come on now, we'll see each other on Monday" But I didn't want to go home. (Charlotte, aged 19)

Reducing Shame

Finally, the analysis of the transcripts identified a range of responses from others and coping strategies used by participants that were found to be helpful in reducing the negative self-evaluations and perceived negative evaluation of others experienced following the abuse. These were illustrated in having opportunities and experiences of expressing their needs and emotions, reaching out to others, and receiving support and validation. Through connection with others and the support they received, they came to a realization that they were not alone and that the abuse wasn't their fault. Finally, many young people spoke of their desire to help others.

Young people spoke of how opportunities that facilitated them in speaking about the abuse and expressing their feelings helped them to reduce self-blame in particular. Being understood and having someone to talk to outside the family where they did not have to be worried about the reactions of others helped them to express themselves, which in turn helped them make sense of what had happened and who was responsible for the abuse:

You could have a moment in the day where you are like it [is] all my fault.... I am the reason that this happened like, and they (counsellors) will tell you no ...

that it is not your fault like ... you completely ... he is like completely ... he is the reason that this all happened, and it is his fault.... (Isabelle, aged 16)

Several young people noted the importance of speaking up about the abuse in order to reduce stigma:

People need to really speak up about it, there's so much stigma behind it that it interferes with every aspect of your life. That no matter how much you try to deny it's going to, there always with you so if you don't speak out and help yourself; you're not going to live your life, you're just going to exist. (Clodagh, aged 21)

Um, but now being 8 years plus since it happened, I have no problem talking about it and shedding my light on somebody else's darkness and whatnot, helping and just everything. Like, really, I'm okay to talk about it. I've talked to counsellors; um they've been amazing. (Taylor, aged 24)

The realization that the abuse was not their fault "because you know I didn't do anything wrong" (Alex, aged 18), was often described as a result of speaking to others and experiencing positive responses. In particular, they described how initial reactions to their disclosure of abuse, when communicating empathy and understanding, validated their own experiences and helped them.

Yeah, so when I told him, um, yeah it was kind of ... I mean it was just like a conversation and he was like, yeah, like when I when I said something I was like "that just really felt messed up," he was like "yeah, that *is* messed up" and he was just, he kind of, like, affirmed my feelings. (Sarah, aged 18)

It felt good to tell her.... I mean I'm sorry that she cried but it felt *so* good that someone actually cried and someone like ha! showed me that they felt something. (Alice, aged 19)

Taking action seemed to be important to young people; future oriented thinking was evident:

I started talking about it and kind of researching it. I kind of figured out that it was really not my fault and like I can't do anything about it, but I should be able to do something and if I tell the garda (police) then maybe something will come out of it. (Isabelle, aged 16)

I just want to believe. Not only believe in general, but to believe in me, to believe in ... in what I can become and believe that I can feel better. (Tara, aged 15)

Support from others played a key role in helping young people in this study move beyond their experiences of shame.

With my partner, the fact that he has been very supportive and very understanding of it was a very positive experience and I think that's a big part of why I don't feel ashamed of it as an event. Like I don't feel ashamed of that part of my life is because he doesn't kind of treat me like a victim or anything like that and I think that's really important to me because I do see myself as a really strong person. (Molly, aged 24)

In particular, support that generated a sense of belonging or made the young person feel that they were not alone in their experiences or their suffering, helped to mitigate young people's sense of isolation:

She [counselor] understands like and she talks to me and she's like "You're not the only one, because we're in a center." She's like "This center wouldn't be here if you were the only one' and she can really like, they like, they make you feel like you're not alone." (Angela, aged 24)

It's not like we all walk around with [Um Hmm] name tags that say what's happened to us [Um Hmm] but, we're all together in it [Yea] so you're not alone. (Maria, aged 24)

The idea of standing up for themselves was evident in how young people spoke of the injustice of what had happened to them, and their actions in seeking justice: "Gonna be really hard to get it out, but you got to do it because you, you deserve justice" (Isabelle, aged 16).

Finally, an awareness of a greater good coming from their disclosure was evident in some of the young people's narratives: "not just for my safety but the safety of the community" (Maria, aged 24).

I would like the public to know what I've gone through, I've considered at the end of it writing a book and my experience and even just doing stuff for the media to spread awareness and helping out with as many things like this as I can. (Alex, aged 18)

Discussion

The aim of this study was to explore implicit shame in the narratives of young people describing their experiences of disclosing CSA. Two key processes are identified that may help our understanding of the experience of shame following CSA. First, young people may avoid shame through the language used to describe their experiences and through non-disclosure, delayed disclosure and not wanting to talk about their experiences of abuse. Second, young people may express shame feelings as self-blame. Both avoidance and self-blame (conceptualized as "attack self") are evident in Nathanson's

(1992) compass of shame. Their polar opposites can be seen in Brown's (2006) model of developing shame resilience, whereby her participants described speaking out about their experiences and developing a critical awareness that they were not to blame for their experiences (unrelated to CSA). Thus, the current findings support existing models of understanding shame but, in addition, illustrate how shame is hidden within the CSA disclosure process, highlighting the need for a better understanding of how shame may be implicit in how victims of CSA express themselves, describe their experiences and how they cope with the aftermath of CSA. While some research has specifically focused on shame in a CSA context (MacGinley et al., 2019; Wetterlöv et al., 2020), this is the first study, to our knowledge, that examined shame dynamics in young people's disclosure narratives.

Avoidance as Expression of Implicit Shame

Avoidance represents a thread running through young people's narratives through the language they used to describe their experiences, their attempts to disclose the abuse, and the mechanisms involved in overcoming their difficulties arising from the abuse, all of which resonate with the literature on explicit shame. Striking in the narratives of young people was how shame was expressed. The words shame or feeling ashamed rarely featured. Implicit shame, however, was clearly articulated in other ways, using expressions such as "dirty", feeling "embarrassed", not wanting people to know about their experiences and being concerned about how others would see them if they knew about the abuse. The limited research directly exploring shame in the disclosure process seems unsurprising given the challenges inherent in speaking directly about experiences that are acknowledged as shameful in themselves (Kennedy & Prock, 2018). Elison et al. (2006) critique the research literature on shame for viewing shame as a single construct and the need to reflect the nuanced and hidden language of shame. They also suggest that practitioners may need to consider the varied implicit references to shame articulated by those seeking help. Exploring, for example, the experience of not wanting others to know about the abuse may reveal underlying feelings of shame that may need to be brought into awareness and spoken about.

Disclosure in itself can be considered a form of "speaking out" as a means of reducing shame (Brown, 2006). The decision to disclose is, for many, a result of acknowledging personal vulnerability and a critical awareness that sexual abuse is a wrong done to them, that others may be at risk, and that they need help. Young people in this study described their emerging realization that the abuse was wrong, a criminal act and one named as such by broader

society, along with an awareness that “it isn’t just me”. Through receiving support, they became more critically aware of their “victimhood” and vulnerability. Acknowledging personal vulnerability, critical awareness, and reaching out are three of the four stages of Brown’s model of developing shame resilience (the fourth being speaking shame) and thus may be key processes in the young person’s experience of overcoming shame associated with CSA. Brown’s final stage, speaking shame, however, was not evident in these young people’s narratives; these young people were all engaged with agencies providing support to victims of sexual abuse. It may be that being able to name one’s experiences as shameful reflects an experience at a later stage of recovery from the impact of abuse.

Self-Blame as Attacking Self

A second thread permeating participants’ narratives in this study was that of self-blame, feeling responsible for the abuse and in the case of the final theme, reducing shame, managing to overcome difficulties associated with the abuse through shedding this responsibility. Self-blame is a common impact of sexual assault; a meta-analysis on self-blame after trauma found that CSA victims had even higher levels of self-blame compared to adult sexual assault victims (Littleton et al., 2007). It is also a key factor inhibiting disclosure of sexual assaults in childhood and in adulthood (Dolev-Cohen et al., 2020; Garrett & Hassan, 2019; McElvaney et al., 2014; Morrison et al., 2018; Tener, 2018). The associations between experiences of self-blame, shame, and guilt as impacts of CSA influencing disclosure processes is commonly referred to in the literature. Finkelhor and Browne (1985) refer to both guilt and shame being associated with one of their four key dynamics describing the impact of CSA: stigmatization. In reviews of CSA disclosure studies, self-blame, shame, embarrassment, and guilt are often reported within the same theme and often expressed by study participants interchangeably, for example, “I felt guilty and like a bad person” (Foster & Hagedorn, 2014, p. 546); “Why would he do that to me like I musta done something or I must just be a certain type of person” (McElvaney et al., 2014, p. 936). This juxtaposition of feeling guilty for doing something “bad” with seeing the self as “bad” challenges one of the key distinctions in the literature between guilt and shame, where guilt is seen as an adaptive emotion referring to actions (I did something bad), while shame refers to the entire self (I am bad) (Brown, 2006; Feiring & Taska, 2005; MacGinley et al., 2019; Wetterlöv et al., 2020).

Self-blame (or guilt) for the abuse has been considered at the root of the child’s deep-seated experience of shame following CSA (Feiring et al., 1996; Finkelhor & Browne, 1985). The child blames herself for the abuse

(attacks self; Nathanson, 1992) or is blamed by others and develops negative self-attributions that are very much about the whole self (Finkelhor & Browne, 1985). Self-blame can be seen as a coping strategy to defend the self against shame, what Nathanson (1992) refers to as “attack self” in his compass of shame. Thus, guilt, or in this case, self-blame, could be seen as adaptive in the short term as a means of regaining control following the loss of control inherent in the abuse experience or as a defense against anxiety. However, in the longer term this may become maladaptive and manifest as negative evaluations of the self, which in turn translate into psychopathological presentations such as depression, anxiety and avoidance associated with PTSD. Paivio and Pascual-Leone (2010) suggested that guilt is a secondary emotion often rooted in shame. They suggest that if therapists simply work with guilt, they will not be able to help the client move beyond shame. However, guilt, expressed as self-blame, may need to be understood more as an implicit manifestation of shame. Thus, in the context of CSA, the distinction drawn between guilt and shame by several authors both in relation to shame in general (Brown, 2006; Dearing & Tangney, 2011; Tangney & Dearing, 2002) and CSA-related shame (MacGinley et al., 2019; Wetterlöv et al., 2020) may be unhelpful.

Implications for Psychotherapy

Disclosure of CSA may be considered a first step towards reducing shame, moving beyond isolation, and accessing opportunities for attunement and empathy, both of which will help the child feel connected (Schore, 2003). Brown (2006) conceptualized support as an antidote to shame, highlighting the role of support in developing shame resilience. The findings of this study highlight the importance of both perceived or actual negative evaluations by others in exacerbating difficulties and the supportive reactions to disclosure in mitigating the negative impact of the abuse. For those in need of professional support, some have argued that seeking help in itself is shame-inducing (Blais & Renshaw, 2013) and shame following CSA has been identified as inhibiting access to therapy (Chouliara et al., 2014). It may be that outreach services are particularly needed for those who have experienced CSA as a way of combating the shame elicited in help-seeking behavior. Psychoeducation about the impact of abuse may help to normalize the psychological sequelae of CSA to help young people understand that such feelings and experiences are common responses to CSA and that without psychotherapy, they may struggle unnecessarily to overcome their difficulties. Interestingly, recent research suggests that the anonymity of the online environment may encourage young people to disclose in seek of support

(Dolev-Cohen et al., 2020), which suggests that online therapeutic services may be more accessible for some who have experienced CSA.

Friel (2016) notes the reparative value of the therapeutic relationship in detoxifying shame, where the client can experience feeling good about themselves. However, shame experiences may also be exacerbated within the therapeutic relationship (Black et al., 2013), particularly given the power imbalance inherent in the therapist–client dyad (Herman, 2011). While respect for the client, promoting autonomy, and empowerment of the client are important in all therapeutic work, particular emphasis on these dynamics may be necessary when working with those who have experienced CSA.

There is evidence to suggest that focusing directly on the abuse in the course of therapy with both children and adults following CSA can reduce shame and negative self-attributions (Deblinger & Runyon, 2005; Sanderson, 2015). While facilitating CSA disclosure may in itself address shame experiences indirectly, the findings from the current study suggest that the therapist needs to listen for implicit cues of shame in clients' narratives. Avoidance and self-blame, in particular, need to be understood as potential avenues to uncovering shame experiences. The language used and the way the abuse is spoken about may suggest underlying shame that needs to be brought into awareness and addressed.

Caregivers may also experience shame on hearing that their child has been sexually abused and may themselves withdraw from their social network. They may blame themselves for not protecting their children and fear judgments by others of both them and their child (McElvaney & Nixon, 2019), thus depriving themselves of much needed support, which in turn impacts on their ability to support their child. Therapeutic responses to young people following CSA need to also take account of the support needs of caregivers.

Strengths and Limitations

A key strength of this study is the rich and detailed data elicited from a sample of young people aged 15–25 years old, a population under-represented in the research literature. Through an examination of their narratives of CSA disclosure experiences, we were able to identify significant ways of expressing shame and highlight possible relationships between shame avoidance and disclosure avoidance. The study design did not attempt to capture physiological manifestations of shame. This would be a useful focus in future CSA–shame research. A focus on how the participant speaks about their experiences, level of eye contact, lowered head, blushing, hesitant speech, avoiding talking about some aspects of their experience could build on the implicit manifestations of shame identified in the current study. Participants were asked

about others' responses to their disclosure; however, given the importance of support as an antidote to shame, a more detailed investigation of support experiences would be helpful. While all participants were accessed through support services, we did not gather data about length of time in therapy. Such information is relevant when considering resilience pathways.

In drawing from a sample across two countries, namely, Ireland and Canada, it was anticipated that cultural differences would be identified between countries and between sites (e.g., French-speaking Quebec and English-speaking Toronto). Although there were a few references to religious and cultural influences, these did not feature strongly; in fact, themes were remarkably similar across countries. This finding may suggest that while it is valuable to consider individual, familial, societal, and cultural contexts (Zhu et al., 2019), certain aspects of the shame experience following CSA are universal.

Conclusion

The child who does not disclose within a timely manner is deprived of the opportunity of having their negative self-attributions challenged. Their avoidance and withdrawal, characterized by non-disclosure, provides a ripe context for shame to flourish. This avoidance is also evident in the narratives of those who have disclosed and may, we suggest, combined with the tendency to blame oneself for the abuse, represent implicit manifestations of shame. We propose that the distinction in previous research between guilt and shame is unhelpful in the context of CSA. Rather, guilt (manifested as self-blame) needs to be viewed as an implicit expression of shame. Therapeutic work with those who have experienced CSA needs to consider the challenge of acknowledging shame and communicating shame. Given that the instinctive human reaction to shame is to avoid, professionals need to be particularly sensitive to implicit manifestations of shame, such as guilt and self-blame, in their attempts to support those affected by CSA and bring shame out of the shadows.

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