

**The Lived Experience of Human-pet Relationships Among Adult Survivors of Childhood
Sexual Abuse: An Interpretative Phenomenological Analysis**

by

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Abstract

As a result of the prevalence (Murray, Nguyen, & Cohen, 2014; Sanderson, 2006) and severity of childhood sexual abuse (CSA; Colarusso, 2010; Fergusson, McLeod, & Horwood, 2013), it is essential to identify ways to support adult survivors. One potential and relatively unexplored, resource available to survivors is the human-pet relationship. In the literature, the human-pet relationship is linked to many positive benefits related to emotion regulation, mental health, physical health, and interpersonal functioning (i.e., areas where survivors of CSA struggle; Duvall Antonacopoulos & Pychyl, 2010; Tower & Nokota, 2006; Zimolag & Krupa, 2009). Research has also shown that animal-assisted interventions have positive effects in the treatment of child sexual abuse (Dietz, Davis, & Pennings, 2012; Parish-Plass, 2008). Despite existing evidence, there is little research on human-pet relationships among survivors of CSA. This study explored the lived experience of human-pet relationships among adult survivors of CSA using Interpretative Phenomenological Analysis. Semi-structured interviews were conducted with 10 adult survivors of CSA. Results identified the following themes: (a) close bond with pet; (b) idiosyncrasies within the human-pet relationship; (c) moral responsibility; (d) fundamental differences between pets and humans; (e) safety in the human-pet relationship; (f) resource for coping with painful experience; (g) positive impact on well-being; (h) buttress for human-human social interaction; (i) medium for skill and knowledge development; and (j) shortcomings of the human-pet relationship. Findings, implications for clinical practice, considerations and limitations, and future research directions are discussed.

Keywords: human-pet relationship, adult survivor of childhood sexual abuse, human-animal bond, trauma

Preface

This thesis is an original work by Leslie H. A. Hamilton. The research project, of which this thesis is apart, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “Human-pet relationships among adult survivors of childhood sexual abuse”, No. Pro00058059, September 29th, 2015.

Dedication

To my participants and other survivors. I am truly humbled by your strength and openness. You shared the deepest, darkest parts of yourself and for that, I am grateful.

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To my supervisor, Dr. K. Jessica Van Vliet. Thank you, thank you, thank you. Thank you for your support and guidance throughout this long and arduous process. Thank you for your kindness and compassion. Thank you for taking an interest in not only my academic work but in me both professionally and personally. Thank you for sharing your knowledge and expertise. Finally, thank you for always believing in and supporting me.

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Chapter One – Introduction

I've had a cat with his personality, but never a dog. Like when I feel bad, he can tell, at twelve weeks, he can already tell you know: "Well, she's feelin' bad - let me love on her." He'll just come up to me and nudge my foot tryin' to get up on top of me or jump up on the furniture I'm on and whimper and whine 'til I pick him up, and then I can pick him up, and he'll just get up on my chest and lay there, like, "I'm gonna make it better, Mama."

(Flynn, 2000, p. 114)

In present-day society, animals surround us. They act as cultural emblems, function within the workforce, and serve as sources of recreation. Animals also provide valuable services to humans. They assist individuals with disabilities, act as biological surrogates for research (Dizon, Bulter, & Koopman, 2007), and function as a primary source of food and as material for clothing and other goods (Dizon et al., 2007). In addition to their significant role within present-day society, animals, regardless of economic, ethnic, social or cultural background (Rossbach & Wilson, 1992), have become a central component to family life (Walsh, 2009a).

Despite evidence pointing to the centrality of animals to modern life, research in this area is limited (Herzog, 2010; Walsh, 2009a). To address this curious disconnect, Walsh (2009a) called for an increased focus on research, theory, and practice related the human-animal bond. The human-animal bond has been defined as:

...a mutually beneficial and dynamic relationship between people and animals that is influenced by behaviours that are essential to the health and well-being of both. This includes, but is not limited to, emotional, psychological, and physical interactions of

people, animals, and the environment. (American Veterinary Medical Association, 2014, p. 1)

In answer to Walsh's (2009a) call, the following study qualitatively explored the lived experience of human-pet relationships among adult survivors of childhood sexual abuse (CSA).

For this study, the population of interest consisted of adult survivors of CSA. I favored survivors over other potential groups for two main reasons: prevalence and associated consequences. Regarding prevalence, experiencing CSA is, unfortunately, a relatively common occurrence. Approximately, one in five women and one in 10 men report being sexually abused before the age of 18 (MacMillan, Tanaka, Duku, Vaillancourt, & Boyle, 2013; Murray et al., 2014; Sanderson, 2006). Concerning associated consequences, the literature has shown that survivors often face a myriad of adverse short and long-term effects (Colarusso, 2010; Fergusson et al., 2013). Impacts associated with CSA include, but are not limited to, depression, anxiety, posttraumatic stress disorder (PTSD), substance abuse, gastrointestinal problems, and difficulties with interpersonal boundaries (Berliner & Elliott, 2002; Colarusso, 2010; Cruz & Essen, 1994; Fergusson, Horwood, & Lynskey, 1996; Laroche, Diguier, Laverdiere, & Greenman, 2011). Considering both the commonality of CSA and the associated consequences, it is essential that researchers and mental health practitioners identify ways to support this population.

The phenomenon for study, human-pet relationships, was selected due to its potential as a resource for adult survivors of CSA. First, human-pet relationships are commonplace in today's society (Dizon et al., 2007). For instance, roughly 56% of Canadian households have at least one dog or cat (Perrin, 2009) and one third to half of the world's English-speaking households have pets (Lewis, Krageloh, & Shepherd, 2009; Siegel, 1993). As such, it is reasonable to assume that some survivors will own pets, affirming the availability of this potential resource. Second, the

literature suggests that pets may function as a support for individuals. More specifically, published evidence indicates that pets benefit individuals in the following areas: (a) emotion regulation (Friedmann, Thomas, Cook, Tsai, & Picot, 2007; Katcher, Beck, & Levine, 1989), (b) mental health (Friedmann, Thomas, & Son, 2011; Lem, Coe, Haley, Stone, & O'Grady, 2016), (c) physical health (Headey & Grabka, 2007; Headey, Na, & Zheng, 2008), and (d) interpersonal functioning (Barlow, Hutchinson, Newton, Grover, & Ward, 2012; Lefkowitz, Paharia, Prout, Debaik, & Bleiber, 2005). At the same time, the literature has associated these areas with adverse effects stemming from CSA (Heim, Shugart, Craighead, & Nemeroff, 2010; Johnson & Lynch, 2013; Miller-Perrin & Perrin, 2013; Trickett, & Putnam, 2007). Due to this apparent link, I can infer that pets may benefit adult survivors of CSA in the areas of emotion regulation, mental health, physical health, and interpersonal functioning, further providing evidence of the importance of the current study.

Despite research investigating the human-animal bond among certain vulnerable populations (e.g., children, adolescents, elderly, survivors of domestic violence, and mentally and physically ill persons; Beetz, Uvnäs-Moberg, Julius & Kotrschal, 2012; Coid et al., 2001; Dizon et al., 2007; Follette, Polusny, Bechtle, & Naugle, 1996), little has been done to explore human-pet relationships among survivors of CSA. Barker, Barker, Dawson, and Knisely (1997) attempted to address this gap with a retrospective study investigating the significance of childhood pet relationship(s) among adult survivors of CSA. Though generalizations are limited, Barker et al.'s (1997) results suggest that the relationship between child survivors of sexual abuse and their pets was both strong and supportive. In fact, some participants noted that pets were the only available support during their childhood. Additionally, S. C. Taylor and Breen (2014) cited anecdotal reports indicating that children withstood abuse to ensure the safety of

their pets. In these reports, survivors of CSA expressed the importance of companion animals, indicating that they are integral to a survivor's sense of identity, self-esteem, and healing (S. C. Taylor & Breen, 2014).

Furthermore, S. C. Taylor and Breen (2014) suggested that human-pet relationships among survivors of CSA are under-explored and underdeveloped in psychological research and practice. The authors asserted a need for professionals and researchers to have an understanding of this relationship and its importance to survivors. S. C. Taylor and Breen proposed that knowledge of human-pet relationships will help highlight the connection between survivors and their pets as well as the healing and comfort that pets may provide (S. C. Taylor & Breen, 2014). Alternatively stated, "companion animals may be a vital link to increasing a sense of belonging, self-esteem and confidence, and rebuilding life, especially post-disclosure where a sense of family and community belonging may be disrupted or lost entirely" (S. C. Taylor & Breen, 2014, p. 5). As such, S. C. Taylor & Breen (2014) advocated for future research exploring the complexities of human-pet relationships among survivors and its potential influence on healing.

To address the need for research in this area, my research project described the lived experience of human-pet relationships among adult survivors of CSA through the use of interpretative phenomenological analysis (IPA). This study employed the following research questions:

- (a) How do adult survivors of CSA understand and experience human-pet relationships?
- (b) What meaning do adult survivors of CSA ascribe to their experience of human-pet relationships?
- (c) How do human-pet relationships impact adult survivors of CSA?

IPA, “the examination of how people make sense of their major life experiences” (Smith, Flowers, & Larkin, 2009, p. 1), was chosen as the methodology for this qualitative study due to its fit with the purposes and philosophical assumptions underpinning my study. Grounded in phenomenology, hermeneutics, and idiography (Eatough & Smith, 2008; Smith & Eatough, 2007; Smith et al., 2009), IPA allowed for an in-depth and contextualized exploration of the lived experience of human-pet relationships among adult survivors of CSA. It also honoured the individualistic nature of survival experiences while permitting the exploration of participants’ interpretations and perceptions of human-pet relationships.

Ultimately, this study makes a substantial contribution to a relatively unexplored area helping to address a significant gap in the literature. The understanding of human-pet relationships among adult survivors of CSA may also assist professionals in the management and treatment of this population. For instance, such knowledge may be incorporated into therapeutic sessions or integrated into individual coping strategies and therapeutic work outside of sessions. Furthermore, findings from this study may promote additional investigation into other trauma-impacted populations such as child survivors of sexual abuse, adult survivors of sexual assault, and survivors of domestic violence.

Researcher’s Background, Assumptions, and Position

I have always had a strong passion for animals. As a young child, I wanted to become a veterinarian so I could spend a lifetime helping and associating with animals. Despite this childhood dream, I have been studying in the field psychology, an area which holds my current interest. Regardless of my change in career choice, I have still maintained my passion for animals. I am a proud pet owner and have aspirations of training my dog, Sunna, to assist me in the practice of animal-assisted therapy.

It is my passion for animals that drives me to research the human-animal bond. I truly value having a pet in my life and I believe others feel the same. In my opinion, pets offer us kindness, compassion, and unconditional love. For example, no matter how grumpy I am or how bad my day has been, Sunna is eternally happy to see me. She brings joy and fulfillment to my life. I believe that the field of psychology neglects this indescribable relationship, especially with adult survivors of CSA.

In my first year of my doctoral studies, I completed an eight-month placement at the Edmonton Sexual Assault Centre. I am honoured to have worked with men and women who have experienced CSA and to have seen a small glimpse of the devastation resulting from these events. Due to these experiences, I want to do more for this population. I want to gain a better understanding of how, as professionals and researchers, we can help survivors heal. It is the combination of my experiences with this population, my desire to support them, and my love of animals that has inspired this study.

Position. I learned early in my career that people are not necessarily affected by a specific event, but rather by how they interpret and experience the event. For this reason, I connect strongly with constructivism. According to Jonassen (1991), “reality is more in the mind of the knower, that the knower constructs a reality, or at least interprets it, based upon his or her apperceptions” (p. 10). Constructivism focuses on the means by which individuals construct knowledge. This meaning-making is based on previous experiences, beliefs, and mental structures, which shape our understanding and interpretation of events and objects (Jonassen, 1991). Jonassen (1991) further stated that “each of us constructs our own reality through interpreting perceptual experiences of the external world” (p. 10). I interpret this to mean that each of us has our own understanding, interpretation, or construction of a phenomenon

and that there are multiple ways to construct a phenomenon (Creswell, 2013; Duffy & Jonassen, 1992). As both CSA and human-pet relationships are uniquely individual experiences, I feel that constructivism, as an interpretive framework, is most appropriate for use in this study.

Statement of Purpose

The purpose of this document is to report the findings of my study of the lived experience of human-pet relationships among adult survivors of CSA. The document consists of four main sections: Literature Review, Methodology, Findings, and Discussion. The Literature Review provides an in-depth review of research germane to the study, identifies gaps in the literature, and argues for the importance of this study. The Methodology section provides in-depth information on my methodology, IPA, and describes how this study was carried out. The Findings section provides a detailed description of the results of this study and the Discussion section interprets these results within the context of current and future literature.

Chapter Two - Literature Review

“Animals are such agreeable friends - they ask no questions; they pass no criticisms.”

- George Elliot

Chapter Two provides an in-depth review of the relevant research in the areas of CSA and the human-animal bond. Throughout this review, I have identified overlaps between these two fields. Apparent links in the areas of emotion regulation, mental health, physical health, interpersonal functioning, revictimization, and treatment of CSA provide evidence-based support for the completion of the current study.

Overview of Childhood Sexual Abuse

Child sexual abuse has been defined as “sexual contact with a child that occurs as a result of force or in a relationship where it is exploitative because of an age difference or caretaking responsibility” (Finkelhor, 1991, p. 79). For the current study, a child was considered to be an individual under 18 years of age (Finkelhor, 1991). Alternatively, the Royal Canadian Mounted Police (2008) defined child sexual abuse as “any form of sexual conduct (touching, exploitation, intercourse) directed at a child” (p. 1). Sexual contact may encompass direct or indirect genital fondling (e.g., grabbing, sexual rubbing, and/or fondling); oral-genital contact/forced oral sex; sexual intercourse/forced penetration; attempted sexual intercourse/penetration; exposure of a child to pornography; the use of a child in the creation of child pornography; exhibitionism directed at a child; and/or prostitution of a child and/or sexual exploitation (Colarusso, 2010; Putnam, 2003; Sanderson, 2006; Sexual Assault Centre of Edmonton, 2012). Furthermore, definitions of child sexual abuse vary across studies as well as jurisdictions, as a result of cultural and historical discrepancies (Miller-Perrin & Perrin, 2013; Murray et al., 2014; Sanderson, 2006). For instance, the legal age of sexual consent varies between countries, and until recently

professionals had not identified child sexual abuse as a social problem (Miller-Perrin & Perrin, 2013), thereby limiting or skewing historical data.

Despite discrepancies in defining child sexual abuse, it continues to be a pervasive issue in today's society. Canadian Police Service statistics indicate that in 2013 there were 4,200 reports of "sexual violations against children" and more than 2,600 incidents of "child pornography" (Boyce, Cotter, & Perreault, 2014). In 2007, victims under the age of 18 represented over half of the 24,200 sexual offenses reported to police (Brennan & Taylor-Butts, 2008). In addition, research indicates that approximately one in twelve children between the ages of two and seventeen have been sexually abused (Seto, 2008). Notwithstanding these seemingly high rates, many offenses often go unreported suggesting that reported rates of child sexual abuse may be an underestimate of actual rates of occurrence (Hilarski & Wodarsk, 2006; Veneziano, Veneziano, & LeGrand, 2000). Furthermore, rates of child sexual abuse differ between genders, with reported rates ranging from 5.8% to 34% in girls and from 2% to 11% in boys (Walker, Carey, Mohr, Stein, & Seedat, 2004). Such gender discrepant rates may result from reduced disclosure in males (Miller-Perrin & Perrin, 2013; Sanderson, 2006), influenced by fear of stigmatization, cultural stereotypes (e.g., male are the ones who initiate sex), and homophobic beliefs (Sanderson, 2006).

Rates of adults who report experiencing sexual abuse in childhood are also high. A review of 38 articles spanning 21 different countries found rates of CSA of up to 53% in women and 60% in men (Pereda, Guilera, Forns, & Gómez-Benito, 2009). A study by Putnam (2003) found that in a community sample, 12% to 35% of women and 4% to 9% of men reported experiencing sexual abuse as a child. Finkelhor, Hotaling, Lewis, and Smith (1990) suggested that roughly one in four women and one in six men have experienced sexual abuse before the age

of 18. Despite the age of Finkelhor et al.'s (1990) findings, they still hold relevance as, over the years, general patterns of prevalence distribution have remained fairly constant (Pereda et al., 2009).

Effects of childhood sexual abuse. The high prevalence rates of CSA are concerning, especially given the myriad of negative consequences associated with this population (Colarusso, 2010; Fergusson et al., 2013). Such CSA-related impacts have been categorized by Cruz and Essen (1994) into distorted cognitive schemata, emotional problems, behavioural problems, physical problems, and interpersonal and social problems. Distorted cognitive schemata include lack of trust in others, low self-esteem, and diminished feelings of safety (Cruz & Essen, 1994). The category of emotional problems, on the other hand, speaks to mental health concerns such as depression, anxiety, dissociation, and PTSD (Berliner & Elliott, 2002; Colarusso, 2010; Cruz & Essen, 1994; Fergusson et al., 1996; Larochelle et al., 2011). This category also covers chronic problems with guilt, shame, and grief (Cruz & Essen, 1994). The behavioural problems category includes learned helplessness, substance abuse, and self-destructive behaviours (Berliner & Elliott, 2002; Cruz & Essen, 1994; Colarusso, 2010; Larochelle et al., 2011). The category of physical problems incorporates a large number of health issues such as headaches, gastrointestinal problems, and gynecological problems (Cruz & Essen, 1994). Finally, the category of interpersonal and social problems highlights specific consequences such as social isolation and difficulties with interpersonal boundaries (Cruz & Essen, 1994).

Moreover, survivors of CSA are a heterogeneous group (Karakurt & Silver, 2014; Sanderson, 2006). As such, both the abuse-related experience and the resulting consequences can vary significantly from survivor to survivor (Karakurt & Silver, 2014). Karakurt and Silver (2014) note that effects of CSA fall along a continuum, anchored on one end by “mild”

difficulties such as poor self-image or low academic performance and at the other end by severe challenges including dissociative identity disorder (Karakurt & Silver, 2014). According to Parry-Jones (1997), these discrepancies are a result of three main groups of factors: the stressor, the survivor, and the recovery environment. The stressor relates to the experience of abuse, as specific aspects can innately increase the risk of traumatization (Parry-Jones, 1997). For example, the level of coercion experienced during the abuse, the duration of the abuse, as well as a victim's relationship to the perpetrator can all significantly impact traumatization (McClure, Chavez, Agars, Peacock, & Matosian, 2008; Murthi & Espelage, 2005). Other stressor-related factors include: the child's age at the onset of the abuse; the gender and personality style of the child; the age and gender of the perpetrator; degree of force or violence used during the offense; as well as the frequency, duration, and type of the sexual abuse (Colarusso, 2010; Kinnear, 2007; Murthi & Espelage, 2005; Putnam, 2003; Sanderson, 2006). Parry-Jones' (1997) second group of factors - the survivor - relate to individual characteristics of the abuse survivor. For instance, an individual's cognitive style, their access to and implementation of effective coping strategies, and their level of self-esteem can significantly impact the overall severity of symptoms experienced (Jonzon & Lindblad, 2006; McClure et al., 2008; Murthi & Espelage, 2005; Parry-Jones, 1997). Additionally, there is a greater risk for negative consequences if an individual has had prior exposure to loss, trauma (Parry-Jones, 1997), or other forms of abuse, such as physical or emotional abuse (Sanderson, 2006). Finally, Parry-Jones' (1997) third group of factors - the recovery environment - speaks to the quality and quantity of available social support (Sanderson, 2006). The level of perceived social support, family environment, as well as the actual support provided by family and friends can significantly impact the negative consequences associated

with CSA (Jonzon & Lindblad, 2006; McClure et al., 2008; Murthi & Espelage, 2005; Parry-Jones, 1997).

Emotion Regulation

Difficulties with emotion regulation is another consequence associated with childhood maltreatment (Arttime & Peterson, 2012; Colarusso, 2010; Johnson & Lynch, 2013; Sanderson, 2006). According to Gratz and Roemer (2004), emotion regulation:

...may be conceptualized as involving the (a) awareness and understanding of emotions, (b) acceptance of emotions, (c) ability to control impulsive behaviours and behave in accordance with desired goals when experiencing negative emotions, and (d) ability to use situationally appropriate emotion regulation strategies flexibly to modulate emotional responses as desired in order to meet individual goals and situational demands. (p. 42-43)

Emotion regulation is essential to adaptive functioning and overall well-being (Nyklicek, Vingerhoets & Zeelenberg, 2011). As such, the literature has associated emotional dysregulation with functional impairments and psychopathology, specifically among survivors (Cloitre, Miranda, Stovall-McClough, & Han, 2005; Gratz & Roemer, 2004; Kim & Cicchetti, 2010). In particular, problems with emotion regulation can lead to numbing, feelings of disconnection, hyper-arousal (i.e., continually alert or on guard), and difficulties with impulse control (Arttime & Peterson, 2012; Rodger & Leschied, 2012). It can also lead to challenges in accepting and coping with one's internal emotional responses and an inability to engage in goal-directed behaviours (Arttime & Peterson, 2012; Lee & James, 2011). Consequently, there is significant value in researching strategies that can aid in curbing the adverse effects that result from emotion dysregulation. One unexplored mechanism could be the human-pet relationship.

Affect regulation system. Paul Gilbert, a leading theorist in the area of evolutionary psychology, developed a framework for emotion regulation (Gilbert, 2009, 2010). In collaboration with Gilbert, Debra A. Lee applied this framework to trauma (Lee & James, 2011). To prevent confusion, I will discuss the work of these two authors in tandem.

According to Gilbert (2009, 2010), there are three primary systems of affect regulation that work together to regulate emotion and ensure that our basic needs are met (Lee & James, 2011). These systems include the threat and self-protection system; the incentive and resource-seeking system; and the soothing and contentment system (Gilbert, 2009). Each system fulfills a specific role, independent of the others. However, the three systems work together balancing and counterbalancing one another. This pattern of balance and counterbalance ultimately results in emotional experience (Gilbert, 2009).

Addressing each system in turn, the threat and self-protection system primarily focuses on threats to self or others (Gilbert, 2009, 2010; Lee & James, 2011). It functions for our protection by initiating coping strategies such as fight, flight or freeze and generating emotions such as anger, anxiety, and disgust. Associated with feelings of pleasure, the incentive and resource-seeking system assists individuals in achieving their goals through the stimulation and direction of desires. In particular, this system helps individuals acquire resources such as food, sex, and friendship. The final system, the soothing and contentment system, acts as a mediator between the other two systems, aiding in their regulation (Gilbert, 2009, 2010; Lee & James, 2011). As stated by Lee and James (2011), the soothing and contentment system prevents individuals from perpetually guarding themselves against threats or continually seeking needs or desires. It incorporates feelings of safety, peacefulness, and being soothed in order for individuals to remain relaxed and engaged with others (Gilbert, 2009, 2010; Lee & James, 2011).

When these three systems are in balance, individuals are effectively able to meet the challenges of life (Lee & James, 2011).

Affect regulation system and trauma. As previously noted, Gilbert (2009, 2010) associated the threat and self-protection system with threats to self or others (Lee & James, 2011). In essence, it is a system “designed to protect us and keep us safe from physical and psychological harm” (e.g., CSA or other traumatic events; Lee & James, 2011, p. 21). More specifically, traumatic events, such as CSA, can trigger defensive responses associated with the threat and self-protection system, most notably emotions and behaviours related to fight, flight, submission, freeze, and dissociation (Lee & James, 2011). Support for Lee and James’ (2011) proposed connection between trauma and the threat and self-protection system can be found in literature, as links have also been made between fight, flight, submission, freeze, and dissociation; and CSA and other traumas (Ogden, Minton, & Pain, 2006; Sanderson, 2006; van der Kolk, 2014).

The brain and trauma. The brain’s role in trauma and traumatic processes has been similarly described within the literature, with a number of researchers including van der Kolk (2014), Ogden et al. (2006), and Lee and James (2011) presenting comparable conceptualizations. For the purposes of the current study and to remain consistent with descriptions provided for the affect regulation system, Lee and James’ (2011) portrayal of the brain and trauma will be described. According to Lee and James (2011), trauma and general threat processing occur within the brain. Threat processing begins when sensory signals indicating the presence of a threat, such as sights, sounds, smells, touch, and taste, are received by the thalamus. The thalamus then transmits this message to the amygdala. Acting as the

brain's "alarm system," the amygdala then triggers defensive emotions and behaviours (Lee & James, 2011).

In addition to its role in threat processing, the amygdala also plays a significant part in fear conditioning, acting as a storage facility for emotional and body-focused memory - memories considered as experiences the body remembers but that may not be consciously recalled by the mind (Lee & James, 2011). A specific example of an emotional and body-focused memory is food aversion resulting from an incident of food poisoning. Traumatic memories are also categorized as body-focused memories and therefore, would be stored in the amygdala (Lee & James, 2011).

The amygdala's combined roles in threat processing and fear conditioning may account for a survivor's reaction to trauma-related stimuli (Lee & James, 2011). For instance, if the amygdala senses trauma-related stimuli it reactivates defensive emotions and behaviours, and triggers stored memories. As a result, the amygdala re-creates the traumatic event through the stimulation of bodily sensations and memories, provoking flashbacks, nightmares, and intrusive thoughts (Lee & James, 2011). Furthermore, the intensity at which the amygdala responds to trauma or traumatic stimuli overrides prefrontal cortex functioning (Moench, 2015). The prefrontal cortex is an area of the brain that is responsible for executive functioning (i.e., our ability to think, plan, and anticipate; Lee & James, 2011), which means that survivors' ability to think logically is overridden by their basic instincts to survive and thrive (Moench, 2015). Through these processes, a survivor's brain and body become conditioned to treat trauma-related memories and stimuli as immediate threats and respond accordingly (Lee & James, 2011).

Hypothalamic-pituitary-adrenal axis and trauma. Adult survivors of CSA have been found to have abnormalities in the primary neuroendocrine stress response system, the

hypothalamic-pituitary-adrenal (HPA) axis (R. E. Bernstein, Measelle, Laurent, Musser, & Ablow, 2013; Heim et al., 2010; Penza, Heim, & Nemeroff, 2003). The HPA axis is a system that is associated with the prefrontal cortex and the amygdala (Heim et al., 2010; Penza et al., 2003). The literature provides strong evidence of HPA axis abnormalities among survivors of CSA. For instance, Putnam and Trickett (1997) suggested that when compared to girls who had not experienced sexual abuse, sexual abuse survivors endure greater dysregulation in the HPA axis when faced with minor stressors. Putnam and Trickett (1997) also identified that girls with sexual abuse histories displayed similar sympathetic nervous system activity to individuals who have experienced traumatic stressors during combat. Another study by Heim et al. (2002) compared neuroendocrine reactivity among women who had experienced childhood adversity and those who experienced stressful experiences in adulthood. They found that CSA or other types of childhood trauma sensitizes the HPA axis to stress. This finding remained evident when stressful experiences occurring in adulthood were controlled for (Heim et al., 2002).

Increased reactivity of the HPA axis in response to stress (i.e., sensitization) results in significant effects on affect, cognition, and behaviour (Putnam & Trickett, 1997). In turn, these effects are said to contribute to the mental health concerns, such as major depression, anxiety, and PTSD, often associated with CSA (Heim et al., 2002; Heim et al., 2010; Penza et al., 2003). As such, sensitization of the HPA axis among survivors of CSA is of great concern.

Affect regulation system, oxytocin, and treatment. To decrease the risk of mental health concerns associated with sensitization of the HPA axis, survivor treatment should focus on nervous system regulation. One potential strategy proposed by Lee and James (2011) suggests the use of Gilbert's Compassion Focused Therapy (CFT). These authors advised that through CFT, therapists could stimulate the soothing and contentment system, which, in turn, will

balance the affect regulation system and improve nervous system regulation. To illustrate, when a baby is distressed, the threat and self-protection system is activated. In an effort to calm and ultimately soothe the baby, a parent may hold, stroke, and speak to him or her in gentle tones. Parental contact, in turn, causes the baby's brain to release hormones such as endorphins and oxytocin (Lee & James, 2011).

Produced in the hypothalamus, oxytocin functions as both a hormone as well as a neurotransmitter (Julius, Beetz, Kotrschal, Turner, & Uvnäs-Moberg, 2013). Commonly released as a result of social interaction and touch (e.g., physical contact between a parent and their child), oxytocin secretion can also be triggered by olfactory, auditory, or visual stimuli as well as from memories or mental representations of individuals (Julius et al., 2013). The release of oxytocin has been linked to many positive effects, specifically the reduction of anxiety, stress, aggression, and depression; in other words, oxytocin has both an anxiolytic as well as a calming effect. It has additionally been noted to stimulate and facilitate social interaction and increase trust in others (Julius et al., 2013; Uvnäs-Moberg, Handlin, & Petersson, 2014). As such, it is not surprising that oxytocin has been associated with the promotion of intimate bonding and attachment (S. C. Miller et al., 2009; Odendaal & Meintjes, 2003). In fact, individuals with insecure attachment styles, when compared to individuals with secure attachment, have been found to have lower levels of oxytocin (for more information on attachment, please see Attachment Theory; Uvnäs-Moberg et al., 2014).

To revisit the example provided by Lee & James (2011), parent-child interactions cause the release of oxytocin. As a result, Lee and James (2011) argue that activities or behaviours resulting in the release of oxytocin can activate the soothing and contentment system. The stimulation of this system will ultimately reduce the activation of the threat and self-protection

system, which, in turn, will decrease associated defensive emotions and behaviours.

Furthermore, defensive emotions and behaviours have been linked to adverse symptoms associated with CSA such as major depression, anxiety, and PTSD. As such, the reduction of these responses is thought to positively affect survivors of CSA (Lee & James, 2011).

Consequently, Lee and James (2011) along with Gilbert (2009, 2010) have identified the importance of activating the soothing and contentment system.

One proposed method of activating the soothing and contentment system in adults is through non-noxious sensory stimulation such as touch, warmth, and stroking (Handlin et al., 2011; Holt-Lunstad, Birmingham, & Light, 2008; Light et al., 2005). Non-noxious sensory stimulation is said to trigger the release of oxytocin, which, in turn, reduces activity in the HPA axis and the sympathetic nervous system, as well as increases activity in the parasympathetic nervous system (Handlin et al., 2011; Julius et al., 2013; Uvnäs-Moberg et al., 2014). As a result, non-noxious sensory stimulation, specifically skin-to-skin contact, has been noted to have stress-reducing effects (Handlin et al., 2011) and, according to Uvnäs-Moberg et al. (2014), is a critical aspect of many self-soothing behaviours.

Non-noxious sensory stimulation may result from human-animal interaction. More specifically, Sanderson (2006) noted the potential importance of non-noxious sensory stimulation among adult survivors of CSA. Sanderson stated that survivors of CSA who fear physical contact with humans might seek tactile comfort through pets (e.g., stroking, holding, or cuddling). As such, physical contact with a pet may play a significant role in activating the soothing and contentment system – a potential function in need of exploration.

Oxytocin and the human-animal bond. The release of oxytocin during positive human-animal interactions, specifically human-dog interactions, is well documented in the

literature (Handlin et al., 2011; Julius et al., 2013; S. C. Miller et al., 2009; Odendaal & Meintjes, 2003; Uvnäs-Moberg et al., 2014). For instance, Nagasawa et al. (2015) indicated that dog touching, as well as a dog's gaze, results in increased concentrations of oxytocin found in the urine of both owners and dogs. Uvnäs-Moberg et al. (2014) furthered this research by proposing a two-phase process by which human-dog interactions stimulate oxytocin release. In the first phase, oxytocin levels peak when either a human or a dog sees or hears the other during an active approach. If the approach ends in physical interaction, oxytocin is released a second time. It is this second phase of oxytocin release that is most commonly linked to reduced stress levels (Uvnäs-Moberg et al., 2014). Moreover, evidence of the release of oxytocin during human-animal interaction supports the proposed claim that interactions with a pet may lead to the activation of the soothing and contentment system. Thus, it is important to explore this relationship among adult survivors of CSA, a population that struggles with an active threat and self-protection system.

The human-animal bond and emotion regulation. Evidence of the direct physical effects that animals can have on the human body further supports the proposal that animals may assist with emotion regulation. For example, a study by Friedmann, Katcher, Thomas, Lynch, and Messent (1983) found that during a mildly stressful situation such as reading aloud, children in the presence of a friendly animal experienced lower blood pressure. Researchers also found evidence of a decrease in blood pressure in the presence of animals among prison inmates in a pet ownership project (Katcher et al., 1989) and in older individuals with pre- to mild hypertension (Friedmann et al., 2007). Baun, Bergstrom, Langston, and Thoma (1984) additionally noted a decrease in blood pressure when 24 general participants petted their companion animals. As reducing physiological arousal is critical to working with trauma

survivors, one wonders how the presence of animals would impact this population – an aspect for future investigation.

Mental Health Concerns

Within the literature, there is a strong association between CSA and mental illness (Banyard, Kendall-Tackett, & Edwards, 2009; Feeney, Kamiya, Robertson, & Kenny, 2013; Heim et al., 2010; Mullen, Martin, Anderson, Romans, & Herbison, 1993; Penza et al., 2003; Putnam, 2003; Putnam & Trickett, 1997; Spataro, Mullen, Burgess, Wells, & Moss, 2004; S. Nelson, Baldwin, & Taylor, 2012). Mental health issues that have been explicitly linked to CSA include major depression, anxiety, anxiety-related conditions, obsessive-compulsive disorder, somatization disorder, substance abuse disorders, PTSD, dissociative disorder, eating disorders, personality disorders, and suicidality (Colarusso, 2010; Cole & Putnam, 1992; Fergusson et al., 1996; Johnson & Lynch, 2013; Kinnear, 2007; E. C. Nelson et al., 2002; Putnam, 2003; Putnam & Trickett, 1997; Willows, 2009). The following subsections will review literature on mental health issues particularly linked to CSA such as depression, anxiety, and dissociation (Banyard et al., 2009; Feeney et al., 2013; Heim et al., 2010; Mullen et al., 1993; Penza et al., 2003; Putnam, 2003; Putnam & Trickett, 1997). I have specially chosen these issues due to their saliency within this population as well as their overlap with the human-animal bond literature. I will also present literature identifying the positive effect that the human-animal bond has on individuals' mental health.

Depression. The literature has identified a strong association between CSA and depression (Fergusson et al., 1996; Garcia-Toro et al., 2013; Mullen et al., 1993; Putnam & Trickett, 1997; Signal, Taylor, Botros, Prentice, & Lazarus, 2013). More specifically, it described depression as one of the most common internalizing problems faced by survivors of

CSA (Karakurt & Silver, 2014). For instance, women with histories of CSA are roughly three to five times more likely to experience a lifetime history of major depression than women with no CSA history (Putnam, 2003). Klein et al. (2013) also found that a history of CSA was a significant predictor of the first incidence of lifelong major depression in young adulthood. Furthermore, a longitudinal study conducted by Kendler and Aggen (2014) described CSA as contributing to a lifetime risk of major depression among 1493 female twins. Correcting for confounding covariates, measurement error, and the effects of mood-congruent recall, Kendler and Aggen contend that their findings provide support, but not proof, of a causal relationship between CSA and lifetime major depression. E. C. Nelson et al. (2002) additionally emphasized the importance of controlling for confounds, namely family environment, as a result of their potential impact on the association between CSA and depression. In their study of discordant twin pairs (i.e., where one twin self-reported experiencing CSA and the other did not), E. C. Nelson et al. found an increased risk for major depression among those who self-reported a history of CSA.

Depression and the human-animal bond. Human-pet relationships have been found to benefit individuals struggling with depression. For example, a study by Siegel, Angulo, Detels, Wesch, and Mullen (1999) found that pet ownership, a form of human-pet relationship, decreased reports of depression among AIDS-infected males. Furthermore, this effect was noted to be even stronger among participants with fewer confidants. Such findings may indicate that pet ownership can act as a buffer against AIDS-related stresses in males (Siegel et al., 1999). Additionally, a study by Friedmann et al. (2011) found that pet ownership moderated the effects of depression and mortality in patients who had experienced a heart attack. Another study by Lem et al. (2016) indicated that street-involved youth, who did not own pets, had a likelihood of

experiencing depression at a rate that was three times greater than street-involved youth who owned pets. The researchers also noted that while pet ownership may interfere with the youth's ability to access housing and employment opportunities, pets offered both psychosocial and physical benefits (Lem et al., 2016). Rhoades, Winetrobe, and Rice (2015) found similar results, noting that homeless youth with pets reported fewer symptoms of depression and loneliness as well as more difficulties obtaining housing than homeless youth without pets. If pet ownership significantly impacts depression rates in males with AIDS, in heart attack survivors, and in street-involved youth, it is essential to explore the experience of human-pet relationships among adult survivors of CSA, a population with such high incidents of depression.

Anxiety. A number of studies have also identified a strong association between anxiety-related disorders and CSA (Feeney et al., 2013). For instance, a study by Fergusson et al. (1996) found that CSA increased the risk of experiencing an anxiety disorder in young adulthood. Another study by E. C. Nelson et al. (2002) indicated that CSA increased the risk of experiencing social anxiety. A systematic review by Maniglio (2012) identified CSA as a significant risk factor for anxiety disorders. On a final note, anxiety among survivors of CSA can take many forms including, but not limited to, fearfulness, phobias, panic attacks, and somatic symptoms such as stomach issues, headaches, skin disorders, and pain (Miller-Perrin & Perrin, 2013).

Anxiety and the human-animal bond. Though research has yet to examine human-pet relationships among adult survivors of CSA, the human-animal bond has been found to have a significant impact on an individual's level of anxiety and stress. As a case in point, Katcher, Segal, and Beck (1984) found that viewing an aquarium for 40 minutes before oral surgery increased a patient's level of comfort and reduced their overall anxiety. K. M. Allen,

Blascovich, Tomaka, and Kelsey (1991) found that a pet dog proved effective in buffering physiological responses to acute stress for women during the performance of a stressful task (i.e., challenging mental arithmetic). Among a group of high-stress professionals with hypertension, K. Allen, Shykoff, and Izzo (2001) found a lower blood pressure response to mental stress in individuals who owned pets. Additionally, K. Allen, Blascovich, and Mendes (2002) demonstrated that pets assist in decreasing the overall perception of stress and buffer one's response to acute stress. Finally, findings from Wilson's (1991) study suggest that a pet's presence results in relaxation and an overall decrease in anxiety that is similar to the effects associated with other relaxing activities such as reading quietly. From the evidence provided, one can conclude that the human-pet relationship may have a significant impact on an individual's level of anxiety and stress. As such, it is only logical to explore human-pet relationships with a highly anxious population such as adult survivors of CSA.

Dissociation. *Diagnostic and Statistical Manual of Mental Disorders 5* (DSM 5) states that "(d)issociative disorders are characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behaviour" (American Psychiatric Association, 2013, p. 291). Dissociative disorders and dissociation, in general, are often a result of trauma (American Psychiatric Association, 2013; S-E. Brown, 2011a). In fact, some survivors of severe trauma have been shown to experience high levels of dissociation described as "a prominent lack of connection between such areas of function as perception, memory, and sense of selfhood" (Barlow, Cromer, Caron, & Fredy, 2012, p. 502). A study by Mueller-Pfeiffer et al. (2013) found that dissociation, particularly psychoform and somatoform dissociation, when compared to PTSD-related symptoms of re-experiencing, arousal, and avoidance, was more strongly predicted by a history

of childhood abuse. Regardless of developmental stage or survivor relationship to the perpetrator, the severity of emotional and sexual abuse was positively associated with the level of dissociation (Mueller-Pfeiffer et al., 2013).

Dissociation and the human-animal bond. Dissociation, as previously noted, is strongly associated with adult survivors of CSA. The literature has also made a connection between dissociation and animal attachment (for more information on animal attachment, please see *Pet Attachment Among Survivors*). Incidentally, S-E. Brown and Katcher (1997) were reportedly the first to investigate the relevance of dissociation to individuals' relationship with companion animals. Their research originated from a desire to identify the mechanism behind the positive effects shown by companion animals. More importantly, S-E. Brown and Katcher speculated that when interacting with companion animals, individuals enter into a trance-like state, with dissociative qualities. Such states, in turn, would result in the health-enhancing effects associated with the human-animal bond, such as reduction in physiological arousal, and increased feelings of relaxation and overall well-being (S-E. Brown & Katcher, 1997). Notwithstanding, it is important to note that though similar in some respects, these trance-like states are qualitatively different from dissociation related to trauma.

Furthermore, S-E. Brown and Katcher (1997) found that higher levels of dissociation, based on ratings from E. M. Bernstein & Putnam's (1986) *Dissociative Experiences Scale*, are associated with pet attachment. They also identified that, when compared to participants with low pet attachment, participants with high pet attachment were three times more likely to experience dissociation at a clinical level. Thus, the authors proposed a possible link between dissociation and pet attachment related to disruptions in early childhood relationships (S-E. Brown & Katcher, 1997). A follow-up study by S-E. Brown and Katcher (2001) replicated their

earlier findings. They further proposed that individuals with histories of childhood abuse, a population predisposed to distrust for others, may seek out relationships with companion animals who act as “safe substitutes” for human relationships or to assist them in relating to other humans. S-E. Brown and Katcher also suggested that companion animals taught survivors to trust and increased their overall feelings of security. Moreover, Barlow, Cromer et al. (2012) provide support for S-E. Brown and Katcher’s (1997, 2001) proposal with their finding that women with dissociative identity disorder displayed a stronger attachment to their companion animal(s) when compared to a sample of college students.

Self Psychology. S-E. Brown (2004) conceptualized the association between dissociation and pet attachment and the association between dissociation and CSA within the theory of self psychology. Before discussing S-E. Brown’s approach, I will review the theory of self psychology and its relationship to CSA. Principally, self psychology is one of today’s central psychoanalytic theories (Banai, Shaver, & Mikulincer, 2005). Originally developed by Heinz Kohut (S-E. Brown, 2007, 2011b), this comprehensive theory acts as both a developmental model and a therapeutic modality for treatment and consultation (Banai et al., 2005; S-E. Brown, 2011b). According to Banai et al. (2005), the self, which can be “conceptualized as a mental system that organizes a person’s subjective experience in relation to a set of developmental needs,” (p. 224) lies at the center of this theory. A vital aspect of an individual’s psychological being, the self is comprised of thoughts, feelings, sensations, and attitudes that individuals hold about themselves and their environment (Banai et al., 2005).

Another key aspect of this theory is the concept of selfobjects, defined by Kohut and Wolf (1978) as “objects, which we experience as part of our self” (p. 413). Selfobjects consist of “another, or a representation of another person” (Lessem, 2005, p. 5). They are used to meet

certain narcissistic needs in order to assist in the development of the self (Lessem, 2005). In other words, selfobjects may be considered as a “dimension of our experience of another person that relates to this person’s functions in shoring up our self” (Kohut, 1984, p. 49). Simply put, it is not necessarily the person that represents the selfobject but the functional role that they play in an individual’s life – a notable distinction (S-E. Brown, 2007).

Three primary forms depict the role of selfobjects in the development of self: mirroring selfobjects, idealized parent imago, and twinship (Kohut & Wolf, 1978; Lessem, 2005).

Mirroring selfobjects consist of selfobjects, which “respond to and confirm the child’s innate sense of vigour, greatness and perfection” (Kohut & Wolf, 1978, p. 413). Idealized parent

imago, on the other hand, are selfobjects “to whom the child can look up and with whom he can merge as an image of calmness, infallibility and omnipotence” (Kohut & Wolf, 1978, p. 413).

Twinship speaks to an individual’s need to feel connected to others, specifically through being in a relationship with another person and feeling a bond with them (Banai et al., 2005).

Through repeated exposure to consistent and predictable selfobject experiences, a child will begin to develop their own soothing and safety-enhancing abilities eventually being able to self-soothe in times of distress (Lessem, 2005). Additionally, selfobject experiences are needed throughout the lifespan to maintain a healthy sense of self as well as one’s ability to regulate affect (S-E. Brown, 2004, 2011a). As noted by Kohut and Wolf (1978), a damaged self is a result of “faulty interactions” (p. 414) between a child and his or her selfobject(s). Damage to the self can be diffuse or localized to one or more constituents. As such, adults may exist in varying states of vitality, ranging from “vigour to enfeeblement,” coherence, ranging from “cohesion to fragmentation,” and functional harmony, ranging from “order to chaos” (Kohut & Wolf, 1978, p. 414). Self disorder results when an adult fails to achieve or maintain cohesion,

vigour, or harmony (Kohut & Wolf, 1978). In essence, disruption of the selfobject experience can lead to difficulties maintaining autonomic homeostasis and an inability to self regulate (Schore, 2009). Additionally, individuals with a disordered self may heavily rely on selfobjects to provide emotional stability, as these individuals are unable to regulate their own internal states (S-E. Brown, 2011a).

Self Psychology and childhood sexual abuse. Evidence within the literature identifies a large number of negative consequences that suggest the possibility of extensive damage to the self as a result of CSA. Symptoms identified in survivors of CSA include, but are not limited to, lower self-esteem, reduced self-confidence, learned helplessness, and a general lack of personal empowerment and life management skills (Cruz & Essen, 1994). All these symptoms suggest damage to the self. To resolve this damage, Alaggai and Mishna (2014) have employed self psychology to treat interpersonal dysfunction and impairment in survivors.

Self Psychology, childhood sexual abuse, and the human-animal bond. As previously noted, S-E. Brown (2004) has employed self psychology to explain the association between dissociation and pet attachment as well as the association between dissociation and individuals with a history of CSA. Such associations suggest that individuals with histories of CSA, a population synonymous with dissociation, may have high levels of pet attachment. S-E. Brown (2004) attempts to explain this link by noting that survivors of CSA lack a sense of self, which may increase their likelihood for seeking safe, reliable, consistent, and trust-worthy selfobjects, such as a pet. Consequently, “companion animals may be able to be consistent and trustworthy selfobjects in a way that humans cannot” (S-E. Brown, 2004, p. 79). Thus, individuals with histories of trauma may rely more heavily on pets as selfobjects.

In additional works, S-E. Brown (2007, 2011b) expanded her use of self psychology to explain the human-animal bond. S-E. Brown (2004) proposed that for some individuals, animals can supportively function as selfobjects assisting in the maintenance of some aspect of the self (S-E. Brown, 2007; 2011a). As selfobjects, animals provide individuals with the following (S-E. Brown, 2007, p. 339):

- 1) gives them increased self-esteem and self-cohesion, 2) keeps them calm and soothed,
- 3) makes them feel understood, valued and loved, 4) gives them the feeling of being deeply connected to another being, and 5) gives them a vibrancy for life.

In support of her proposal, S-E. Brown (2007) completed 24 semi-structured interviews of individuals who had a presumed attachment to their pets. Through determining if a pet functioned as a selfobject and by establishing its specific type of selfobject function, results of this study concluded that self psychology could be applied to the human-animal bond. Finally, S-E. Brown (2004) proposed that selfobjects currently present in an individual's life might assist in the treatment of previously inadequate selfobject experiences. Such a proposal, suggests that therapists may be able to use pets as a tool during the treatment of adult survivors of CSA - an assumption to further explore.

Physical Health Concerns

Research has associated survivors of CSA with a variety of health concerns including adult obesity, diabetes, sleep difficulties, gastrointestinal problems, headaches, arthritis, chronic fatigue, bladder problems, gynecological problems, asthma, non-epileptic or pseudoseizures, and heart problems (Anda, Tietjen, Schulman, Felitti, & Croft, 2010; Irish, Kobayashi, & Delahanty, 2010; Leserman, 2005; S. M. Mason, Flint, Field, Austin, & Rich-Edwards, 2013; S. Nelson et al., 2012; Noll, Zeller, Trickett, & Putnam, 2007; Steine et al., 2012; Van Houdenhove, Luyten,

& Egle, 2009). CSA has also been linked to painful medical conditions and chronic pain, with a high proportion of individuals with histories of CSA experiencing generalized pain (e.g., fibromyalgia and chronic musculoskeletal pain) and reproduction-related pain (e.g., pelvic pain and vulvodynia; Banyard et al., 2009; Irish et al., 2010; S. Nelson et al., 2012; Van Houdenhove et al., 2009). Additionally, a history of CSA has been associated with anxiety-related conditions including irritable bowel syndrome and other gastrointestinal illnesses (Leserman, 2005; S. Nelson et al., 2012). It is therefore not surprising that studies have found an association between adult survivors of CSA and increased use of the health care system (Banyard et al., 2009; Fergusson et al., 2013; S. Nelson et al., 2012).

Furthermore, Sachs-Ericsson, Cromer, Hernandez, and Kendall-Tackett (2009) identified stress as a moderator between abuse and its effects on health. As a result of this relationship, it is said that current life stressors can double the effect that childhood abuse has on an individual's health (Sachs-Ericsson et al., 2009). In other words, stress, in the lives of adult survivors of CSA, can have a significant impact on their overall health and well-being. To help combat this issue and to alleviate some of the physical health concerns faced by adult survivors of CSA, it is important for researchers to identify effective strategies for decreasing survivor stress and improving their overall physical health.

Physical health concerns and the human-animal bond. As previously noted, the human-animal bond has been found to benefit individuals through the reduction of anxiety and stress (K. M. Allen et al., 1991; K. Allen et al., 2002; K. Allen et al., 2001; Katcher et al., 1984; Wilson, 1991). It also has been shown to impact individual's physical health. Using data from German and Australian longitudinal surveys, Headey and Grabka (2007) found that when controlling for age, gender, marital status, income, and other health-related variables, there was

an association between continuous pet ownership, and healthier individuals as well as fewer annual visits to the doctor. A study by Headey et al. (2008) also found that pet ownership resulted in better health-related outcomes. When comparing dog owners to non-pet owners in a sample of just over 3,000 Chinese women, age 25 to 40, the researchers found that pet owners reported higher rates of overall fitness and health. Additionally, pet owners were shown to exercise more frequently, miss work less often due to illness, sleep better, and have fewer doctors visits (Headey et al., 2008). Moreover, Cutt, Giles-Corti, Knuiman, and Burke (2007) noted that reviews exploring the potential health benefits of pet ownership generally indicate a positive association between pet ownership and the status of human health.

Human-pet relationships have also been linked to more specific health-related benefits. For example, a scientific statement from the American Heart Association indicated that pet ownership was associated with decreased risk of cardiovascular disease (Levine et al., 2013). Pet ownership has additionally been shown to relate to an increase in physical activity; an event linked to many positive health benefits (S. G. Brown & Rhodes, 2006; Cutt, Knuiman, & Giles-Corti, 2008; Jennings, 1997; Rogers, Hart, & Boltz, 1993). Based on these findings, it would be important to explore the impact that human-pet relationships have on survivors of CSA, to identify potential resources that may have positive benefits towards the overall physical health of survivors.

Interpersonal Functioning

CSA occurs in the context of interpersonal relationships and, as a result, the majority of perpetrators are known to survivors (Richards, 2011). The trust and safety often developed within interpersonal relationships (e.g., parent-child relationships, sibling relationships, and teacher-student relationships; Whiffen & MacIntosh, 2005) is breached when sexual abuse

occurs within them (Finkelhor & Browne, 1985; Sanderson, 2006). Such breaches can result in devastating impacts on interpersonal functioning (Cole & Putnam, 1992; Miller-Perrin & Perrin, 2013; Whiffen & MacIntosh, 2005). A review by Rumstein-McKean and Hunsley (2001) critically examined the empirical literature addressing the potential impact of CSA on interpersonal functioning, specifically among female survivors. Findings indicated that adult survivors of CSA often experience distrust in others; interpersonal difficulties; poor personal adjustment; struggles with the formation and maintenance of relationships; relationship dissatisfaction; as well as social isolation (Rumstein-McKean & Hunsley, 2001). Survivors have also been shown to struggle with the development of appropriate individual and social boundaries (Cole & Putnam, 1992; Whiffen & MacIntosh, 2005), and have difficulties with general trust in others, which can limit survivors' ability to develop trusting relationships, especially romantic relationships (Miller-Perrin & Perrin, 2013; Whiffen & MacIntosh, 2005). Such difficulties may eventually lead to an overall lack of social support in adulthood.

Social support. Social support is broadly defined as support that is “provided by other people and arises within the context of interpersonal relationships” (Hirsch, 1981, p. 151; Cooke, Rossmann, McCubbin, & Patterson, 1988). An alternative definition for social support from Lin, Simeone, Ensel, and Kuo (1979) states that “social support may be defined as support accessible to an individual through social ties to other individuals, groups, and the larger community” (p. 109; Cooke et al., 1988). Social support is critical for the health and well-being of survivors of CSA (Banyard & Williams, 2007; Barker et al., 1997; Karakurt & Silver, 2014; Jonzon & Lindblad, 2006; Tyler, 2002). Furthermore, Runtz and Schallow (1997) associated adequate levels of social support with better overall adjustment, well-being, and fewer adverse consequences among adult survivors of CSA. Jonzon and Lindblad (2006) also highlighted that

the presence of available resources, such as social support, has a greater impact on survivor health outcome than do the number of evident risk factors related to the actual abuse. Moreover, findings from a study by Steine et al. (2012) associated high levels of perceived social support with low levels of insomnia, and nightmare distress and frequency.

Social support, among survivors of CSA, is such an essential factor to well-being that it is considered a resiliency factor (Jonzon & Lindblad, 2006; Runtz & Schallow, 1997; Tremblay, Hébert, & Piché, 1999). Resiliency factors are environmental, social, emotional, cognitive, and spiritual aspects that assist individuals in decreasing the overall impact of negative consequences resulting from violent experiences (Madsen & Abell, 2010; McClure et al., 2008; Murthi & Espelage, 2005). Madsen and Abell (2010) indicate that resiliency factors can support a survivor during their attempts to cope with the negative consequences of CSA. Conversely, the lack of these factors can result in problematic recovery and higher risk for trauma. In essence, resiliency factors appear to account for the wide-range of symptom presentation found among survivors of CSA (Madsen & Abell, 2010).

Despite the evident benefits of social support, adult survivors of CSA often struggle with seeking and receiving it (Jonzon & Lindblad, 2004). In addition to the previously identified difficulties with interpersonal functioning, Jonzon and Lindblad (2004) note that survivors of CSA have difficulties with certain foundational aspects necessary for building social relationships, specifically intimacy and trust. Such obstacles may make it extremely difficult for survivors to receive the benefits that social support can provide. In fact, Golding, Wilsnack, and Cooper (2002), through an analysis of six independent general population surveys, found an association between a history of sexual abuse and relatively low levels of current social support. More specifically, when compared to individuals with no sexual abuse history, survivors

reported less frequent contact with family and friends; were more likely to be unmarried; and reported receiving less emotional support from friends, family, and partners (Golding et al., 2002).

Animal-related social support. Current research indicates that companion animals can also provide social support (K. M. Allen et al., 1991; Barlow, Hutchinson et al., 2012; Lefkowitz et al., 2005). In particular, Lefkowitz et al. (2005) indicated that “companion animals can provide long-term, stress-reducing social support by making the human feel cared for, loved, and part of a network with mutual obligations” (p. 281). A study by McConnell, Brown, Shoda, Stayton, and Martin (2011) indicated that pet owners when compared to nonowners, had higher self-esteem, were less lonely, appeared more extraverted and conscientious, displayed less preoccupation, and showed less fear. Furthermore, the literature describes pets as offering both direct and indirect social support (McNicholas & Collis, 2006). I will review both forms of pet-related social support.

Direct social support from pets. Concerning direct social support, McNicholas and Collis (2006) note that many individuals believe that their pets have the ability to provide both social and emotional support. As reported by Walsh (2009a) “pets greet their human companions enthusiastically on the worst days; they do not notice bad hair; they forgive mistakes; and they do not need to talk things through” (p. 471). Research has also supported this belief. For example, K. M. Allen et al. (1991) found that pets were more effective when compared to close friends, in buffering cardiovascular stress response by providing non-evaluative social support. K. Allen et al. (2001) supported these findings in their study of pet ownership and its effects on cardiovascular response to psychological stress. Rogers et al. (1993) also provided evidence of pets providing social support by suggesting that dogs serve as conversational companions for

their elderly participants. Furthermore, McNicholas and Collis (2006) identified pets as providers of emotional and psychological support to survivors of breast cancer as well as to those in early stages of spousal bereavement. Authors noted that pets provide social support in addition to pre-existing human sources, replaced human support when it was unavailable, or “cushioned” individuals against human social support that was inappropriate or mismatched (McNicholas & Collis, 2006). With such substantial evidence identifying pets as providers of social support, it is essential to explore this potential role among adult survivors of CSA, a population in great need of social support.

Indirect social support from pets. Pets, especially dogs, can provide indirect social support through facilitating human-human interaction. For example, the presence of a dog increases an owner’s chances of social contact with other individuals, even when the owner is in a place that is not familiar (Lefkowitz et al., 2005; McNicholas & Collis, 2000). Moreover, general pet care and maintenance inherently place owners in social situations that are often frequented by the same individuals (Lefkowitz et al., 2005). For instance, Cutt et al. (2007) stated that social contact with other individuals would often occur as a result of exercising one’s dog in a public place. Social contact in such circumstances may occur as dogs often instigate spontaneous greetings and act as topics of conversation (Cutt et al., 2007; Walsh, 2009a) – functioning as “ice-breakers” (McNicholas & Collis, 2006; Wells, 2004).

Pets can act as social catalysts stimulating social behaviour (Beetz et al., 2012). More specifically, Hunt, Hart, and Gomulkiewicz (1992) identified that a woman sitting in a park was significantly more likely to be approached when accompanied by a rabbit or a turtle than when she sat alone blowing bubbles or sat with an operational television. McNicholas and Collis (2000) also found that more social interactions, specifically casual conversations among

strangers and acquaintances, occurred when an individual was accompanied by a dog regardless of the individual's appearance. Moreover, fifty-six percent of Australians surveyed in 2006 reported that their pets assisted them with meeting new people as well as making friends and 62% noted that it was easier to create a friendly atmosphere and converse with others when their pet was present (Headey, 2006). Zimolag and Krupa (2009) additionally noted that pet ownership increased social community integration for individuals living with a serious mental illness. The above studies provide a substantial amount of evidence indicating that pets function as facilitators for human-human interaction. In a population that struggles to obtain social support (Jonzon & Lindblad, 2004), the human-pet relationship may be of significant benefit to adult survivors of CSA – an avenue in need of further investigation.

Attachment Theory. An additional aspect of interpersonal functioning, attachment, and its related theory may serve as a useful framework to help describe the effects of CSA (Aspelmeier, Elliott, & Smith, 2007; Draucker & Martsof, 2006). Developed by Bowlby in the 1960s (Bowlby, 1969), attachment theory originated in an attempt to explain children's response to the momentary loss of their female caregivers (Bowlby, 1969). Bowlby's work led to further exploration of the parent-child bond, specifically related to caregiving and care-seeking strategies activated during periods of threat or distress (Aspelmeier et al., 2007). In other words, attachment theory explains a system of behaviour in which individuals seek proximity to supportive individuals during periods of uncertainty or when danger or threat is perceived (Bowlby, 1969; Parish-Plass, 2008). In fact, proximity seeking is most relevant during episodes of trauma or stress (Draucker & Martsof, 2006; Mikulincer & Shaver, 2003) as the comfort and support provided by attachment figures may aid recovery, adjustment, and coping in the aftermath of trauma (Mikulincer & Shaver, 2003).

Attachment style. Though an individual's need for attachment and attachment-related support is assumed to be universal, the seeking of attachment support and one's ability to experience attachment support when distressed differs significantly between attachment styles (Zilcha-Mano, Mikulincer, & Shaver, 2012). Development of attachment styles has been credited to Ainsworth and her colleagues (Ainsworth, Blehar, Waters, & Wall, 1978). Initially, three attachment styles - secure, avoidant, and anxious/ambivalent – were identified and later, a fourth - disorganized/disorientated – was added (Main, Kaplan, & Cassidy, 1985; Mikulincer & Shaver, 2003).

Attachment patterns developed in childhood continue into adulthood (Bowlby, 1969; Ainsworth, 1989) and can be classified based on relationships adults have with parents or significant others (Alexander, 1992). Secure attachment styles, according to Bartholomew (1990), are depicted by security in adult relationships and result from experiencing warm and responsive attachment figures during childhood. Secure parent-child relationships provide a platform on which positive working models of self and self in relation to others can develop. Individuals with secure attachment styles typically lack serious interpersonal difficulties and exhibit high self-esteem (Bartholomew, 1990).

When individuals experience maltreatment during childhood, it jeopardizes their ability to develop appropriate secure attachments (Draucker & Martsof, 2006; Parish-Plass, 2008). As a result, children often develop insecure attachments as a way to adapt to dysfunctional parent-child relationships (Parish-Plass, 2008; Waldinger, Schulz, Barsky, & Ahern, 2006). This is often the case with adult survivors of CSA, as attachment is commonly disrupted, abnormally developed, or completely undeveloped (Malchiodi, 2012). For example, a study by Aspelmeier et al. (2007) found a negative association between CSA and secure attachment in primary

relationships, specifically parent-child relationships and romantic partner relationships, among a number of clinical and community samples. Insecure attachment styles within this population are of particular concern as secure attachment is the springboard on which individuals develop effective agency, autonomy, and self-definition (Cloitre, Cohen, & Koenen, 2006).

Attachment figures. To fulfill the role of an attachment figure, one must meet four requirements. The first is to be responsive to proximity seeking behaviours in times of distress. The second is to be a safe haven by providing physical and emotional support, comfort in times of distress, and assistance with distress alleviation. The third aspect of an attachment figure is the provision of a secure base. More specifically, healthy attachment figures should act as a secure base from which individuals can develop their capacities and securely explore the world around them with the knowledge that support and care are available to them (Mikulincer & Shaver, 2003). The fourth and final requirement is separation distress, which refers to the discomfort one experiences when attachment figures are unavailable either temporarily or permanently (Zilcha-Mano, Mikulincer, & Shaver, 2011).

According to Mikulincer and Shaver (2003), infants' and children's primary attachment figures are their parents and caregivers. However, with age, attachment relationships begin to expand outside of the parent-child relationship. By adulthood, attachment figures include a wider variety of individuals ranging from parents to friends and romantic partners. In fact, attachment figures may expand to institutions, groups, or even abstract or symbolic figures, such as God (Mikulincer & Shaver, 2003). One figure not mentioned by Mikulincer and Shaver (2003) that individuals receive comfort from and may seek out in times of distress is one's pet.

Animals as attachment figures. Certain human-animal bond research has proposed that pets can act as attachment figures or that attachment bonds can be formed between a human and

their pet (Kurdek, 2008, 2009; Zilcha-Mano et al., 2011). Based on a review of the literature, Zilcha-Mano et al. (2011) identified evidence indicating that the human-animal bond often meets the requirements of an attachment relationship, specifically the four criteria of proximity seeking, safe haven, secure base, and separation distress. The remaining section will review associated evidence supporting the proposal that the human-animal bond meets each attachment relationship criteria.

Regarding proximity seeking, Zilcha-Mano et al. (2011) note that the literature reveals that pet owners reported feeling close to their pets, seeking this closeness, and enjoying it when it occurs. Crawford, Worsham, and Swinehart (2006) further to note that “many people openly and enthusiastically admit to loving their pets, to feeling close to their pets, and even to considering their pets members of the family” (p. 98). Additionally, six out of every 10 pet owners in the 2011 *United States Pet Ownership Survey* by the American Veterinary Medical Association (2012) indicated that their pets were considered to be members of their family. A study by Risley-Curtiss et al. (2006a) noted that almost all participants in their study, regardless of race, described their pets as members of their family. Therefore, it is not surprising that dogs are commonly referred to as “man’s best friend.”

By providing their owners with comfort, affection, and support, pets can act as safe havens (Zilcha-Mano et al., 2011). A study by Kurdek (2009) explored the prospect of pets functioning as safe havens for their owners by assessing the likelihood that pet owners would turn to their dogs instead of seven human attachment figures when experiencing emotional distress. Findings indicate that pet owners sought out their pets in times of emotional distress more often than fathers, mothers, sisters, brothers, children, or best friends. The only exception

to this was romantic partners who appeared to act as stronger safe havens than one's dog (Kurdek, 2009).

Concerning a secure base, Zilcha-Mano et al. (2011) imply that animals can serve as a secure base from which individuals can explore the world, pursue activities confidently, and take risks (Kurdek, 2008). Crawford et al. (2006) further supported the notion that animals function as a secure base by providing both emotional and physical security. Additionally, Zilcha-Mano et al. (2012) found that animals acted as secure bases for pet owners in experimental conditions that required owners to perform either goal exploration or distress-eliciting tasks.

Separation distress, the fourth and final criteria for an attachment relationship, is evident within the human-animal bond as a result of an owner's reaction to the loss or death of a pet. For example, Zilcha-Mano et al. (2011) reported that pet owners grieve and mourn pet loss. Numerous other studies showed similar results depicting bereavement experienced as a result of pet loss or death (e.g., Cordaro, 2012; Luiz Adrian, Deliramich, & Frueh, 2009; McNicholas et al., 2005; Rujoiu & Rujoiu, 2014; Sable, 1995).

Pet attachment among survivors. Though attachment patterns are generally consistent throughout human-human relationships, Julius et al. (2013) proposed that human-human attachment patterns, especially insecure and disorganized attachment, may not necessarily translate to human-animal attachment patterns. There are two primary considerations underlying Julius et al.'s suggestion. The first speculates that due to animals' fundamental nature, insecure attachment styles will not be reinforced, ultimately breaking the cycle of insecure attachment. To illustrate, animals, in general, are often more responsive to attachment-related behaviours. When compared to humans, pets are more likely to show unrestricted appreciation and authentic affective behaviour. Moreover, animals are not likely to react in a complementary manner to

insecure attachment-related behaviours. Nor are animals expected to reinforce prior beliefs or experiences associated with insecure attachment styles. For example, pets may be more comfortable with a disorganized person's desire to control others or an ambivalent individual's occasional need for physical contact or closeness. Thus, human-animal interactions, in theory, should reduce reinforcement of insecure attachment patterns (Julius et al., 2013).

The second consideration stipulates that generalized attachment representations cannot be transferred from humans to animals. Simply put, individuals may have different expectations of animal behaviour than human behaviour meaning that schematics developed for humans may not apply to animals (Julius et al., 2013). Evidence from L. Beck and Madresh (2008) supports this proposal, as they identified a weak association when comparing participants' relational styles with partners to their relational style with pets. These results highlight that pet relationships and romantic partner relationships are not based on the same working model (L. Beck & Madresh, 2008). Additionally, Patronek and Nathanson (2009) note that individuals who have experienced dysfunction in their primary attachment relationships may be "indelibly imprinted" through a relationship with an animal.

Overall, the support for Julius et al.'s (2013) claim is limited and, therefore, requires further research. However, if Julius et al.'s (2013) proposal is accurate, then adverse attachment events experienced by survivors may not impede survivors' ability to securely attach to a pet. In fact, Barlow, Hutchinson et al. (2012) found that women with a self-reported childhood history of neglect, when compared to women without a history of neglect, were more attached to their companion animals to a moderate degree. J. G. Allen et al. (2001) also studied attachment style among women in an inpatient treatment facility for trauma-related disorders. They found that more individuals among the trauma sample reported an attachment to a pet than individuals from

the community sample, indicating that pets may be an essential aspect of the lives of trauma survivors (J. G. Allen et al., 2001).

Despite the limited support, Julius et al.'s (2013) proposal is of great significance for the treatment of adult survivors of CSA. For instance, these authors suggest that through the active use of animals, therapists may be able to stimulate approach behaviour and trust in clients. Parish-Plass (2008) also argued that animals, as attachment figures, may be especially important in enabling the therapeutic process, specifically during animal-assisted therapy. Though Julius et al. (2013) and Parish-Plass (2008) speak to the importance of animals within the therapeutic environment, the roles that animals may play in the everyday lives of adult survivors of CSA may be equally as important. For example, Barlow, Cromer et al. (2012) note "it is possible that the human-animal bond could serve as an attachment relationship and a means of support to buffer the negative effects of adverse life experiences" (p. 501). Thus, it is crucial to explore the role of pets in the lives of adult survivors of CSA.

Revictimization

According to Cloitre et al. (2006), revictimization is "one of the most alarming legacies" (p. 15) faced by survivors of CSA (Classen, Gronskeya Palesh, & Aggarwal, 2005; G. E. Mason, Ullman, Long, Long, & Starzynski, 2009; Rodriguez-Srednicki & Twaite, 2006). Rates of revictimization range from 15-72% (G. E. Mason et al., 2009) with estimates of sexual revictimization being double or triple among adult female survivors of CSA (Classen et al., 2005). To be more specific, survivors are at an increased risk for encountering additional traumatic experiences such as bullying in childhood, further sexual assault in adolescence and adulthood, and domestic violence in adult intimate relationships (Cloitre et al., 2006; Coid et al., 2001; Rodriguez-Srednicki & Twaite, 2006).

Though literature has yet to explore the experience of human-pet relationships among adult survivors of CSA, a field of research presently exists reviewing the impacts of pet ownership with those experiencing domestic violence; a population linked to CSA survivors through revictimization (Coid et al., 2001; Follette et al., 1996). For instance, Flynn (2000) explored companion animal's involvement with domestic violence among clients of a battered women's shelter. Using in-depth, semi-structured interviews, findings indicated that animals responded protectively and emotionally to their owner's victimization. More specifically, pets were reported to emotionally support women following violent episodes by providing unconditional love and comfort (Flynn, 2000). Another study by Fitzgerald (2007) reviewed pets' role in the lives of survivors of domestic violence determining that pets assist in coping with violent experiences and mitigate suicidality. Participants additionally described their relationship with their pet as unique, supportive, and reciprocal (Fitzgerald, 2007). The evidence provided by these studies indicate that pets may play a significant role in the lives of survivors of domestic violence. Considering the association between CSA and domestic violence as a result of revictimization (Cloitre et al., 2006; Coid et al., 2001; Rodriguez-Srednicki & Twaite, 2006), there is a strong possibility that pets may fill an equally important role in the lives of CSA survivors, further emphasizing the need for research in this area.

Treatment of Childhood Sexual Abuse

Psychotherapy has been shown to be effective in reducing symptoms among survivors of sexual abuse (J. E. Taylor & Harvey, 2009; Trask, Walsh, & DiLillo, 2011). In particular, treatment of survivors can consist of individual, group, or couple therapy (Nasim & Nadan, 2013; J. E. Taylor & Harvey, 2009) with a choice of over 450 different therapeutic modalities (Sanderson, 2006). Such available approaches include: cognitive behavioural therapy,

psychoanalytic psychotherapy, dialectical behaviour therapy, mindfulness-based interventions, eye movement desensitization and reprocessing (EMDR), imagery rehearsal therapy, prolonged exposure, systematic desensitization, stress inoculation training, and assertion training (Bohus et al., 2013; Brotto, Seal, & Rellini, 2012; Pollio, Glickman, Behl, & Deblinger, 2013; J. E. Taylor & Harvey, 2009; Willows, 2009). One approach not mentioned in this list is animal-assisted therapy.

Animal-assisted therapy. Animal-assisted therapy (AAT) is defined by Pet Partners (2012) as “a goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process” (p. 1). When discussing AAT, Parish-Plass (2008) note that animals act as catalysts in the therapeutic process, assisting therapists in obtaining various therapeutic goals. The unpredictable nature of animals aids in promoting innate interactions and reactions, which, in turn, can stimulate a client’s sense of self and can create situations that would normally not occur within a therapeutic setting. Such situations may encourage transference, projection, role-playing, and reenactments (Parish-Plass, 2008). Parish-Plass (2008) also noted that animals enable connection and may act as a “bridge” for the therapeutic relationship (Parish-Plass, 2008; Kemp, Signal, Botros, Taylor, & Prentice, 2014). More specifically, the general nonjudgmental nature of animals may allow people to feel a greater sense of acceptance within the therapeutic environment, which may lead to more emotional openness (Parish-Plass, 2008).

Furthermore, Arnold (1995) provided an excellent example of how animals can benefit adults through the use of AAT. Arnold (1995) documented Lucy’s, a standard poodle, attendance in a support group for female survivors of childhood trauma with dissociative disorders. In regards to Lucy’s participation

...she proved (to be) a calming influence when calm was needed, alerted the therapist to patients in distress before the therapist was aware of it, provided patients with the reassurance that they had their own guard dog present at the sessions, and apparently deliberately facilitated communication and interaction among the group members (Arnold, 1995, p. 249).

Additionally, Lucy appeared able to identify when clients altered personalities, her astuteness reportedly being more acute than the therapist's (Arnold, 1995). Arnold (1995) also highlighted the presence of a patient's dog during individual therapy sessions indicating that the dog reflected the owner's emotional state, which provided the therapist with helpful cues needed to guide treatment. The dog also assisted the patient in grounding in the here and now, providing the support and security needed to access and treat traumatic material (Arnold, 1995).

Additionally, a systematic review by O'Haire, Guérin, and Kirkham (2015) provided evidence of the benefits of animal-specific therapies when indicating that Animal-assisted Interventions reduced depression, anxiety, and symptoms of PTSD in population samples consisting predominantly of child abuse survivors and military veterans.

Animal-assisted therapy for sexual abuse. At the Juvenile Justice Coalition in 2010, Perry (cited by DePrekel, 2012) argued for the use of animals in the treatment of childhood trauma. He indicated that verbal interventions could be ineffective as childhood trauma results in difficulties accessing higher levels of brain functioning (e.g., cognitive processing; Perry, cited by DePrekel, 2012). To resolve this, Perry (cited by DePrekel, 2012) recommended the use of brain-based therapeutic interventions (i.e., interventions that access lower levels of the brain), such as AAT, to treat childhood trauma.

AAT is an actively used approach in the treatment of CSA. For instance, Trotter (2012) in her book titled *Harnessing the Power of Equine Assisted Counseling: Adding Animal Assisted Therapy to Your Practice* identified several techniques, programs, and interventions to address trauma through the use of equine-assisted therapy (a branch of AAT). She indicated that some programs focus on aspects of social boundary development, trauma intervention, education surrounding safe and unsafe touch, and work with attachment issues, while other programs focus on anxiety and depression, conflict resolution, social skills and communication, and self-esteem and self-worth. In their investigation of equine-assisted therapy for young women who have survived sexual abuse, DePrekel and Neznik (2012) reported that the human-animal bond assists in the development of healthier and more productive emotional expression. For example, a horse's use of body language can provide a client with immediate feedback regarding their emotional functioning and management. Such information can help a client reconnect with their mind and body (DePrekel & Neznik, 2012).

Focusing on the efficacy of AAT use in the treatment of survivors, Dietz et al. (2012) reviewed three group therapy interventions for child survivors of sexual abuse to compare and evaluate their effectiveness in reducing trauma-related symptomology. An evident decline in traumatic symptoms, specifically reductions in depression, anxiety, dissociation, anger, and problematic sexual behaviours, was found among children who had participated in interventions involving therapy dogs (Dietz et al., 2012). Another study by Hamama et al. (2011) looked at the impacts of dog-assisted therapy on subjective well-being, self-confidence, and psychological distress among teenage girls who had experienced either physical or sexual abuse. Findings indicated that dog-assisted therapy resulted in a reduction in symptoms of PTSD as well as a decreased risk for PTSD development. Mueller and McCullough (2017) assessed the impact of a

10-week equine-facilitated psychotherapy intervention on PTSD-related symptomatology in children and adolescents (aged 10 to 18) who had experienced some form of trauma (inclusive to physical, sexual and emotional abuse, and neglect; familial disruption; and exposure to domestic violence and community violence). Results did not identify statistically significant differences between the treatment effects of the equine therapy and the control group who received services offered by the treatment facility. Such findings indicate the equine-facilitated psychotherapy may be as effective as traditional approaches in the treatment of PTSD (Mueller & McCullough, 2017). Similarly, McCullough, Risley-Curtiss, and Rorke (2015) completed research on a pilot study looking at the impact of an 8-week equine-facilitated psychotherapy on 11 youth (aged 10 to 18) who had experienced childhood maltreatment (i.e., physical, sexual, or emotional abuse or neglect). Findings identified reductions in PTSD symptomatology, further supporting equine-facilitated psychotherapy as a viable treatment approach for PTSD symptomatology in traumatized youth (McCullough et al., 2015). Overall, literature has shown that AAT can be an effective therapeutic approach for the alleviation of traumatic symptoms that result from sexual abuse (Kemp et al., 2014; Reichert 1998). As the majority of the literature has focused on children and adolescents, there is a strong need for studies focusing on adults.

Animal-assisted prolonged exposure. Lefkowitz et al. (2005) proposed the development of a new model, Animal-assisted Prolonged Exposure, which uses AAT to assist in the treatment of survivors of sexual abuse who struggle with PTSD. The authors based this model on the belief that the use of animals in therapy would decrease physiological arousal, reduce anxiety, promote social lubrication and strengthen the therapeutic alliance. It was proposed to enhance the overall effectiveness of prolonged exposure; a therapeutic intervention, which combines guided exposure to traumatic memory, relaxation techniques, and psychoeducation (Lefkowitz et

al., 2005). To date, it is not known whether Lefkowitz et al. (2005) empirically validated this proposed method of treatment.

In sum, it is clear from the evidence provided that animals are actively used in the treatment of survivors of sexual abuse (Kemp et al., 2014; Parish-Plass, 2008; Trotter, 2012; Yorke, Adams, & Coady, 2008). Simply stated, the combination of survivor, animal, and therapist has shown to be beneficial in healing trauma. If we take the therapist out of the equation, would animals continue to be as beneficial? What role would they play in the lives of survivors of CSA? These are important questions as the answers may significantly assist in the treatment and support of these individuals. To address such questions, this study explored the lived experience of human-pet relationships among adult survivors of CSA.

Summary

Herman (1997) notes, “[t]he ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word *unspeakable*” (p.1). As a student of counselling psychology, I believe that it is our responsibility as therapists to give a voice to those who have remained quiet; to provide a safe and secure environment in which survivors can speak the “unspeakable” in an effort to begin their healing journey.

In the same light, I believe that it is imperative, as therapists and researchers, to do what we can for adult survivors of CSA. We must overturn every rock to assess every available avenue that may assist this population, to look for some aspect that will improve our ability to assist survivors in their healing journey. One such aspect yet to be appropriately investigated, is the role of the human-pet relationship in the lives of adult survivors of CSA.

As previously discussed, the human-animal bond has been shown to be effective in four areas associated with functional deficits among adult survivors of CSA (Barlow, Hutchinson et al., 2012; Friedmann et al., 2007; Headey et al., 2008; Heim et al., 2010; Johnson & Lynch, 2013; Lem et al., 2016; Miller-Perrin & Perrin, 2013; Trickett, & Putnam, 2007). The first area of overlap is emotion regulation. More specifically, positive human-animal interactions stimulate oxytocin secretion (Julius et al., 2013; S. C. Miller et al., 2009; Uvnäs-Moberg et al., 2014) which reduces activity in the HPA axes and the sympathetic nervous system, and increases activity in the parasympathetic nervous system (Handlin et al., 2011; Julius et al., 2013; Uvnäs-Moberg et al., 2014). Simply put, oxytocin secretion resulting from human-animal contact (i.e., non-noxious sensory stimulation) reduces the impacts of stress (Handlin et al., 2011) and plays a critical role in self-soothing behaviours (Uvnäs-Moberg et al., 2014). In essence, human-animal interactions, specifically those associated with physical touch, assist individuals in regulating their physical body and related emotions. Furthermore, numerous studies support the positive impact that animals can have on the physical body (Friedmann et al., 2007; Katcher et al., 1989). More specifically, a number of studies have found that human-animal interactions reduce physical arousal in participants, evidenced by decreases in blood pressure (Friedmann et al., 2007; Katcher et al., 1989). Such reductions may promote regulation of emotion. Combined with the positive impacts received from oxytocin stimulation, decreased arousal may provide significant benefits to a population that greatly struggles with emotion regulation (Arttime & Peterson, 2012; Johnson & Lynch, 2013). Consequently, there is a need for the exploration of the human-pet relationship among survivors.

The second overlap, mental health, reveals a significant link in the literature between CSA and the human-animal bond. Namely, the human-pet relationship has been shown to

positively benefit individuals struggling with depression (Friedmann et al., 2011; Lem et al., 2016; Rhoades et al., 2015), anxiety (K. Allen et al., 2001; K. Allen et al., 2002), and dissociation (S-E. Brown & Katcher, 1997, 2001). It is within these areas, as well as many others, which survivors experience adverse consequences (Banyard et al., 2009; Feeney et al., 2013; Heim et al., 2010; Putnam, 2003). If pets benefit individuals in the areas of depression, anxiety, and dissociation perhaps they can provide similar advantages to survivors – an avenue to be explored.

Similar links exist in the third area, physical health. For example, survivors of CSA are commonly linked to a large variety of health concerns (Anda et al., 2010; Leserman, 2005; S. M. Mason et al., 2013; Steine et al., 2012), resulting in an increased use of the health care system (Banyard et al., 2009; Fergusson et al., 2013; S. Nelson et al., 2012). Conversely, pet ownership has been associated with healthier individuals (Headey & Grabka, 2007) and better health-related outcomes (Cutt et al., 2007; Headey et al., 2008), higher rates of overall fitness (S. G. Brown & Rhodes, 2006; Cutt et al., 2007; Headey et al., 2008), fewer annual doctor visits (Headey & Grabka, 2007; Headey et al., 2008), and decreased risk of cardiovascular disease (Levine et al., 2013). As pets have shown to benefit individuals in the same areas in which survivors of CSA struggle, it is pertinent to investigate the impacts pets may have on survivors.

The fourth area of evident overlap in the literature relates to interpersonal functioning. As sexual abuse is a breach of trust often occurring within the context of an interpersonal relationship, it can have devastating effects on interpersonal functioning and limit a survivor's ability to develop trusting relationships (Cole & Putnam, 1992; Miller-Perrin & Perrin, 2013; Richards, 2011; Whiffen & MacIntosh, 2005). This is especially concerning considering that social support is seen as a resiliency factor, mitigating negative consequences resulting from

violent experiences (Jonzon & Lindblad, 2006; Madsen & Abell, 2010; McClure et al., 2008; Murthi & Espelage, 2005; Tremblay et al., 1999). Therefore, it is crucial to examine possible avenues for social support among this population. As pets have been found to provide both direct and indirect social support (Barlow, Hutchinson et al., 2012; Lefkowitz et al., 2005; McNicholas & Collis, 2006), it is important to explore the potential impacts that the human-pet relationship may have on interpersonal functioning among adult survivors of CSA.

Furthermore, studies have reviewed the human-animal bond among survivors of domestic violence, a population connected with adult survivors of CSA through the increased risk of revictimization (Cloitre et al., 2006; Coid et al., 2001; Rodriguez-Srednicki & Twaite, 2006). In particular, pets have been found to provide women with emotional support following episodes of domestic violence (Flynn, 2000), assist in coping with violent experiences (Fitzgerald, 2007), and mitigate suicidality (Fitzgerald, 2007). Due to the association between CSA and domestic violence, pets may function in similar roles for survivors of CSA – a noteworthy link to investigate.

Finally, through AAT, animals are currently being used in the treatment of survivors of CSA (Dietz et al., 2012; DePrekel & Neznik, 2012; Hamama et al., 2011; Mueller & McCullough, 2017; Trotter 2012). AAT has shown effectiveness in reducing traumatic symptoms among child and adolescent survivors of sexual abuse (Dietz et al., 2012; Hamama et al., 2011; Kemp et al., 2014; McCullough et al., 2015). With such effectiveness shown in treatment, it is worth exploring the impact that pets may have on survivors outside of the therapeutic environment. Moreover, given the numerous connections previously described between animals and survivors of CSA, there is a great need to investigate the phenomenon of human-pet relationships among adult survivors of CSA.

To reiterate, the in-depth exploration of the lived experience of human-pet relationships among adult survivors of CSA is needed to address a significant gap in the literature. Such research may also provide therapists with valuable information to assist in the treatment of adult survivors of CSA. For this study, I chose to employ a qualitative research methodology, as it is beneficial in the exploration of new topics that are poorly understood (Shen-Miller, 2011). Additionally, qualitative methods allow researchers to perform an in-depth examination of a topic (Shen-Miller, 2011). As there is a lack of research in the area of human-pet relationships among adult survivors of CSA, such methods aid in examining this presently unexplored topic. Additionally, much of the research on how humans experience the human-animal bond has used quantitative measures and lacks accounts of individual experiences (Fraser, 2009; Shen-Miller, 2011). To resolve this issue and add to the existing phenomenological literature (e.g., Wiggett-Barnard & Steel, 2008), this study uses interpretative phenomenological analysis.

Chapter Three – Methodology

“Pure phenomenology claims to be the science of pure phenomena.”

- Edmund Husserl

This study employed interpretative phenomenological analysis (IPA). I specifically selected this methodology for its ability to access an *insider's perspective* on the topic under study (Chapman & Smith, 2002; Jordan, Eccleston, & Osborn, 2007; Smith, Flowers, & Osborn, 1997; Smith & Osborn, 2008). Alternatively stated, IPA allows for the exploration of the world from the participant's viewpoint (Chapman & Smith, 2002; Jordan et al., 2007; Smith et al., 1997; Smith & Osborn, 2008). According to Smith et al. (2009), “IPA is a qualitative research approach committed to the examination of how people make sense of their major life experiences” (p. 1). As further noted by Smith et al. (1997), IPA is not interested in an objective view of a specific topic but instead focuses on individual accounts, descriptions, or personal perspectives of said topic. In essence, successful IPA includes aspects of “giving voice” and “making sense” (Larkin & Thompson, 2012a, p. 101). Through IPA, researchers provide an avenue for participants to vocalize their experiences while concurrently interpreting what they hear. In the following sections, I discuss phenomenology, hermeneutics, and idiography, aspects that all contribute to the philosophical foundations of IPA (Eatough & Smith, 2008; Smith & Eatough, 2007; Smith et al., 2009).

Phenomenology

The first major contributor to IPA is phenomenology, “a philosophical approach to the study of experience” (Smith et al., 2009, p. 11). Phenomenology is concerned with the manner in which something appears to an individual (Eatough & Smith, 2008); “the essence of everyday experience” (McLeod, 2001, p. 37). It is founded on the belief that individuals live in an

experiential reality. Individuals experience this reality through practical engagements with other individuals and objects within the world. Such engagements are inherently meaningful (Eatough & Smith, 2008).

As noted by Creswell (2013), phenomenological studies attempt to describe “the common meaning for several individuals of their lived experiences of a concept or a phenomenon” (p. 76). Phenomenology’s fundamental purpose is to reduce an individual’s experience of a phenomenon under study to a basic universal description (Creswell, 2013). In essence, it provides researchers with a method in which to understand and explore lived experience (Smith et al., 2009).

Phenomenology is associated with four philosophers: Husserl, Heidegger, Merleau-Ponty, and Sartre (Smith et al., 2009; Giorgi, 2012). Each philosopher aligns with the core tenets of phenomenology but adds distinctive elements (Smith et al., 2009). Due to this common yet distinctly individualistic approach, Smith et al. (2009) described phenomenology as a “singular yet pluralistic endeavour” (p. 12). To explore this further, the following subsection will primarily focus on Husserl and Heidegger, as these philosophers are foundational to the understanding of phenomenology.

Husserl. Husserl defined phenomenology as “a descriptive philosophy of the essences of pure experiences. His aim is to capture experience in its primordial origin or essence, without interpreting, explaining, or theorizing” (Van Manen, 2014, p. 89). He was the first to argue for the founding principle of phenomenological inquiry: that is, experience as studied in its own right and in the manner in which it exists (Smith et al., 2009). He was famous for his injunction that we should “go back to the things themselves,” or *zu den Sachen* (Smith et al., 2009, p. 12). This implies that we need to step out of our natural attitude or daily experience in order to explore each and every experience (Smith et al., 2009; Van Manen, 2014). Husserl also believed

that intentionality was important to phenomenology in that phenomenological inquiry inherently focuses on that which is experienced consciously by the individual (Smith et al., 2009). He encouraged *bracketing* or *epoché*. To prevent assumptions and preconceptions from impacting the interpretation of a phenomenon, researchers must set aside their beliefs, biases, values, and *a priori* experiences (Gill, 2014; McLeod, 2001; Phillips-Pula, Strunk, & Pickler, 2011; Smith et al., 2009). This led to his proposed method of *eidetic reduction*; a technique used to access the true nature of a phenomenon also described as “a priori essential structures of a subjective experience” (Gill, 2014, p. 120; McLeod, 2001; Smith et al., 2009). Husserl believed that phenomenology established the *knowledge of essences*; reportedly believing that essence was foundational to all knowledge (Gill, 2014). Finally, Husserl expressed that phenomenological inquiry was a necessary precursor to additional scientific exploration (Smith et al., 2009).

Heidegger. Husserl, a student of Heidegger, acknowledged the importance of his teacher’s work but distanced himself from Husserl’s theory (Smith et al., 2009). In doing so, Heidegger’s distinctive and original philosophy of phenomenology inspired hermeneutic and interpretive phenomenological methods (Gill, 2014).

In particular, Heidegger viewed the individual as a *person-in-context* (Larkin & Thompson, 2012a; Larkin, Watts, & Clifton, 2006) who cannot be divided, as Cartesians believed, into subject and object, mind and body, or person and world (Eatough & Smith, 2008; Gill, 2014; Larkin et al., 2006). Instead, individual components were considered to be an essential aspect of the meaningful world (Larkin & Thompson, 2012a; Larkin et al., 2006). Human connection to the meaningful world means that an individual can only be truly understood through their involvement with the world. In turn, the meaningful world is an essential aspect of the individual and can only be truly understood through its involvement with

humans (Larkin et al., 2006). This belief influenced Heidegger to characterize individuals in terms of Dasein.

Heidegger defined Dasein as *there being* (or *being there*; Eatough & Smith, 2008; Larkin & Thompson, 2012a; Larkin et al., 2006). It implies that to be there is human nature (Larkin et al., 2006). We are, therefore “always somewhere, always located and always amidst and involved with some kind of meaningful context” (Larkin et al., 2006, p. 106). For this reason, Dasein is the exploration of the “human experience of being” (Gill, 2014, p. 120). This leads to a general belief that, when one attempts to discover “how things really are,” they are not able to completely remove themselves as their system of meaning or their own thoughts will remain (Larkin et al., 2006, p. 106). Such a belief contradicts Husserl’s idea of bracketing. Larkin et al. further state that discoveries are a function of the relationship that exists between the topic under study and the researcher. Due to these intrinsic methodological and epistemological limitations, it is important for the researcher to be responsive and sensitive to such matters to increase opportunities for accessing the true subject or phenomenon (Larkin et al., 2006). In the same light, this belief lends well to Heidegger’s claim that we are never free of assumptions. As noted by Gill (2014), “for any phenomenological methodology drawing on the work of Heidegger, interpretation is not a choice but an integral aspect of research” (p. 120).

Phenomenology and IPA. IPA, like phenomenology, is interested in the examination of lived experience. More specifically, IPA focuses on the exploration of subjective aspects of a particular experience. For example, IPA studies often focus on experiences that are significant to an individual or relate to a particular moment in time (Smith et al., 2009). Alongside the examination of the lived experience, IPA also emphasizes the importance of meaning, as in the meaning individuals ascribe to their experience (Smith et al., 2009). Smith et al. (2009) note

that such meanings “may illuminate the embodied, cognitive-affective and existential domains of psychology” (p. 34).

Hermeneutics

The second main aspect of IPA is hermeneutics. Hermeneutics is the theory of interpretation (McLeod, 2001; Smith et al., 2009). McLeod (2001) further defines hermeneutics as “an act of interpretation which ‘brings[s] to light an underlying coherence or sense’ within the actions, behaviour or utterances of a person or group” (p. 22). Initially, a method of interpreting biblical texts, the use of hermeneutics was later expanded to include other texts, specifically historical documents and literary works (McLeod, 2001; Smith et al., 2009). Hermeneutics was influenced by a number of theorists, with three of the most important including Schleiermacher, Heidegger, and Gadamer (Smith et al., 2009).

Schleiermacher and Heidegger. According to Smith et al. (2009), Schleiermacher introduced the universality of hermeneutics through systematic writing. Schleiermacher expressed that hermeneutic interpretation consists of psychological interpretation; emphasizing speaker individuality, and grammatical interpretation, which focuses on textual meaning that is exact and objective. He believed that individual writers impress meaning on to their text as a result of their use of techniques and intentions. It is this meaning that is accessible for interpretation.

Heidegger is also associated with hermeneutics through the concept of Dasein or *there being*; a concept accessed through interpretation. Interpretation, as noted by Heidegger, was meant to access the dual quality of matters under study (i.e., some aspects of a subject have a visible meaning whereas other aspects may have a hidden meaning). Thus, interpretation is necessary to access the full meaning of a phenomenon, both the obvious and the hidden.

Additionally, Heidegger emphasized that a researcher's interpretation of a subject will be fundamentally based on fore-structures, such as the researcher's previous experiences, preconceptions, and assumptions (Smith et al., 2009).

Gadamer. Remaining close to Socrates' dialectic roots (Palmer, 1969), Gadamer focused on the study of texts (Cohen, 2000), asserting that tradition and history influence the process of interpretation (Fleming, Gaidys, & Robb, 2003; Smith et al., 2009). Gadamer further stated that history affects us, resulting in a need to separate ourselves from history in order to take an objective look at the past (Fleming et al., 2003). Gadamer aligned with Heidegger and his concepts of fore-structures, emphasizing interpreter and interpretee. It was noted that through interpretation, not prior exploration, that the interpreter can identify their preconceptions about the interpretee (Smith et al., 2009).

Gadamer also added to the concept of the hermeneutic circle in which understanding the particular can only be done by understanding it in reference to the whole and vice versa (Cohen, Kahn, & Steeves, 2000; Vandavelde, 2005). He also wrote about the *fusion of horizons* (Cohen et al., 2000; Vandavelde, 2005). To Gadamer, a horizon is everything that can be seen from a particular vantage point (Fleming et al., 2003). "Humans interpret the horizons of others through a circular, hermeneutic process, using trial and error, questioning and correcting, along with the shared meanings that are available to all members of a culture" (Cohen et al., 2000, p. 74). As such, researchers employing hermeneutics replicate this process through the use of text, interpreting as well as integrating aspects of the participant's horizon into the researcher's own experience (Cohen et al., 2000). Therefore, interpretative understanding will result from the *fusion of horizon* between the researcher and the participant (Fleming et al., 2003).

Hermeneutics and IPA. IPA involves interpretation as an essential aspect of analysis. It is rooted in the belief that “there is a phenomenon ready to shine forth, but detective work is required by the researcher to facilitate the coming forth, and then to make sense of it once it has happened” (Smith et al., 2009, p. 35). IPA acknowledges the dynamic nature of research, as access to the participant’s viewpoint is both complicated by and dependent on the researcher, their interpretations and conceptions. Thus, a double hermeneutic or a two-stage interpretation process is employed (Smith & Eatough, 2007; Smith et al., 2009). In fact, the term interpretative phenomenological analysis was chosen to represent this *dual facet* approach (Smith et al., 1997; Smith & Osborn, 2008); “the participant is trying to make sense of his/her world and the researcher is trying to make sense of how the participant is trying to make sense of his/her world” (Smith & Eatough, 2007, p. 36).

Additionally, Smith and Eatough (2007) offer another explanation of the double hermeneutic in IPA. They indicated that IPA combines empathic hermeneutics with critical hermeneutics. Through empathetic hermeneutics, IPA attempts to stand in the shoes of the participant by trying to understand what it is like from their viewpoint (Smith & Eatough, 2007). In other words, the researcher seeks to reconstruct the subject’s experience in his or her own understanding; in essence, encouraging the researcher to take up an *insider’s perspective* (Smith et al., 2009). On the other hand, the critical hermeneutic aspect of IPA involves distancing oneself from the participant to ask critical, yet curious questions about the participant’s experience (Smith & Eatough, 2007). It uses theoretical perspectives from an outsider’s standpoint to examine a phenomenon (Smith et al., 2009). Both of these aspects of inquiry will result in more accurate accounts of individual experience and an overall richer analysis (Smith & Eatough, 2007).

Idiography

The final key area grounding IPA is idiography. Idiography is the study of the particular (Smith et al., 2009). In essence, it focuses on the individual (Smith & Eatough, 2007), their experience and the meaning associated with that experience (Smith et al., 2009). This differs from the majority of psychological research, which tends to focus on a group or the population at large (Smith et al., 2009).

Idiography and IPA. Smith et al. (2009) note that IPA aligns with idiography in two main ways. First, IPA focuses on the particular, regarding detail, depth of analysis, systematic approach, and thoroughness (Smith et al., 2009). Second, IPA targets the particular, focusing on the experience of the individual rather than the universal experience (Eatough & Smith, 2008; Smith et al., 2009). In other words, within a particular context, IPA attempts to access a level of understanding of an individual's experience: a process, an event, or a relationship (Smith et al., 2009). To support this endeavor, IPA often employs small, purposeful samples or even a single case study (Smith et al., 2009). Smith et al. (2009) warn IPA users against focusing their ideographical approach solely on the individual, as experience is significantly more complex. Referencing Heidegger's Dasein, they argue that if we understand experience *in-relation-to* a phenomenon (i.e., something that is firmly embedded and immersed in relationships and things existing within the world), it cannot be considered property of that individual. They conclude that despite this, a person is still able to provide an individually unique perspective of their involvement with or relationship to the phenomena under study (Smith et al., 2009).

The Current Study

I chose IPA as the methodology for this study, as its philosophical and epistemological foundations are consistent with a study of the lived experience of human-pet relationships among

adult survivors of CSA. First, the literature has yet to explore the human-animal bond among adult survivors of CSA. As such, it is essential to remain open to the available evidence within this area. Since it is the study of experience, phenomenology will guide an exploration of the lived experience of human-pet relationships among adult survivors of CSA (McLeod, 2001). Second, hermeneutics, the theory of interpretation (McLeod, 2001; Smith et al., 2009), allows access to how the survivor makes sense of their relationship with their pet. This is an important aspect as empirical evidence has indicated that not every individual receives positive benefits from the human-animal bond. For example, Friedmann, Locker, and Lockwood (1993) indicated that an individual's perception of animals might impact the ability to receive positive benefits from the human-animal bond. Other important factors to consider are individual allergies, phobias, or traumatic experiences as a result of animal attacks (A. M. Beck & Meyers, 1996; Friedmann & Son, 2009; Herzog, 2011; Jennings, 1997; Lefkowitz et al., 2005). Third, as previously mentioned, adult survivors of CSA are a heterogeneous group (Karakurt & Silver, 2014; Sanderson, 2006). As both the abuse and subsequent survival are quite individualistic, it is fitting to employ a methodology that is idiographic in nature, as is the case with IPA. Finally, IPA allows for an in-depth and contextualized exploration of a phenomenon under study. As there is extremely little knowledge of human-pet relationships among adult survivors of CSA, such an approach will be extremely beneficial in providing a greater understanding of this phenomenon.

Thus, IPA will assist in the exploration and description of the lived experience of human-pet relationships among adult survivors of CSA through addressing the following research questions:

- (a) How do adult survivors of CSA understand and experience human-pet relationships?

(b) What meaning do adult survivors of CSA ascribe to their experience of human-pet relationships?

(c) How do human-pet relationships impact adult survivors of CSA?

Participants. I obtained ethical approval for this study through the Research Ethics Board of the University of Alberta. Subsequently, I recruited participants in the following ways: (a) advertising through sexual assault centres; (b) advertising through animal support agencies; (c) advertising through psychological services; and (d) general advertising (e.g., social media; newspaper advertisement; mass email; and public forums and advertising boards). To assist in participant recruitment, I contacted sites by phone or an invitational email requesting permission to advertise for the study at their location (for more information on the Email Request to Advertise Study, please see Appendix A). After receiving permission, I placed research posters advertising the study in visible locations (e.g., waiting rooms, entrances, poster boards, and advertising locations; for more information on the Recruitment Poster, please see Appendix B) and on social media (e.g., Facebook). Emails advertising the study were also sent to general list serves and to my network of contacts. All methods of recruitment requested that interested parties contact me directly.

Eligible participants were recruited through purposeful sampling (Chapman & Smith, 2002; Jordan et al., 2007; Larkin & Thompson, 2012a; Smith et al., 2009; Smith & Osborn, 2008). Inclusion criteria specified that participants: (a) had been sexually abused prior to the age of 18; (b) were 19 years of age or older, ensuring that at least one year had passed since their experience(s) of CSA; (c) self-identified as having previously disclosed their sexual abuse experiences to at least one other person prior to study onset; (d) identified as someone who is not currently experiencing CSA-related distress; and (e) had a pet at the time of the study.

In regards to sample size, IPA has historically engaged smaller sample sizes (Larkin & Thompson, 2012a) of three to five participants (Smith & Osborn, 2008). Small, homogeneous sample sizes are most appropriate in IPA studies, as this methodology aims to provide detailed information about the perceptions and understandings of a particular group (Smith & Eatough, 2007; Smith et al., 2009; Smith & Osborn, 2008). However, a systematic literature review of health psychology studies using IPA identified that in the 52 studies reviewed, samples ranged from 1 to 35 (Brocki & Wearden, 2006). To align with the IPA standard of smaller sample sizes but to follow current research trends, I interviewed 10 participants.

Of the 10 participants who took part in semi-structured individual interviews, seven identified as female and three identified as male. Participant ages ranged from 22 to 55; five participants were in their 20s, three participants were in their 30s, and two participants were in their 40s and 50s.

As per study criteria, all participants self-identified as survivors of CSA. Demographic information sheets were used to collect additional details regarding participants' experience of CSA. After consenting to the study, participants completed demographic information sheets that elicited information concerning participants' age at first experience of sexual abuse, the length of time abuse occurred, the gender of the abuser(s), the number of the abuser(s), the type of relationship with the abuser(s), and the type of sexual abuse. The onset of participants' first experience of CSA ranged significantly. Three participants indicated that their first experience of CSA occurred between the ages of one and three. Two participants indicated that their first experience of CSA occurred between the ages of four and five; three participants identified the experience to have first occurred between the ages of six and eleven; and two expressed that it first occurred between the ages of 12 and 17. In terms of the length of time over which the CSA

occurred, four participants indicated that the CSA occurred on one occasion per perpetrator (i.e., if three separate perpetrators abused the participant, the participant experienced sexual abuse on three different occasions). One participant noted that the abuse lasted for one to four weeks and another expressed that it lasted for seven to 11 months. Concerning abuse lasting for a year or more, one participant indicated that the abuse persisted over one to three years, another stated that the abuse occurred over a four to six year period, and two participants noted the abuse persisted for over seven years. Participants mostly identified that their abusers were male. One participant reported having been abused by a female and another reported having been abused by both a male and a female. Four participants reported having been abused by one individual; three participants expressed having been abused by two to three separate individuals; two participants identified as having been abused by four to six individuals; and one participant did not specify how many individuals abused them. Participants reported the following relationships with their abusers: primary caregiver, extended family member, ex-partner, peer, adolescent family friend, adult family friend, other influential adult, neighbour, and stranger. Most participants reported having been abused by someone close to them such as a primary caregiver, extended family member, or family friend. The types of CSA reported included: direct or indirect touching of penis/vagina/breasts; oral-genital contact/forced oral sex; attempted sexual intercourse/penetration; sexual intercourse/forced penetration; exposure to adult sexual activity or pornography; and prostitution/sexual exploitation/creation of pornography. All 10 participants reported direct or indirect touching of penis/vagina/breasts. However, one participant was unsure of the extent of their sexual abuse because of the early age at which the abuse occurred.

Regarding human-pet relationships, five participants identified as having two pets, three

participants had one pet; and two participants had four or more pets. The type of pet ranged from more common animals such as dogs and cats to large animals such as horses to exotic animals such as geckos and guinea pigs. Concerning lifetime pet ownership, the variety of animals identified extended even further to include birds, a tarantula, a turtle, a frog, snakes, lizards, ferrets, a mouse, a hamster, and a variety of wild animals. Table 1 identifies each participant by their pseudonym and specifies the pseudonym and species of their pet(s); inclusive to the pets participants currently have in their lives and their former pets.

Table 1

Current and Former Identified Pets

Participant	Current Pet(s)	Former Pet(s)
Lana	Siri (dog) Gordon (gecko)	Leaf (gecko) Ripley (gecko) Spot (gecko) Lucy (gecko)
Alice	Fluffy (guinea pig) Loofah (guinea pig)	Mike (cat)
Conrad	Kampo (cat)	Molly (dog) Butter (hamster)
Joe	Blaze (horse) Chip (dog) Samson (dog) Lulu (dog) Fancy (horse)	
Agatha	Marmalade (cat)	Buddy (dog)
Phil	Fork (cat) Thor (gecko)	
Tyra	Coco (cat) BooBoo (cat)	Santa's Lil Helper (dog) Kiera (dog) Fluffy (cat) Molly (cat) Snowball (cat)
Sue	Chuck (dog) Mountain Goat (dog)	Peach (dog)
Sally	Snowy (dog) Hank (dog) Ruby (dog)	Pom Pom (dog)
Kyla	Lucky (cat)	

Note. The pets identified above are not representative of a participant's lifetime pet ownership/involvement. The pets named here are current and former pets participants named during the interview. All names listed above are pseudonyms chosen by participants.

Data collection. IPA, as noted by Smith and Osborn (2008), attempts to explore participants' understandings and perceptions of their lived experience. IPA studies often employ semi-structured interviews as this format provides flexibility and allows participants to guide the discussion (Chapman & Smith, 2002; Larkin & Thompson, 2012a; Smith et al., 2009; Smith & Osborn, 2008). Semi-structured individual interviews were the primary source of data for this study. As secondary data sources, I maintained memos and detailed field notes (i.e., a means of collecting thoughts, ideas, and observations; Creswell, 2013) throughout the study. Additionally, I kept audit trails to document all activities and decisions related to research (Creswell & Miller, 2000).

Once contacted by interested participants, I spoke to each applicant via telephone or email to discuss the study, answer questions, and ensure that participants met the eligibility requirements (for more information, please see Appendix C). All interested participants who met inclusion criteria were provided with an Information Letter (for more information on the Information Letter, please see Appendix D) and encouraged to contact me by telephone or email to ask additional questions. Once interested participants indicated their agreement to proceed with the study an interview was scheduled. Non-eligible participants were provided with referral resources (for more information on referral resources, please see Appendix E) and thanked for their interest.

I arranged for semi-structured interviews to occur at secure locations (e.g., Edmonton based participants were interviewed at the Education Clinic and Red Deer based participants were interviewed in a booked room at the Central Alberta Sexual Assault Support Centre) and completed the interviews using a guide. Semi-structured interviews, according to Smith et al. (2009), are intended to be comfortable conversations between participant and researcher, where

the participant can disclose a detailed account of the phenomenon under study. To assist in this, interview schedules are developed to be flexible, in that the researcher can follow information that naturally emerges from discussions with the participant (Smith et al., 2009). To support the exploration of the lived experience of human-pet relationships among adult survivors of CSA, the interview guide included the following topics: participants' beliefs or thoughts about human-pet relationships; a brief history of participants' human-pet relationships; a description of participants' experience of human-pet relationships; a description of participants' relationship with their pet(s); a description of what human-pet relationships mean to participants; how human-pet relationships impact participants; how human-pet relationships impact participants' mental health, emotion regulation, physical health, and social functioning; discussion of how, if at all, human-pet relationships impact traumatic symptomology; and how participants cope with owning a pet (for more information on the Semi-Structured Interview Guide, please see Appendix F).

Demographic information sheets were also used during the initial interview and include identification of chosen pseudonyms to protect participant identity, a brief overview of necessary demographic information, and a general history of participants' experiences of sexual abuse. Participants were requested to complete demographic information before the start of the interview but in the presence of the interviewer. This stipulation assisted in promoting participant safety, as the interviewer was able to monitor the participant for psychological distress (for more information on the Demographic Information Sheet, please see Appendix G).

I scheduled initial interviews for two hours in length. The first half hour was allotted for the completion of consent (for more information on the Consent Form, please see Appendix H) and demographics as well as provide space for participant questions. The second hour to hour

and a half consisted of a semi-structured interview with time provided for debriefing. All interviews were audio recorded. As sexual abuse is an extremely sensitive topic, I provided each participant with a referral resource sheet containing methods for accessing psychological services in their local area (for more information on Referral Resources, please see Ethical Considerations and Appendix E). Participants also received a follow-up call approximately 24 hours following the initial interview to verify their health and well-being.

Upon completion of each interview, the audio recording was transcribed and anonymized to remove all identifying or potentially identifying information in an effort to protect the identity of participants. Transcriptions documented all spoken word as well as significant features such as pauses, laughter, and notable emphasis of speech (Smith & Osborn, 2008).

Follow-up interviews for nine of the 10 participants took place approximately four weeks following the initial interview. During this time, I asked participants if the transcript, which was sent to them two weeks prior to the second interview, accurately represented their experience. They were invited to correct any errors, identify data they wished to remove, and provide additional comments. The follow-up interview was also a time in which I could ask any clarifying questions or gather additional information, further capturing the participant's individual experience. Ultimately, the follow-up interview acted as a member check in an attempt to further establish quality (for more information on member checks, please see Establishment of Quality; Creswell & Miller, 2000; Magolda & Weems, 2002). Follow-up interviews were also transcribed and anonymized in the same manner as the initial interview. Numerous attempts were made to meet with the tenth participant to complete a follow-up interview. After missing scheduled appointments and a scheduled phone call, I assumed that this participant no longer wished to participate in the research study and ceased further attempts to

contact the participant.

I housed documentation and audio recordings in a secure location (i.e., a locked filing cabinet). Electronic copies were password protected and maintained on a secure, encrypted, and password protected computer. Data access was restricted to myself and my research supervisor.

Data analysis. According to Smith and Osborn (2008), “meaning is central” to data analysis. As such, IPA analysis aims to understand the content and complexity of meaning, instead of measuring frequency. To accomplish this, investigators engage transcripts in “interpretative relationships.” Sustained engagement with the text and interpretive process assists the researcher in capturing the participant’s meaning (Smith & Osborn, 2008).

Keeping with IPA standards, I developed a strong familiarity with each participant’s account of their experience (Chapman & Smith, 2002; Smith et al., 2009; Smith & Osborn, 2008). Such a high level of familiarity came as a result of having interviewed each participant, myself, and by having transcribed and anonymized each transcript. During this process, I repeatedly listened to audio recordings of the interviews and, as needed, reread sections of the transcripts.

To further aid in the quality of this study, I created memos throughout the interview process, transcription, and anonymization. I also wrote memos during subsequent analysis and write-up. Overall, memos served to identify significant or intriguing items (Chapman & Smith, 2002; Smith & Osborn, 2008) and assisted with documenting and later bracketing of my initial responses, thoughts, and reactions (Smith et al., 2009).

According to Smith et al. (2009), the second stage of analysis, initial noting, is the most time-consuming and detailed phase, as it reviews language and content on a broad exploratory level. This stage is similar to free textual analysis, as it is a stage with no specific rules regarding

commentary nor requirement of code assignment and meaning unit identification (Smith et al., 2009). To assist with initial noting, I used both memos and codes. Memos, at this stage, consisted of identifying associations or connections; summarizations or paraphrases; or preliminary interpretations (Smith & Osborn, 2008). Codes acted as labels, assisting with breaking large text into smaller more manageable pieces of information in an attempt to describe, interpret, and classify the data (Creswell, 2013). The use of both memos and codes help to ensure greater rigor in this approach. Keeping with the idiographic approach of IPA, I always viewed the data with the individual in mind (Chapman & Smith, 2002). Additionally, the qualitative data analysis software program ATLAS.ti (ATLAS.ti, Version 8.1.2) was used to facilitate data organization.

Once I completed coding, codes were grouped into themes. Through this process, I developed concise phrases or titles from initial codes to capture the text's essential qualities and develop a name for each theme (Smith & Osborn, 2008). In general, a slightly higher level of abstraction was needed to balance the beginning of theoretical connections while remaining grounded in the data (Smith & Osborn, 2008). To ensure groundedness, codes and themes were continually reviewed against the original transcript to ensure accuracy and authenticity (i.e., does this accurately reflect the participant's voice?; Chapman & Smith, 2002; Smith et al., 2009; Smith & Osborn, 2008).

Following this, I organized the themes, identifying and naming both themes and sub-themes. To ensure a strong connection with the data and follow the suggested approach for larger sample sizes, only recurrent themes were documented (Smith et al., 2009; Smith & Osborn, 2008). Themes are considered to be recurrent when they are evident in at least one-third to one-half of participants (Smith et al., 2009). As such, I removed themes and sub-themes that

were not present in at least half of the participants. Smith et al. (2009) also indicated that when using a larger sample size, the focus should be shifted from detailed analysis of individual cases to identifying key themes within the group as a whole (Smith et al., 2009). To align with Smith et al.'s suggestion, I used this approach in the current study.

Finally, themes were translated into a written account, explaining, nuancing, and illustrating findings. To support claims, I added verbatim extracts from transcripts. To increase research quality, my research supervisor reviewed developed codes and themes to ensure accuracy and congruency with the data.

Ethical considerations. A number of ethical considerations were important throughout this study. The first considers the maintenance of the respect for the dignity of persons and peoples (Canadian Psychological Association, 2017). Sexual abuse is an extremely sensitive topic. Openly discussing one's history of abuse can result in intense emotional experiences and can even trigger flashbacks and other trauma-related symptomatology (Burke Draucker & Steele Martsof, 2006). For example, Burke Draucker and Steele Martsof (2006) indicate that symptoms associated with survival of CSA, such as nightmares, perceptual disturbances, and flashbacks, may increase when individuals initially focus on past experiences of abuse. To compensate, it is essential to focus on minimizing harm (Canadian Psychological Association, 2017) with the employment of the following strategies. First, all participants received referral sheets with information on how to obtain psychological services, to ensure access to mental health support. Second, data collection minimized the disclosure of experience(s). For example, I only gathered necessary demographic information regarding participants' abuse and participants were not required to recount their experiences. Third, participation was limited to those individuals who had previously disclosed their abuse to at least one other person prior to

study onset. Current literature has identified that sexual abuse survivors who do not disclose their abuse, experience a greater number of symptoms of PTSD and depression (Ahrens, Stansell, & Jennings, 2010). This is consistent with a general trend in trauma literature associating nondisclosure with poorer psychological and physical health (Ahrens, Stansell, & Jennings, 2010; Greenberg & Stone, 1992; Hemenover, 2003). As a result, previous disclosure was required to ensure the health and well-being of study participants. Fourth, participants were only permitted to take part in this study if they self-identified as someone who was not currently experiencing CSA-related distress, to further ensure participant safety. Fifth, based on my training in counselling psychology and experience in the treatment of survivors of CSA, I continually monitored participants for signs of distress and triggering. When evident, I implemented general therapeutic techniques to assist participants in the management and de-escalation of symptomatology. In addition to this, I provided counselling referrals. Finally, all participants received a follow-up call approximately 24 hours following the initial interview to verify their health and well-being.

A second ethical component to consider is my prior therapeutic involvement with this population. To avoid multiple relationships, I did not recruit individuals I had previously treated for CSA (Canadian Psychology Association, 2017). This assisted in preventing a dual relationship as both counsellor and researcher.

Another important ethical concern was the issue of confidentiality. Due to the sensitive nature of the participant's experience, confidentiality was critical for this study. To assist in this, general versus specific demographic information was collected, I removed all identifying information, a minimum number of individuals had access to the data, and all data was stored on an encrypted, password-protected computer and within locked file cabinets. Additionally, I

discussed confidentiality restrictions with the participants in line with informed consent (Canadian Psychology Association, 2017). Outside of the general limitations to confidentiality, participants were made aware of the limitations regarding a child at risk and the potential implications in regards to this study. For example, if I became aware of a child at risk, I would have reported this information to the proper authorities. As participants are over the age of 18, I respected their right to disclosure unless there was a reason to believe that a child, under the age of 18, was being abused or was at serious risk of being abused.

Establishment of quality. To promote credibility and trustworthiness, I used a number of strategies. The first included the use of member checks (Creswell & Miller, 2000; Magolda & Weems, 2002). Specifically, follow-up interviews provided the opportunity for item clarification with participants. Additionally, participants were able to review their transcripts to ensure accuracy in meaning (Creswell & Miller, 2000). The second strategy incorporated the use of peer review to increase research quality (Creswell & Miller, 2000; Larkin & Thompson, 2012b; Osborn & Smith, 1998). I independently analyzed data and developed themes. My research supervisor then reviewed the codes and themes to ensure accuracy, clarity, and congruency with the data. The third strategy consisted of my engagement in critical self-reflection (Heidegger as cited in Smith et al., 2009). As my interpretation can have a substantial impact on a study's findings, it is essential that I was aware of my own biases. As such, I self-reflected through the use of memoing during both the collection of data and analysis. A fourth strategy included intimate involvement with the data (Smith & Osborn, 2008). To assist with this, I performed both data collection and data analysis. Additional strategies that were also utilized to maintain rigor included audit trails and the use of thick, rich descriptions to describe the participants and procedure (Creswell & Miller, 2000).

Chapter Four – Findings

“The physical act of holding him holds me together.”

- Sue

The purpose of this study was to explore the lived experience of human-pet relationships among adult survivors of CSA through the use of IPA. Following the analysis of interviews with 10 adult survivors of CSA, a number of themes emerged. These included the following 10 themes: (a) close bond with pet; (b) idiosyncrasies within the human-pet relationship; (c) moral responsibility; (d) fundamental differences between pets and humans; (e) safety in the human-pet relationship; (f) resource for coping with painful experience; (g) positive impact on well-being; (h) buttress for human-human social interaction; (i) medium for skill and knowledge development; and (j) shortcomings of the human-pet relationship. In keeping with the idiographic approach of IPA, I will present a brief overview of the participants in the form of vignettes. Following the vignettes, I will provide detailed descriptions of themes and sub-themes.

Participant Vignettes

Lana. Lana recalled how, as a child, she had a strong desire to obtain a pet. After repeatedly asking their parents, Lana and her siblings were eventually able to adopt a family gecko named Leaf. Later, each of her siblings was allowed to purchase a baby gecko. Unfortunately, Lana’s gecko died in an accident. Despite this, Lana described developing a powerful bond with Leaf. She spoke about spending a considerable amount of time with him as a youth, even indicating that he was often the main subject of her photography. Also, she noted that he provided her with emotional support, companionship, and humor. As an adult, Lana obtained another gecko. However, due to his unfriendliness, Lana and her current gecko do not

have a strong bond.

The other human-pet relationship currently in Lana's life is her relationship with her family dog, Siri. Lana spoke extensively about how close she feels with Siri and how Siri has positively impacted her life. She additionally noted the support she receives from Siri assists with daily life stressors and problematic life issues.

Alice. Like many of the participants, Alice discussed numerous challenges in her life. She indicated that she suffers from a major medical disorder with childhood onset. Alice noted that as a child, she felt like a "huge burden" to her mother and brother. As such, she expressed great appreciation for the support and connection provided by her brother's cat, Mike. Consequently, Mike's sudden passing was a significant loss for Alice.

Later, Alice wished to get her own pet and subsequently obtained two guinea pigs named Fluffy and Loofah. During the interview, Alice often spoke about her guinea pigs and her process of getting to know them and introducing them to one another. Though she described connecting with guinea pigs as being challenging given their skittish nature, she noted several benefits to owning her pets. Such benefits were said to include providing structure, companionship, and something to live for. Additionally, she described feeling proud of her ability to care and provide for her guinea pigs. Alice also expressed that her pets have helped her become more talkative and improve her ability to socialize with others.

Conrad. Conrad has a complicated history with animals. As a child, his human-pet relationships were often associated with abuse or trauma. For example, Conrad had a dog that reminded him of his abuser and experiences of CSA. He also had a pet snake, one of his only sources of connection. The pet attacked him, which exacerbated previous breaches of trust. Once Conrad became an adult he obtained a dog. He was not able to provide the dog with proper

care and, as a result, was forced to give it away. Following this, Conrad described connecting with his current cat, Kampo, during a time in which Conrad was emotionally vulnerable. He reported that this experience resulted in the strong bond he has with his pet, defining her as his “spiritual partner.” Furthermore, Conrad expressed valuing this relationship, noting that Kampo provides him with a sense of security and acts as a medium through which he learns relational skills (i.e., skills that he was previously unable to develop due to his history of abuse).

Joe. Joe presented as someone who has had a lifelong connection with animals. Having lived and worked with farm animals, Joe expressed being very knowledgeable about animals and animal behaviour. His bond with animals initially began as a child, as Joe often described animals as a “safe place,” one of the few he had at that time. In Joe’s accounts of his childhood, animals appeared to be one of the few available sources of love and support. This strong connection to animals continued into his adulthood. Though Joe did not identify as bonding with all of his animals, he expressed a strong connection to one of his two dogs and one of his horses. As a result of his childhood experiences of abuse, which appeared to include emotional and physical abuse in addition to CSA, Joe described having to overcome some significant mental health issues (namely suicidal ideation and substance abuse). He expressed that various pets have been there, helping him through these “heavy days” and keeping him alive.

Agatha. Animals have always been a large part of Agatha’s life. She described owning numerous pets throughout her childhood, namely dogs, cats, a rabbit, a mouse, a turtle, a horse, frogs, and a snake. She further explained that pets have also been a considerable part of her family life, as pets are a significant part of several family activities. As a child, Agatha described herself as very shy and quiet, which limited her ability to express herself. She indicated that animals played a significant role in supporting her, at this time, and in helping her learn to

express herself.

As an adult, Agatha had a strong desire for a pet and ultimately obtained her current pet cat, Marmalade. She spoke extensively of how Marmalade has helped her cope with anxiety, depression, and insomnia as well as symptoms of PTSD associated with her experiences of CSA. Agatha noted taking a considerable amount of pride in her pet and her ability to care for him. She additionally described being inspired by animals, specifically those who are able to work through trauma. Such modeling has taught her that it is possible to heal from trauma and it has increased her confidence in her own ability to support such animals in the future via adoption.

Phil. Phil came to be in possession of both of his pets as a result of his partner. When they moved in together, she brought her gecko and then later persuaded Phil to adopt a cat, Fork. Phil noted that without the persuasion of his partner, he would never have obtained a pet. Self-described as a lazy person, he indicated that he does not like to do additional pet-related chores. Though he would never have initially adopted his cat, Phil expressed affection for Fork; and should he and his partner break up, he would never seek to rid himself of the cat. Overall, Phil described finding humour in his pet's behaviours and noted that his pet was good with people. However, he stated that the responsibilities associated with Fork are, at times, troublesome and that Fork's misbehaviour is frustrating and destructive to property. Phil indicated that he has limited contact with his partner's gecko other than feeding it and ensuring that the cat does not harm it.

Phil's general opinion of animals differed significantly from that of other participants. He expressed that a pet was just "a pet." He conveyed the belief that individuals should not consider pets and human-pet relationships to be on the same level as humans and human-human relationships. He noted that his cat was his pet and a member of his household, not a member of

his family or his child.

Prior to obtaining Fork, Phil disclosed a minimal history of pet ownership. He indicated that he always wanted a pet as a child but that his father did not. Phil expressed being allowed to have hamsters, but they passed away from old age soon after his family adopted them. Despite his limited contact with animals as a child, Phil described a fondness for cats, detailing several cats he had come in contact with throughout his lifetime. However, he expressed a fear of dogs as a child and noted that he did not often associate with them as an adult.

Tyra. Tyra spoke about how animals have been an extensive part of her adult life. She expressed that she has a strong need to care for and rescue animals. Tyra described numerous occasions where she rescued animals and found homes for them. At the same time, she also discussed that, occasionally, the number of animals she had under her care has been overwhelming, causing additional stress. Furthermore, she noted that due to her current life circumstance, having pets has resulted in hardship. Such difficulty includes turning down supportive housing and other financial assistance, having to have her pet live out of her car, and having to borrow money for her pet's medical needs. Despite such hardships, she expressed a strong desire to have pets in her life. She described the support and love she receives from her pets as well as the feeling of security some pets provide. She additionally spoke of how she feels pets bring light to a home, specifically noting their importance for individuals, like the elderly.

Sue. Sue discussed a level of comfort and connection with animals that exceeds that of most of her human-human relationships. She described a lifetime of associating herself with animals, including training wild animals and developing a mastery of pet husbandry, a skill set that is a source of pride. Her lifetime association with pets began when her childhood pets provided her with a level of safety and comfort that Sue did not feel within her childhood home.

She further expressed that the safety and comfort she received from her pets has continued into her adulthood. Despite owning many animals in her lifetime, Sue described an extraordinary bond that she has with one of her current dogs, Chuck. He actively assists her in coping with CSA-related symptoms and provides support and comfort during other stressors, acting as her “anchor.”

Sally. Sally spoke about a general affinity for all animals. Though currently, she has three dogs in the home, she has owned and associated with a large variety of pets including dogs, cats, horses, birds, and reptiles. Furthermore, she has sought employment with animals. Sally owns one dog, Snowy, but often cares for the two other dogs in her home, Hank and Ruby. She identified Snowy as a primary resource for coping with dissociative symptoms and other stressors. She noted that when she begins to dissociate, her husband will bring her Snowy.

Sally additionally spoke to significant difficulties associated with pet rescue and her need to care for and keep pets safe. More specifically, she described having rescued or cared for pets when she was unprepared or unable to provide for them. For example, Sally noted rescuing her current dog when she was not emotionally ready for another pet due to the death of her dog, Pom Pom. She also spoke about keeping a cat she had initially intended to take to a shelter due to her husband’s dislike of cats. In addition, she discussed caring for a family member’s dog and funding its medical treatments. She described significant emotional turmoil when she was unable to pay for its most recent procedure due to financial constraints. Sally expressed an overall awareness of her difficulties with pet-related boundaries and noted working on them and other boundary issues with her therapist.

Kyla. Kyla is a self-described cat person. Though she expressed fondness for all animals, she noted a strong preference for cats over dogs. During the interview, she primarily

discussed her relationship with her cat, Lucky. Kyla explained that she has a remarkable bond with her pet, having rescued and nurtured him from when he was a young age. Kyla also expressed that she and her pet are similar in several ways and described her pet as having “such a personality.” Furthermore, Lucky functioned as a strong support for Kyla during her experiences of CSA and subsequent struggles (e.g., substance use, depression, suicidal ideation, delinquency). He continues to be an active support for her present-day CSA-related symptoms and other daily challenges. In general, Lucky appears to be the main human-pet relationship in her life. She noted having both Lucky’s mother and a fish, but neither of these relationships seemed to be as significant as her connection with Lucky. She also indicated that her father had a dog that she did not associate with due to its aggressiveness.

Themes

Through IPA data analysis, I organized codes into themes and sub-themes based on the following standards: a strong connection to the data (Smith et al., 2009; Smith & Osborn, 2008) and presence among at least half of the participants (Smith et al., 2009). Table 2 lists each theme and subtheme found within the data, while Tables 3 and 4 indicate the occurrence of each theme among individual participants. An in-depth description of each theme and sub-theme will follow.

Table 2

Identified Themes and Sub-themes

Themes	Sub-themes
Close Bond with Pet	Companionship Family Member Reciprocal Love
Idiosyncrasies Within the Human-Pet Relationship	
Moral Responsibility	Responsibility Towards Pets Need to Rescue and Protect
Fundamental Differences Between Pets and Humans	
Safety in the Human-Pet Relationship	Physical Safety Emotional Safety
Resource for Coping with Painful Experience	Motivator for Coping with Painful Experience Stable Resource Provider of Emotional Support and Comfort Resource for Emotional Ventilation Promoter of Self-Reflection and Constructive Thinking Positive Distraction Promoter of Grounding and Relaxation
Positive Impact on Well-being	Improved Mood Improved Self-worth
Buttress for Human-Human Social Interaction	
Medium for Skill and Knowledge Development	
Shortcomings of the Human-Pet Relationship	Decreased Well-being Pet Aggression Loss

Table 3

Occurrence of Themes in Participant Interviews

Participant	Close Bond with Pet	Idiosyncrasies Within the Human-Pet Relationship	Moral Responsibility	Fundamental Differences Between Pets and Humans	Safety in the Human-Pet Relationship
Lana	•	•	•	•	•
Alice	•	•	•	•	•
Conrad	•	•	•	•	•
Joe	•	•	•	•	•
Agatha	•	•	•	•	•
Phil		•	•	•	
Tyra	•	•	•	•	•
Sue	•	•	•	•	•
Sally	•	•	•	•	•
Kyla	•	•	•	•	•

Note. Dots indicate that the participant endorsed the corresponding theme.

Table 4

Occurrence of Themes in Participant Interviews

Participant	Resource for Coping with Painful Experience	Positive Impact on Well-Being	Buttress for Human-Human Social Interaction	Medium for Skill and Knowledge Development	Shortcomings of the Human-Pet Relationship
Lana	•	•	•	•	•
Alice	•	•	•	•	•
Conrad	•	•	•	•	•
Joe	•	•	•	•	•
Agatha	•	•	•	•	•
Phil		•	•		•
Tyra	•	•	•	•	•
Sue	•	•	•		•
Sally	•	•	•		•
Kyla	•	•	•	•	•

Note. Dots indicate that the participant endorsed the corresponding theme.

Close bond with pet. When discussing their pets and the meaning ascribed to the human-pet relationship, participants recounted the bond or connection they have with their pets. They indicated that the bond or connection was strong, noting that they felt close to their pets. Participants described this bond as “a really close connection” (Agatha), “a physical and an emotional” “feeling of closeness” (Lana), and a “heart connection” (Joe).

For some participants, this close bond extended to animals more globally. For example, Kyla stated, “I just feel a connection with not only my pets but with all animals.” Joe noted, “I’ve always had a strong connection with animals.”

Not only did participants describe having a close bond with their pets but they also indicated that the bond was significant and important. This was evident in the following participant comments: “My relationships with my pets mean a lot” (Alice); “They’re definitely very important” (Lana); and pets are “essential to me” (Agatha). Participants described the human-pet relationship as highly meaningful, with Sue and Kyla further expressing not being able to have a life without pets. Sue mentioned, “I can’t do that [i.e., not have pets]. I can’t. So I know they’re huge in my life.” Kyla stated, “[My pet] means the world to me.... I can’t imagine spending long bouts of my life without some sort of animal.”

When speaking about the closeness of the human-pet relationship, participants identified that the bond with their pet was often strengthened through significant life moments, resulting in increased feelings of connection. A case in point was Joe, who described having “the most profound moment I ever had” when “on horseback in the mountains and in the woods.” He noted that when he rode a horse, he would “lose” himself, often experiencing a “profound feeling of oneness.” This particular experience in the woods led to a significant moment Joe described as “the closest I think that I would ever experience to what you might perceive as

enlightenment.” Joe provided another example of a significant moment in which he bonded with a dog that had previously been aggressive towards him. He described this event as a “very uniting, unique experience of love with a dog.” Conrad was another participant who described a significant life moment that increased the strength of the bond that he has with his pet. He presented a time in his life where his “mental foundation” was “shaken,” and old wounds that he thought had been healed were re-opened. It was during this experience that he developed a strong connection to his pet. He disclosed, “I was pretty vulnerable, and that’s when I connected to [Kampo].” She “was my friend and then after that point, it was like a spiritual friend.” Other participants also discussed meaningful life events with their pets, but these events did not explicitly link to a participant’s bond with their pet. For instance, Tyra spoke about “cool” experiences she had in childhood that centered around “helping [her pet] with the birthing of her kittens,” and Agatha noted, “Most of my happiest memories as a kid involve animals.”

The feelings of closeness participants described experiencing within the human-pet relationship was additionally evident in how participants self-identified with their pets through anthropomorphism (i.e., seeing aspects or characteristics of themselves in their pets). This was evident in the case of Kyla, who noted:

Me and my cat are almost one and the same.... My boyfriend says that we both have the same sort of expressions. That if we’re mad, we’ll do the same kind of thing.... If he’s irritated, you can just see on his face. He just looks more stern. Apparently, I do the same thing.

Another participant, Lana, also anthropomorphized her pet when explaining that she and her pet share a similar trait of not being “morning people”:

I’m not so much a morning person and Siri’s always kind of drowsy too. She’s just like

laying there all konked out and it's like yeah, I feel yah Siri.

The close bond participants have with their pets was further revealed when participants described pets as a “reflection of myself” (Conrad). For instance, Conrad indicated, “It’s [my] theory that the cat or the animal reflects the owner or that deeper connection.” Another participant, Agatha, expressed that her pet “seems like a reflection of who I am.” She continued, “The happier I am, the happier my pet is going to be.” Such a statement introduces the element of mood. In particular, it indicates that a participant’s bond with their pet is so close that their mood impacts or reflects on their pet. This was notable in the case of Sue, who stated, “My moods influence their moods. When I’m in a bad mood Mountain Goat slinks away.”

Within the theme of close bond with pet are three sub-themes, which include companionship, family member, and reciprocal love. I will discuss each sub-theme in turn.

Companionship. In addition to expressing feelings of closeness to their pet, participants indicated that pets provide them with companionship. For a small number of participants, pets were such a “source of companionship” (Conrad) or “company” (Tyra) that they were described as friends. For example, Joe expressed that he is “very good friends” with his pet and that they are “best buds.” Sally noted, “That dog was my best friend.” As a survivor of CSA, Conrad discussed the importance of his friendship with his pet:

As far as the relationship goes, she was the first being that I could consider my friend, without connection to any of the past. It was a being that has no experience of that stuff [i.e., his past experiences of abuse].

Participants identified two specific methods in which pets functioned as a source of companionship. The first was that pets tend to follow participants around and remain physically close to them. This was evident in the case of Conrad, who noted:

If I go from one room to another room, she [i.e., his cat] will follow me or if I do anything she'll follow me. Because she always wants to be around. Even if I left the house she'd find a way to get out of the house and then follow me down the street.

Another participant, Joe, indicated, "When I go home to the farm [my pet is] with me all the time. He wants to be at my side." Agatha also stated that her pet is "just always with me. He follows me around like a little duck when I'm at home." Some participants also described their pets remaining close to them while they sleep. For instance, Agatha indicated that her pet "sleeps next to me all the time." Alice mentioned that her pet "would usually sleep on my chest or next to me."

The second way in which pets acted as a source of companionship was through greeting participants when they arrived home. This was apparent in the case of Joe, who noted:

You go home and they're glad as heck to see you. They're wagging their tails and they're so excited.

He also indicated that his horses engaged in similar behaviour when he expressed, "I walk out in the field, my horse will come over. It's nice." Lana simply stated that when she comes home her pet "usually comes and greets me at the door."

Family member. For some participants, their bond with their pet was so close that they considered their pet to be members of their family. For example, Lana expressed that her pets "become a fixture of the family. They feel like a family member." Another participant, Sally, noted, "He's family." Tyra indicated that pets are "your family;" "your own little tribe or pack."

One participant, Phil, disagreed with the expressed belief that pets are family members. He stated:

I don't refer to them as my children or me as the Daddy or anything like that. I would

never even refer to the cat as my family or part of my family. It's my pet. He's part of my home. I don't just let anything into my home but he's not my family, he's a pet.

He further noted that a pet is a pet and does not hold the same status as a human being (e.g., The human-pet relationship is "a different class of relationship. It's apples to oranges in terms of human relationships.").

Reciprocal love. Evident within the close relationship between the participants and their pets was affection and love. More specifically, all participants spoke about the affection that exists between themselves and their pets. For example, Phil noted, "I have an affection for the cat." Others described the love they felt toward their pets by indicating, "I just love the little thing" (Alice), "[I] really really love them" (Agatha), and "I loved that dog" (Tyra).

Furthermore, participants believed that the love they felt towards their pets was reciprocated (i.e., their pets also loved them). Lana touched on this aspect when she stated, "I get the sense that they really did love us." She expanded, "It's this idea that 'I love you so much'.... Regardless of what happened she still loves you." Another participant, Conrad, regarded love from his pet as being reciprocal when stating, "You're giving love and attention... [and] you receive love."

Participants indicated that the love they received from their pet was given without conditions. For instance, both Lana and Sally noted that pets "give unconditional love." Tyra stated:

Sometimes I feel like they just love me no matter what.... They love me no matter what I'm feeling.... You can be mad at them and they just want to love you back. You forget to feed them and they just love you.

Also describing this unconditional love, Sue noted:

For me, I do agree with the saying that dogs love you as much as God does. I honestly do

because these are animals that will go out of their way to love you. To protect you. To save you. To do everything, right? Just because they love you and no other reason.

According to participants, pet-provided love was especially significant considering participants' experiences of CSA. For some, pets were their only available source of love and caring. This was evident in Joe's description of his childhood when he noted that he and his siblings "were starved for frickin' love." He further stated:

I didn't know what love was until I was probably about [late twenties] when I had my first child, but the only time I've ever felt a connection like that was actually with my dogs.... My pups as a child, they were my source of compassion and love, affection.

When describing her experiences of CSA Kyla indicated that "someone was always out to hurt me," but her pet was available "[giving] me that love."

Idiosyncrasies within the human-pet relationship. When exploring the lived experience of human-pet relationships among adult survivors of CSA, the individual particularities or idiosyncrasies within these relationships became evident. Among these idiosyncrasies were participants' individual preferences for particular types of pets. For example, some participants favored dogs over cats (i.e., identified themselves as dog people). Sue, noted that she was "more partial to dogs," and expressed her dislike for cats by reporting that "cats are just obnoxious." Others, like Kyla, favored cats over dogs:

I've never particularly liked dogs. But I'm not scared of them. If there's a dog that comes over, I'll be right up in its face and playing with it. I'm not scared of them unless they appear aggressive. But I'm just generally not overly attached to dogs. I don't like their smell. I don't like how hard they are to take care of. I'm not a dog person.

Participants also demonstrated a keen interest in other species of pet. For example, Joe, Kyla,

and Sally talked about having a strong affection for horses. Reptiles were also discussed, with Lana speaking extensively about her bonds with geckos and Sally describing a “love of reptiles.” Moreover, Alice noted a connection with guinea pigs.

In addition to having a preference for a specific type or species of animal, participants also demonstrated inclinations towards particular animal characteristics or breeds. This was evident in the case of Sue, who stated, “I like big dogs better.” Another participant, Joe, expressed being partial to neutered, male animals:

There is a difference. It’s a distinct difference with horses. A stallion or the stud horse is very aggressive and has lots of testosterone, heavy energy or big energy, whereas a gelded horse and the same with dogs, they become more docile, more accepting. They follow any lead, any role.

Idiosyncrasies were also apparent within each specific human-pet relationship. More specifically, several participants identified that the quality of their human-pet relationship differed significantly from relationship to relationship. This was notable for Lana, who acknowledged having a stronger relationship with Leaf or Ripley than her current gecko, Gordon. She described, “He’s not really friendly or personable so I just leave him to do his own thing.... It made it difficult to try and just hang out with him the same way I would with Leaf or Ripley.” Sue indicated that her relationship with one of her current pets is significantly different from her relationships with other pets. She noted, “Of all of my animals, I never really had the closeness like I do with Chuck.”

Individual pet characteristics were another type of idiosyncrasy identified by participants. For example, when describing his pet, Phil stated:

He’s not scared of anything.... A total stranger can come up, pet him, pick him up, and

he just doesn't care, which is great.

Another participant, Sue, described her dog's love of water:

[If] I have a shower; I've got to close the door. I have to lock it because he knows how to open it. I can't tell you how many times I've been in the shower and he'll be in the shower with me in two seconds.... He does everything he can to shove you aside so he can sit underneath that spray. He loves the water so much.

Also describing her pet's idiosyncrasies, Kyla stated:

Lucky's got a bit of a personality. He is the most expressed cat I have ever met in my life. I definitely have never met anything like him before. He very much has his emotions on his sleeve.

Participants indicated that idiosyncrasies could dictate the quality of and type of connection that participants experience with their pet. For instance, Agatha spoke to the difference between bonding with cats and guinea pigs:

I'm so used to cats. They don't care and they're up in your face. It's been very difficult to bond with guinea pigs because I'm so used to being like, "Come here," and the cat will come usually.

Conrad also highlighted the impact idiosyncrasies could have on the quality of the relationship by noting that he "thinks it's easier for dogs to have an immediate connection." Expressing similar ideas, Tyra stated:

Cats are pretty independent and selfish. If they're like, 'Well I don't want to' or they don't feel like it, they're not going to, whereas... dogs are just natural empaths. They want to give you everything that they can to make you happy.

Moral responsibility. Another theme that developed was one of moral responsibility.

Participants spoke about feeling morally responsible for their pets. In essence, all participants appeared to have a fundamental belief system that dictated their actions towards pets as well as defined expectations for how others should treat pets and animals. The most important aspects related to moral responsibility were noted to be responsibility towards pets and the need to rescue and protect. I will describe each below.

Responsibility towards pets. Participants described their pet as an individual responsibility (e.g., “I’m responsible for some other living being”; Kyla). This was especially evident in the case of Sally:

You’re responsible for this dog. You made an oath when you brought him in, when you rescued him, when you bought him from a pet store, when he was given to you, whatever. You accepted him in, that you would keep him safe. You have to. He’s your responsibility.

Responsibility for one’s pet was also noticeable in Sue’s statement:

Whether it’s a gerbil or cat or a horse or a dog, I don’t care what kind of pet you have, you bought that pet. That pet is yours until it’s dead of natural causes. You’d be surprised at how many people need to have that clarified.

Within this theme, was participants’ sense of responsibility for meeting their pets’ basic needs. Phil outlined this when discussing pet ownership:

It’s still a responsibility. If you commit to that responsibility, then you have to at least meet a minimum standard of reasonable care. Make sure they get fed and make sure the litter box is kept clean. Meet the appropriate needs of the pet for affection or whatever....

There’s a responsibility there and you have to make a commitment.

Meeting pets’ basic needs was described as especially important considering that pets are

dependent on their owners (e.g., pets “rely on us for basic survival needs”; Lana and “they depend on us for everything”; Sally). This aspect was exemplified in participants like Agatha, who indicated that she is the only one who was able to provide for her pet’s needs:

His nails clipped and brushing, he doesn’t let anyone else do [that]. So I actually have to do that.... He really is dependent on me specifically.

Need to rescue and protect. Within the theme related to moral responsibility is the expressed need to rescue and protect pets. Nine out of 10 participants reported rescuing or adopting a pet at one time or another. The one participant who did not report having done so spoke about the desire to adopt a pet in the future. For those who did adopt, they obtained pets through animal shelters or by adopting their pets from others (e.g., individuals who could no longer care for their pet themselves). Kyla spoke about bottle feeding her pet after its mother unintentionally abandoned it, and Sue rescued an abandoned dog that she found in a parking lot on a cold day. Some participants, like Sally and Tyra, have rescued pets throughout their lifetimes by taking in stray cats and dogs that were abandoned by others; rescuing injured wildlife; and finding unwanted pets (e.g., on the internet or from neighbors) and trying to rehome them.

In addition to the expressed desire to rescue was an identified need to protect pets and keep them safe. For instance, Agatha noted that pets are “pure and innocent; and neglecting them, there’s just no reason for it and it’s just not okay.” Other participants expressed the need to keep pets safe by speaking out against animal abuse and harmful practices. This was noted when Sue expressed having “a major problem with people treating animals like crap.” She further explained that she believed that individuals who abuse animals “should be shot.” Regarding harmful practices, Phil identified declawing as a cruel practice. He indicated that

“declawing is a terrible terrible terrible thing.” The need to protect animals also appeared to be linked to CSA, but this was only evident among two participants, Sally and Agatha. Sally expressed a need to protect pets as a result of her experiences with CSA (i.e., a time in her life when she was not protected). This was evident when she stated:

I want to be there for them. I need to keep them safe. I need to keep them out of harm’s way. I need to not allow what happened to me to happen to them.

In the case of Agatha, there were three separate ways in which her desire to protect animals was connected to her experiences of CSA. First, similar to Sally, Agatha noted that as a result of her own experiences, she never wanted her pet exposed to trauma:

Something that’s been so important to me is that I don’t want anything bad to ever happen to him. Even though something might happen, at least I know he’s never going to be abused or he’s never going to feel scared. That’s really been important.

Second, Agatha discussed wanting to assist disadvantaged animals as she found it “cathartic.” She stated, “It’s really a big deal for me to be able to help them.” Third, Agatha spoke about how healing from her traumatic experiences has impacted her views on her ability to support traumatized animals:

At the time [referring to when she first got her pet], I don’t think I would have, for example, adopted an animal from the pound who had been through a lot. Because I don’t think I would have wanted that pressure. But now I feel like I’d be able to do that. If I were to get another pet, that’s probably what I would do versus really wanting to get a puppy or kitten and just never have anything bad happen to them.

For two participants, Sally and Tyra, the need to rescue was so significant that it became problematic for the participant and others around them. This was evident in the case of Sally,

who indicated that when faced with a pet in need, she struggles to not care for it even when it is not in her or her family's best interests:

I'm going to bond to that animal right away and I'm going to feel responsible for it. I'm not going to be able to let it go. I need to take care of it.

She gave an example of providing a home for a cat she initially had intended to take to a shelter and the resulting consequences:

[I] took the kitten in. I know I should have surrendered it to the [animal shelter] because my husband hates cats. I was not ready to take on a kitten. I had too many responsibilities happening already. But once I had it and accepted it, I couldn't abandon it. I couldn't. Anyway, the cat ended up being a very aggressive cat... and it would attack everybody. It was a horrible cat. So we ended up giving it to a friend of mine's farm... and I cried the whole way home, I felt so bad and so guilty. I had taken him in and I had promised to keep him safe. I had promised that I will feed you and I will keep you healthy until you go. That's my job to do that. And I felt like I was letting him down. And I was abandoning him and it was awful.

Tyra, who also expressed concerns with problematic rescuing, noted, "Maybe I should take it easy with trying to rescue all the pets all the time." She further stated:

I've recognized that I don't want to be a pet hoarder.... Too much isn't good for me or the pets or my family dynamics. I've recognized that when I have three cats, there's always one left out. Or one that doesn't get along with the rest or whatever. As much as I want to help every animal out there, I'm really trying hard just to keep it simple.

Fundamental differences between pets and humans. Throughout the interviews, it became apparent that participants viewed pets as fundamentally different from humans. Pets

were described as being very simple, basic, and predictable, whereas humans were complex, unpredictable, and dysfunctional. For example, Sally stated, “Animals are simple and people are complicated.” Tyra also described pets and humans as fundamentally different, stating:

Pets aren't like humans. They differ from humans.... Interacting with a pet is simple. There's no complicated stuff in between it all or manipulation.... I've learned that humans are a jumbled mess. We're a jumbled mess of emotions, thoughts, and actions that aren't pure, whereas animals are purely themselves like more true to their natural soul, their being.

Some participants also acknowledged differences between the ways that humans and pets communicate. Primarily, participants indicated that pets demonstrate an open style of communication that makes their thoughts and feelings known. Humans, however, were described as having more of a closed style of communication that enables them to hide their thoughts and feelings. This was notable when Conrad stated:

With animals, everything is right there. Everything is on the table. Nothing's being hidden. With people, you don't know if anything is hidden or not.

Another participant, Sally, also noted the discrepancy in communication:

[Pets] let you know what their needs are, whereas people often don't do that. Either we're so afraid to tell someone, “Hey, I need this need met” or through confidence issues or whatever that they won't say how they feel or what they mean.... Animals are open about what they're feeling, what they're thinking. They tell you all of it. If a dog is angry or a dog doesn't like you or feels uncertain about you or fearful, they'll growl or they'll bare their teeth.... People if they're irritated they won't tell you.

As a result of these fundamental differences, participants indicated that they typically

bond or connect more easily with pets than with people. For instance, Sally reported, “I get along better with [animals] than I get along with people.” Sue stated, “I can connect with [dogs] better.... I don’t see myself ever bonding with another human the way I do with dogs.”

Safety in the human-pet relationship. When discussing their experiences of the human-pet relationship, many participants indicated that their pets have never and would never hurt them [e.g., “I’ve never been hurt by them” (Sue); “It’s a dog, it’s an animal, it’s not going to hurt me” (Sally)]. Such statements reflect the expressed belief that the human-pet relationship is a “safe place” (Joe), that “animals are safe” (Sue). Sally supported this by describing safety in the human-pet relationship, “It’s nice to know that nothing bad is going to happen, where you don’t have the ‘when is the other shoe’s going to drop’ feeling.” Furthermore, participants perceived the human-pet relationship as safer than human-human relationships. Sue highlighted this belief when stating:

Animals have never hurt me. I’ve been around so many dogs, cats, lizards, ferrets, parrots, and birds. I’ve never been bit. Never. I’ve been nipped at. I’ve startled Mountain Goat or any other dog and they’ll nip at me. But I’ve never been attacked. Never.... They’ve never hurt me, in any way. But people do. Whether it’s by words, by touch, by the world.... I mean I can remember over the years getting multiple beatings. Getting a punch in the head. Getting whatever. Or coming home from a hospital and my arm would be wrapped up or my hand or whatever. And whatever animal I had whether it was a cat or a dog, I knew they’d never hurt me. Never.

Another participant, Kyla, also described the human-pet relationship as being safer than human-human relationships:

[Pets] are not able to hurt my feelings. They’re not able to put me down, make me feel

bad. They can't do that. They don't have any ulterior motive there whereas human beings [do]. I mean we lie all the time. We do things that are going to upset other people... Pets can't do that. They can't say mean things to you. They can't hurt you. They can't lie to you and backstab you and things like that.

The safety provided within the human-pet relationship was noted by participants to be especially important considering their experiences of CSA. For example, Kyla noted:

I know what it feels like to feel not safe. Not safe anywhere that you go. So it feels very comforting to me to let that down a little bit. Okay, yeah, I am safe here [with my cat]. I feel okay here.

When considering safety in the human-pet relationship, participants spoke about safety primarily in two forms. Each form, physical safety and emotional safety, constitutes the sub-themes described below.

Physical safety. When considering safety within the human-pet relationship, participants indicated that pets kept them physically safe. More specifically, pets acted or had the ability to behave in a manner that ensured participants' physical safety and protection. This perception was evident in the case of Lana, who stated:

Hypothetically, if someone was trying to break in or something she would be barking her face off at them. Or any sort of threat, she would be trying to alert us and also protect us.

Joe also identified with this when noting:

If there's anyone that comes into the yard that poses a threat or they think is posing a threat, they will always be in between us and them. Always. They will stand guard.

Another participant, Sue, indicated that her young puppy risked his life to save her by chasing off an approaching mother bear and her two cubs.

Many participants also noted that physical safety provided by pets increased overall feelings of safety and security. For instance, Conrad indicated:

Having Kampo there now still helps greatly. This maybe seems silly, but I can go to bed when she's there. I can go to bed a lot simpler. It's a little silly but she'll go through the house and come back. Stuff like that.

Another participant, Tyra, noted, “[She] was a protector. I felt so safe with her.”

In two cases, participants linked physical safety provided by pets to CSA. Both Lana and Sue spoke about their pet defending them from their abusers noting how such actions had a positive impact on their sense of safety. For instance, Lana noted that when her pet met her abuser, her pet became aggressive towards him:

He is living with my [family members] right now. We went over there for dinner one time and we brought Siri with us. She was growling at him.

She further stated that if her pet were alive when the CSA had occurred, her pet would have protected her:

If she'd been around, she probably would have. If there was some way she could have come and intervened or made some kind of commotion to alert what was happening, I'm sure she would have. Had she been there then maybe there would have been that extra sort of measure of protection, that sense of security or if anything else were to happen, then she has our backs.

Sue described a time when her pet defended her from her abuser, who abused her both physically and sexually:

Every time my [abuser] tried to hit me, that dog would bite her. She hated that dog. But that dog wouldn't let her come anywhere near me.... That was huge for me. She was

this little dog and she would bite my [abuser's] fingers. She would bite my [abuser's] feet. She would snap at her legs. My [abuser] tried everything. She'd kick her, everything else. I mean this is a woman that when I was 10 years old put a fucking cat into a microwave. So I mean, she had no problem kicking animals. And yeah Peach wouldn't let her.

Sue continued:

I was floored by that. Because I mean I've seen animals protect their young and I've seen animals protect themselves. But I had never had an animal or anyone protect me. So to have this little animal protect me against one of the two worst people in my life, that was huge.

In addition to the provision of physical protection, pets supported participants' physical safety by assisting them with their physical health. However, this manner of ensuring participant physical well-being was only evident in two cases. For example, one participant spoke about how her pet assisted her with monitoring her diabetes¹. This participant noted:

I wasn't taking care of my diabetes for a bit while my cat lived with us. I would have these really bad low blood sugars in the middle of the night and in the past when my blood sugar got low because I wasn't keeping track of it or taking care of it, I would just stay asleep and start seizing. But there were times where she'd wake me up. Start biting my hand and stuff. I'd be like what the hell? What are you doing? Then I would check my blood. It was quite low. I probably shouldn't have even been able to wake up.

Sue also spoke about her pet attempting to support her with her physical health. She expressed,

¹ Due to the potentially identifying nature of diabetes, this quote was not attributed to a specific participant.

“When I’m not feeling well, I have high blood pressure, and when my blood pressure goes through the roof, that seems to be when he’s the most around.”

Emotional safety. In addition to physical safety, participants reported that pets also provided them with emotional safety. The pet characteristics that participants identified as contributing to a sense of emotional safety included being nonjudgmental, loyal, trustworthy, and forgiving. I will discuss each of these aspects in turn.

The most salient pet-specific characteristic linked to emotional safety noted by participants was pets’ nonjudgmental nature. This was apparent in the case of Conrad, who stated that animals are the “one thing that’s not going to judge you.... You can make a mistake and it’s okay.” Another participant, Joe, described pets as having the “ability to be nonjudgmental.” He further stated:

You don’t feel judged by your frickin’ pet if you don’t get the answer right. They don’t care what your story is. He’s still going to love you.

As a result of pets’ nonjudgmental nature, participants expressed that the human-pet relationship is a safe place for them to express their emotions and talk freely. For instance, Joe stated:

[Pets were] a safe place to express. It was a safe place to cry. What I was being taught was tears aren’t okay. So if you get beat up, you don’t cry about it. You just suck it up and take it kind of thing.... Boys don’t cry. So I could not do that. But I could be out on a horse and do that. I could express that emotion, that mental shit that had to get out.... You weren’t going to get hurt. They weren’t going to... tell you you’re wrong, you’re an idiot. You’re an asshole or suck it up or whatever. There was nothing like that. It was a safe place.

Another participant, Alice, also noted that pets would not invalidate emotional

experience, making them a safe place to express emotion:

I feel like [pets] never get mad at you for being upset... A cat wouldn't say anything [or] say, "No, you're not sad all the time."

Participants also identified pets as a safe place to talk. For instance, Alice noted, "It wasn't hard to talk to Mike at all when it would be difficult to talk to my Mom or my brother about some things." Agatha indicated that pets were a safe place to talk about her experiences of CSA:

I've had people be frustrated with hearing about it or I've had people react in a way that wasn't helpful to me. I didn't know how to express that. I can say the same thing to an animal and they don't react in a negative way or ask me to stop talking about it.

Participants additionally noted that pets' nonjudgmental nature allowed them to feel comfortable to be their true selves when in the presence of their pets. This was notable in the case of Agatha, who stated, "You can just be your complete authentic self and you won't get a negative response." When asked who she was in front of her pets, Sue noted:

I'm always sitting across from somebody going am I saying this right? Do I look right?... Whereas with dogs I don't ever question that.... I don't have to be Sue the person you're interviewing. I don't have to be Sue, Jim's girlfriend. I don't have to be Violet's Mom. I can just sit down and just be me.... I don't feel that I have to have a mask on or walls.... I don't feel I have to have that around him.

Loyalty and trustworthiness were additional pet-specific characteristics that impacted participants' belief that pets were emotionally safe. These characteristics were identified by Agatha, who stated, "They're always loyal no matter what.... There's nothing but trust... and loyalty." Pets were further seen as loyal and trustworthy because they keep secrets. For instance, Lana stated, "I could vent while feeling like I had someone listening but not actually

someone that could respond or tell somebody else.” Other participants indicated that pets were a safe place to share by noting the following: “they didn’t run around, tell the other dogs” (Joe); “they’re not going to tell somebody else” (Tyra); and “who’s he going to talk to? Who’s he going to say it to?” (Sue).

The last pet-specific characteristic that participants associated with a sense of emotional safety included pets’ forgiving nature. Participants indicated that pets “don’t hold on to things” (Joe), “there’s no blame” (Conrad), and they “don’t hold on to a grudge” (Tyra). This is also clear in the following excerpt from Conrad:

It comes back to the ability to make mistakes and then be forgiven.... For animals, forgiveness is a natural thing. It’s not an “I forgive you for what you did.” It’s just forgetting, a letting go of the harbored resentment.... So the relationships with them are much safer.

Resource for coping with painful experience. A significant theme that arose from the data was participants’ belief that their pets assisted in coping with painful experience. In fact, participants found their pets to be supportive to such an extent that some considered pets to be part of their “support system” (Tyra) or “support group” (Joe). Others regarded pets as therapeutic. For example, Tyra indicated that pets are “therapeutic for people who need that support.” Agatha noted, “Cats are really therapeutic for me and animals, in general, are really helpful that way.” Sue went so far as to identify her pet as her therapist, “My dog is my therapist in every sense of the word. He’s just cheaper.”

Painful experiences in which pets functioned as a resource for participants ranged from life stressors to trauma symptoms and other mental health issues. Concerning CSA-related symptoms, a small number of participants indicated that pets helped them cope with nightmares

and night terrors, flashbacks, PTSD, anxiety and panic attacks, insomnia, and depression. For instance, Sue described how her pet helped her cope with nightmares:

If I am having a nightmare, he'll wake me up every time, every single time... he jumps up and he'll lay beside me and sometimes that'll calm me down, I'll kind of realize he's there. Other times he'll lick my face until I wake up.

She continued:

It calms me down faster. When I wake up from a nightmare, I'm usually past the point of calm. I'm hysterical. When I'm waking up, it feels like my heart is going to come out of my chest. My head is ready to explode. Everything. Like everything hurts. I just want to curl up in a little ball. But I have him, so I'm able to literally pull him close and he just puts up with it. It feels like the physical act of holding him, holds me together... It allows me to slowly relax, again. I'm back to me. I'm not this terrified 10-year-old or 14-year-old or whoever I was dreaming about anymore.

In regards to other mental health symptoms, a small number of participants noted that pets promote coping with these concerns. For instance, Kyla stated, "[My pet is a] resource for my mental health." More specifically, pets were said to have assisted participants with vicarious trauma, with preventing the development of an eating disorder, and with self-harming behaviours and suicidal ideation. Kyla also indicated that her pet helped her cope with her issues related to problematic eating:

There was a time where I was leaning down the track of an eating disorder. I was hardly eating every much.... If my cat wasn't there, maybe my eating disorder would have been triggered furthered and actually developed into an actual full eating disorder.

When considering self-harm, Alice spoke about how her pet assisted her with coping with her

struggles, “One time I went to hurt myself and I wasn’t really talking to the cat, but she came up... and made me rethink it.”

A small number of participants expressed that their ability to cope with painful experience was significantly improved when pets functioned as a resource. More specifically, participants perceived the time in which they struggled with stressors and associated symptoms as significantly decreased by pet-promoted coping. For example, Sue indicated:

[My pet’s assistance] makes a difference in the recovery time.... I’d say he takes the edge off.... If I’m feeling the pain level of this high [demonstrates with her hand a high level]. It’s down to here [demonstrates with her hand a lower level].

She also stated:

To me, it’s the same as taking Tylenol for a headache or you stubbed your toe. It’ll take that *wa wa wa* off [vocalization of headache-associated throbbing]. It’s still there but it’s not nagging at you like a toothache. To me, it becomes more manageable.

Kyla also noted that it takes her longer to cope with the stressor and associated symptoms when she is away from her pet:

When I’m spending time at [my boyfriend’s] place on the weekends, I wake up from a panic attack and it takes more for me to come down from that. Because I don’t have [my cat] with me right there that’s going to wake up, approach me.

Although numerous participants described the benefits they experience from pet-promoted coping, one participant in particular spoke to its limitations. Kyla highlighted:

He was not able to erase what happened.... When I was not that old, I was forced to do things that I didn’t want to do and [I] didn’t want to participate in life.... My cat was able to do so much but again he can’t make that all go away.

Within the main theme, resource for coping with painful experience, are seven sub-themes. These include motivator for coping with painful experience; stable resource; provider of emotional support and comfort; resource for emotional ventilation; promoter of self-reflection and constructive thinking; positive distraction; and promoter of grounding and relaxation. I will discuss each below.

Motivator for coping with painful experience. Based on participant interviews, pets appear to assist participants in coping with painful experience through motivating participants to act effectively. This was evident in the case of Kyla, who discussed how her pet gets her up and moving when she is struggling with mood-related lethargy:

He's really stubborn. So when I get into that situation when it's really hard to get myself up and out, he is relentless. After a while, he won't stop getting on my nerves until I do what he wants me to do. So if playing with me and trying to get me up doesn't really work, then he'll start climbing on me and licking my face, just being annoying so I would move.

Three participants also spoke of the moral responsibility of pet ownership (for more information, please see Moral Responsibility) as being a motivating factor for coping with painful experience. For Alice, the responsibility of having pets encouraged her to wake up and leave the house when her mood was depressed:

It helps me stay on track because there were some points even after I was done with my depression, where I would sleep in 'til like 2:00 3:00 pm just because I don't really have anything to do. But now that I have to at least get up by like 11:00 or 12:00 that helps me.... I do know that days where I normally wouldn't want to even get out of bed or leave the house, I will get up and I'll give them the veggies. Or if I have to go pick up

something from the grocery store, then I'll go pick them up more vegetables too. So it gets me more out on the days where I just don't think I could.

Another participant, Agatha, noted, "Having something dependent on me, having to do more than just [take care of myself]... helps me to be a functional person." Both Alice and Agatha indicated that pet responsibility motivated them to eat regularly and to consume healthier foods.

Additionally, some participants spoke about pets motivating them to cope with suicidal ideation. For instance, Agatha, Kyla, and Conrad described experiencing vague suicidal ideation with minimal intent and how their pets provided them with a reason to cope with the thoughts (e.g., "You've some reason why you continue living, if things are hard, because you have something to take care of, someone to take care of"; Conrad). Alice reported that her pets were a key factor in preventing her from attempting suicide between the initial interview and the follow-up interview:²

Over the holiday, me and my boyfriend, we had a big misunderstanding.... I started to feel a lot of self-hate and I was on the phone with the crisis center for about 3 hours.... The big thing that stopped me was if I was gone, then no one would feed my guinea pigs.... It just made me feel really sad to think that if I was gone, no one would be there for them.

Stable resource. Participants identified pets as a stable and dependable resource noting, "You always have a pet there no matter what" (Agatha). Joe described this well when speaking of his dogs, "If you need them, they're just always there." This was also evident in the case of

² At the time of the follow-up interview, Alice reported that she was currently doing much better. She indicated that she had a scheduled appointment with a mental health professional and described a number of coping strategies and action plans that she intends to implement if the suicidal ideation returns.

Conrad, who stated that the human-pet relationship:

is very stabilizing because there's always that there for you.... It's like a port in a storm. If your entire world's like a tempest and everything is ripping apart, at least one thing is there that's stable.

Another participant, Lana emphasized the stability and dependability of her gecko:

He was a constant figure in my life. I always knew where he would be and that he'd be available if I wanted to see him.

She similarly described this with her family's dog, Siri: "She'll be there." Furthermore, this sense of stability related to pets appeared to assist participants in coping with painful experience. For example, one participant, Sue, spoke about how this stability assisted her in coping with her CSA-related symptoms:

When I'm down and my knees hurt, and my body hurts, it feels like my heart is breaking all over again.... It just feels like if I don't hold on to an anchor, my world is going to shatter. To me, my big dog sitting there beside me is a huge anchor.

Provider of emotional support and comfort. Notably, participants labeled pets as providers of emotional support and comfort. For instance, Tyra stated, "[My pet provides] me with the emotional support... that I need." Others characterized pets as a "source of comfort" (Joe). Phil noted, "There's comfort in having a nice warm furry animal to pet or have come and sit on you." The provision of emotional support and comfort was further noted to assist in coping with painful experience. This was evident in the case of Sally, who stated:

About a month ago... I was having a rough day.... My dog jumped up off his bed on to my bed... just laid down beside me.... He didn't scratch the door, he didn't wake me up, he didn't anything. He just stayed with me, the whole time... That was all I needed.

Kyla provided an additional example:

If I'm crying, it doesn't really matter what I'm crying about... He'll come up and paw my face. He often will wipe my tear away.... He'll be there until I finish crying.

Agatha also spoke about how pet provided emotional support and comfort assisted her in coping with painful experience:

Throughout my life, I have had a number of traumatic or negative experiences. But I've always had a pet during those times.... I could always cuddle up to some creature and get the comfort that way.

For a small number of participants, pets provided emotional support and comfort during painful experience related to CSA. For instance, Conrad expressed:

Some stages of dealing with the abuse or pain afterwards [are] painful. Having something there is a comfort.

Another participant, Kyla noted, "My cat was one of the things that really helped me get through that." She continued:

I remember after each event of the abuse, when I was in my room trying to absorb what happened, trying to figure it out, I remember my cat then coming and approaching me.... He would come up to me and he'd just cuddle me, make me feel back to being human again.... That there was some comfort still out there.

Participants described pet-provided emotional support and comfort as intentional, rather than being unintentional or coincidental. This was evident in the case of Agatha, who stated, "Any time I was crying [as a child], I could be anywhere in the house and she would come find and she would come sit with me." Kyla provided a similar example, noting:

I think he is really good at sensing when I'm feeling anxious.... I'm in my peak of panic,

he could be upstairs, I could be downstairs... I swear to God he can sense it. He will come and see if I'm okay.

Additionally, participants identified the provision of cuddles and snuggles as a mechanism through which pets provided emotional support and comfort. For example, participants noted: "You're snuggling your dog and it's such a good feeling to be around them in that way" (Sally) and "I could have her there and I could cuddle her" (Alice).

Finally, emotional support and comfort provided by pets were noted to be especially important during times of perceived or actual isolation. This could be seen in the case of Tyra when she stated:

The biggest times that I've noticed that it's been really important for me to have a pet were when I felt really upset and alone. I didn't have any support from the people that I thought I needed it from.... I'm not alone, I have this support. Even if it's just my stupid cat.

Concerning CSA and feelings of isolation, Sue indicated that her pets supported her when she was unable to seek assistance from others:

I keep myself isolated because there's still a sense, a huge sense of shame. Even with all the times I've seen doctors and the logic in my head, I was a kid. It still doesn't stop it. It's in the court reports, that's enough. I don't want to have my children look at me differently... so I can't go to them and say this is what's going on. I can do it with my animals.

Conrad also noted this when stating:

Growing up, if you are sexually abused, it usually comes from an isolation type deal.

Because usually, that can't happen if you're not isolated a lot of the time. So by being

isolated, you don't have great connections with anything or anyone. And having a pet creates a sense of connection.

Resource for emotional ventilation. From participants' perspectives, pets provided a place to vent, a being to speak to. For example, participants indicated, "If I'm upset, I can just talk to him" (Sue) and "You [can] talk to your pet and say whatever's on your mind" (Tyra). Furthermore, this process of emotional ventilation with pets is perceived as a way to cope with painful experience. Pets as a resource for emotional ventilation significantly differs from the subtheme *emotional safety*. The former focuses on the verbal expression of emotional experience in an effort to cope, in contrast to the feelings of safety associated with talking to one's pet.

Agatha provided an example of how accessing her pet as a resource for emotional ventilation helps her cope with painful experience when stating:

I can talk to them if I'm upset about something... I think just having those interactions helps you too. Let those feelings out from just in your head.

She further noted:

The talking helps me to say my thoughts out loud. That's why I journal as well. As soon as the thoughts are on paper or out in the world, then I don't have to keep thinking them or keep repeating them. I feel strange talking to myself, so to feel like I'm not that, that's definitely helpful.

Tyra also described how emotional ventilation with pets was helpful:

When you can actually speak what you're thinking, it makes it clearer. A thought is just a thought and it can disappear, but if you say it out loud it sticks more or you can understand more [about] the thought. You can feel an emotion but you might not be able

to identify what the emotion is until you're like, "I feel... frustrated." It might just feel like an angry type feeling, but you don't know exactly what it is until you put a word to it.... It's very helpful.

She continued indicating that speaking with an animal was a type of "release" and helped "lighten your load."

When emotionally ventilating to pets, participants expressed a felt sense of being heard and a belief that their "pets listen" (Sue). For instance, Agatha mentioned that when she was venting to her childhood cat it "just made me feel really special and important like I was being heard." Sue similarly noted:

I mean this is a dog that just sits there and listens to me. That's what they do. He might only know 10 sentences I say. But I just get the feeling that he is listening.

Promoter of self-reflection and constructive thinking. Another manner in which pets promoted coping with painful experience was inspiring self-reflection and constructive thinking. Pets encouraged participants to examine their thoughts, feelings, and the overall situation, which in turn led participants to think more positively or realistically. For example, Sue noted that her pet's demeanor inspires her to self-reflect and to shift her thoughts to more constructive ways of thinking:

He's always happy no matter what.... It's a daily reminder just to relax for me.... If I'm working, I'm writing, and I'm stressing out, all I have to do is look at him and he's like [mimes panting with tongue hanging out]. He's happy all the time.... I'll look at him and I'll be like okay what am I stressing out for?... Why is it? He's sharing my day. So why is his day so much happier than mine? And it allows me to look at things a little bit differently.... Things aren't as hard as they seem.

Lana also discussed how her pet helps her reflect on and shift her perspective:

If the day was bad and you have him hanging on my shoulder, it is a reminder that here's... a really good part of my life. I can look to that and things aren't really that bad, almost like serving as a reminder. Like even though things seem really bad right now, here's one representation of a really good part of your life.

Another participant, Agatha, spoke about using her pet to intentionally think positive thoughts:

When I'm petting my cat... I try to bring positive energy to my hands and pet him.... I know that it's silly but it's a way for me to avoid thinking in a negative way. Because for the moment, I convince myself that if I'm petting him and thinking negative thoughts, then he's going to be sad, feel something negative. So I have to think through things in a happier way. Think of the positive and transfer that. So it helps me to do that.

Positive distraction. Pets also assist participants in coping with painful experience through acting as a positive distraction. In other words, pets can act as a diversion from participants' current painful experience or as a distress tolerance strategy. For instance, Tyra noted that "pets can be a positive distraction" and that having pets "distracts you from having a down day or other stuff you're dealing with and gets you focused on something more positive." She further stated:

I don't have to replay in my mind over and over again what happened, what went wrong, what I did wrong, whatever. I can soothe my thoughts and not think about those things. I can focus on what's in front of me and pet the cat, focus on the cat.

Joe also mentioned that pets help change his focus. They "come up and nuzzle you, that kind of stuff, and change your focus." To help distract herself and take her mind off painful experience, Lana noted that she would pet her dog. She indicated:

Just petting Siri, that's something else to focus on, to have a moment or two to just not think about whatever is on my mind and focus on her, giving that distraction from whatever is really bothering me [and] focusing it on the relationship with a pet.

Promoter of grounding and relaxation. Pets also assist with coping techniques and strategies associated with grounding and relaxation, specifically deep breathing. Pet-assisted grounding was evident in the case of Kyla, who suggested, “[My pet is] a really good grounding technique for me.” Agatha stated:

One thing that I do when I'm anxious is to sit down and call him over. Then I can pet him. Just the act of petting him really helps.... I think that's a bit of a grounding exercise I would say, is to sit and focus on petting him, focus on how he sounds when he purrs, and talking to him and stuff.

Conrad further described pets as “very grounding.” He spoke about how his cat helps ground him in the present moment:

If I take a few minutes to pet my cat, it's almost like Zen work. Because you're so focused on what you're doing that her purring calms you down.... It brings me back to what actually exists, is her, is the room, is the things around us.

A small number of participants indicated that pet-promoted grounding acted as a resource for coping with CSA-related symptoms. More specifically, pets were noted to provide sensory stimulation, which improved participants' ability to ground themselves while experiencing CSA-related symptoms such as dissociation. Sensory stimulation was said to come in the forms of textures, smells, heat, and sounds. Kyla, as well as others, acknowledged this aspect by stating:

When he approaches me and he's cuddling up to me, I'll feel his texture. I will be able to smell him. Sometimes, he'll get right up in my face if I'm having a hard time trying to

get present. He'll purr, so I'm hearing things differently. When he comes around, I'm able to try to make my focus on him and feeling, touching, smelling, hearing him instead of what's happening in my head.

Another participant, Sally also noted the sensory stimulation provided by pets:

The heat off of them and the feeling of the fur between my fingers, the sensory stuff, it'll bring me back into where I am as opposed to being stuck as this [child] that [is] having all those awful things happen.

A pet's heartbeat, for Sue, appeared to provide sensory stimulation and function as a medium for visualization, an identified technique for pet-promoted relaxation. Sue noted that following a CSA-related nightmare:

I can feel his heartbeat and that slows everything down for me.... It gives me a center.... When I first wake up, I physically cannot find my center.... I can put my hand on his heart. I can feel it and it allows me to slow down. I don't have that, "I want to scrape my way out of whatever" feeling.... So for me, a heartbeat is my center.... It grounds me every time I hear it.

Regarding visualization, she further stated how visualizing her pet's heart helps her to:

relax and stop thinking, stop seeing the images that are in my head. I stop and what I focus on is how his heart must look.... All I picture in my head is the four chambers and it works for me. It calms me down. It stops the images, the flashes of whatever. Then eventually my breathing slows. Then my heart rate slows and I know my blood pressure drops.

In addition to pet-assisted grounding, participants suggested that pets promoted relaxation. For instance, Tyra explained how pets help her to relax:

There's something soothing about petting an animal.... It's like when you have a knot in your muscle and gently massage it out. It's slowly releasing the tension and soothing an ache. Relaxation. It's like meditation.... It can calm your thoughts and your mind.

You're jumbled thoughts and you're racing mind slows down and you can relax a little bit more.

A key mechanism through which pets promoted relaxation was deep breathing. This was notable in the case of Alice, who indicated that she finds it helpful to match her breathing to her cat's breathing and purring:

If I hear her purring the [breathes in and out and mimes purring], I start to match my breathing to that, where before, I would have been just heaving or something [mimes heaving] or crying or just very rapid. So the breathing really helps.

Another participant, Agatha, described the process through which her pet helps her to "regulate my breathing" when she is having "a panic attack" or is "having trouble breathing":

He would wrap his arms around my neck and stick his nose in my ear and purr really loudly, that always helped me breathe.... That's always been the number one way to help me come down from it because then I can mimic his breathing. He's so calm and falling asleep. So then it helps me fall asleep too.

Kyla also spoke about how her pet helps her regulate her breathing:

Just that sound of him purring... I love that sound. It is very calming.... I feel like it helps me slow my breathing down. I'll be paying attention to his purrs and trying to take deep breaths with his purrs. Trying to calm down the breath is then acting as a normal calming down. It's calming down my heart rate. Then I start to slow down and everything starts to slow down for me. So, just trying to match his purring with my

trying to be calm.

Positive impact on well-being. A large number of participants indicated that pets, overall, have had a positive impact on their well-being. Participants expressed that human-pet relationships “are beneficial... really positive and enjoyable” (Agatha) and “good for people” (Alice). One participant, Phil, agreed with the perception that pets positively impact well-being when stating, “Why would people get a pet if there’s zero benefit?”

Participants described the human-pet relationship as having a positive impact on their well-being in two main ways: through improved mood and improved self-worth. I will discuss these two subthemes below.

Improved mood. Some participants, like Agatha, mentioned that pets improved their mood by making them happier:

Pets definitely make me happy. They help me to stay positive and to stay balanced. I definitely think my relationships with pets are encouraging.... They’re beneficial... knowing that he is happy and stuff too, that makes me feel happy.

Other participants, like Kyla and Sally, voiced that animals make them feel better. Kyla expressed, “Just having him there just automatically makes me feel a bit better,” and Sally indicated, “You feel better being around an animal.” Pets were also noted to improve mood through decreasing feelings of loneliness. This was true for Alice, who indicated, “I feel a lot less loneliness now that I have them.”

Participants reported that humour within the human-pet relationship also assisted in improving mood. Almost all of the participants noted that pets were a source of humour or comic relief, “fun” (Conrad), and entertainment. Phil disclosed numerous funny stories and characteristics associated with his cat. For example, he talked about and physically reenacted the

strange manner in which his pet urinates:

So he'll go into the litterbox and then he'll turn around. Then he'll pop his head out, stand up and pee. A lot of times he's staring right at me when he's doing it [laughing while talking]. It's just absurd. It's hilarious.

Lana, speaking about her gecko, provided an example of how pet humour improved her mood:

There was a couple of times something was happening, whatever the context was, and he'd just pooped at a really inappropriate time. It was really funny. The day after Ripley died, I think I was just hanging out with him and he pooped me. I was like really, that's so inappropriate but I couldn't help but laugh. So it brought a little bit of humour to the situation that definitely wasn't otherwise there.

For some participants, humour and entertainment provided by pets presented itself in the form of play. For instance, Phil described playing with his pet:

I play with Fork but not for big extended periods. I chase him but that's more fun for me [laughs] than anything else.

Improved self-worth. The second significant way in which the human-pet relationship positively impacted participant mood was through improving their self-worth. In essence, the human-pet relationship helps participants feel better about themselves, helps improve their self-esteem, and gives them a sense of value and purpose. For example, Agatha mentioned that the human-pet relationship enhances her self-worth:

[It] is a good way to remind me of the good qualities that I have, that I'm good at taking care of things, that I'm empathetic in that I'm compassionate and things like that. I think because I've struggled with feelings of self-worth, that's been a really good way to remind myself that not everyone is able to do that and not everyone has those qualities.

It's something that I can value in myself. It's something I hear other people point out when they see me interact with animals. So I think that's a nice ego boost.

Another participant, Sue, mentioned that her pets have a positive impact on her self-worth:

[They] make me realize that you're not this psycho raving lunatic or you're not this whatever. I'm a good person and they help me see that [participant is tearful].

Kyla indicated that pets facilitate a sense of value and purpose when noting that the human-pet relationship "makes me feel - I don't know if important is the right word - that I am of value to something." She continued to speak about the positive effect that her pet has had on her self-worth following her experiences of CSA:

I would often feel just [like] dirty garbage.... I felt like a used trash bin.... I felt like a doormat. I became more of a ragdoll than anything else.... I really lost who I was. I didn't really feel of value to anything. The most I felt of value was to be of service to men. So I did not feel like a whole person.... I felt like my own person again, whenever my cat was around. I would feel that way if my cat approached me. I would be reminded okay I am a whole person. I am still me. I still have my own personality. I'm still able to function. He was always able to provide me with that realization. Whenever my thoughts started to go back to, I'm less than. He was always able to approach me and remind me. No. You are more than that.

Along with assisting participants in coping with painful experience, pet ownership and its associated responsibilities were also linked to increased self-worth. Participants indicated that "the responsibility with taking care of him makes me feel important" (Kyla) and that pet responsibilities "makes me feel like an important person because that's their whole world and I'm making it go" (Alice). Additionally, Alice noted:

If I wasn't there, then maybe they wouldn't be getting fed. If they're at the pet store, they maybe wouldn't be getting that cuddle time that they need and stuff like that. I got Loofah from his old owner... because the lady didn't have time for him anymore.... I'm so glad that I have you here because I can help you. It made me feel very important and good.... It's a really nice feeling... just makes me feel like I'm doing something good.... I am a good pet owner and you guys are good.

Buttress for human-human social interaction. Another major benefit of the human-pet relationship was that pets were said to help support and facilitate interaction between participants and other humans. In particular, participants spoke about feeling more comfortable talking to others with the support of their pet. Some also noted that having their pet present boosted their social confidence. For instance, Sue spoke about how she is much more comfortable around people when her pet is with her:

I still see the interaction with people a lot easier when I'm with dogs, maybe because I'm paying more attention to the dogs than the people. The people are like an afterthought to me when I'm around animals.

She continued to speak about how her pet gives her more confidence to be herself during human-human interactions:

I don't have to pay attention to how I stand, how I sound.... "Did that sound stupid?"... Other than, "Hi how are you? My name's Sue," I'm lost. Whereas if I have a [dog's] head underneath [my hand], I'm way easier. I can handle it. Those questions stop, I actually show you the kind of person I am.

Kyla also described how her pet provides her with social confidence:

For a while, I was suffering from social anxiety. I really didn't want to be out in the

world. My cat was able to [make] me feel confident, give me that confidence that I can be with other people. He made that panic go away a bit. Then I was able to take a deep breath and be like okay, I can do this. Like thanks for that. Thanks for the tips. Go out and try to get involved more with the world.

In addition to being a source of comfort and confidence in social human-human interactions, pets appear to facilitate connections with others. This was noticeable in the case of Alice when she discussed how her pet helped facilitate connection within her family:

It felt like she was the one thing keeping me, my mom, and my brother together.... It's not like we were a troubled family that was going to split apart or anything. But since we each had our different lives, then we weren't ever home at the same time. Because my brother was in college, I was in university or high school transferring, and my Mom was always doing jobs and out with friends. So I felt like it was the one common thing that we had together.

Another participant, Agatha described how pets act as a source of connection to her family by stating, "Animals always make me think of family time." She indicated that her family tries to get together at least once a week, an event that often involves "going for walks with each other and going to the dog park." She also described a family tradition where "every Christmas, everyone gets presents for the other's pets from their pets." Lana also discussed how her geckos were a source of connection between her sisters and herself when noting:

We got three little baby geckos in different colours. We each had one.... My sisters and I would hang out with the geckos. We would take the geckos out and perch them on our shoulder or whatever while we watched TV or did whatever we happened to be doing, homework.

One specific gecko was also involved in games the sisters would play. Lana stated:

My sisters and I made up this whole mythology around him, where he's actually a dinosaur who's 165 million years old and (had) a million nicknames. He came up in conversation a lot.

Another way in which pets were noted to buttress human-human social interaction is by providing a focus for conversations. More specifically, participants indicated that they could actively talk about their pets to others. For instance, Lana mentioned:

The experience of having pets offers a topic of conversation you can bring up whether it's with someone new or someone who knows the pets. If you're meeting someone new and talk about pets, that is sort of a conversation icebreaker, conversation starter thing for sure or having funny stories to tell about the animals it also helps with communication, conversation, having a talking point.

Alice also noted that pets are a good topic of conversation when stating:

If I don't have anything to talk about, I could just talk about my pets. Like, "Oh yeah, I've got a guinea pig. Do you want to see some pictures?"

Another participant, Phil, provided an example of how pets could act as a topic of conversation with family and friends or when meeting new people:

[Pets are] an easy topic of conversation with close friends, with family, and with people you don't know very well. For some reason, somebody comes over for the first time and you were just getting to know them, like, "Oh you have a cat?" "Yes, I do. His name's Fork. He's very friendly."

Conrad and Tyra took the concept of pets as a topic of conversation a bit further by expressing that relationships with others can develop by virtue of pet-related conversations. For

instance, Conrad indicated, “You develop conversations or relationships with other people that have animals because you connect on that instantly.” He provided an example:

There’s a girl at my work, she’s got a cat that looks like my cat. She’s intensely connected to her cat. So it’s an easy way to. If I wanted to start a conversation like that or anything. She likes to talk about her cat. I can be like, “Hey, yesterday I was doing this and my cat was trying to cuddle me”... [or] anything, right? And you can create an instant rapport or connection with someone. Because you both share that thing in common, right?

Tyra expressed that “being a pet owner can give you something in common with somebody.” She further stated:

For example, I have a friend from school.... He’s male and his girlfriends are always jealous of our friendship. So this lady that he’s dating, she’s seems really cool with us being friends. She loves cats. So that’s a way that I’ve developed a bond or friendship with her, as we both have that in common. So I send her cat videos on Facebook and stuff like that. It helps us form a friendship because we have that in common. I feel I can form a friendship with her then I can be less of a threat or seem less of a threat.

In addition to facilitating social interactions, a small number of participants indicated that they learned valuable information about other people from observing their pets’ behaviour. For example, Kyla indicated that her cat gives her valuable information about people with whom she is building new connections:

There’s a lot of times where I will bring someone new into my life. Whether it’s a female friend, boyfriend, regardless of the situation, I always have fun bringing them into the house and watching how my pet reacts to that situation, how he reacts to different

people. He's usually really good at reading people. I've had friends where things have gone really south and my cat knew that was going to happen long before I did. He kind of approaches everybody at first. Like I don't like you, you're new. But he will start to come around and he's okay. I'll see who you are and we'll check this out. But there are some people where he just won't be interested. He will try and he's like no, not you. He will give me indicators pretty quick that this is probably not the best person to have around.

Sue also spoke about trusting a pet's instincts when stating:

They can usually spot a good person [from] a bad person right off the bat. If you pay attention, they do... I trust them faster than I trust my own instinct.

Medium for skill and knowledge development. According to participants, pets can act as a platform from which participants can develop skills and knowledge. The human-pet relationship appeared to bolster skills and knowledge in three main areas: (a) self-expression and emotion regulation; (b) relational skills; and (c) knowledge related to the topics of animals and life. Additionally, a small number of participants indicated that pets assisted them in learning strategies to cope with CSA-related symptoms. I will discuss each of these in turn.

The first manner in which pets acted as a medium for skill and knowledge development was within the area of self-expression and emotion regulation. This was evident in the case of Agatha, who spoke of pets being a medium in which she developed the skill of expressing herself:

I've always talked to pets. I think that's something that has helped me learn to express myself, is being about to talk to animals because they can't respond back and they're always supportive. That's been really helpful.

Regarding emotional regulation, Conrad discussed how having a pet has helped him to build his emotion regulation skills which, in turn, will help him not repeat the unhealthy dynamics he experienced as a child:

I make sure that I don't yell at her. I'm consciously training myself... to release my energy in a way that's not destructive on to someone. I don't want the same patterns or any patterns that I've seen in my family to come back. No abuse. No anger. None of that.

The second main skill and knowledge aspect consisted of pets assisting in the development of relational skills. This was notable in the case of Conrad, who noted:

[The human-pet relationship] is training. I actually see it as relationship training. You're not ready for a human. Well, an animal is something that you can train yourself to love, to actually take [care] of and to connect with. In my case, learn how to be more emotionally intelligent, learn the subtleties that your animal is giving to you, that you understand the attention that's needed. Then when you're in a relationship with humans, it's a lot easier because they can even speak. But you have that emotional intelligence that you're not going to yell at someone. You're not going to repeat abusive patterns of the past if you can actually watch yourself while you develop in a relationship with something that is not going spark that.

More specifically, participants noted that pets helped them build relational skills through assisting them in developing trust, empathy, communication, the ability to nurture, and other general relational skills like appropriate body language and focused attention. For example, Agatha discussed learning about trust in a human-pet relationship and then transferring that learning to human-human relationships:

I keep talking about stepping stones. But I think that's been a really big thing, is learning how to trust people again. And learning how to trust loyalties and stuff like that again, has come with learning it in a zone that's completely fail-proof. Like an animal will never do something to stop being loyal to you, unless you do something to harm them. So to learn that and learn how nice that feels and how important that is, can help me transfer that on to healthy relationships.

Conrad spoke about learning empathy, nurturing, body language, and focused attention through the human-pet relationship by indicating:

You learn empathy. You learn how to feel other people. You learn how to feel what your animal is feeling.... You learn body language from an animal. Because that's how they communicate.... You start to learn how to nurture things.

He also noted:

When I pet my cat, if I focus in a certain way she starts to purr more.... If you take that knowledge of that experience of putting full attention on another being, it creates that habit of putting full attention on another being. Then when you talk to people, you're able to put total attention on to them. So it actually teaches you that.

Communication was another relational skill that participants learned through human-pet relationships. For instance, Alice acknowledged that talking to her pets contributed to improving her communication skills and resulted in her being "a lot more talkative." She also stated:

With guinea pigs, to bond with them and to get them used to you, you have to be just talking, acting naturally, and singing to them. It's what I've been doing to get them used to me. So instead of having a conversation where you're talking and then getting the feedback, it's just a one-way street. Because they can't really talk back. But they can

squeak. So it's just building in the silence is a big thing. I feel like I've gotten a lot better at small talk because of it.

In the final aspect of this theme, half of the participants indicated that the human-pet relationship taught them about animals and life. For example, Alice reported that as a child she learned how to behave around pets when stating:

I was quite young and trying to grab kitty all the time. So it taught me when to back off and stop bugging animals so much.

Another participant, Joe, addressed learning about animals when noting that he learned about equine communication by observing his horses:

I've learned a lot actually through the equine language, observing his interaction with other horses and wondering why things happen. So there's been a learning experience here for me.

When discussing how pets taught participants about life, Tyra noted that because of the human-pet relationship, "I can understand life and the life process better." She indicated that helping her cat birth kittens as a child allowed her to "learn [about] life... and how to support a living thing."

Another participant Agatha also described learning about life, specifically aging through her relationship with her pet:

[I got] to see him get older and change the way I had to take care of him because he had different needs. He couldn't do all the same things. So that was a good experience and interesting.

Additionally, participants indicated that the human-pet relationship assisted them with the development of coping strategies for CSA-related symptoms. This was evident in the case of Kyla, who described how her pet helped her learn how to cope with CSA-related symptoms:

When I started coping and trying to figure out how to heal myself from what I'd been through, my cat was my first stepping stone to how to calm myself and how to get through what I'm experiencing right now.

She further described the learning process:

I used to do it unconsciously and now I've been aware of our relationship and what's going on. So now as he approaches me and I hear him purr, I'll start to think okay now try to slow down.

The above excerpt relates to the theme of resource for coping with painful experience. However, the critical difference, in this case, is that Kyla is describing how her pet taught her to cope. She noted that at first, she was unaware of the impact that her pet had on her. Once she identified pet-assisted coping as a mechanism through which she was able to cope, she would intentionally seek out her pet in times of distress and engage in such coping techniques. The transition from unconscious action to conscious intent demonstrates learning. Another participant, Agatha, also described a similar process in how she learned how to cope with CSA-related symptoms:

I think the first couple times it happened more naturally, that I was petting him and calming down. I would just breathe really deeply as he was too. But then I started to realize that was a good way to deal with it. Then I would do it on purpose. He would do his little thing and I would be like okay, now I can start breathing like this.

Shortcomings of the human-pet relationship. As demonstrated by the above findings, there are a large number of benefits for humans when engaging in a human-pet relationship. However, the majority of participants also spoke about the associated shortcomings. Such drawbacks fell within three sub-themes: decreased well-being, pet aggression, and loss.

Decreased well-being. At times, pets appeared to decrease participants' overall well-

being in several different ways. First, responsibilities related to pet ownership decreased well-being for some participants. This was evident in the case of Tyra, who stated that pet ownership was “a chore. It’s more of a chore than I need because I’ve got too much on my plate.” She further noted that the overwhelming nature of pet responsibilities had impacted her physical health:

In times when I feel like there’s a lot of chaos and I have a lot to take care of, I take on too many pets or things like that. Or I have a lot going on and I have to go home and feed the dog and shovel poop. It could add a little bit more strain on my body, more tense muscles because there’s extra stuff to do.

Another participant, Sally, spoke of many circumstances in which the responsibilities of pets resulted in considerable stress and worry for her as well as negative consequences for some of her human-human relationships. One such example was when Sally unwillingly took responsibility for the care of her brother-in-law’s dog, Hank:

It’s been very very taxing with Hank. He’s got constant ear infections all the time... and a wart on his back and all sorts of... troubles.... So I took him in [to the vet], got all the stuff done and now I find that I’m the one paying for his dog food. I’m the one paying for his vet bills.... I told them I can’t pay for this. Can you help at all? And I never heard back from them, which was really really frustrating. This is your dog. I’m helping you take care of him. Smarten the f up.

Pet responsibilities for Conrad, at one point in time, were so unmanageable that he had to give up his pet. He noted:

I had to give her up to a farm. Because, honestly, I was 18, 19 years old. I couldn’t take care of a [high energy breed of dog] because she had so much energy. I didn’t take good

care of her at all. Kept her in her kennel until I came home right. So it was so bad for a dog like that. So I did, I gave her [up].

Second, some participants expressed that, at times, their pets were quite frustrating. Participants indicated that pets “can be trying” (Tyra), “very frustrating” (Sally), and “annoying” (Conrad). Joe provided a more specific example indicating that he dislikes the energy level of one of his dogs:

[My dog has] high energy, big really really heavy big big energy, big loud energy, all over the place, really sporadic. It can get really frustrating.... I don't like her energy at all. It's not what I want to be around.

Sally provided another example when she expressed her frustration with a pet in her home, “I need to stop picking up shit off of the carpet.”

Third, participants also noted that pets could negatively impact their well-being by misbehaving. Such misbehaviour was found to be both aggravating and damaging to property. For example, Phil described several destructive habits his pet has which are “very annoying:”

[My cat] loves to do whatever he wants. Jump up high on things and start swatting stuff off the shelves. If he's hungry in the morning and we haven't fed him yet, he'll scratch at the door... to wake us up. You will feed me now, humans [miming his cat].... We can't leave bread on the counter or anything because he'll smell it, think oh that's food, and then he'll chew through the bag.... We used to have a garbage where the bag was available and he would break that all the time.... He's bitten off the tips to 5 or 6 pairs of headphones. He's chewed up all of the aglets on the blinds and we don't own the blinds.

Sally also discussed various pet misbehaviours and resulting property damage:

We have packing tape covering one of our leather couch arms because it's the only

leather couch arm we have left. The other ones have all been eaten. So it's a little bit frustrating for the rest of the family because they've had countless clothing, shoes, and furniture go missing.

Pet misbehaviour has been so extreme that two participants, Tyra and Sally, had to give up ownership of their pets. Tyra indicated, "I had to get rid of it because somebody kept peeing on my couch." Sally had to leave her rescued cat at a farm as a result of its bad behaviour. She explained:

It peed on everything that didn't belong to us. So anytime friends or family would come over, it would pee on their clothes and their shoes. On their laptop. On whatever.

Fourth, participants noted that pets resulted in hardship. One form of pet-instigated hardship included financial strain. Sally exemplified this when stating, "I didn't need the extra expense." Another participant, Tyra, provided an example of how she had to borrow money to pay for her dog's medical treatment and euthanization:

She had a big lump on her leg, cancerous lump. I couldn't afford to do the surgery because it was like \$1,000. I thought she's an older dog, she's a really large dog.... Maybe she'll die before it gets bad. But then it got really bad.... I borrowed the money for the surgery.... She declined really quickly after the surgery... so I had to take her in. I had to borrow the money for that too.

Another form of pet-instigated hardship that resulted in decreased participant well-being included challenges with obtaining and maintaining housing. For instance, Alice indicated that she was asked to leave her current housing situation due to acquiring a pet. She stated:

When I lived with my Mom and it was just me and my Mom, she was never home. So then I got Fluffy. She didn't want a pet in the house, so she kicked me out.

Another participant, Tyra, also described hardships concerning housing when stating:

I've sacrificed a lot to have the dog.... I've had to pay a lot more for housing and take what I can get. Because when you're looking and there's not much, it's hard to find a place that allows animals. Being low income, single Mom, it's really hard to find a place to afford.

Fifth, Conrad identified an additional way in which pets can negatively impact well-being when indicating that his former pet reminded him of his abuse:

I had a dog before that. I actually got it over at my Dad's house.... When I moved from my Dad's house, the dog went to my Mom's house.... [We had him for] a year or something like that.... [Then] I just gave him away. I found a home that would actually be good for him.... I never wanted the dog in the first place. I got landed with it. I was like what do I do with this little thing? Plus, it reminded me of some really messed up shit when I was over at my Dad's house. I don't want this little reminder here all the time.... Maybe a slight bit of shame.... the shame that stemmed from the sexual abuse that really was connected to my lack of action of making it stop when I was younger. That feeling that I was responsible for it projected on to the dog. Because the dog reminded me of my lack of power and the ability to change that whole shame thing that came from that. It wasn't the dog of course but it was the experience and all that emotional results.

Pet aggression. Another reported shortcoming of the human-pet relationship is the aggression that some pets display. Pet aggression can result in both physical and emotional harm. For instance, Conrad spoke about being “attacked several times” by his pet snake. He indicated that these attacks not only harmed him physically but emotionally as well:

I had that snake. I trusted the snake.... It tried to attack me in the face.... It missed my eye but hit my mouth and my nose.... So the breach of trust with an animal, after all the other breach of trust [referring to his CSA]... that didn't help things.

Another participant, Sally, spoke about how her pet would not let her sister-in-law's friend in the house. She noted:

His hairs were all up. He was growling. His teeth were barred.

She also spoke about being nipped by the same pet:

We're roughhousing with the dog.... He jumped up on the bed and he nipped me. I'm pretty confident he was going for my husband but he nipped me instead. Although it was an accident, it's still an aggressive thing.

Finally, Kyla discussed an aggressive pet that her father had when she was younger:

My Dad had a dog when I was little but that dog was never associated with me. I didn't like the dog. The dog was raised in a way that it was very, very aggressive. It was a time where I was fairly young. If I tried to play with that dog, I swear to god it could have killed me. It was a very aggressive dog.

Loss. Almost all of the participants spoke about the loss or death of their pet and the resulting grief. This was notable in the case of Alice, who talked about being significantly impacted by the loss of her family pet:

We had her for 10 years and she passed away about three months ago. It was tough for the whole family, very difficult.... She was 10 and we were expecting [for her to] live up to 15 or so. But we didn't think it would be right at 10.... We weren't expecting it.

Lana discussed the significant impact of having her gecko die. She noted:

It was really upsetting. I ended up staying home from school that day, just crying the

entire day.

Another participant, Sally, also spoke about how difficult it was to euthanize a pet after the pet had had an accident:

It was ugly. It was really really hard. We both wailed.... The technicians came in and just hugged me.... I was so loud but it was brutal. It was emotionally exhausting. So a year later, I said you know we cleaned up all the dog's stuff. We put it all in the garage. We're not getting another dog.

Other participants indicated that even the anticipated loss of their pet had a significant impact on them. For instance, Kyla expressed:

Thinking about him being older and approaching that time is already sending me for a tailspin. When we were leaving the vet that day, my boyfriend was with me and helped me to and from and stuff like that. As we were driving back home with my cat in the little box, he's like are you okay? Because I apparently wasn't acting as I normally would. I couldn't get a word out, just all of a sudden I just started to bawl. At first, I don't know why I'm crying. Then eventually, I'm like yeah okay being at that vet triggered that idea of this is the room we'll be in when we put him down. I don't want to even approach that yet. So the fact that I have that type of reaction now and he's healthy as a horse, just knowing that my life is not always going to be with him is something I don't even like to touch.

Another participant Sue described her reaction to the perceived absence or loss of a human-pet relationship in her life:

I made the decision not to have any more animals until I retire. The thought of that put me into such a dark mood for weeks. I quit writing. I couldn't concentrate on anything.

I just laid in my room. I was depressed. I couldn't figure it out for at least a week and a half. Then it occurred to me, that's why. I haven't backed out of that but I'm putting it on the shelf because it affected me so badly. I'm thinking 10 years without an animal. Wow. I can't do that. I can't.

Participants also spoke about feelings of guilt they experienced as a result of pet loss.

For example, Tyra talked about a time where she had to euthanize her pet:

It was the worst decision I've ever had to make in my life. I didn't want to. I didn't want to decide when her life should end. I didn't want to play God. I didn't want to be the one to make that decision.

Another participant, Lana, specifically noted a time where she accidentally caused her pet's death and how the resulting feelings had a significant impact on her:

I had been holding her. I remember I was in the kitchen doing something. I think I had a big hoodie on with a big pocket. I put her in there for a second and then I went to do something. Somehow she fell out and I ended up stepping on her. We went to bed worried that night because I didn't really know what happened and there's not really anything I could do about this. So the next morning we found Ripley dead. That was, that was super upsetting.

For a small number of participants, their experience of CSA appeared to exacerbate the resulting impact associated with pet loss. For instance, Conrad indicated that the death of a pet allowed him to express his grief related to his experiences of CSA:

Butter which was the hamster, I remember even a year and a half after it happened being still really really sad. But it wasn't the actual hamster itself. I remember at that time when I was maybe 6 years old or something like that, being in school and having one of

the teachers [ask me] why are you crying? I was like oh because my hamster died.

They're like well, when did it die? It was a year and a half ago. I remember one of the teachers saying to one of the other teachers that that's not usual. That's not what it comes from, it comes from something deeper than that. And I remember that. But being young, I didn't put one and one together.

Joe also indicated that a pet's death was significantly more challenging as a child at the time of his abuse:

At first, it seemed to be pretty traumatic when you'd lose a family pet [that] you had that connection [with] because it was a safe place. So when I was younger, there was definitely a deeper show of emotion at the loss of a pet as opposed to as I got older.

Chapter Five - Discussion

Animals are the bridge between us and the beauty of all that is natural. They show us what's missing in our lives, and how to love ourselves more completely and unconditionally. They connect us back to who we are, and to the purpose of why we're here.

— Trisha McCagh

The current study investigated the lived experience of human-pet relationships among adult survivors of CSA. I pursued this line of research, due to the distinct, yet unexplored, links between the human-animal bond literature and the field connected with adult survivors of CSA. For instance, previous research has associated the human-animal bond with benefits in the areas of emotion regulation, mental health, physical health, and interpersonal functioning, aspects with which survivors of CSA struggle (Barlow, Hutchinson et al., 2012; Friedmann et al., 2007; Headey et al., 2008; Heim et al., 2010; Johnson & Lynch, 2013; Lem et al., 2016; Miller-Perrin & Perrin, 2013; Trickett, & Putnam, 2007). Such connections suggested to me that pets might provide much-needed support to a population that suffers from a myriad of devastating short and long-term consequences (Colarusso, 2010; Fergusson et al., 2013). Another link exists in the literature on domestic violence, where benefits for survivors include provision of emotional support, assistance in coping with violent experiences, and mitigation of suicidality (Fitzgerald, 2007; Flynn, 2000). As survivors of CSA are associated with domestic violence through the increased risk of revictimization (Cloitre et al., 2006; Coid et al., 2001; Rodriguez-Srednicki & Twaite, 2006), one can postulate that pets may serve a similar function among CSA survivors. The final link pertains to the current use of animals in the treatment of survivors of CSA through AAT (Dietz et al., 2012; DePrekel & Neznik, 2012; Hamama et al., 2011; Kemp et al., 2014; Trotter, 2012). As AAT has shown to be effective in reducing traumatic symptoms among child and adolescent survivors of sexual abuse (Dietz et al., 2012; Hamama et al., 2011; Kemp et al., 2014; McCullough et al., 2015), similar results may occur among adult survivors of CSA outside

of the therapeutic environment. Despite the apparent links discussed, research had yet to explore human-pet relationships among adult survivors of CSA. As such, the current study provides an in-depth examination of this topic to address this gap.

For the purposes of the current study, ten adult survivors of CSA participated in semi-structured individual interviews. Interviews primarily focused on the following research questions: (a) how do adult survivors of CSA understand and experience human-pet relationships; (b) what meaning do adult survivors of CSA ascribe to their experience of human-pet relationships; and (c) how do human-pet relationships impact adult survivors of CSA? Using IPA to analyze anonymized transcripts, 10 themes emerged. These included: (a) close bond with pet; (b) idiosyncrasies within the human-pet relationship; (c) moral responsibility; (d) fundamental differences between pets and humans; (e) safety in the human-pet relationship; (f) resource for coping with painful experience; (g) positive impact on well-being; (h) buttress for human-human social interaction; (i) medium for skill and knowledge development; and (j) shortcomings of the human-pet relationship.

Discussion of Key Findings

Collectively, the 10 emergent themes identified by this study pertain to the nature of the human-pet relationship, the benefits of the human-pet relationship, and its limitations. The following section will address each in turn.

Nature of the human-pet relationship. When describing their lived experience of the human-pet relationship, participants spoke to its nature. More specifically, participants discussed relationship quality and type, beliefs about the relationship, as well as the individual nuances and characteristics that exist. Regarding the quality and type of relationship, almost all of the participants described having a close bond with their pet. Participants appeared to value human-

pet relationships as a significant aspect of their lives. These relationships were so meaningful that some participants considered their pets to be members of their families, a belief that is supported by the literature (Crawford, Worsham, & Swinehart, 2006; Risley-Curtiss et al., 2006a). Such findings speak to the necessity for research and practice acknowledging the critical role these relationships may play in the lives of adult survivors of CSA.

The close bond that participants experience with their pets relates to the attachment literature, suggesting the formation of an attachment bond between survivors and their pets (Kurdek, 2008, 2009; Zilcha-Mano et al., 2011). A literature review conducted by Zilcha-Mano et al. (2011) indicated that the human-animal bond could meet the requirements of an attachment relationship when the bond fulfills four criteria: proximity seeking, safe haven, secure base, and separation distress. The first criteria, proximity seeking, was described by Zilcha-Mano et al. (2011) as feeling close to one's pets, seeking this closeness, and enjoying it when obtained. Aspects of proximity seeking were also noted by Crawford et al. (2006), who indicated that "many people openly and enthusiastically admit to loving their pets, to feeling close to their pets, and even to considering their pets members of the family" (p. 98). Elements of proximity seeking were evident within this study, as participants expressed feeling close to their pets and noted desiring this closeness (e.g., participants described seeking out their pets for comfort during times of distress and painful experience). The second criterion, safe haven, was portrayed by Zilcha-Mano et al. (2011) as pets providing their owners with comfort, affection, and support when required. Kurdek (2009) also noted this, when indicating that pet owners turned to their pets in times of emotional distress more often than fathers, mothers, sisters, brothers, children, or best friends. Moreover, findings from the current study are consistent with the literature in that pets appeared to provide participants with emotional support and comfort in times of pain, thus

acting as a safe haven. Other literature suggests that the third criterion, secure base, is fulfilled when animals function as supports from which individuals can confidently pursue activities, take risks, and investigate their environment (Kurdek, 2008; Zilcha-Mano et al., 2011). These elements were also evident in the current study as pets were found to buttress human-human social interaction. In essence, pets helped support and facilitate interaction between their owner and other humans, boosting social confidence and serving as a source of connection (e.g., functioning as a topic of conversation). Pets were also seen as a stable resource, further providing evidence of pets as a secure base. According to Hemsworth and Pizer (2006), the literature widely accepts the sense of stability that pets afford their owners. Along the same vein, Crawford et al. (2006) indicated that pets function as a secure base in that they provide physical and emotional security. This was also evident in the current study, in how participants spoke of their pets providing physical and emotional safety. The final criterion, separation distress, is described, in the literature, as the grief experienced by owners when a pet is lost or dies (Cordaro, 2012; Luiz Adrian et al., 2009; McNicholas et al., 2005; Rujoiu & Rujoiu, 2014; Sable, 1995; Zilcha-Mano et al., 2011). Similarly, evidence for this criterion was found in the current study, as almost all of the participants spoke about the loss or death of pets and the resulting grief. For some, even the anticipated loss of their pet had a significant impact. In sum, current study findings support all four aspects of attachment criteria as outlined by Zilcha-Mano et al. (2011) and, therefore, for some, the human-pet relationship may be viewed as an attachment relationship.

Another piece of evidence supporting the view of the human-pet relationship as a type of attachment relationship was the identification of reciprocal love and affection existing within the close bond participants experience with their pets. Within the literature, feelings of love have

been associated with the release of oxytocin (Lee & James, 2011), a hormone linked to the promotion of intimate bonding and attachment (S. C. Miller et al., 2009; Odendaal & Meintjes, 2003). Research shows that oxytocin is released during positive human-pet interactions (Handlin et al., 2011; Julius et al., 2013; S. C. Miller et al., 2009; Odendaal & Meintjes, 2003; Uvnäs-Moberg et al., 2014). Since most participants talked of loving their pet, it is plausible that oxytocin may be released during survivor-pet interactions, promoting bonding and attachment. In general, the formation of healthy attachment bonds among survivors of CSA is vital, as childhood maltreatment jeopardizes attachment formation (Draucker & Martsolf, 2006; Parish-Plass, 2008), often leading to the development of insecure attachments (Parish-Plass, 2008; Malchiodi, 2012; Waldinger et al., 2006). The findings of this study illustrate the existence of attachment relationships between survivors and their pets and lends support to the use of attachment theory in describing human-pet relationships among adult survivors of CSA.

Additional aspects of the nature of the human-pet relationship described by participants include their beliefs about this relationship. Participants' beliefs included the moral responsibilities owners have towards their pets and a fundamental belief that humans and pets are different. Regarding moral responsibilities, participants described feeling responsible for their pets, a belief also identified in the literature. For example, in a qualitative study examining pet ownership among seven men with immune deficiencies, participants described feeling responsible for their pets (J. M. Allen, Hammon Kellegrew, & Jaffe, 2000). Another qualitative study by Beverland, Farrelly, and Lim (2008) also described participants taking responsibility for their pet's needs. Furthermore, the moral responsibility of pet ownership identified in the present study was found to be a motivational factor in helping participants to cope with painful experience. Participants additionally noted that pet responsibilities had a positive impact on their

well-being by improving feelings of self-worth. Such results demonstrate that pet ownership and its associated responsibilities may benefit the well-being of adult survivors of CSA. On the other hand, participants also associated the sense of responsibility for one's pet with perceived decreases in well-being. Consequently, pet ownership may not always have a positive impact on survivors.

The second participant belief associated with the nature of the human-pet relationship relates to the fundamental difference between pets and humans, a relatively novel concept within the literature. More specifically, participants described pets as simple, basic, and predictable, yet portrayed humans as complex, unpredictable, and in some instances dysfunctional. They depicted pets as transparent (i.e., participants were aware of and able to easily interpret pets' thoughts, feelings, and actions), stating that humans were not (i.e., people hide their true feelings and sometimes say one thing when they mean another). The discrepant belief identified by participants provided a perception that humans are, at times, untrustworthy, unpredictable, and unsafe. Such beliefs reflect a common theme of survivor distrust in others presented throughout the literature (S-E. Brown & Katcher, 2001; Cruz & Essen, 1994; Jonzon & Lindblad, 2004; Miller-Perrin & Perrin, 2013; Rumstein-McKean & Hunsley, 2001; Whiffen & MacIntosh, 2005). Distrust, along with other interpersonal difficulties associated with survivors of CSA (Cole & Putnam, 1992; Miller-Perrin & Perrin, 2013; Whiffen & MacIntosh, 2005), likely leads to the relatively low levels of current social support identified among this population (Golding et al., 2002; Rumstein-McKean & Hunsley, 2001). A lack of social support is especially worrisome as it is a resiliency factor that can mitigate adverse consequences of CSA (Jonzon & Lindblad, 2006; Runtz & Schallow, 1997; Tremblay et al., 1999).

The belief that pets are fundamentally different from humans relates to the assumptions

associated with cognitive behavioural therapy (CBT). This modality proposes that individuals possess core beliefs or underlying assumptions through which they interpret experiences, interactions, and the environment (J. S. Beck, 2011). In the current study, participants appeared to use their beliefs about pets in a similar manner. For instance, some participants described pets as more predictable than humans, making it easier to connect with pets. Other participants spoke of feeling physically and emotionally safe with pets, implying a belief that pets are safer than some humans. The belief that pets are safer may influence safety-seeking behaviours, in that individuals may be more likely to seek support from their pets than other humans. Such behaviours may additionally limit access to human-provided social support, a factor in the mitigation of CSA-related symptomology (Jonzon & Lindblad, 2006; Runtz & Schallow, 1997; Tremblay et al., 1999).

In participants' descriptions of their human-pet relationships, individual idiosyncrasies within these relationships and of the pets themselves became evident. These included participant preference for a particular species or breed of pet, an aspect also found in the literature. By way of illustration, Woodward and Bauer's (2007) study demonstrated that people would self-identify as either being dog people or cat people. Gosling, Sandy, and Potter (2010) also indicated that even individuals who do not currently own pets self-identify as dog or cat people. Other idiosyncrasies identified by participants in the current study included the individual characteristics of the pets themselves. Similarly, this aspect is evident in the literature. For instance, a qualitative study by Beverland et al. (2008) noted that participants spoke about the personalities, habits, and idiosyncrasies of their pets. Gosling and Bonnenburg (1998) attempted to develop a normative data sample for personality ratings of domesticated animals (i.e., cats, dogs, horses, hedgehogs, ferrets, and rabbits). Furthermore, Gosling and Bonnenburg's research

represents one study in an entire area of literature that looks at the personality characteristics of pets and owners (Gosling & Bonnenburg, 1998; Podberscek & Gosling, 2000; Woodward & Bauer, 2007).

The results of this study indicate that perceived pet idiosyncrasies may play a role in the quality and type of connection participants experience with their pets. Such findings also have support in the literature (Bagley & Gonsman, 2005). For example, Woodward and Bauer (2007) expressed that the interaction between a pet's personality traits and the traits of their owner, significantly impacts the strength of their relational bond. Based on such findings, it may be necessary for researchers and practitioners to take individual preference and idiosyncrasies within the human-pet relationship into consideration when assessing the human-pet relationship. This is especially important considering that personal preference and identified idiosyncrasies may dictate the quality of the human-pet bond and subsequently, the overall impact that that human-pet relationship may have on an adult survivor of CSA. For example, if a person is afraid of animals, a pet is not likely to improve their mood. If an individual believes (as Phil does) that a pet is a pet and human-pet relationships are not on the same level of importance as human-human relationships, there may be other resources that are more effective than pets in helping a client cope with painful experience. Additionally, some pets may be better at providing benefits than others. For instance, Sue, who has had numerous pets throughout her lifetime, described her current pet as unlike any of her previous pets in terms of his ability to support her. Taking all of this into account, researchers and practitioners would be wise to consider idiosyncrasies when engaging with the human-pet relationship.

Benefits of the human-pet relationship. The second aspect of the human-pet relationship described by participants pertains to its benefits. One such benefit, speaks to safety.

More specifically, participants described the human-pet relationship as a “safe place” where they could freely express their emotions, talk, and be their authentic selves. Participants also defined the human-pet relationship as stable and dependable, providing participants with a sense of reassurance and comfort. In addition, pets were said to offer protection and physical safety, further increasing participants’ overall felt sense of safety and security.

The association between safety and the human-pet relationship is also evident in the literature. For instance, Walsh (2009b) indicated, “Trauma survivors, particularly those who suffered sexual abuse, often say that only a pet made them feel safe” (p. 492). A study by Risley-Curtiss et al. (2006a) exploring ethnic diversity among pet ownership found that Latinas/Latinos described receiving a sense of personal safety from their pets. Another study by Risley-Curtiss et al. (2006b) found that pets provided women of colour a sense of protection. Finally, L. Beck and Madresh (2008) found that pet owners reported experiencing greater security in their human-pet relationships than in their romantic human-human relationships.

Moreover, safety in the human-pet relationship may be especially significant considering the fear and distrust associated with CSA (Miller-Perrin & Perrin, 2013; Rumstein-McKean & Hunsley, 2001). Stated differently, the safety provided by pets may positively benefit survivors and function as a significant resource. To illustrate, Conrad described having an easier time sleeping knowing that his cat would act as a security alarm, alerting him to intruders. Alternatively, Joe defined the human-pet relationship as “a safe place to cry.” Due to pets’ intervention, both participants received benefits, Conrad slept more easily and Joe experienced emotional catharsis. Such findings may have significant implications for the treatment of this population. Furthermore, safety within human-pet relationships may also function as an underlying factor influencing the receipt of other associated benefits. For instance, one is more

likely to seek and receive emotional support and comfort from a relationship in which they feel safe in comparison to a relationship that is considered to be unsafe.

Participants described another benefit of the human-pet relationship, positive influences on well-being through improvements to mood. Consistent with the present study's findings, research has shown that pets may assist humans with emotion regulation through decreases in blood pressure (Baun et al., 1984; Friedmann et al., 1983; Friedmann et al., 2007; Katcher et al., 1989), moderation of the effects of depression (Friedmann et al., 2011; Lem et al., 2016; Rhoades et al., 2015; Siegel et al., 1999), and reduction of stress and anxiety (K. M. Allen et al., 1991; K. Allen et al., 2002; Katcher et al., 1984; Wilson, 1991). Positive effects on emotions and mood is of extreme importance for this population, as CSA has been strongly associated with emotional problems, specifically depression, anxiety, emotion regulation, and chronic difficulties with grief and shame (Artime & Peterson, 2012; Berliner & Elliott, 2002; Colarusso, 2010; Cruz & Essen, 1994; Fergusson et al., 1996; Johnson & Lynch, 2013; Laroche et al., 2011; Sanderson, 2006). Simply put, pet-related improvements to survivor mood may significantly impact survivors' experience of mood-related symptoms.

Other pet-related benefits identified by participants include improvements to self-worth and provision of a sense of value and purpose. Such findings are also present in the literature. For example, in a study by Staats, Wallace, and Anderson (2008), a small number of participants identified providing a sense of responsibility or purpose as one benefit of keeping pets. Wisdom, Saedi, and Green (2009), when investigating pets' role in adult recovery from serious mental illness, indicated that participants experienced a sense of self-efficacy as a result of pet-related responsibility. Finally, Herrald, Tomaka, and Medina (2002) suggested that pet responsibility allows pet owners to feel needed.

Similar to improvements in mood, positive effects on self-worth may be important among survivors of CSA, as the literature has indicated that diminished self-esteem is among the most common problems for this population (Cruz & Essen, 1994). Additionally, self-esteem is a mitigating factor for the severity of CSA-related symptoms (Jonzon & Lindblad, 2006; McClure et al., 2008; Murthi & Espelage, 2005; Parry-Jones, 1997). If this is the case, pet-related effects on survivor self-worth may significantly improve a survivor's ability to cope with CSA-related symptoms, which, in turn, may decrease overall symptom severity. Considering this, pets may be an invaluable resource for survivors.

Furthermore, the positive effect that pets have had on participant self-worth may be reflective of the functional role pets as selfobjects play when assisting individuals in the maintenance of aspects of the self (S-E. Brown, 2007; 2011a). S-E. Brown (2007) proposed five ways that animals can function as selfobjects:

- 1) gives them increased self-esteem and self-cohesion;
- 2) keeps them calm and soothed;
- 3) makes them feel understood, valued and loved;
- 4) gives them the feeling of being deeply connected to another being; and
- 5) gives them a vibrancy for life. (p. 339)

These functions are particularly noticeable within the findings of the current study. The first, which pertains to increased self-esteem, appears to be very similar to the positive impact pets have on participant self-worth. Encompassing the ability to calm and soothe, the second function is evident in the current study through the provision of comfort and support as well as through assistance provided to participants when accessing relaxation techniques. The third function which pertains to the provision of love, understanding, and value, was reflected in the subtheme

of improved self-worth as participants expressed receiving a sense of value and purpose from their pets. Additional aspects of the selfobject function are seen elsewhere in the findings, specifically when participants expressed feeling heard by their pets, identified that they could be their authentic selves around their pets, and noted feeling loved by their pets. Function four, a deep connection with another being, was evident within this study when participants discussed their close bond with their pet. Finally, function five, a zest for life, was less evident among the findings (S-E. Brown, 2007). However, pets were noted to positively impact participant well-being as well as provide a source of humor. Overall, the findings of this current study appear to mirror S-E. Brown's (2007) identified functions that animals provide as selfobjects. As such, pets may have the potential to function as selfobjects within the lives of adult survivors of CSA. This further implies that self-psychology may provide a means through which one can describe human-pet relationships among adult survivors of CSA or as a potential framework for incorporating pets into treatment.

From the participants' perspective, the human-pet relationship provided additional benefit by acting as a buttress for human-human social interaction. Particularly, pets were noted to help support and facilitate interaction between participants and other humans. Having pets present allowed participants to feel more comfortable talking to other humans and made participants feel more socially confident. Additionally, pets were described as being a source of connection between other individuals and acted as a topic of conversation. Similar themes are found in the literature, as pets have been described as providing individuals with indirect social support (Lefkowitz et al., 2005; McNicholas & Collis, 2000). One example of this includes pets instigating spontaneous greetings and functioning as a topic of conversation (Beetz et al., 2012; McNicholas & Collis, 2006; Wells, 2004). Considering the low levels of current social support

identified among this population (Golding et al., 2002; Rumstein-McKean & Hunsley, 2001), pets' facilitation of social connection may prove to be an essential resource for adult survivors of CSA.

Another benefit of the human-pet relationship identified by participants was the functional role pets reportedly played as a resource for coping with painful experience. When doing so, pets were said to promote coping with painful experience, to provide emotional support and comfort, and to facilitate grounding and relaxation, among other things. Evidence supporting these functions can be found in the literature. For instance, Katcher et al. (1984) found that patients' level of comfort increased after viewing an aquarium for 40 minutes before oral surgery. K. Allen et al. (2001) identified a lower blood pressure response to mental stress among a group of high-stress professionals with hypertension who owned pets. K. M. Allen et al. (1991) and K. Allen et al. (2002) demonstrated that pets effectively buffered physiological responses to acute stress. More explicitly, in Risley-Curtiss et al.'s (2006a) study, participants identified receiving emotional support from their pets. However, the type and form of emotional support was not clear; therefore, Risley-Curtiss et al. (2006a) proposed that future studies should examine this phenomenon. Another study by Risley-Curtiss et al. (2006b) investigated the human-pet relationship among women of colour and found that pets provided comfort during periods of stress. In an article informing social workers about the human-animal bond, Netting, Wilson, and New (1987) suggested that pets function as both informal and nonjudgmental emotional supports. Halm (2008) also identified "contact comfort" and subsequent relaxation as primary factors related to the effectiveness of AAT. Furthermore, among domestic violence survivors, pets were described as assisting in coping with violent experiences by providing emotional support and comfort (Fitzgerald, 2007; Flynn, 2000).

In addition to obvious connections to the current literature, the theme resource for coping with painful experience appears to relate to the sensory stimulation aspects of Gilbert's theory of emotion regulation (Gilbert, 2009). More specifically, in the subtheme promoter of grounding and relaxation, participants indicated that pets provided sensory stimulation through textures, smells, heat, and sounds. Sensory stimulation was also noted to occur during pets' provision of emotional support and comfort through cuddles and snuggles. According to the literature, non-noxious sensory stimulation, such as touch, warmth, and stroking (Handlin et al., 2011; Holt-Lunstad et al., 2008; Light et al., 2005), triggers the release of the hormone oxytocin. The release of oxytocin is said to result in feelings of safety and contentment (Gilbert, 2009; Lee & James, 2011) as well as reductions in anxiety, stress, aggression, and depression (Julius et al., 2013; Uvnäs-Moberg et al., 2014). Such impacts were evident in the findings of the current study as the provision of sensory stimuli were reported to have improved a participant's ability to ground when experiencing CSA-related symptoms. This proposed connection between pet provided sensory stimulation and an improved ability to cope can potentially be explained through Gilbert's emotion regulation framework (Gilbert, 2009). More specifically, pet provided sensory stimuli may trigger the release of oxytocin which, in turn, activates the soothing and contentment system (Gilbert, 2009; Lee & James, 2011). When activated, the soothing and contentment system assists in the regulation of the threat and self-protection system, resulting in a decrease in the defensive emotions and behaviours associated with survivors of CSA (Lee & James, 2011). This was evident in participants' perceived improvements in their ability to cope with CSA-related experiences. As such, findings from the present study suggest that pet-provided sensory stimulation, emotional support, and comfort may assist participants in coping with painful experience through the activation of the soothing and contentment system which, in

turn, may decrease CSA-related symptoms.

Overall, pets' function as a resource for coping with painful experience among participants is critical, especially for survivors of CSA. There is evidence in the literature that survivors often struggle with a lack of emotional awareness and may possess a limited number of strategies to aid in emotion regulation (Arttime & Peterson, 2012). In turn, these difficulties have been associated with functional impairments and psychopathology in survivors of childhood abuse (Cloitre et al., 2005; Gratz & Roemer, 2004; Kim & Cicchetti, 2010). As a result, a pet's ability to support a survivor in coping with painful experience is paramount, as it may mitigate the experience or severity of CSA-related symptoms.

The final benefit of the human-pet relationship includes pets acting as a medium through which participants could develop skills and knowledge. This finding appears to be novel in the CSA literature. However, mention of the possible role of animals in human learning and skill development appears in the AAT literature. For instance, Chandler (2001) identified the development of emotional expression, communication, trust, and socialization as treatment goals for AAT. Chandler, Portrie-Bethke, Barrio Minton, Fernando, and O'Callaghan (2010) acknowledged related aspects when noting that during AAT animals promote emotional expression, insight, and the development of relational skills. Similarly, Kruger and Serpell (2010) suggested that through AAT, animals facilitate social interaction and arousal reduction. If animals can be used within the therapeutic environment to assist in skill and knowledge development, it is likely that animals outside of the therapeutic environment can play a similar role as evidenced by the findings of this study. Such possibilities may have significant implications for the treatment of survivors, as pets may act as a functional resource through which survivors can learn and grow.

To further support the potential for animals as media for skill and knowledge development, Kruger and Serpell (2010) acknowledged that animals, through AAT, can act as transitional objects within the therapeutic environment. In their words, “The purpose of a transitional object is to act as a bridge to a higher or more socially acceptable level of functioning” (Kruger & Serpell, 2010, p. 41). Furthermore, Chandler (2012) highlighted numerous benefits of having pets function as transitional objects. First, she indicated that pets are responsive, affectionate, nonjudgmental, and accepting. Second, Chandler (2012) proposed that pets, as transitional objects, were a superior choice to humans. She noted that pets function as clean slates in that they are not susceptible to the judgments, biases, and previous knowledge that often influence human interaction. Moreover, the organic response of pets, free from typical human encumbrances, will allow for the receipt of immediate and genuine responses to behaviour and attitudes. In addition to this, pets often base their responses on knowledge gained through observation and previous interactions, making it much easier to discern cause and effect relationships for pet behaviour. For example, a pet will likely avoid someone in a sour mood, allowing one to conclude that the pet’s behaviour was likely a direct result of the person’s attitude (Chandler, 2012).

The findings of the present study echoed Chandler’s (2012) comments in that participants indicated that pets are forgiving, nonjudgmental, and emotionally and physically safe, reducing the risk of harm concerning errors made within the human-pet relationship. Pets were also seen as simpler, more basic, and more predictable than humans, making it easier to understand and interpret human-pet interactions. Based on the results of the current study and AAT literature, pets may potentially function as transitional objects making the human-pet relationship a fertile ground through which survivors can practice and apply skills and knowledge learned in session.

Surprisingly, one potential benefit that was not evident within the findings of the current study was the positive impacts on physical health commonly associated with pet ownership (Friedmann, Honori Katcher, Lynch, & Thomas, 1980; Headey & Grabka, 2007; Headey et al., 2008; Levine et al., 2013). Despite being asked in the interview whether having a pet affected their physical health (and if so, how), participants did not discuss this at length or accentuate this aspect of the human-pet relationship. This was interesting considering the emphasis placed in the literature on the human-pet relationship's positive impact on physical health (Friedmann et al., 1980; Friedmann & Thomas, 1995; Serpell, 1991; Siegel, 1990). For example, Headey et al. (2008) found that pet ownership resulted in better health-related outcomes; specifically, pet owners were shown to exercise more frequently, miss work less often due to illness, sleep better, and have fewer doctor visits. Human-pet relationships have also been linked to decreased risk of cardiovascular disease (Levine et al., 2013) and increased physical activity; an event linked to many positive health benefits (S. G. Brown & Rhodes, 2006; Cutt et al., 2008; Jennings, 1997; Rogers et al., 1993).

A potential reason for why physical health effects were not salient in the present findings is that participants did not identify with or notice the physical health benefits often associated with pets when compared to other benefits. For example, participants likely found pets acting as a resource for coping with painful experience to be significantly more important to them than pets increasing their physical activity. Another possible explanation for this unexpected result is that the 10 participants interviewed may not have been experiencing the significant physical health problems commonly associated with survivors of CSA at the time of interview. As noted earlier, survivors of CSA are at risk for several significant health issues including gastrointestinal problems, bladder problems, obesity, and gynecological problems (Irish et al., 2010; S. Nelson et

al., 2012; Noll et al., 2007). At no point during the interview, were these health problems reported by any of the 10 participants nor did any participant visually appear to be suffering from any physical health concerns (e.g., participants did not appear obese). However, it is critical to note that interview protocol and demographic inquiry did not assess physical health complications. As a result, I cannot draw conclusions regarding participants' physical health status. Notwithstanding, inclusion criteria specifying that participants identify as someone who is not currently experiencing CSA-related distress may have ruled out participants who are currently struggling with severe physical health issues and as such, may contribute to the lack of identification with physical health benefits commonly associated with the human-animal bond. Nevertheless, more research on the relationship between the human-pet relationship and physical health in adult survivors of CSA may help shed light on this particular finding.

Limitations of the human-pet relationship. Despite the perceived benefits of the human-pet relationship, participants also identified some associated shortcomings. These included decreased well-being as a result of pet-related responsibilities, pet-related frustrations, pet misbehaviour, and pet-instigated hardship; pet aggression resulting in both physical and emotional harm; and pet loss or death. The literature mirrors some of these concerns. For instance, when considering pet-related dangers, the literature describes many pet-associated problems. These include issues with allergies, infections, parasitism, zoonoses (i.e., infectious disease transmitted between humans and animals; Bauerfeind et al., 2016), and animal attacks resulting in traumatic injury or death (e.g., bites, falls; A. M. Beck & Meyers, 1996; Friedmann & Son, 2009; Herzog, 2011; Jennings, 1997; Lefkowitz et al., 2005). Despite apparent concerns, many of these issues can be controlled or eliminated through management strategies such as owner education, restraint of animals (e.g., keeping animals on leashes or in cages; A. M. Beck

& Meyers, 1996), and responsible legislation focusing on pets being positive members of the community (e.g., Animal Licensing and Control Bylaw; City of Edmonton, 2016; and Dangerous Dogs Act; Province of Alberta, 2002; City of Edmonton, 2018). Proper veterinary care, selective breeding, and the control of bacterial, viral, and parasitic infections can also assist in managing these concerns (A. M. Beck & Meyers, 1996). The literature additionally addresses pet loss or death. For example, a number of studies have indicated that such events can trigger owner bereavement (Cordaro, 2012; Sable, 1995; McNicholas et al., 2005; Rujoiu & Rujoiu, 2014), an experience commonly associated with feelings of numbness and disbelief, guilt, intensified anger, anxiety, and depression (Cordaro, 2012; Sable, 1995). Though severe pathological reactions to the death of a pet are infrequent, subclinical levels of grief and sadness are commonplace (Luiz Adrian et al., 2009). Nevertheless, the limitations identified in the current study and the published literature are essential to keep in mind when considering the integration of the human-pet relationship into the therapeutic environment. Despite all the benefits noted, there are potential risks to the human-pet relationship.

Implications for Clinical Practice

Based on this study's results, there is cause for viewing the human-pet relationship as a potentially beneficial resource for clinicians, specifically in regards to the treatment of adult survivors of CSA. Though clinicians may already be utilizing these relationships, there is a lack of published research supporting the integration of the human-pet relationship into the treatment of survivors. Findings from the present study, however, appear to provide evidence in support of such incorporation. For instance, the human-pet relationship was identified by most participants as a significant relationship within their lives. Due to the value placed on these relationships, it seems unwise to exclude them from treatment, especially in circumstances where clinicians

utilize systems theories or other systemic approaches, which take into account all beings within the client's family system and environment. Moreover, there may be less risk to incorporating the human-pet relationship into treatment when compared to a human-human relationship, as participants described animals as nonjudgmental, forgiving, loyal, and trustworthy.

Including the human-pet relationship into therapy is not a novel concept, as animals have been integrated into therapeutic practice as far back as Ancient Greece, with modern practices developing in the 1960s (Silcox, Castillo, & Reed, 2014). Silcox et al. (2014), Risley-Curtiss (2010), Risley-Curtiss, Rogge, and Kawam (2013), and Tedeschi, Fitchett, and Molidor (2005) continue to recommend the incorporation of the human-pet relationship into treatment for rehabilitation therapists and social workers, respectively. Furthermore, animals currently play a role in the treatment of survivors of sexual abuse through AAT (DePrekel & Neznik, 2012; Dietz et al., 2012; Hamama et al., 2011; Kemp et al., 2014; Mueller & McCullough, 2017; Trotter, 2012). For these reasons, the use of pets within therapy and during the treatment of survivors is not unrealistic.

Before incorporating a client's pet into treatment, however, it is strongly recommended that practitioners use their clinical judgment. For example, if the client's relationship with their pet is of poor quality; if the client's personal views limit their openness to utilizing a pet as a resource (e.g., Phil's belief that a pet is a pet); or if the responsibility of pet ownership is stressful for the client, integrating a pet into therapy would likely not be effective or beneficial. Silcox et al. (2014) suggest that professionals inquire about pet ownership at the time of intake, specifically: whether clients have pets; the type of pet they own; the quality of relationship clients' have with their pet; and how the client is impacted by the responsibilities of pet ownership. Should a clinician choose to incorporate a pet into treatment, it should be included as

an adjunct to treatment and not used in isolation (Fine, 2015; Reichert, 1998). Those who choose integration should do so within pre-existing, empirically supported treatments for CSA and within a clinician's chosen theoretical orientation (Fine, 2015). With this in mind, clinicians may also seek to integrate theories previously associated with the human-animal bond.

Alternatively, clinicians could employ theories and modalities supported by the findings of the current study, namely Bowlby's attachment theory (Bowlby, 1969), Beck's CBT (J. S. Beck, 2011), S-E. Brown's model of self psychology (S-E. Brown, 2004), and Gilbert's framework for emotion regulation (Gilbert, 2009, 2010). However, due to the dearth of literature and empirical support for the incorporation of human-pet relationships into the treatment of adult survivors of CSA, such a strategy should be employed with caution.

In light of the current findings, there are a number of proposed ways through which clinicians could potentially incorporate human-pet relationships into the treatment of adult survivors of CSA. Suggested methods fall within the areas of social engagement and emotional well-being. Aspects related to social engagement primarily focus on pets functioning as buttresses for human-human social interaction and assisting in the development of interpersonal skills. The area of emotional well-being relates to the integration of pets into coping with painful experience, enhancement of client self-worth, and promotion of emotional awareness and regulation.

Buttressing the human-human social interaction. Findings of the current study indicate that pets may function as a buttress for human-human social interaction. Such findings were supported within the literature, as a pet's presence has been shown to increase an owner's chances of human-human social contact (Lefkowitz et al., 2005; McNicholas & Collis, 2000). Taking this into account, pets as buttresses for human-human social interaction may function as a

potential resource for clinicians when treating adult survivors of CSA. To increase human-human social interaction, clinicians could suggest that when walking their pet, clients greet individuals they see. Clinicians could also prescribe clients to attend dog parks and initiate a conversation with at least one other pet owner. Alternatively, clients could be advised to join a club associated with their pet or volunteer with an animal organization.

Supporting therapist-client interaction. In the same way that pets function as social catalysts for human-human interactions, they may also contribute to positive interactions in the therapeutic relationship. That is to say, pets may serve as a source of connection or topic of conversation (Cutt et al., 2007; Walsh, 2009a) between a therapist and client. Although participants did not acknowledge having pet-related discussions with their therapists, pet-facilitated buttressing may function as a strategy, supporting clinicians in the development and strengthening of therapeutic rapport.

Additionally, findings of the current study indicate that pets provide participants with a sense of safety, support, and comfort. Despite the fact that participants did not disclose a desire to bring their pets to treatment, clinicians may wish to consider inviting a survivor's pet into the therapy session. A pet's presence during session could conceivably have a positive impact on a client's sense of safety and comfort within what may be an unfamiliar and occasionally stressful environment. Furthermore, the self-confidence pets provided, as noted in the current study, could possibly make it easier for clients to open up and discuss their problems or advocate for themselves when accompanied by their pets. In short, a pet's presence within the therapeutic environment, both figuratively and literally, may potentially facilitate human-human interaction between the therapist and the client. This, in turn, could positively impact the development of the therapeutic relationship, a key factor to treatment success (Safran & Muran, 2000).

Coping with painful experience. Findings from the current study suggest that pets assisted participants in coping with painful experience. Given this, clinicians may wish to access this potential resource within the lives of survivors. The current literature has yet to explore such strategies; however, findings from this study highlight practices that could potentially benefit treatment. For instance, participants described struggling to perform necessary self-care activities but found the motivation to do so as a result of an identified moral responsibility to their pet. Similarly, clinicians could encourage clients to apply treatment strategies or engage in treatment as a way of ensuring a level of functioning required for pet care. Other strategies participants identified within the present study included: pets instigating self-reflection and shifts to more constructive ways of thinking; pets providing participants with a place to vent or express their experiences; pets functioning as positive distractions; and pets assisting with grounding and relaxation.

There are a variety of ways in which practitioners can incorporate identified strategies into practice. For example, clinicians may wish to encourage clients to see pets as positive aspects of clients' lives or reminders of positive self-attributes (e.g., I must not be a horrible person because my pet loves me). Pets may also function as a place for clients to safely express their emotions and vent about current life difficulties. As a positive distraction, clinicians may suggest that when clients are upset, they take their pet for a walk, engage in pet care strategies, or interact with their pet through play or provision of affection. To facilitate grounding, clinicians could ask participants to practice such strategies with their pets and encourage sensory engagement (e.g., What does your pet feel like? Do you notice your pet's body temperature? What sounds is your pet making?). If a client is experiencing a flashback or dissociative state, clients could be encouraged to re-associate using pet-provided sensory stimulation (e.g., noticing

the texture, smell, heat, and sound of a client's pet). Additionally, holding or stroking a pet may also provide clients with comfort following flashbacks or dissociative states. Regarding relaxation strategies, clients could be encouraged to visualize a pleasant time with their pet or walk with an animal in time to relaxing music (Chandler, 2012). When learning the relaxation technique of deep breathing, clinicians may seek to ask their client's to mimic the breathing rates of their pets or the sound of their pets' heartbeat (Chandler, 2012). A pet's breathing or heartbeat may also be a useful tool for slowing a client's breath during a panic attack.

Encouraging behavioural activation. Findings of the current study indicated that, for three participants, moral responsibility associated with pet ownership motivated them to perform required actions associated with daily functioning (i.e., coping with painful experience). More specifically, when struggling with depressed mood, participants were encouraged to get out of bed to feed their pet and to leave the house to purchase pet food. Such experiences reflect the therapeutic strategy of behavioural activation, a behavioural approach for the treatment of depression (Dimidjian et al., 2006; Kloep et al., 2017). Focusing on the positive relationship found between mood and activity, behavioural activation emphasizes increased engagement in reinforcing activities that coincide with long-term goals (Dimidjian et al., 2006). It aims to combat the avoidance and withdrawal behaviours typically associated with depression while increasing positive reinforcement and counteracting punishment (Dimidjian et al., 2006). Furthermore, behavioural activation has been reported to be just as useful in the treatment of depression as antidepressant medication and, in some cases, more effective than cognitive therapy (Chartier & Provencher, 2013; Dimidjian et al., 2006). As a result, integration of human-pet relationships into applied behavioural activation strategies may be beneficial for adult survivors of CSA who are struggling with these symptoms.

There are several ways in which practitioners can integrate human-pet relationships into behavioural activation strategies. A conventional approach proposed by Kloep, Hunter, and Kertz (2017) includes the incorporation of pet-related responsibilities. Such behavioural activation strategies may consist of walking one's dog, brushing one's pet, going to the store to buy a pet toy or needed supplies, or taking one's pet to the vet. Regardless of how a clinician chooses to integrate human-pet relationships into behavioural activation strategies, it is essential to ensure that chosen activities are positively reinforcing to the client as well as being associated with their long-term goals (Dimidjian et al., 2006).

Enhancing self-worth. Study findings indicated that the human-pet relationship has a positive impact on survivor well-being, specifically concerning their self-worth. Animals have also been actively used during AAT to improve client self-worth and strengthen one's self-concept (Chandler, 2001, 2012; Chandler et al., 2010). In light of study findings and the AAT literature, clinicians may wish to use a client's pet to assist the development of self-worth. Proposed strategies for such an approach include: inspiring a client to teach their pet a new trick; showcasing a positive pet behaviour, like a trick, to another individual (Chandler, 2001, 2012); and encouraging a client to take pride in the care of their pet or positive qualities/behaviours possessed by their pet. Clinicians may also wish to identify times in a client's life where another individual has spoken positively about a client's pet or a client's interaction with their pet (e.g., Sue described feeling proud of her animal husbandry skills when strangers appeared surprised at her management of four dogs on a walk).

Providing a medium for skill and knowledge development. As noted in the findings of the current study, pets can be media for skill and knowledge development, enhancing interpersonal skills as well as emotional expression and regulation. Given this, clinicians may be

able to utilize the human-pet relationship to accomplish similar goals during treatment.

Developing interpersonal skills. Current study findings indicated that pets could assist in the development of interpersonal skills, namely increasing empathy, improving communication, expanding understanding of body language, and development of one's ability to nurture. The manner through which pets acted as mediums for skill and knowledge development is similar to the role that animals, through AAT, play when functioning as transitional objects (Chandler, 2012; Kruger & Serpell, 2010). In defining transitional objects, Chandler (2012) stated, "An object or being becomes a transitional object to a client when a client takes a subjective experience, such as a relational experience, and projects it onto a real object or being in a manner that derives personal meaning for the client" (p. 136). In other words, lessons learned through interactions with an animal during AAT may be generalized to other relationships and circumstances. Similarly, participants described universalizing skills and knowledge gained through experiences with pets to other interpersonal relationships (Chandler, 2001; 2012). Clinicians could capitalize on this by including pets to facilitate client's development of knowledge and skills that are later generalized to nontherapeutic relationships.

Moreover, there are numerous potential strategies for employing the human-pet relationship as a means through which clients can develop interpersonal skills. For the purposes of this discussion, I will focus on the development of skills related to communication, physical affection and intimacy, and social interaction. Regarding the development of communication skills, clinicians may wish to encourage clients to talk to their pets (Chandler, 2001; 2012). Therapists could request that clients talk about specific topics (e.g., a nightmare the client experienced) or general topics (e.g., the weather) with their pets. Clients could also be urged to speak to others about their pets or introduce their pets to another individual (Chandler, 2001;

2012). More specifically, clients could retell a humorous incident involving their pet or talk about their pet's breed (Chandler, 2001; 2012). Additionally, pets may be useful in the development of skills related to physical affection and intimacy when clinicians suggest that a client learn appropriate strategies of giving and receiving affection using one's pet (Chandler, 2001; 2012). For instance, a client could be encouraged to stroke one's pet and observe its reaction. Based on the pet's reaction, a client may seek to adjust the number of strokes they give one's pet or change the manner in which they are stroking. Furthermore, the human-pet relationship may function as a model for interaction and behaviour. More specifically, a clinician could direct a client to observe a pet's response to a prescribed behaviour (e.g., What does the pet do when the client yells and behaves aggressively?; Chandler, 2001; 2012). Following a period of observation, the client and clinician could discuss and interpret a pet's response (Chandler, 2001; 2012). Alternatively, a clinician may wish to work with a client to forecast a pet's behaviour in an identified situation (e.g., How would a pet respond to unwanted attention?; Chandler, 2001; 2012).

Promoting emotional awareness and regulation. Results from this study indicated that pets might have functioned as media through which participants developed emotion regulation. Though literature in this area is limited, animals, through AAT, have been shown to play a significant role in the development of emotional awareness and regulation (Chandler, 2001, 2012). As such, therapists may be able to utilize human-pet relationships outside of the therapeutic environment for similar treatment goals.

Strategies aimed at increasing emotional awareness may consist of the following: encouraging clients to share their feelings with their pets (Chandler et al., 2010), instructing clients to share their feelings about their pets in session, and hypothesizing how a pet may feel in

a given situation (Chandler, 2001, 2012). When considering emotion regulation, clinicians may request that clients only approach and interact with pets when in a calm emotional state as a strategy to learn how to self-manage emotions (Chandler, 2012). Alternatively, clinicians could encourage clients to seek comfort and support through pet interaction in times of distress (e.g., cuddling or snuggling with one's pet), as a means of developing skills related to self-soothing and distress tolerance (Chandler, 2012).

As a final note, the above suggestions apply to pre-existing human-pet relationships. I do not recommend that clinicians prescribe or encourage a client to obtain a pet due to the potential risks associated with pet ownership. Risks identified by the current study include decreased well-being, pet aggression, and pet loss. The literature has also identified a number of other risks (e.g., allergies, zoonoses, and pet bites; A. M. Beck & Meyers, 1996; Friedmann & Son, 2009; Herzog, 2011; Jennings, 1997; Lefkowitz et al., 2005). As I have discussed them previously, they will not be repeated here (for more information, please see *Limitations of the Human-pet Relationship*). Should non-pet owners express interest in pets during treatment, there are numerous alternatives to pet ownership. Clinicians can suggest that their client attend a cat café, or visit an animal shelter or dog park to interact with animals. There are also opportunities for clients to volunteer with shelters and rescue organizations.

Considerations and Limitations

Methodological considerations – elements influencing data collection, analysis, and interpretation – are inherent to any research approach. Two noteworthy considerations related to IPA consist of sample size and its connection to generalizability, and participant and researcher influence over the data. When considering sample size, IPA typically engages smaller sample sizes (Larkin & Thompson, 2012a) with recommendations ranging from three to five participants

(Smith & Osborn, 2008). The present study involved 10 participants, which, by some research standards, may result in issues related to generalizability. However, IPA does not strive for this. Its focus is on idiography or the study of the particular (Smith et al., 2009). It attempts to provide an in-depth, detailed, and thorough analysis of experience in a systematic way (Smith et al., 2009) with the intent of accessing individual experience as opposed to universal experience (Eatough & Smith, 2008; Smith et al., 2009). Considering this, theorists have indicated that findings from IPA studies have the potential for theoretical transferability (Smith et al., 2009; Smith & Osborn, 2007). Simply put, researchers and professionals may individually consider potential prevalence and implications of the phenomenon under study by using their professional knowledge and experience to appraise findings (Smith et al., 2009; Smith & Osborn, 2007).

The second methodological consideration speaks to the manner through which IPA accesses an individual's lived experience and the resulting influence both participants and researchers have on the findings. Predominantly, a researcher's examination of an experience is dependent on participants and what they choose to disclose (Smith et al., 2009). The information is then interpreted through a two-stage process or a double hermeneutic (Smith & Eatough, 2007; Smith et al., 2009). More precisely, the participant tries to make sense of their experience and the researcher attempts to interpret the participant's understanding of this experience (Smith & Eatough, 2007; Smith et al., 2009). As such, each has their own innate influence over the data. Although the researcher and the participant may share a number of commonalities (e.g., similar mental capacities and skills as well as the fundamental property of being human), researchers' interpretation and resulting influence may differ due to the employment of professional knowledge and training in a systematic manner (Smith et al., 2009). Consequently, I attempted to prevent my preconceptions from interfering with my ability to understand participants lived

experiences through bracketing or setting aside biases, beliefs, values, and a priori experiences (Gill, 2014; McLeod, 2001). However, complete removal of my personal influence over the interpretation of the study findings is not possible, as is the nature of the double hermeneutic process.

In addition, there are a number of considerations associated with the sample strategies that I used in this study (Ganguli, Lytle, Reynolds, & Dodge, 1998). More specifically, participants were recruited on a voluntary basis through broad-based advertising strategies. To ensure participant safety, I used specific inclusion criteria. These criteria limited the participant sample to individuals 19 years of age or older, to those who have previously disclosed their sexual abuse experiences to at least one other person, and to those who self-identified as not being currently in distress as a result of their experiences of CSA. Though I believed this to be the safest and most ethically appropriate means of exploring the lived experience of human-pet relationships among adult survivors of CSA, it prevented the investigation of experience from survivors who did not meet study criteria. This, in turn, may significantly impact the transferability and usefulness of these findings. Another consideration, is the apparent lack of diversity in the present study sample, as all participants presented as Caucasian and did not identify as having a disability. Issues related to the lack of perceived diversity may have been a result of sample procedures, as direct attempts were not made to obtain a more representative sample. For example, inclusion criteria did not address culture, race, or ability.

The voluntary nature of participant selection also has implications for the interpretation of the findings. In particular, there are inherent biases associated with participant self-selection (Braver & Bay, 1992; Collier & Mahoney, 1996; Ganguli et al., 1998). For instance, Ganguli et al. (1998) found that volunteer participants are more commonly female; possess a higher level of

education; have higher cognitive test scores; demonstrate greater adaptive abilities; are less likely to access health and human services; and have lower mortality rates. Similar concerns were evident in the present study, as a significant number of participants were young females, with higher education, and appeared functionally adaptive. Self-selection, in this case, may have resulted in data that excluded experiences from older adults, individuals who may be less educated, and those who are having difficulties adapting, among other things. Further study considerations relate to participant interest and motivation. Though not directly explored, participants may have a variety of reasons for volunteering. A primary consideration addresses individual beliefs related to the human-pet relationship. For instance, individuals who self-identify as animal lovers, who strongly value the human-pet relationship, or who have a strong bond with their pet may be more likely to volunteer for this study. Thus, this study may not have investigated the experiences of people who may not love animals, who do not value the human-pet relationship, or who do not have strong bonds with their pets.

A final limitation relates to retrospective recall, since every participant discussed historical experiences with a current or former pet, with some events occurring over thirty years ago. Authors have raised concerns with recalled memories (Berney & Blane, 1997; Bradburn, Rips, & Shevell, 1987; Hassan, 2006; Margetts, Vorster, & Venter, 2003; C. C. Miller, Cardinal, & Glick, 1997), which may produce inaccurate recall (Hassan, 2006) and detail deficiencies (Bradburn, Rips, & Shevell, 1987; Hassan, 2006; Wagenaar, 1986). This phenomenon is commonly known as recall bias (Berney & Blane, 1997; Hassan, 2006; Margetts, Vorster, & Venter, 2003). Consequently, the use of retrospective recall could have potentially impacted study findings.

Future Directions

The present study examined the human-animal bond with adult survivors of CSA outside of the therapeutic environment, in essence, combining two fields of study: the human-animal bond and trauma. This points to a new area of literature in significant need of additional research. Though study findings contributed to this novel domain, additional empirical support is required to build on these findings. There is also a need for future research focusing on the potential integration of human-pet relationships into clinical practice, an opportunity discussed in a previous section.

Furthermore, future quantitative studies are needed to help test the themes, subthemes, and specific nuances found in this study. For example, a large sample of CSA survivors could be surveyed to identify fundamental beliefs about pets and humans. Additionally, further investigation might examine the manner in which pets function as mediums for skill and knowledge development. Finally, to explore how pets may reduce stress and anxiety in survivors of CSA, future studies could review the potential calming effects that a pet's breath or heartbeat have on survivors when they are in an elevated state.

Second, findings of the present study provided support for several theories discussed within the literature, specifically, Gilbert's framework for emotion regulation (Gilbert, 2009, 2010); S-E. Brown's model of self psychology (S-E. Brown, 2004); and Bowlby's attachment theory (Bowlby, 1969). Study findings also relate to an additional modality that may apply to the human-pet relationship, CBT. However, the exploration of theory was not the intent of this study. As such, future research should further examine each of these theories in an effort to strengthen the theoretical underpinnings of this field (Silcox et al., 2014). This is especially important as the literature currently lacks a unified theory that conceptualizes the human-animal

bond and its resulting benefits (S-E. Brown, 2004; Silcox et al., 2014). Furthermore, research should also address the utility of applying such theories within clinical practice and the treatment of this population.

Research has yet to investigate the potential integration of human-pet relationships into clinical practice and the treatment of adult survivors of CSA. I have discussed several possible strategies for the incorporation of these relationships into treatment; however, they lack empirical support. As such, future research within this area is needed. For instance, prospective studies may explore the impact that pets have on mood, anxiety, and depression among survivors of CSA who are participating in treatment. Additionally, researchers may seek to investigate the utility of the human-pet relationship outside of the therapeutic environment regarding the development of skills related to emotion regulation, coping, and relational skills, and subsequently, techniques which allow practitioners to incorporate the human-pet relationship into clinical practice. Furthermore, future research could identify empirically supported methods and techniques supporting the integration of human-pet relationships into trauma treatment. Future research could also explore whether pets can function as transitional objects within the therapeutic environment. Finally, researchers could investigate methods through which human-pet relationships can support the development of a strong therapeutic alliance.

Future research could also address a number of additional gaps identified in relation to CSA and the human-animal bond. First, research could explore the human-animal bond among other survivors of CSA, specifically child survivors. For instance, future research may review the lived experience of human-pet relationships among child survivors of CSA or the impact of the human-animal bond during the experience of CSA (i.e., How might pets in the home assist with recovery?). Second, further research could investigate the human-animal bond with other

types of trauma (e.g., individuals who struggle with PTSD; first responders; military personnel). Third, studies may seek to identify techniques incorporating the human-pet relationship inside and outside of the therapeutic environment for all types of clients.

In addition to the necessity for more research in this area, is the need for dissemination of current knowledge. For example, Silcox et al. (2014) emphasized the importance of including information about the human-pet relationship into training programs and coursework. Considering the potential significance and benefits of these relationships in the lives of clients, professionals should place more emphasis on the human-pet relationship within the field of psychology in terms of research, training, and practice.

Conclusion

Through the use of IPA, this study explored the lived experience of human-pet relationships among adult survivors of CSA, thereby addressing a significant gap in the current literature. Findings from the study indicated that the human-pet relationship provided survivors with companionship, reciprocal love, and feelings of safety and security. Furthermore, findings revealed a number of benefits survivors received as a result of participating in a human-pet relationship. Such advantages included: positive impact on well-being; assistance in coping with painful experience; bolstering of human-human social interaction; and skill and knowledge development. Overall, the implications for clinical practice are significant, in that pets may function as an active support and resource for survivors as well as a useful tool for practitioners. However, more research is needed to further support and treat this deserving population.

References

- Ahrens, C. E., Stansell, J., & Jennings, A. (2010). To tell or not to tell: The impact of disclosure on sexual assault survivors' recovery. *Violence and Victims, 25*, 631-648.
doi:10.1891/0886-6708.25.5.631
- Ainsworth, M. D. S. (1989). Attachments beyond infancy. *American Psychologist, 44*, 709-716.
doi:10.1037//0003-066x.44.4.709
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. New York, NY: Lawrence Erlbaum Associates, Inc.
- Alaggai, R., & Mishna, F. (2014). Self Psychology and male child sexual abuse: Healing relational betrayal. *Clinical Social Work Journal, 42*, 41-48. doi:10.1007/s10615-013-0453-2
- Alexander, P. C. (1992). Application of attachment theory to the study of sexual abuse. *Journal of Consulting and Clinical Psychology, 60*, 185-195. doi:10.1037//0022-006x.60.2.185
- Allen, J. G., Huntoon, J., Fultz, J., Stein, H., Fonagy, P., & Evans, R. B. (2001). A model of brief assessment of attachment and its application to women in inpatient treatment for trauma-related psychiatric disorders. *Journal of Personality Assessment, 76*, 421-447.
doi:10.1207/S15327752JPA7603_05
- Allen, K., Blascovich, J., & Mendes, W. B. (2002). Cardiovascular reactivity and the presence of pets, friends, and spouses: The truth about cats and dogs. *Psychosomatic Medicine, 64*, 727-739. doi:10.1097/01.PSY.0000024236.11538.41

- Allen, K. M., Blascovich, J., Tomaka, J., & Kelsey, R. M. (1991). Presence of human friends and pet dogs as moderators of autonomic responses to stress in women. *Journal of Personality and Social Psychology*, *61*, 582-589. doi:10.1037/0022-3514.61.4.582
- Allen, J. M., Hammon Kellegrew, D., & Jaffe, D. (2000). The experience of pet ownership as a meaningful occupation. *Canadian Journal of Occupational Therapy*, *67*, 271-278. doi:10.1177/000841740006700409
- Allen, K., Shykoff, B. E., & Izzo, J. L. (2001). Pet ownership, but not ACE Inhibitor Therapy, blunts home blood pressure responses to mental stress. *Hypertension*, *38*, 815-820. Retrieved from <http://hyper.ahajournals.org.login.ezproxy.library.ualberta.ca/content/38/4/815.full>
- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorder* (5th ed.). Washington, DC: American Psychiatric Publishing.
- American Veterinary Medical Association (2012). *U.S. pet ownership & demographics sourcebook* (2012 ed.). Retrieved from <https://www.avma.org/KB/Resources/Statistics/Pages/Market-research-statistics-US-Pet-Ownership-Demographics-Sourcebook.aspx>
- American Veterinary Medical Association (2014). *Human-animal bond*. Retrieved from <https://www.avma.org/kb/resources/reference/human-animal-bond/pages/human-animal-bond-avma.aspx>
- Anda, R., Tietjen, G., Schulman, E., Felitti, V., & Croft, J. (2010). Adverse childhood experiences and frequent headaches in adults. *Headache*, *50*, 1473-1481. doi:10.1111/j.1526-461-.2010.01756.x
- Arnold, J. C. (1995). Therapy dogs and the dissociative patient: Preliminary observations.

Dissociation, 8, 247-252. Retrieved from <http://hdl.handle.net/1794/1154>

- Artime, T. M., & Peterson, Z. D. (2012). The relationships among childhood maltreatment, emotion regulation, and sexual risk taking in men from urban STD clinics. *Journal of Aggression, Maltreatment & Trauma*, 21, 277-299. doi:10.1080/10926771.2012.659802
- Aspelmeier, J. E., Elliott, A. N., & Smith, C. H. (2007). Childhood sexual abuse, attachment, and trauma symptoms in college females: The moderating role of attachment. *Child Abuse & Neglect*, 31, 549-566. doi:10.1016/j.chiabu.2006.12.002
- ATLAS.ti (Version 8.1.2) [Computer software]. Berlin, Germany: ATLAS.ti Scientific Software Development GmbH.
- Bagley, D. K., & Gonsman, V. L. (2005). Pet attachment and personality type. *Anthrozoös*, 18, 28-42. doi:10.2752/089279305785594333
- Banai, E., Shaver, P. R., & Mikulincer, M. (2005). "Selfobject" needs in Kohut's Self Psychology: Links with attachment, self-cohesion, affect regulation, and adjustment. *Psychoanalytic Psychology*, 22, 224-260. doi:10.1037/0736-9735.22.2.224
- Banyard, V. L., Kendall-Tackett, K. A., & Edwards, V. J. (2009). Introduction to trauma and physical health: A framework and introduction to integrating trauma practice into primary care. In V. L. Banyard, V. J. Edwards, & K. A. Kendall-Tackett (Eds.), *Trauma and physical health: Understanding the effects of extreme stress and of psychological harm* (pp. 1-4). New York, NY: Routledge.
- Banyard, V. L., & Williams, L. M. (2007). Women's voices on recovery: A multi-method study of the complexity of recovery from child sexual abuse. *Child Abuse & Neglect*, 31, 275-290. doi:10.1016/j.chiabu.2006.02.016
- Barker, S. B., Barker, R. T., Dawson, K. S., & Knisely, J. S. (1997). The use of the family life

space diagram in establishing interconnectedness: A preliminary study of sexual abuse survivors, their significant others, and pets. *Individual Psychology*, 53, 435-450. Retrieved from <https://search-proquest-com.login.ezproxy.library.ualberta.ca/docview/1303448769?pq-origsite=gscholar>

Barlow, M. R., Cromer, L. D., Caron, H. P., & Fredy, J. J. (2012). Comparison of normative and diagnosed dissociation on attachment to companion animals and stuffed animals. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4, 501-506.
doi:10.1037/a0028134

Barlow, M. R., Hutchinson, C. A., Newton, K., Grover, T., & Ward, L. (2012). Childhood neglect, attachment to companion animals and stuffed animals as attachment objects in women and men. *Anthrozoös*, 25, 111-119. doi:10.2752/175303712X13240472427159

Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Social and Personal Relationships*, 7, 147-178. doi:10.1177/0265407590072001

Bauerfeind, R., Schwarz, T., von Graevenitz, A., Slenczka, W., Kimmig, P., Zahner, H. & Schiefer, H. G. (2016). *Zoonoses: Infectious Diseases Transmissible Between Animals and Humans*. Washington, DC: ASM Press.

Baun, M. M., Bergstrom, N. Langston, N. F., & Thoma, L. (1984). Physiological effects of human/companion animal bonding. *Nursing Research*, 33, 126-129.
doi:10.1097/00006199-198405000-00002

Beck, J. S. (2011). *Cognitive Behavior Therapy Basics and Beyond* (2nd ed.). New York, NY: The Guilford Press.

- Beck, L., & Madresh, E. A. (2008). Romantic partners and four legged friends: An extension of attachment theory to relationships with pets. *Anthrozoös*, *21*, 43-56.
doi:10.2752/089279308X274056
- Beck, A. M., & Meyers, M. N. (1996). Health enhancement and companion animal ownership. *Annual Review*, *17*, 247-257. Retrieved from
<https://doi.org/10.1146/annurev.publhealth.17.1.247>
- Beetz, A., Uvnäs-Moberg, K., Julius, H., & Kotrschal, K. (2012). Psychosocial and psychophysiological effects of human-animal interactions: The possible role of oxytocin. *Frontiers in Psychology*, *31*, 1-15. doi:10.3389/fpsyg.2012.00234
- Berliner, L., & Elliott, D. M. (2002). Sexual abuse of children. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC handbook on child maltreatment* (2nd ed., pp. 55-78). London, England: Sage Publications Inc.
- Berney, L. R., & Blane, D. B. (1997). Collection retrospective data: Accuracy of recall after 50 years judged against historical records. *Social Science & Medicine*, *45*, 1519-1525.
doi:10.1016/s0277-9536(97)00088-9
- Bernstein, R. E., Measelle, J. R., Laurent, H., Musser, E. D., & Ablow, J. C. (2013). Sticks and stones may break my bones but words relate to adult physiology? Child abuse experience and women's sympathetic nervous system response while self-reporting trauma. *Journal of Aggression, Maltreatment & Trauma*, *22*, 1117-1136.
doi:10.1080/10926771.2013.850138
- Bernstein, E. M., & Putnam, F. W. (1986). Development, reliability, and validity of a dissociation scale. *The Journal of Nervous and Mental Disease*, *174*, 727-735.
doi:10.1037/e609912012-081

- Beverland, M. B., Farrelly, F., & Lim, E. A. C. (2008). Exploring the dark side of pet ownership: Status- and control-based pet consumption. *Journal of Business Research*, *61*, 490-496.
doi:10.1016/j.jbusres.2006.08.009
- Bohus, M., Dyer, A. S., Priebe, K., Kruger, A., Kleindienst, N., Schmahl, C., Niedtfeld, I., & Steil, R. (2013). Dialectical behaviour therapy for post-traumatic stress disorder after childhood sexual abuse in patients with and without borderline personality disorder: A randomized controlled trial. *Psychotherapy and Psychosomatics*, *82*, 221-233.
doi:10.1159/000348451
- Bowlby, J. (1969). *Attachment and loss: Attachment* (Vol. 1). New York, NY: Basic Books, Inc.
- Boyce, J., Cotter, A., & Perreault, S. (2014). *Police-reported crime statistics in Canada, 2013* (Component of Statistics Canada Catalogue No. 85-002-X). Ottawa, ON: Statistics Canada.
- Bradburn, N. M., Rips, L. J., & Shevell, S. K. (1987). Answering autobiographical questions: The impact of memory and inference on surveys. *Science*, *236*, 157-161.
doi:10.1126/science.3563494
- Braver, S. L., & Bay, R. C. (1992). Assessing and compensating for self-selection bias (non-representativeness) of the family research sample. *Journal of Marriage and the Family*, *54*, 925-939. doi:10.2307/353173
- Brennan, S., & Taylor-Butts, A. (2008). *Sexual assault in Canada: 2004 and 2007* (Statistics Canada Catalogue No. 85F0033M). Ottawa, ON: Canadian Centre for Justice Statistics.
- Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology & Health*, *21*, 87-108.
doi:10.1080/14768320500230185
- Brotto, L. A., Seal, B. N., & Rellini, A. (2012). Pilot study of a brief cognitive behavioral versus

mindfulness-based intervention for women with sexual distress and history of childhood sexual abuse. *Journal of Sex & Marital Therapy*, 38, 1-27.

doi:10.1080/0092623X.2011.569636

Brown, S-E. (2004). The human-animal bond and Self Psychology: Toward a new understanding. *Society & Animals*, 12, 67-86. doi:10.1163/156853004323029540

Brown, S-E. (2007). Companion animals as selfobjects. *Anthrozoös*, 20, 329-343.

doi:10.2752/089279307X245654

Brown, S-E. (2011a). Theoretical concepts from Self Psychology applied to animal hoarding. *Society & Animals*, 19, 175-193. doi:10.1163/156853011X563006

Brown, S-E. (2011b). Self psychology and the human-animal bond: An overview. In C. Blazina, G. Boyraz, & D. Shen-Miller (Eds.), *The psychology of the human-animal bond: A resource for clinicians and researchers* (pp. 137-149). New York, NY: Springer.

Brown, S-E., & Katcher, A. H. (1997). The contribution of attachment to pets and attachment to nature to dissociation and absorption. *Dissociation*, 10, 125-129. Retrieved from <http://hdl.handle.net/1794/1828>

Brown, S-E., & Katcher, A. H. (2001). Pet attachment and dissociation. *Society & Animals*, 9, 25-41. doi:10.1163/156853001300108973

Brown, S. G., & Rhodes, R. E. (2006). Relationships among dog ownership and leisure-time walking in Western Canadian adults. *American Journal of Preventive Medicine*, 30, 131-136. doi:10.1016/j.amepre.2005.10.007

Burke Draucker, C., & Steele Martsof, D. (2006). *Counselling survivors of childhood sexual abuse* (3rd ed.). Thousand Oak, CA: SAGE Publications, Inc.

Canadian Psychological Association (2017). *Canadian code of ethics for psychologists* (4th ed.).

Retrieved from https://www.cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf

Chandler, C. (2001). *Animal-Assisted Therapy in counseling and school setting*. Retrieved from

ERIC database. (EDO-CG-01-05)

Chandler, C. K. (2012). *Animals Assisted Therapy in counselling* (2nd ed.). New York, NY:

Taylor & Francis Group, LLC.

Chandler, C. K., Portrie-Bethke, T. L., Barrio Minton, C. A., Fernando, D. M., & O'Callaghan,

D. M. (2010). Matching Animal-Assisted Therapy techniques and intentions with counselling guiding theories. *Journal of Mental Health Counseling*, 32, 354-374.

doi:10.17744/mehc.32.4.u72lt21740103538

Chapman, E., & Smith, J. A. (2002). Interpretative Phenomenological Analysis and the new genetics. *Journal of Health Psychology*, 7, 125 - 130.

doi:10.1177/1359105302007002397

Chartier, I. S., & Provencher, M. D. (2013). Behavioural activation for depression: Efficacy, effectiveness and dissemination. *Journal of Affective Disorders*, 145, 292-299.

doi:10.1016/j.jad.2012.07.023

City of Edmonton (2016). *Animal Licensing and Control Bylaw* (Bylaw 13145). Retrieved from

<https://www.edmonton.ca/documents/Bylaws/C13145.pdf>

City of Edmonton (2018). *Animal Care & Control*. Retrieved from

https://www.edmonton.ca/city_government/bylaws/animal-control-services.aspx

Classen, C. C., Gronskeya Palesh, O., & Aggarwal, R. (2005). Sexual revictimization: A review of the empirical literature. *Trauma, Violence, & Abuse*, 6, 103-129.

doi:10.1177/1524838005275087

- Cloitre, M., Cohen, L. R., & Koenen, K. C. (2006). *Treating survivors of childhood abuse: Psychotherapy for the interrupted life*. New York, NY: The Guilford Press.
- Cloitre, M., Miranda, R., Stoveall-McClough, K. C., & Han, H. (2005). Beyond PTSD: Emotion regulation and interpersonal problems as predictors of functional impairment in survivors of childhood abuse. *Behavior Therapy, 36*, 199-124. doi:10.1016/s0005-7894(05)80060-7
- Cohen, M. Z. (2000). Introduction. In M. A. Cohen, D. L., Kahn, & R. H. Steeves (Eds.), *Hermeneutic phenomenological research: A practical guide for nurse researchers* (pp. 1-12). Thousand Oaks, CA: Sage Publications, Inc.
- Cohen, M. Z., Kahn, D. L., & Steeves, R. H. (2000). How to analyze the data. In M. A. Cohen, D. L. Kahn, & R. H. Steeves (Eds.), *Hermeneutic phenomenological research: A practical guide for nurse researchers* (pp. 71-83). Thousand Oaks, CA: Sage Publications, Inc.
- Coid, J., Petruckevitch, A., Feder, G., Chung, W-S., Richardson, J., & Moorey, S. (2001). Relation between childhood sexual and physical abuse and risk of revictimization in women: A cross-sectional survey. *The Lancet, 358*, 450-454. doi:10.1016/s0140-6736(01)05622-7
- Colarusso, C. A. (2010). *The long shadow of sexual abuse: Developmental effects across the life cycle*. Lanham, Maryland: Jason Aronson.
- Cole, P. M., & Putnam, F. W. (1992). Effect of incest on self and social functioning: A developmental psychopathology perspective. *Journal of Consulting and Clinical Psychology, 60*, 174-184. doi:10.1037//0022-006x.60.2.174
- Collier, D., & Mahoney, J. (1996). Insights and pitfalls: Selection bias in qualitative research. *World Politics, 49*, 56-91. doi:10.1353/wp.1996.0023

- Cooke, B. D., Rossmann, M. M., McCubbin, H. I., & Patterson, J. M. (1988). Examining the definition and assessment of social support: A resource for individuals and families. *Family Relations*, 37, 211-216. doi:10.2307/584322
- Cordaro, M. (2012). Pet loss and disenfranchised grief: Implication for mental health counseling practice. *Journal of Mental Health Counseling*, 34, 283-294. doi:10.17744/mehc.34.4.41q0248450t98072
- Crawford, E. K., Worsham, N. L., & Swinehart, E. R. (2006). Benefits derived from companion animals, and the use of the term “attachment.” *Anthrozoös*, 19, 98-112. doi:10.2752/089279306785593757
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, 39, 124-130. doi:10.1207/s15430421tip3903_2
- Creswell, J. W. (2013). *Qualitative inquiry and research design, choosing among five approaches* (3rd ed.). Thousand Oak, CA: SAGE Publications, Inc.
- Cruz, F. G., & Essen, L. (1994). *Adult survivors of childhood emotional, physical, and sexual abuse: Dynamics and treatment*. Northvale, New Jersey: Jason Aronson Inc.
- Cutt, H., Giles-Corti, B., Knuiman, M., & Burke, V. (2007). Dog ownership, health and physical activity: A critical review of the literature. *Health & Place*, 13, 261-272. doi:10.1016/j.healthplace.2006.01.003
- Cutt, H. E., Knuiman, M. W., & Giles-Corti, B. (2008). Does getting a dog increase recreational walking? *International Journal of Behavioral Nutrition and Physical Activity*, 5, 1-10. doi:10.1186/1479-5868-5-17

- DePrekel, M. (2012). Equine facilitated psychotherapy for the treatment of trauma. In K. S. Trotter (Ed.), *Harnessing the power of equine assisted counseling: Adding animal assisted therapy to your practice* (pp. 59-72). New York, NY: Routledge.
- DePrekel, M., & Neznik, K. (2012). Animal assisted group interventions for the treatment of trauma. In K. S. Trotter (Ed.), *Harnessing the power of equine assisted counseling: Adding animal assisted therapy to your practice* (pp. 41-52). New York, NY: Routledge.
- Dietz, T. J., Davis, D., & Pennings, J. (2012). Evaluating Animal-Assisted Therapy in group treatment for child sexual abuse. *Journal of Child Sexual Abuse, 21*, 665-683.
doi:10.1080/10538712.2012.726700
- Dimidjian, S., Hollon, S. D., Dobson, K. S., Schmaling, K. B., Kohlenber, R. J., Addis, M. E., Gallop, R., McGlinchey, J. B., Makely, D. K., Gollan, J. K., Atkins, D. C., Dunner, D. L., & Jacobson, N. S. (2006). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the acute treatment of adults with major depression. *Journal of Consulting and Clinical Psychology, 74*, 658-670. doi:10.1037/0022-006X.74.4.658
- Dizon, M., Bulter, L. D., & Koopman, C. (2007). Befriending man's best friends: Does altruism toward animals promote psychological and physical health? In S. G. Post (Ed.), *Altruism and health: Perspectives from empirical research* (pp. 278-289). Retrieved from <http://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780195182910.001.0001/acprof-9780195182910>
- Draucker, C. B., & Martsof, D. S. (2006). *Counseling survivors of childhood sexual abuse*. London, England: SAGE Publications Ltd.

- Duffy, T. M., & Jonassen, D. H. (1992). Constructivism: New implications for instructional technology. In T. M. Duffy & D. H. Jonassen (Eds.), *Constructivism and the technology of instruction: A conversation* (pp. 1-16). Hillsdale, New Jersey: Lawrence Erlbaum Associates, Inc.
- Duvall Antonacopoulos, N. M., & Pychyl, T. A. (2010). An examination of the potential role of pet ownership, human social support and pet attachment in the psychological health of individuals living alone. *Anthrozoös*, *23*, 37-54.
doi:10.2752/175303710x12627079939143
- Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. In C. Willig & W. Stainton-Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (pp. 179-195). London, England: SAGE Publications Ltd.
- Feeney, J., Kamiya, Y., Robertson, I. H., & Kenny, R. A. (2013). Cognitive function is preserved in older adults with a reported history of childhood sexual abuse. *Journal of Traumatic Stress*, *26*, 735-743. doi:10.1002/jts.21861
- Fergusson, D. M., Horwood, L. J., & Lynskey, M. T. (1996). Childhood sexual abuse and psychiatric disorder in young adulthood, II: Psychiatric outcomes of childhood sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, *35*, 1365-1374. doi:10.1097/00004583-199610000-00024
- Fergusson, D. M., McLeod, G. F. H., & Horwood, L. J. (2013). Childhood sexual abuse and adult developmental outcomes: Findings from a 30-year longitudinal study in New Zealand. *Child Abuse & Neglect*, *37*, 664-674. doi:10.1016/j.chiabu.2013.03.013
- Fine, A. H. (2015). Incorporating Animal-Assisted Interventions into psychotherapy: Guidelines and suggestions for therapists. In A. H. Fine (Eds.), *Handbook on animal-assisted therapy:*

Foundations and guidelines for animal-assisted interventions (4th ed., pp. 141 – 155).

London, England: Academic Press.

Finkelhor, D. (1991). Child sexual abuse. In M. L. Rosenberg & M. A. Fenley (Eds.), *Violence in America: A public health approach* (pp. 79-94). New York, NY: Oxford University Press, Inc.

Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, 55, 530-541. doi:10.1111/j.1939-0025.1985.tb02703.x

Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect*, 14, 19-28. doi:10.1016/0145-2134(90)90077-7

Fleming, V., Gaidys, U., & Robb, Y. (2003). Hermeneutic research in nursing: Developing a Gadamerian-based research method. *Nursing Inquiry*, 10, 113-120. doi:10.1046/j.1440-1800.2003.00163.x

Flynn, C. P. (2000). Battered women and their animal companions: Symbolic interaction between human and nonhuman animals. *Society and Animals*, 8, 99-127. doi:10.1163/156853000511032

Follette, V. M., Polusny, M. A., Bechtle, A. E., & Naugle, A. E. (1996). Cumulative trauma: The impact of child sexual abuse, adult sexual assault, and spouse abuse. *Journal of Traumatic Stress*, 9, 25-35. doi:10.1007/bf02116831

Fraser, D. (2009). Animal behaviour, animal welfare and the scientific study of affect. *Applied Animal Behaviour Science*, 118, 108-117. doi:10.1016/j.applanim.2009.02.020

- Friedmann, E., Honori Katcher, A., Lynch, J. J., & Thomas, S. A. (1980). Animal companions and one-year survival of patients after discharge from a coronary care unit. *Public Health Reports, 95*, 307-312. Retrieved from <http://www.jstor.org/login.ezproxy.library.ualberta.ca/stable/4596316>
- Friedmann, E., Katcher, A. H., Thomas, S. A., Lynch, J. J., & Messent, P. R. (1983). Social interaction and blood pressure influence of animal companions. *The Journal of Nervous and Mental Disease, 171*, 461-465. doi:10.1097/00005053-198308000-00002
- Friedmann, E., Locker, B. Z., & Lockwood, R. (1993). Perception of animals and cardiovascular responses during verbalization with an animal present. *Anthrozoös, 6*, 115-134. doi:10.2752/089279393787002303
- Friedmann, E., & Thomas, S. A. (1995). Pet ownership, social support, and one-year survival after acute myocardial infarction in the Cardiac Arrhythmia Suppression Trial (CAST). *The American Journal of Cardiology, 76*, 1213-1217. doi:10.1016/s0002-9149(99)80343-9
- Friedmann, E., & Son, H. (2009). The human-companion animal bond: How humans benefit. *Veterinary Clinics of North America: Small Animal Practice, 39*, 293-326. doi:10.1016/j.cvsm.2008.10.015
- Friedmann, E., Thomas, S. A., Cook, L. K., Tsai, C-C., & Picot, S. J. (2007). A friendly dog as potential moderator of cardiovascular response to speech. *Anthrozoös, 20*, 51-63. doi:10.2752/089279307780216605
- Friedmann, E., Thomas, S. A., & Son, H. (2011). Pets, depression and long-term survival in community living patients following myocardial infarction. *Anthrozoös, 24*, 273-285. doi:10.2752/175303711x13045914865268

- Ganguli, M., Lytle, M. E., Reynolds, M. D., & Dodge, H. H. (1998). Random versus volunteer selection for community-based study. *The Journal of Gerontology*, *53A*, M39-M46. doi:10.1093/Gerona/53A.1.M39
- Garcia-Toro, M., Rubio, J. M., Gili, M., Roca, M., Jin, C. J., Liu, S-M., Bastianoni, C., & Blanco, C. (2013). Persistence of chronic major depression: A national prospective study. *Journal of Affective Disorders*, *151*, 306-312. doi:10.1016/j.jad.2013.06.013
- Gilbert, P. (2009). *The compassionate mind*. Oakland, CA: New Harbinger Publications, Inc.
- Gilbert, P. (2010). *Compassion focused therapy*. New York, NY: Routledge.
- Gill, M. J. (2014). The possibilities of phenomenology for organizational research. *Organizational Research Methods*, *17*, 118-137. doi:10.1177/1094428113518348
- Giorgi, A. (2012). The Descriptive Phenomenological Psychological method. *Journal of Phenomenological Psychology*, *43*, 3-12. doi:10.1163/156916212X632934
- Golding, J. M., Wilsnack, S. C., & Cooper, M. L. (2002). Sexual assault history and social support: Six general population studies. *Journal of Traumatic Stress*, *15*, 187-197. doi:0894-9867/02/0600-0187/1
- Gosling, S. D., & Bonnenburg, A. V. (1998). An integrative approach to personality research in Anthrozoology: Ratings of six species of pets and their owners. *Anthrozoös*, *11*, 148-156. doi:10.2752/089279398787000661
- Gosling, S. D., Sandy, C. J., & Potter, J. (2010). Personalities of self-identified “dog people” and “cat people.” *Anthrozoös*, *23*, 213-222. doi:10.2752/175303710X12750451258850
- Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioural Assessment*, *26*,

41- 54. doi:10.1023/b:joba.00000007455.08539.94

Greenberg, M. A., & Stone, A. A. (1992). Emotional disclosure about traumas and its relation to health: Effects of previous disclosure and trauma severity. *Journal of Personality and Social Psychology*, 63, 75-84. doi:10.1037//0022-3514.63.1.75

Halm, M. A. (2008). The healing power of the human-animal connection. *American Journal of Critical Care*, 17, 373-376. Retrieved from <http://ajcc.aacnjournals.org.login.ezproxy.library.ualberta.ca/content/17/4/373.short>

Hamama, L., Hamama-Raz, Y., Dagan, K., Greenfeld, H., Rubinstein, C., & Ben-Ezra, M. (2011). A preliminary study of group intervention along with basic canine training among traumatized teenagers: A 3-month longitudinal study. *Children and Youth Service Review*, 33, 1975-1980. doi:10.1016/j.chilyouth.2011.05.021

Handlin, L., Hydbring-Sandberg, E., Nilsson, A., Ejdebäck, M., Jansson, A., & Uvnäs-Moberg, K. (2011). Short-term interaction between dogs and their owners: Effects on oxytocin, cortisol, insulin and heart rate – an exploratory study. *Anthrozoös*, 24, 301-315. doi:10.2752/175303711X13045914865385

Hassan, E. (2006). Recall bias can be a threat to retrospective and prospective research designs. *The Internet Journal of Epidemiology*, 3(2), 1-7. doi:10.5580/2732

Headey, B. (2006). *National people and pets survey: Socially responsible pet ownership in Australia: A decade of progress*. Retrieved from http://www.petnet.com.au/sites/default/files/National_People_and_Pets_2006.pdf

Headey, B., & Grabka, M. M. (2007). Pets and human health in German and Australia: National longitudinal results. *Social Indicators Research*, 80, 297-311. doi:10.1007/s11205-005-5072-z

- Headey, B., Na, F., & Zheng, R. (2008). Pet dogs benefit owners' health: A 'natural experiment' in China. *Social Indicators Research*, *87*, 481-493. doi:10.1007/s11205-007-9142-2
- Heim, C., Newport, J., Wagner, D., Wilcox, M. M., Miller, A. H., & Nemeroff, C. B. (2002). The role of early adverse experience and adulthood stress in the prediction of neuroendocrine stress reactivity in women: A multiple regression analysis. *Depression and Anxiety*, *15*, 117-125. doi:10.1002/da.10015
- Heim, C., Shugart, M., Craighead, W. E., & Nemeroff, C. B. (2010). Neurobiological and psychiatric consequences of child abuse and neglect. *Developmental Psychobiology*, *52*, 671-690. doi:10.1002/dev.20494
- Hemenover, S. H. (2003). The good, the bad, and the healthy: Impacts of emotional disclosure of trauma on resilient self-concept and psychological distress. *Personality and Social Psychology Bulletin*, *29*, 1236-1244. doi:10.1177/0146167203255228
- Hemsworth, S., & Pizer, B. (2006). Pet ownership in immunocompromised children: A review of the literature and survey of existing guidelines. *European Journal of Oncology Nursing*, *10*, 117-127. doi:10.1016/j.ejon.2005.08.001
- Herman, J.L. (1997). *Trauma and recovery*. New York, NY: Basic Books.
- Herrald, M. M., Tomaka, J., & Medina, A. Y. (2002). Pet ownership predicts adherence to cardiovascular rehabilitation. *Journal of Applied Social Psychology*, *32*, 1107-1123. doi:10.1111/j.1559-1816.2002.tb01428.x
- Herzog, H. (2010). *Some we love, some we hate, some we eat: Why its so hard to think straight about animals*. New York, NY: HarperCollins Publishers.

- Herzog, H. (2011). The impact of pets on human health and psychological well-being: Fact, fiction, or hypothesis? *Current Directions in Psychological Science, 20*, 236-239.
doi:10.1177/0963721411415220
- Hilarski, C., & Wodarsk, J. (Eds.). (2006). *Comprehensive mental health practice with sex offenders and their families*. Binghamton, NY: The Haworth Press.
- Hirsch, B. J. (1981). Social networks and the coping process: Creating personal communities. In B. Gottlieb (Ed.), *Social networks and social support* (pp. 149-170). Beverly Hills, CA: Sage Publications, Inc.
- Holt-Lunstad, J., Birmingham, W. A., & Light, K. C. (2008). Influence of a “warm touch” support enhancement intervention among married couples on ambulatory blood pressure, oxytocin, alpha amylase, and cortisol. *Psychosomatic Medicine, 70*, 976-985.
doi:10.1097/PSY.0b013e318187aef7
- Hunt, S. J., Hart, L. A., & Gomulkiewicz, R. (1992). Role of small animals in social interactions between strangers. *The Journal of Social Psychology, 132*, 245-256.
doi:10.1080/00224545.1992.9922976
- Irish, L., Kobayashi, I., & Delahanty, D. L. (2010). Long-term physical health consequences of childhood sexual abuse: A meta-analytic review. *Journal of Pediatric Psychology, 35*, 450-461. doi:10.1093/jpepsy/jsp118
- Jennings, L. B. (1997). Potential benefits of pet ownership in health promotion. *Journal of Holistic Nursing, 15*, 358-372. doi:10.1177/089801019701500404
- Johnson, K. A., & Lynch, S. M. (2013). Predictors of maladaptive coping in incarcerated women who are survivors of childhood sexual abuse. *Journal of Family Violence, 28*, 43-52.
doi:10.1007/s10896-012-9488-3

- Jonassen, D. (1991). Objectivism versus constructivism: Do we need a new philosophical paradigm? *Educational Technology Research and Development*, 39(3), 5-14.
doi:10.1007/bf02296434
- Jonzon, E., & Lindblad, F. (2004). Disclosure, reactions, and social support: Findings from a sample of adult victims of child sexual abuse. *Child Maltreatment*, 9, 190-200.
doi:10.1177/1077559504264263
- Jonzon, E., & Lindblad, F. (2006). Risk factors and protective factors in relation to subjective health among adult female victims of child sexual abuse. *Child Abuse & Neglect*, 30, 127-143. doi:10.1016/j.chiabu.2005.08.014
- Jordan, A. L., Eccleston, C., & Osborn, M. (2007). Being a parent of the adolescent with complex chronic pain: An interpretative phenomenological analysis. *European Journal of Pain*, 11, 49-56. doi:10.1016/j.ejpain.2005.12.012
- Julius, H., Beetz, A., Kotrschal, K., Turner, D., & Uvnäs-Moberg, K. (2013). *Attachment to pets: An integrative view of human-animal relationships with implications for therapeutic practice*. Cambridge, MA: Hogrefe Publishing.
- Karakurt, G., & Silver, K. E. (2014). Therapy for childhood sexual abuse survivors using attachment and family systems theory orientations. *The American Journal of Family Therapy*, 42, 79-91. doi:10.1080/01926187.2013.772872
- Katcher, A., Beck, A. M., & Levine, D. (1989). Evaluation of a pet program in prison – The Pal Project at Lorton. *Anthrozoös*, 2, 175-180. doi:10.2752/089279389787058037
- Katcher, A., Segal, H., & Beck, A. (1984). Comparison of contemplation and hypnosis for the reduction of anxiety and discomfort during dental surgery. *American Journal of Clinical Hypnosis*, 27, 14-21. doi:10.1080/00029157.1984.10402583

Kemp, K., Signal, T., Botros, H., Taylor, N., & Prentice, K. (2014). Equine Facilitated Therapy with children and adolescents who have been sexually abused: A program evaluation study. *Journal of Child and Family Studies, 23*, 558-566. doi:10.1007/s10826-013-9718-

1

Kendler, K. S., & Aggen, S. H. (2014). Clarifying the causal relationship in women between childhood sexual abuse and lifetime major depression. *Psychological Medicine, 44*, 1213-1221. doi:10.1017/S0033291813001797

Kim, J., & Cicchetti, D. (2010). Longitudinal pathways linking child maltreatment, emotion regulation, peer relations, and psychopathology. *Journal of Child Psychology and Psychiatry, 51*, 706-716. doi:10.1111/j.1469-7610.2009.02202.x

Kinnear, K. L. (2007). *Childhood sexual abuse: A reference handbook* (2nd ed.). Santa Barbara, CA: ABC-CLIO, Inc.

Klein, D. N., Glenn, C. R., Kosty, D. B., Seeley, J. R., Rohde, P., & Lewinsohn, P. M. (2013). Predictors of first lifetime onset of major depressive disorder in young adulthood. *Journal of Abnormal Psychology, 122*, 1-6. doi:10.1037/a0029567

Kloep, M. L., Hunter, R. H., & Kertz, S. J. (2017). Examining the effects of a novel training program and use of psychiatric service dogs for military-related PTSD and associated symptoms. *American Journal of Orthopsychiatry, 87*, 1-9. doi:10.1037/ort0000254

Kohut, H. (1984). *How does analysis cure*. Chicago, IL: The University of Chicago Press.

Kohut, H., & Wolf, E. S. (1978). The disorders of the self and their treatment: An outline. *The International Journal of Psychoanalysis, 59*, 413-425. Retrieved from [https://search-](https://search-proquest-com.login.ezproxy.library.ualberta.ca/docview/1298190452/330C5E8CAE64452CPQ/48?a)

proquest-

com.login.ezproxy.library.ualberta.ca/docview/1298190452/330C5E8CAE64452CPQ/48?a

ccountid=14474

- Kruger, K. A., & Serpell, J. A. (2010). Animal-Assisted Interventions in mental health: Definitions and theoretical foundations. In A. H. Fine (Eds.), *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice* (3rd ed., pp. 33-48). San Diego, CA: Academic Press.
- Kurdek, L. A. (2008). Pet dogs as attachment figures. *Journal of Social and Personal Relationships, 25*, 247-266. doi:10.1177/0265407507087958
- Kurdek, L. A. (2009). Pet dogs as attachment figures for adult owners. *Journal of Family Psychology, 23*, 439-446. doi:10.1037/a0014979
- Larkin, M., & Thompson, A. R. (2012a). Interpretative phenomenological analysis in mental health and psychotherapy research. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 101-116). Chichester, West Sussex: Wiley-Blackwell.
- Larkin, M., & Thompson, A. (2012b). Interpretative phenomenological analysis. In A. Thompson & D. Harper (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 99-116). Retrieved from http://pure-oai.bham.ac.uk/ws/files/10613882/larkin_m_thomson_a_r_IPA_chp08_methods_no_watermark.pdf
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology, 3*, 102-120. doi:10.1191/1478088706qp062oa
- Larochelle, S., Diguier, L., Laverdiere, O., & Greenman, P. S. (2011). Predictors of psychological

treatment noncompletion among sexual offenders. *Clinical Psychology Review*, *31*, 554-562. doi:10.1016/j.cpr.2010.12.004

Lee, D. A., & James, S. (2011). *The compassionate-mind guide to recovering from trauma and PTSD*. Oakland, CA: New Harbinger Publications, Inc.

Lefkowitz, C., Paharia, I., Prout, M., Debaik, D., & Bleiber, J. (2005). Animal-Assisted Prolonged Exposure: A treatment for survivors of sexual assault suffering Posttraumatic Stress Disorder. *Society & Animals*, *13*, 275-295. doi:10.1163/156853005774653654

Lem, M., Coe, J. B., Haley, D. B., Stone, E., & O'Grady, W. (2016). The protective association between pet ownership and depression among street-involved youth: A cross-sectional study. *Anthrozoös*, *29*, 123-136. doi:10.1080/08927936.2015.1082772

Leserman, J. (2005). Sexual abuse history: Prevalence, health effects, mediators, and psychological treatment. *Psychosomatic Medicine*, *67*, 906-915. doi:10.1097/01.psy.0000188405.54425.20

Lessem, P. A. (2005). *Self psychology: An introduction*. Lanham, Maryland: Rowman & Littlefield Publishers, Inc.

Levine, G. N., Allen, K., Braun, L. T., Christian, H. E., Friedmann, E., Taubert, K. A., Thomas, S. A., Wells, D. L., & Lange, R. A. (2013). Pet ownership and cardiovascular risk: A scientific statement from the American Heart Association. *Circulation*, *127*, 2354-2363. doi:10.1161/CIR.0b03e3182901e1

Lewis, A., Krageloh, C. U., & Shepherd, D. (2009). Pet ownership, attachment and health-rated quality of life in New Zealand. *Electronic Journal of Applied Psychology: General Articles*, *5*, 96-101. doi:10.7790/ejap.v5i1.138

Lin, N., Simeone, R. S., Ensel, W. M., & Kuo, W. (1979). Social support, stressful life events, and illness: A model and an empirical test. *Journal of Health and Social Behavior, 20*, 108-119. doi:10.2307/2136433

Luiz Adrain, J. A., Deliramich, A. N., & Frueh, B. C. (2009). Complicated grief and posttraumatic stress disorder in humans' response to the death of pets/animals. *Bulletin of the Menninger Clinic, 73*, 176-187. doi:10.1521/bumc.2009.73.3.176

MacMillan, H. L., Tanaka, M., Duku, E., Vaillancourt, T., & Boyle, M. H. (2013). Child physical and sexual abuse in a community sample of young adults: Results from the Ontario Child Health Study. *Child Abuse & Neglect, 37*, 14-21. doi:10.1016/j.chiabu.2012.06.005

Madsen, M. D., & Abell, N. (2010). Trauma Resilience Scale: Validation of protective factors associated with adaptation following violence. *Research on Social Work Practice, 20*, 223-233. doi:10.1177/1049731509347853

Magolda, P., & Weems, L. (2002). Doing harm: An unintended consequence of qualitative inquiry? *Journal of College Student Development, 43*, 490-507. Retrieved from <https://eric-ed-gov.login.ezproxy.library.ualberta.ca/?id=EJ650164>

Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development, 50*, 66-104. doi:10.2307/3333827

Malchiodi, C. (2012). Trauma informed art therapy and sexual abuse in children. In P. Goodyear-Brown (Ed.), *Handbook of child sexual abuse: Identification, assessment, and treatment* (pp. 341-354). Hoboken, New Jersey: John Wiley & Sons, Inc.

- Maniglio, R. (2012). Child sexual abuse in the etiology of anxiety disorders: A systematic review of reviews. *Trauma, Violence, & Abuse, 14*, 96-112. doi:10.1177/1524838012470032
- Margetts, B. M., Vorster, H. H., & Venter, C. S. (2003). Evidence-based nutrition – the impact of information and selection bias on the interpretation of individual studies. *The South African Journal of Clinical Nutrition, 16*, 79-87. Retrieved from <http://www.sajcn.co.za/login.ezproxy.library.ualberta.ca/index.php/SAJCN/article/view/38>
- Mason, S. M., Flint, A. J., Field, A. E., Austin, S. B., & Rich-Edwards, J. W. (2013). Abuse victimization in childhood or adolescence and risk of food addiction in adult women. *Obesity, 21*, E775-E781. doi:10.1002/oby.20500
- Mason, G. E., Ullman, S., Long, S. E., Long, D., & Starzynski, L. (2009). Social support and risk of sexual assault revictimization. *Journal of Community Psychology, 37*, 58-72. doi:10.1002/jcop.20270
- McClure, F. H., Chavez, D. V., Agars, M. D., Peacock, M. J., & Matosian, A. (2008). Resilience in sexually abused women: Risk and protective factors. *Journal of Family Violence, 23*, 81-88. doi:10.1007/s10896-007-9129-4
- McConnell, A. R., Brown, C. M., Shoda, T. M., Stayton, L. E., & Martin, C. E. (2011). Friends with benefits: On the positive consequences of pet ownership. *Journal of Personality and Social Psychology, 101*, 1239-1252. doi:10.1037/a0024506
- McCullough, L., Risley-Curtiss, C., & Rorke, J. (2015). Equine Facilitated Psychotherapy: A pilot study of effect on posttraumatic stress symptoms in maltreated youth. *Journal of Infant, Child, and Adolescent Psychotherapy, 14*, 158-173. doi:10.1080/15289168.2015.1021658

McLeod, J. (2001). *Qualitative research in counseling and psychotherapy*. London, England: Sage.

McNicholas, J., & Collis, G. M. (2000). Dogs as catalysts for social interactions: Robustness of the effect. *British Journal of Psychology*, *91*, 61-70. doi:10.1348/000712600161673

McNicholas, J., & Collis, G. M. (2006). Animals as social supports: Insights for understanding animal-assisted therapy. In A. H. Fine (Ed.), *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice* (2nd ed., pp. 49-71). San Diego, CA: Academic Press.

McNicholas, J., Gilbey, A., Rennie, A., Ahmedzai, S., Dono, J-A., & Ormerod, E. (2005). Pet ownership and human health: A brief review of evidence and issues. *BMJ*, *331*, 1252-1254. doi:10.1136/bmj.331.7527.1252

Mikulincer, M., & Shaver, P. R. (2003). The attachment behavioral system in adulthood: Activation, psychodynamics, and interpersonal process. *Advances in Experimental Social Psychology*, *35*, 53-152. doi:10.1016/s0065-2601(03)01002-5

Miller, C. C., Cardinal, L. B., & Glick, W. H. (1997). Retrospective reports in organizational research: A reexamination of recent evidence. *Academy of Management Journal*, *40*, 189-204. doi:10.5465/257026

Miller, S. C., Kennedy, C., DeVoe, D., Hickey, M., Nelson, T., & Kogan, L. (2009). An examination of changes in oxytocin levels in men and women before and after interaction with a bonded dog. *Anthrozoös*, *22*, 31-42. doi:10.2752/175303708X390455

Miller-Perrin, C. L., & Perrin, R. D. (2013). *Child maltreatment: An introduction* (3rd ed.). Thousand Oaks, CA: SAGE Publications.

Moench, J. (2015). *Repairing the roots: Healing from anxiety* [PowerPoint slides].

- Mueller, M. K., & McCullough, L. (2017). Effects of Equine-Facilitated Psychotherapy on post-traumatic stress symptoms in youth. *Journal of Child and Family Studies, 26*, 1164-1172. doi:10.1007/s10826-016-0648-6
- Mueller-Pfeiffer, C., Moergeli, H., Schumacher, S., Martin-Soelch, C., Wirtz, G., Fuhrhans, C., Hindermann, E., & Rufer, M. (2013). Characteristics of child maltreatment and their relation to dissociation, posttraumatic stress symptoms, and depression in adult psychiatric patients. *The Journal of Nervous and Mental Disease, 201*, 471-477. doi:10.1097/NMD.0b013e3182948096
- Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E., & Herbison, G. P. (1993). Childhood sexual abuse and mental health in adult life. *The British Journal of Psychiatry, 163*, 721-732. doi:10.1192/bjp.163.6.721
- Murray, L. K., Nguyen, A., & Cohen, J. A. (2014). Child sexual abuse. *Child & Adolescent Psychiatric Clinics of North America, 23*, 321-337. doi:10.1016/j.chc.2014.01.003
- Murthi, M., & Espelage, D. L. (2005). Childhood sexual abuse, social support, and psychological outcomes: A loss framework. *Child Abuse & Neglect, 29*, 1215-1231. doi:10.1016/j.chiabu.2005.03.008
- Nagasawa, M., Mitsui, S., En, S., Ohtani, N., Ohta, M., Sakuma, Y., Onaka, T., Mogi, K., & Kikusui, T. (2015). Oxytocin-gaze positive loop and the coevolution of human–dog bonds. *Science, 348*, 333–336. doi:10.1126/science.1261022
- Nasim, R., & Nadan, Y. (2013). Couples therapy with childhood sexual abuse survivors (CSA) and their partners: Establishing a context for witnessing. *Family Process, 52*, 368-377. doi:10.1111/famp.12026

- Nelson, E. C., Heath, A. C., Madden, P. A. F., Cooper, L., Dinwiddie, S. H., Bucholz, K. K., Glowinski, A., McLaughlin, T., Dunner, M. P., Statham, D. J., & Martin, N. G. (2002). Association between self-reported childhood sexual abuse and adverse psychosocial outcomes: Results from a twin study. *Archives of General Psychiatry*, *59*, 139-145. doi:10.1001/archpsyc.59.2.139
- Nelson, S., Baldwin, N., & Taylor, J. (2012). Mental health problems and medically unexplained physical symptoms in adult survivors of childhood sexual abuse: An integrative literature review. *Journal of Psychiatric and Mental Health Nursing*, *19*, 211-220. doi:10.1111/j.1365-2850.2011.01772.x
- Netting, F. E., Wilson, C. C., & New, J. C. (1987). The human-animal bond: Implications for practice. *Social Work*, *32*, 60-64. doi:10.1093/sw/32.1.60
- Noll, J. G., Zeller, M. H., Trickett, P. K., & Putnam, F. W. (2007). Obesity risk for female victims of childhood sexual abuse: A prospective study. *Pediatrics*, *120*, e61-e67. doi:10.1542/peds.2006-3058.
- Nyklicek, I., Vingerhoets, A., & Zeelenberg, M. (2011). Emotion regulation and well-being: A view from different angles. In I. Nyklicek, A. Vingerhoets, & M. Zeelenberg (Eds.), *Emotion regulation and well-being* (pp. 1-9). New York, NY: Springer.
- Odendaal, J. S. J., & Meintjes, R. A. (2003). Neurophysiological correlates of affiliative behaviour between humans and dogs. *The Veterinary Journal*, *165*, 296-301. doi:10.1016/S1090-0233(02)00237-X
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York, NY: W.W. Norton & Company.

- O'Haire, M. E., Guérin, N. A., & Kirkham, A. C. (2015). Animal-Assisted Intervention for trauma: A systematic literature review. *Frontiers in Psychology, 6*, 1-13.
doi:10.3389/fpsyg.2015.01121
- Osborn, M., & Smith, J. A. (1998). The personal experience of chronic benign lower back pain: An interpretative phenomenological analysis. *British Journal of Health Psychology, 3*, 65-83. doi:10.1111/j.2044-8287.1998.tb00556.x
- Palmer, R. E. (1969). *Hermeneutics: Interpretation theory in Schleiermacher, Dilthey, Heidegger, and Gadamer*. Jacksonville, IL: Northwestern University Press.
- Parry-Jones, W. (1997). Diagnosis, intervention and treatment B: Interventions. In O. Black, M. Newman, J. Harris-Hendricks, & G. Mezey (Eds.), *Psychological trauma: A developmental approach* (pp. 230–237). London, England: Gaskell.
- Patronek, G. J., & Nathanson, J. N. (2009). A theoretical perspective to inform assessment and treatment strategies for animal hoarders. *Clinical Psychology Review, 29*, 274-281.
doi:10.1016/j.cpr.2009.01.006
- Parish-Plass, N. (2008). Animal-Assisted Therapy with children suffering from insecure attachment due to abuse and neglect: A method to lower the risk of intergenerational transmission of abuse? *Clinical Child Psychology and Psychiatry, 13*, 7-30.
doi:10.1177/1359104507086338
- Penza, K. M., Heim, C., & Nemeroff, C. B. (2003). Neurobiological effects of childhood abuse: Implications for the pathophysiology of depression and anxiety. *Archives of Women's Mental Health, 6*, 15-22. doi:10.1007/s00737-002-0159-x

- Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009). The international epidemiology of child sexual abuse: A continuation of Finkelhor (1994). *Child Abuse & Neglect*, 33, 331-342. doi:10.1016/j.chiabu.2008.07.007
- Perrin, T. (2009). The business of urban animals survey: The facts and statistics on companion animals in Canada. *The Canadian Veterinary Journal*, 50, 48-52. Retrieved from <https://www.ncbi.nlm.nih.gov/login.ezproxy.library.ualberta.ca/pmc/articles/PMC2603652/>
- Pet Partners (2012). *Animal-Assisted Therapy*. Retrieved from <http://www.petpartners.org/page.aspx?pid=320>
- Phillips-Pula, L., Strunk, J., & Pickler, R. H. (2011). Understanding phenomenological approaches to data analysis. *Journal of Pediatric Health Care*, 25, 67-71. doi:10.1016/j.pedhc.2010.09.004
- Podberscek, A. L., & Gosling, S. D. (2000). Personality research on pets and their owners: Conceptual issues and review. In A.L. Podberscek, E.S. Paul, & J.A. Serpell (Eds.), *Companion animals and us: Exploring the relationships between people and pets* (pp. 193-167). Cambridge, England: Cambridge University Press.
- Pollio, E., Glickman, A., Behl, L., & Deblinger, E. (2013). Treating children and adolescents in the aftermath of sexual abuse. In D. S. Bromberg & W. T. O'Donohue (Eds.), *Handbook of child and adolescent sexuality* (pp. 371-400). London, England: Elsevier Inc.
- Province of Alberta (2002). *Dangerous Dogs Act* (Reviewed Statutes of Alberta 2000, Chapter D-3). Retrieved from <http://www.qp.alberta.ca/documents/Acts/D03.pdf>

- Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *American Academy of Child and Adolescent Psychiatry, 42*, 269-278.
doi:10.1097/01.CHI.0000037029.04952.72
- Putnam, F. W., & Trickett, P. K. (1997). Psychobiological effects of sexual abuse: A longitudinal study. *Annals of the New York Academy of Sciences, 821*, 150-159. doi:10.1111/j.1749-6632.1997.tb48276.x
- Reichert, E. (1998). Individual counselling for sexual abused children: A role for animals and storytelling. *Child and Adolescent Social Work Journal, 15*, 177-185. Retrieved from <https://link-springer-com.login.ezproxy.library.ualberta.ca/article/10.1023/A:1022284418096>
- Rhoades, H., Winetrobe, H., & Rice, E. (2015). Pet ownership among homeless youth: Associations with mental health, service utilization and housing status. *Child Psychiatry & Human Development, 46*, 237-244. doi:10.1007/s10578-014-0463-5
- Richards, K. (2011). *Misperceptions about child sex offenders* (Research Report No. 429). Retrieved from Australian Government website:
<http://www.aic.gov.au/publications/current%20series/tandi/421-440/tandi429.html>
- Risley-Curtiss, C. (2010). Social work practitioners and the human-companion animal bond: A national study. *Social Work, 55*, 38-46. doi:0037-8046/10
- Risley-Curtiss, C., Holley, L. C., & Wolf, S. (2006a). The animal-human bond and ethnic diversity. *Social Work, 51*, 257-268. doi:10.1093/sw/51.3.257
- Risley-Curtiss, C., Holley, L. C., Cruickshank, T., Procelli, J., Rhoads, C., Bacchus, D. N. A., Nyakoe, S., & Murphy, S. B. (2006b). "She was family" women of color and animal-

human connections. *Affilia: Journal of Women and Social Work*, 21, 433-447.

doi:10.1177/0886109906292314

Risley-Curtiss, C., Rogge, M. E., & Kawam, E. (2013). Factors affection social workers'

inclusion of animals in practice. *Social Worker*, 58, 153-161. doi:10.1093/sw/swt009

Rodger, S., & Leschied, A. (2012). The long term impact of victimization in cases of historical child sexual abuse and intimate partner violence. In A. N. Hutcherson (Ed.), *Psychology of victimization* (pp. 181-191). New York, NY: Nova Science Publishers, Inc.

Rodriguez-Srednicki, O., & Twaite, J. A. (2006). *Understanding, assessing, and treating adult victims of childhood abuse*. Lanham, Maryland: The Rowman & Littlefield Publishing Group, Inc.

Rogers, J., Hart, L. A., & Boltz, R. P. (1993). The role of pet dogs in casual conversations of elderly adults. *The Journal of Social Psychology*, 133, 265-277.

doi:10.1080/00224545.1993.9712145

Rosbach, K. A., & Wilson, J. P. (1992). Does a dog's presence make a person appear more likable?: Two studies. *Anthrozoös*, 5, 40-51. doi:10.2752/089279392787011593

Royal Canadian Mounted Police (2008). *What is child abuse?* Retrieved from <http://www.rcmp-grc.gc.ca/pubs/ccaps-spcca/chi-enf-eng.htm#Sexual>

Rujoiu, O., & Rujoiu, V. (2014). Pet loss and human emotion: Romanian students' reflections on pet loss. *Journal of Loss and Trauma*, 19, 474-483. doi:10.1080/15325024.2013.806150

Rumstein-McKean, O., & Hunsley, J. (2001). Interpersonal and family functioning of female survivors of childhood sexual abuse. *Clinical Psychology Review*, 21, 471-490.

doi:10.1016/s0272-7358(99)00069-0

- Runtz, M. G., & Schallow, J. R. (1997). Social support and coping strategies as mediators of adult adjustment following childhood maltreatment. *Child Abuse & Neglect, 21*, 211-226.
doi:10.1016/s0145-2134(96)00147-0
- Sable, P. (1995). Pets, attachment, and well-being across the life cycle. *Social Work, 40*, 334-341. doi:10.1093/sw/40.3.334
- Sachs-Ericsson, N., Cromer, N., Hernandez, A., & Kendall-Tackett, K. A. (2009). The association between childhood abuse, health and pain-related problems, and the role of psychiatric disorders and current life stress. In V. L. Banyard, V. J. Edwards, & K. A. Kendall-Tackett (Eds.), *Trauma and physical health: Understanding the effects of extreme stress and of psychological harm* (pp. 5-36). New York, NY: Routledge.
- Safran, J. D., & Murran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York, NY: Guilford Press.
- Sanderson, C. (2006). *Counselling adult survivors of child sexual abuse* (3rd ed.). London, England: Jessica Kingsley Publishers.
- Schore, A. N. (2009). Relational trauma and the developing right brain: An interface of psychoanalytic Self Psychology and neuroscience. *Self and Systems, 1159*, 180-203.
doi:10.1111/j.1749-6632.2009.04474.x
- Serpell, J. (1991). Beneficial effects of pet ownerships on some aspects of human health and behaviour. *Journal of the Royal Society of Medicine, 84*, 717-720.
doi:10.1177/014107689108401208
- Seto, M. C. (2008). *Pedophilia and sexual offending against children: Theory, assessment, and intervention*. Washington DC: American Psychological Association.

- Shen-Miller, D. (2011). Qualitative directions in human-animal companion research. In C. Blazina, G. Boyraz, & D. Shen-Miller (Eds.), *The psychology of the human-animal bond: A resource for clinicians and researchers* (pp. 361-382). New York, NY: Springer.
- Siegel, J. M. (1990). Stressful life events and use of physician services among the elderly: The moderating role of pet ownership. *Journal of Personality and Social Psychology*, *58*, 1081-1086. doi:10.1037//0022-3514.58.6.1081
- Siegel, J. M. (1993). Companion animals: Is sickness and in health. *Journal of Social Issues*, *49*, 157-167. doi:0022-4537/93/0300-0157\$07.00/1
- Siegel, J. M., Angulo, F. J., Detels, R., Wesch, J., & Mullen, A. (1999). AIDS diagnosis and depression in the Multicenter AIDS Cohort Study: The ameliorating impact of pet ownership. *AIDS CARE*, *11*, 157-170. doi:10.1080/09540129948054
- Signal, T., Taylor, N., Botros, H., Prentice, K., & Lazarus, K. (2013). Whispering to horses: Childhood sexual abuse, depression and the efficacy of Equine Facilitated Therapy. *Sexual Abuse in Australia and New Zealand*, *5*, 24-32. Retrieved from <https://search-proquest-com.login.ezproxy.library.ualberta.ca/openview/4a284daacb215f37ab6044c22ab03a6e/1?pq-origsite=gscholar&cbl=466418>
- Silcox, D., Castillo, Y. A., & Reed, B. J. (2014). The human animal bond: Applications for rehabilitation professionals. *Journal of Applied Rehabilitation Counseling*, *45*(3), 27-37. Retrieved from <https://search-proquest-com.login.ezproxy.library.ualberta.ca/openview/23a544054187ff83bfc7ca34fdc71427/1?q-origsite=gscholar&cbl=35933>

- Smith, J. A., & Eatough, V. (2007). Interpretative phenomenological analysis. In E. Lyons & A. Coyle (Eds.), *Analyzing qualitative data in psychology* (pp. 35-50). London, England: SAGE Publications Ltd.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London, England: SAGE Publications Ltd.
- Smith, J., Flowers, P., & Osborn, M. (1997). Interpretative phenomenological analysis and the psychology of health and illness. In L. Yardley (Ed.), *Material discourses of health and illness* (pp. 68-91). Florence, KY: Taylor & Frances/Routledge.
- Smith, J. A., & Osborn, M. (2007). Pain as an assault on the self: An interpretative phenomenological analysis of the psychological impact of chronic benign low back pain. *Psychology and Health, 22*, 517-534. doi:10.1080/14768320600941756
- Smith, J. A., & Osborn, M. (2008). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed., pp. 53-80). Los Angeles, CA: SAGE Publications Ltd.
- Spataro, J. Mullen, P. E., Burgess, P. M., Wells, D. L., & Moss, S. A. (2004). Impact of child sexual abuse on mental health: Prospective study in males and females. *British Journal of Psychiatry, 184*, 416-421. doi:10.10092/bjp.184.5.416
- Staats, S., Wallace, H., & Anderson, T. (2008). Reasons for companion animal guardianship (pet ownership) from two populations. *Society and Animal, 16*, 279-291. doi:10.1163/156853008X323411
- Steine, I. M., Krystal, J. H., Nordhus, I. H., Bjorvatn, B., Harvey, A. G., Eid, J., Grønli, J., Milde, A. M., & Pallesen, S. (2012). Insomnia, nightmare frequency, and nightmare distress in

victims of sexual abuse: The role of perceived social support and abuse characteristics.

Journal of Interpersonal Violence, 27, 1827-1843. doi:10.1177/0886260511430385

Taylor, S. C., & Breen, L. J. (2014). Exploring pet loss for survivors of child sexual abuse: A hitherto uncharted terrain of trauma impact and recovery. *Child Abuse Review*, 23, 353-360. doi:10.1002/car.2279

Taylor, J. E., & Harvey, S. T. (2009). Effects of psychotherapy with people who have been sexually assaulted: A meta-analysis. *Aggression and Violent Behavior*, 14, 273-285. doi:10.1016/j.avb.2009.03.006

Tedeschi, P., Fitchett, J., & Molidor, C. E. (2005). The incorporation of Animal-Assisted Interventions in social work education. *Journal of Family Social Work*, 9(4), 59-77. doi:10.1300/J039v09n04_05

Tower, R., & Nokota, M. (2006). Pet companionship and depression: Results from a United States internet sample. *Anthrozoös*, 19, 50-64. doi:10.2752/089279306785593874

Trask, E. V., Walsh, K., & DiLillo, D. (2011). Treatment effects for common outcomes of child sexual abuse: A current meta-analysis. *Aggression and Violent Behavior*, 16, 6-19. doi:10.1016/j.avb.2010.10.001

Tremblay, C., Hébert, M., & Piché, C. (1999). Coping strategies and social support as mediators of consequences in child sexual abuse victims. *Child Abuse & Neglect*, 23, 929-945. doi:10.1016/s0145-2134(99)00056-3

Trotter, K. S. (2012). *Harnessing the power of equine assisted counseling: Adding animal assisted therapy to your practice*. New York, NY: Routledge.

Tyler, K. A. (2002). Social and emotional outcomes of childhood sexual abuse: A review of recent research. *Aggression and Violent Behavior*, 7, 567-589. doi:10.1016/s1359-

1789(01)00047-7

Uvnäs-Moberg, K. Handlin, L., & Petersson, M. (2014). Self-soothing behaviors with particular reference to oxytocin release induced by non-noxious sensory stimulation. *Frontiers in Psychology, 5*, 1-31. doi:10.3389/fpsyg.2014.01529

Vandevelde, P. (2005). *The task of the interpreter: Text, meaning, and negotiation*. Pittsburgh, PA: Pittsburgh Press.

van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Group.

Van Houdenhove, B., Luyten, P., & Egle, U. T. (2009). The role of childhood trauma in chronic pain and fatigue. In V. L. Banyard, V. J. Edwards, & K. A. Kendall-Tackett (Eds.), *Trauma and physical health: Understanding the effects of extreme stress and of psychological harm* (pp. 37-64). New York, NY: Routledge.

Van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Walnut Creek, CA: Left Coast Press Inc.

Veneziano, C., Veneziano, L., & LeGrand, S. (2000). The relationship between adolescent sex offender behaviors and victim characteristics with prior victimization. *Journal of Interpersonal Violence, 15*, 363-375. doi:10.1177/088626000015004002

Wagenaar, W. A. (1986). My memory: A study of autobiographical memory over six years. *Cognitive Psychology, 18*, 225-252. doi:10.1016/0010-0285(86)09913-7

Waldinger, R. J., Schulz, M. S., Barsky, A. J., & Ahern, D. K. (2006). Mapping the road from childhood trauma to adult somatization: The role of attachment. *Psychosomatic Medicine, 68*, 129-135. doi:10.1097/01.psy.0000195834.37094.a4

- Walker, J. L., Carey, P. D., Mohr, N., Stein, D. J., & Seedat, S. (2004). Gender differences in the prevalence of childhood sexual abuse and in the development of pediatric PTSD. *Archives of Women's Mental Health*, 7, 111-121. doi:10.1007/s00737-003-0039-z
- Walsh, F. (2009a). Human-animal bonds I: The relational significance of companion animals. *Family Process*, 48, 462-480. doi:10.1111/j.1545-5300.2009.01296.x
- Walsh, F. (2009b). Human-animal bonds II: The role of pets in family systems and family therapy. *Family Process*, 48, 481-499. doi:10.1111/j.1545-5300.2009.01297.x
- Wells, D. L. (2004). The facilitation of social interactions by domestic dogs. *Anthrozoös*, 17, 340-352. doi:10.2752/089279304785643203
- Whiffen, V. E., & MacIntosh, H. B. (2005). Mediators of the link between childhood sexual abuse and emotional distress: A critical review. *Trauma Violence Abuse*, 6, 24-39. doi:10.1177/1524838004272543
- Wiggett-Barnard, C., & Steel, H. (2009). The experience of owning a guide dog. *Disability and Rehabilitation*, 30, 1014-1026. doi:10.1080/09638280701466517
- Willows, J. (2009). *Moving on after childhood sexual abuse: Understanding the effects and preparing for therapy*. Hove, East Sussex: Routledge.
- Wilson, C. C. (1991). The pet as an anxiolytic intervention. *The Journal of Nervous and Mental Disease*, 179, 482-489. doi:10.1097/00005053-199108000-00006
- Wisdom, J. P., Saedi, G. A., & Green, C. A. (2009). Another breed of "service" animals: STARTS study findings about pet ownership and recovery from serious mental illness. *American Journal of Orthopsychiatry*, 79, 430-436. doi:10.1037/a0016812

- Woodward, L. E., & Bauer, A. L. (2007). People and their pets: A relational perspective on interpersonal complementarity and attachment in companion animal owners. *Society and Animals, 15*, 169-189. doi:10.1163/156853007X187117
- Yorke, J., Adams, C., & Coady, N. (2008). Therapeutic value of equine-human bonding in recovery from trauma. *Anthrozoös, 21*, 17-30. doi:10.2752/089279308x274038
- Zilcha-Mano, S., Mikulincer, M., & Shaver, P. R. (2011). An attachment perspective on human-pet relationships: Conceptualization and assessment of pet attachment orientations. *Journal of Research in Personality, 45*, 345-357. doi:10.1016/j.jrp.2011.04.001
- Zilcha-Mano, S., Mikulincer, M., & Shaver, P. R. (2012). Pets as safe havens and secure bases: The moderating role of pet attachment orientations. *Journal of Research in Personality, 46*, 571-580. doi:10.1016/j.jrp.2012.06.005
- Zimolag, U., & Krupa, T. (2009). Pet ownership as a meaningful community occupation for people with serious mental illness. *The American Journal of Occupational Therapy, 63*, 126-137. doi:10.5014/ajot.63.2.126

Appendix A – Email Request to Advertise Study

Dear _____,

My name is Leslie Hamilton. I am a graduate student at the University of Alberta completing my doctoral studies in Counselling Psychology. I am interested in collecting data for my dissertation study on the lived experience of human-pet relationships among adult survivors of childhood sexual abuse. I am writing today to ask your permission to advertise within your organization. I would like to put posters up in approved locations around your facility. Please find attached a sample copy of a poster as well as the Information Letter detailing my study. I'd also be happy to answer any questions you may have.

Thank you for your time and consideration,
Leslie Hamilton

Appendix C – Criteria Checklist

Eligibility Requirements

Verbal consent:

Thank you for your interest in this study. To help decide whether you meet the criteria for participation, I will need to gather some information. Is it alright if I ask you a few personal questions?

Yes No

Eligibility:

- | | |
|---|--|
| (a) Are you 19 years of age or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Do you have a pet? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Were you sexually abused prior to the age of 18? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Have you disclosed your abuse to at least one other person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Are you currently experiencing CSA related distress? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Participant: _____ Date: _____

Contact Information: _____ Email: _____

Letter of Invitation sent on: _____

ELIGIBLE FOR STUDY: Yes No

If **No**, referral resources sent on: _____ (date)

If **Yes**, initial *verbal/electronic consent* to proceed obtained on: _____

Interviewed scheduled on: Date: _____ Time: _____

Location: _____

Reminder of scheduled interview sent on: _____

Appendix D – Information Letter

INFORMATION LETTER

Study Title: The lived experience of human-pet relationships among adult survivors of childhood sexual abuse: An interpretative phenomenological analysis

Principal Researcher: Leslie H.A. Hamilton, MEd., Graduate Student, Department of Educational Psychology, University of Alberta
Tel. (XXX) XXX-XXXX; leslieh@ualberta.ca

Research Supervisor: K. Jessica Van Vliet, Ph.D., R.Psych., Associate Professor
Department of Educational Psychology, University of Alberta
Tel. (780) 492-5894; jvanvliet@ualberta.ca

Purpose: *The lived experience of human-pet relationships among adult survivors of childhood sexual abuse* is a research study which looks at the relationship between adults sexually abused as children and their pets. Information from this study will add to the literature and may help inform treatment for adults sexually abused as children.

Method: People who would like to take part in this study are asked to: (a) be at least 19 years old; (b) have a history of being sexually abused before they turned 18 years old; (c) have told at least one other person about their abuse; (d) not be in distress; and (e) have a pet.

If you agree to take part in this study, you will be asked to:

1. Give general information about yourself, your history of childhood sexual abuse, and your pet.
2. Take part in **two** interviews held in a private location (about **3 to 4 hours** in total). During the first interview (about 1 to 2 hours in length), you will be asked to speak to the researcher about your relationship(s) with pet(s). The interview will be audio recorded and typed up. The second interview (about 1 to 2 hours in length) will take place after about 4 weeks. You will meet with the researcher to go over the typed copy of the first interview, and the researcher's thoughts about your information and what it means. This interview will also be audio recorded.

Risks: It is hoped that you will have a positive experience when taking part in this study. For example, you may learn new things about yourself and/or your relationship(s) with pet(s). Your information may also help further research on the relationship between humans and animals, and research on childhood sexual abuse. However, there are possible risks to taking part in this study. Though you will not be asked to talk about your childhood sexual abuse, the interview may stir up difficult memories and emotions. As such, if you become upset at any time during the interviews, you are asked to tell the researcher, who will stop the interview and offer you support as well as referrals to mental health services, if you wish. The researcher will also call you about 24 hours after the first interview to ask about your well-being, whether or not the interview was stopped.

... continued

Privacy: Your information will remain private. Only the researcher and the research team will have access to this information. In addition, all information that may identify you, such as your name or your pets' name, will not be used. To ensure your privacy, study materials will be stored in a locked filing cabinet in a secure location or on a secure, encrypted, and password protected computer. After 10 years, your information will be destroyed. It is also important to note that the information that does not identify you will be used in the researcher's graduate dissertation and in academic presentations or in journal publications. Information collected during this study may also be used in future projects, in which case approval for doing so will be obtained from the Research Ethics Board.

Limits to Privacy: By law, the researcher cannot keep your information private if the following is true:

- a child, under the age of 18, is being abused or is at serious risk of being abused;
- you intend to harm yourself or another person; or
- a court of law asks for your study information.

Taking Part is Voluntary: Your involvement in this study is completely voluntary. You can choose to not answer any questions or stop taking part in the study at any time without explaining why and without penalty. If you stop taking part in the study, the information you gave will be used unless you say otherwise. If you do not want your information to be used in the study, you must tell the researcher *within four weeks* after the second interview. After this point, your information will be combined with other information and will be impossible to take out. Once the study is finished, you can ask for a summary copy of the study findings.

If you would like to take part in this study or would like more information, please contact Leslie Hamilton by email (leslieh@ualberta.ca) or by phone: (XXX) XXX-XXXX.

Thank you again for your interest.

The plan for this study has been approved by the Research Ethics Board at the University of Alberta. If you have any questions or concerns about your rights or the ethical conduct of research, call the Research Ethics Office at (780) 492-2615.

Appendix E – Referral Resources
Referral Resources – Edmonton and Area

*If you are distressed or need someone to talk to, please contact services in your local area.
Crisis Services:*

24-Hour Distress Line: (780) 482-HELP (4357)

24-Hour Sexual Assault Crisis Line: (780) 423-4121

Walk-In Counselling Society of Edmonton

Address: Suite 200 9562 82 Ave., Edmonton

Phone: (780) 757-0900

Hours: Mon. – Thurs.: 1pm-7pm; Fri. – Sat.: 10am-2pm

Counselling Services (low cost available):

Sexual Assault Centre of Edmonton

Address: Suite 205, 14964 - 121A Avenue, Edmonton

Phone: (780) 423-4102

Hours: Mon.-Thurs.: 8:30am – 5:30pm

Cornerstone Counselling Centre

Address: 302, 10140 – 117 Street, Edmonton

Phone: (780) 482-6215

Hours: Mon.-Thurs.: 8:30am-8:30pm; Fri – Sat.: 8:30am-4:30pm

Catholic Social Services

Address: multiple locations

Phone: (780) 420-1970

Website: <http://www.catholicsocialservices.ab.ca/>

The Family Center

Address: #20, 9912-106 Street, Edmonton

Phone: 1st Time Appointments – (780) 424-5580

Reception – (780) 423-2831

City of Edmonton Counselling Services

Phone: (780) 496-4777

Hours: Mon.-Fri.: 8:30am-4:30pm

Jewish Family Services (Integrity Counselling Service)

Phone: (780) 454-1194

Website: <http://www.jfse.org/programs-services/integrity-counselling-service>

YWCA Counselling Center

Phone: 780.423.9922 Ext. 222

Website: <http://www.ywcaofedmonton.org/programs/counselling-centre>

Referral Resources – Red Deer and Area

If you are distressed or need someone to talk to, please contact services in your local area.

Crisis Services:

Central Alberta Sexual Assault 24 Hour Crisis Information Line:

Phone: 1-866-956-1099

CCASA's Provincial Toll-Free 24-Hour Support and Information Line:

Phone: 1-877-237-5888

Adult Community Services Walk In Single Session Counselling Service – Alberta Health Services

Address: Red Deer 49 Street Community Health Centre, 4733 49 Street

Phone: (403) 340-5466

Hours: Mon.-Fri.: 8:00am-4:30pm

Vantage Community Services – Walk-In Clinic

Address: 4920 54 Street, Red Deer

Phone: (403) 340-8995

Hours: Tues/Thurs: 1:00pm-8:00pm; Fri: 1:00pm-3:00pm

Counselling Services (low cost available):

Central Alberta Sexual Assault Support Centre

Address: A201, 5212 – 48 Street, Red Deer

Phone: (403) 340-1124

Website: <http://casasc.ca/>

Catholic Social Services – Counselling – Individual and Family Therapy Program

Address: 5104 48th Avenue, Red Deer

Phone: Intake Worker at (403) 347-8844

Family Services of Central Alberta

Address: Main office 54019 50th Avenue, Red Deer

Phone: (403) 309-8221

Shalom Counselling Centre (Christian Counselling Services)

Address: 5515 27 Avenue, Red Deer

Phone: (403) 342-0339

Vantage Community Services

Address: 4920 54 Street, Red Deer

Phone: (403) 340-8995

Referral Resources – Calgary and Area

If you are distressed or need someone to talk to, please contact services in your local area.

Crisis Services:

Distress Centre - 24-Hour Crisis Line: (403) 266-HELP (4357)

CCASA's 24-Hour Support and Information Line: (403) 237-5888

Counselling Services (low cost available):

Calgary Communities Against Sexual Abuse (CCASA)

Address: Northland Building, Suite 700, 910 – 7th Avenue S.W., Calgary

Phone: Contact the 24-Hour Support & Information line between Mon.-Fri.:

9:00am – 5:00pm to complete an intake: (403) 237-5888

Website: www.calgarycasa.com/

Distress Centre

Phone: Call the Distress Centre crisis line (403) 266-4357 and ask for an intake to counselling,

Hours: Evening and emergency appointments available.

Calgary Counselling Centre

Address: Suite 200, 940 – 6 Avenue S.W., Calgary

Phone: To register for counselling call (403) 691-5991

Reception: (403) 265-4980

Hours: Mon.-Thurs.: 8:30am – 7:30pm; Fri.: 8:30am – 5:00pm;

Sat.: 9:00am-4:00pm

Catholic Family Service

Phone: (403) 233-2360

Website: <http://www.cfs-ab.org/general-counselling>

Jewish Family Service Calgary

Phone: (403) 287-3510

Website: <http://www.jfsc.org/programs--services/counselling.html>

Appendix F – Semi-Structured Interview Guide

Semi-Structured Interview Guide

1. Please tell me about your pet(s). Probe for details regarding:
 - Name and number of pet(s).
 - Description of pet(s): species, age, gender.
 - History with pet(s).
 - Briefly describe a typical day you may have with your pet(s).
2. What does/do this/these relationship(s) mean to you? (*Probe for details*)
3. Tell me about an experience/some experiences you have had with a pet that stands out for you?
4. What are your beliefs or thoughts about human relationships with pets?
5. Does/do your relationship(s) with pet(s) affect...
 - you? If yes, how? (*Probe for details and examples*)
 - your physical health? If yes, how? (*Probe for details and examples*)
 - your ability to interact socially with other individuals? If yes, how? (*Probe for details and examples*)
 - your mental health? If yes, how? (*Probe for details and examples*)
 - your ability to cope with emotion (e.g., sadness, anxiety, happiness)? If yes, how? (*Probe for details and examples*)
6. Does/do your relationship(s) with pet(s) affect your experience of childhood sexual abuse? If yes, how? (*Probe for details and examples*)
7. How do you find the responsibilities related to pet(s) (e.g., feeding, exercise, health care, etc.)?
8. Can you say anything more about your relationship(s) with pet(s)?

Appendix G – Demographic Information Sheet

Participant Information Sheet

Please answer the following questions. If you become upset, distressed, or triggered at any point, please discontinue responding and inform the researcher. If you have any questions, please ask the researcher to assist you. You are also free to discontinue your participation at any time.

Pseudonym: _____ **Date:** _____

Age: _____ **Gender:** Male Female Trans-Identified/Gender-Variant

Relationship Status:

Married Common-Law Separated/Divorced Dating Single

Other (explain): _____

Pet Information

Number of Pets: 1 2 3 4+

	Pet Pseudonym	Species	Age	Years of Ownership/Contact
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Please use the reverse side of this page if needed.

History of Childhood Sexual Abuse

Age at first experience of sexual abuse:

< 1 yr 1 - 3 yrs 4 - 5 yrs 6 - 11 yrs 12 - 17 yrs

Length of time abuse occurred:

once 1 - 4 weeks 2 - 6 months 7 - 11 month 1 - 3 years
 4 - 6 years 7+ years

Gender of abuser(s) (check all that apply):

Male Female Trans-Identified/Gender-Variant

Number of abusers: 1 2 - 3 4 - 6 7+

Abuser(s)' relationship to you (check all that apply):

- primary caregiver (e.g., parent, foster parent, step parent) sibling
 extended family member adult family friend adolescent family friend
 other influential adult (e.g., teacher, coach, etc.) stranger
 other: _____

Type of sexual abuse (check all that apply):

- direct or indirect touching of penis/vagina/breasts oral-genital contact/forced oral sex
 attempted sexual intercourse/penetration sexual intercourse/forced penetration
 prostitution/sexual exploitation/creation of pornography
 exposure to adult sexual activity and/or pornography
 other: _____

Appendix H – Consent Form

CONSENT FORM

Study Title: The lived experience of human-pet relationships among adult survivors of childhood sexual abuse: An interpretative phenomenological analysis

Principal Researcher: Leslie H.A. Hamilton, MEd., Graduate Student, Department of Educational Psychology, University of Alberta
Tel. (XXX) XXX-XXXX; leslieh@ualberta.ca

Research Supervisor: K. Jessica Van Vliet, Ph.D., R.Psych., Associate Professor
Department of Educational Psychology, University of Alberta
Tel. (780) 492-5894; jvanvliet@ualberta.ca

Purpose: *The lived experience of human-pet relationships among adult survivors of childhood sexual abuse* is a research study which looks at the relationship between adults sexually abused as children and their pets. Information from this study will add to the literature and may help inform treatment for adults sexually abused as children.

Method: If you agree to take part in this study, you will be asked to:

1. Give general information about yourself, your history of childhood sexual abuse, and your pet.
2. Take part in **two** interviews (about **3 to 4 hours** in total).

Risks: It is hoped that you will have a positive experience when taking part in this study. However, taking part in this study may stir up difficult memories and emotions.

Privacy: Your information will be kept private. Only the researcher and the research team will be able to see your information. Information that could identify you will be taken out. Your information that does not identify you will be used in the researcher's graduate dissertation and in academic presentations or in journal publications. Also, your information may be used in future projects, in which case approval for doing so will be obtained from the Research Ethics Board. After 10 years, all your information will be destroyed.

Limits to Privacy: By law, the researcher cannot keep your information private if the following is true:

- a child, under the age of 18, is being abused or is at serious risk of being abused;
- you intend to harm yourself or another person; or
- a court of law asks for your study information.

I, _____, have read and understand the above consent form. I agree that I have been allowed to ask questions and that my questions have been answered to my satisfaction. I am aware that my taking part in this study is voluntary and that I can stop taking part at any time without penalty.

I give my consent to take part in this research study.

Your Signature: _____ Date: _____

Researcher's Signature: _____ Date: _____

Please note you will be sent a copy of this consent form via email or mail for your records. The original copy will be kept by the researcher in a secured location for 10 years and then destroyed.

If you have any questions or concerns, please contact Leslie Hamilton by email (leslieh@ualberta.ca) or by phone: (XXX) XXX-XXXX.

The plan for this study has been approved by the Research Ethics Board at the University of Alberta. If you have any questions or concerns about your rights or the ethical conduct of research, call the Research Ethics Office at (780) 492-2615.