

## Chapter 1 - Introduction

### Background

The issue of early sexual experiences (ESEs) is highly controversial. It is a subject that has generated a complex literature full of disagreement and conflict. The issue is usually framed as child sexual abuse (CSA) and seen as part of the discourse of child maltreatment. Moreover, it is an issue that reflects the social and cultural values of the time and is recognised as a significant social problem (May-Chahal & Cawson, 2005).

Most current research that examines the impact of early sexual experiences has been based on clinical samples of survivors of child sexual abuse recruited through clinicians (Cameron, 2000; Denov, 2004; Etherington, 2000; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005; Lev-Wiesel, 2000; Phillips & Daniluk, 2004; Ray, 2001; Staller & Nelson-Gardell, 2005). These studies have been based on qualitative interviews with people who have experienced many years of sexual abuse in childhood, and many years of therapy in adulthood.

Certain assumptions have been made by researchers in the recruitment of participants in these studies. For example, in Denov's (2004) study of female perpetrators, fourteen victims of female sexual abuse were recruited through referrals from professional counsellors. One of the assumptions made was that the most useful data would come from adults who had attended therapy, rather than those who had not sought treatment. In another study by Dorais (2002) male participants were interviewed who defined themselves as victims of sexual abuse. This meant that the study excluded from the sample those men who, for whatever reason, did *not* define their early sexual experiences as abusive.

In the design of the present study, the researcher has drawn a distinction between early sexual *experiences* versus incidents of childhood *abuse*. Most of the time when young children are involved, early sexual experiences can be described as some form of abuse or child maltreatment. However, not all people regard their early sexual experiences as

abusive or are willing to embrace an identity as a victim (Warner, 2003), and not all believe that their early sexual experiences have had a profoundly negative impact on their lives (Putnam, 2003; Stanley, Bartholomew, & Oram, 2004). When research is conducted among victims or survivors of child sexual abuse, this automatically excludes people from the population being studied who are asymptomatic or who demonstrate resilience with regard to child sexual abuse.

This project has been designed to enable a variety of divergent narratives about early sexual experiences to emerge (Fox, 2003). Not all early sexual experiences with adults have been automatically labelled as abusive or assumed to have had a traumatic impact on the child or adolescent. The sample included participants who had had a wide range of sexual experiences, enabling a variety of narratives to emerge about the significance, meaning, and the impact of these experiences on the children and adolescents involved. In this way, I hoped to gain a better understanding of the construction of a sense of self following childhood maltreatment of this kind.

## **Definitions and the use of language**

For most of the twentieth century, the language used in this field has revolved around the idea of sexual deviation from the norm, such as sexual irregularities, perversions, or abnormal development (Foucault, 1987). Feminist writers introduced legalistic language in order to emphasise the criminal nature of child sexual abuse (V. Bell, 1993; Breckenridge, 1999; Courtois, 1996; Fitzroy, 1997; Goldner, 1998; Haaken & Lamb, 2000; Herman, 1981; K. James, 1996; Kamsler, 1990; Laing & Kamsler, 1990; Orbach, 1998; Pence, 1989; Rozee & Koss, 2001). More recently, the dominant discourse around the issue of child sexual abuse has bestowed onto the adult an identity as a victim or a survivor (Phillips & Daniluk, 2004).

The term *child sexual abuse* has deliberately not been used in this thesis. The study was designed in such a way as to enable participants to talk about all their *early sexual experiences (ESEs)* in whatever way they wanted to, whether or not they defined the experience as sexually abusive or defined themselves as having been sexually abused. However, I wish to make it clear that by avoiding the term *child sexual abuse*, I do not

mean to imply that the early sexual experiences described were not sexually abusive. In choosing to use language that is as neutral and value-free as possible, I have tried to avoid biasing the project by assuming that participants would view all their early sexual experiences with adults as abusive. I have attempted to open up a space in which participants can describe their experiences in their own language. This is consistent with the principles of qualitative research, in general, and narrative inquiry, in particular. Researchers attempt to open up a space in which the participant's own narrative can be heard, rather than be fitted in to the preoccupations and conceptual framework of the researcher (Meadows & Morse, 2001).

However, in using the term *early sexual experiences* in preference to the term *child sexual abuse* I do not wish to minimise the potential impact of early sexual experiences on those involved, or to condone the maltreatment of children in any form. In fact I have a clear moral and ethical standpoint on this issue that will have influenced the stories that participants felt able to tell me, despite my attempt to set aside these beliefs. I tried to enable participants to tell their own stories in whatever way they wished. Regardless of how they conceived their early sexual experiences with adults, I hoped that it would be possible for them to say so within the context of this research project.

I have used the term *early sexual experiences* to mean any form of sexual contact between a child of fifteen or under, with someone over the age of eighteen. The type of sexual contact was left open for the participant to interpret in whatever way they wished. Their experiences varied from a sexualised kiss by a father to gang rape. It is important to note that the experiences were all with an adult, rather than with another child or adolescent. Inevitably this term is not neutral or value-free.

The expression *sense of self* describes an evolving narrative about who someone is as a person. This is a more flexible concept than that of *identity* which has an essential or fixed nature (Myers, 2002). A person's sense of self would be influenced by changes in her or his relationships, career, social life, health, and sense of achievement.

The concept of *reconstructing a sense of self* has been used to describe the way in which people change their narrative about themselves over time. Herman (1995) described how female incest victims often develop ‘a malignant sense of the self as contaminated, guilty, and evil’. Crossley (2003) argued that there was often the need to ‘rebuild the individual’s shattered sense of identity and meaning’ following the disorder and chaos brought by childhood trauma. Thus a sense of self can be reconstructed dialogically through storytelling or narrative (Neimeyer, 2000), relationally, socially (Warner, 2003) or culturally (K. Nelson, 2004).

I have used the construction of *victim* to portray a person who has accepted the identity as a victim of abuse (Kaye, 2005) and believes that she or he has been psychologically damaged by this experience (McCarthy, 1997). Letting go of this stigmatised identity and embracing the identity of a survivor has been described as a healing process for many (Phillips & Daniluk, 2004).

In this study, a *survivor* is a person who has accepted the identity as someone who has overcome child sexual abuse and feels ‘a sense of solidarity and community with others who had been traumatized as children’ (Phillips & Daniluk, 2004:182).

I have chosen to use the expression *victimiser* to characterise someone over the age of eighteen who has initiated sexual contact with someone aged fifteen or under. Although this expression is not value-free, I have used it in preference to legal terms such as offender or perpetrator (Sullivan, Mullen, & Pathe, 2005), and in preference to terms such as paedophile (Salter et al., 2003). I have chosen this term not because it implies that the child involved is a victim, but because it incorporates the idea that the victimiser might also be a victim or survivor of earlier abuse.

I have adopted the phrase *non-committed sex* to refer to sexual experiences between consenting adults that are outside the context of a committed relationship. I have used this term in preference to terms like ‘repetitive compulsion’ (Freud, 1954), re-victimisation (Courtois, 1988; van der Kolk & McFarlane, 1996), re-enactment (J. A. Chu, 1992; Howitt, 1995), or non-relational sex (Levant, 1997). It was chosen in an

attempt to use non-judgmental language to describe this relatively common phenomenon of sexual intercourse outside a committed relationship.

In this study, the term *narratives* describes a group of stories that encapsulated a sense of self. These narratives could offer a sense of solidarity and community to participants in a similar way to the survivor narrative (Phillips & Daniluk, 2004). This definition was based on one of the contemporary approaches to narrative inquiry described by Chase (2005) in which the emphasis was placed on the narrator's voice rather than on the researcher's voice, or on the narrative performance created between them. 'When someone tells a story, he or she shapes, constructs, and performs the self, experience, and reality' (Chase, 2005:657).

I have chosen to use the concept of *discourse* to express the socially constructed framework that influences what people can think, feel, or say (Hunt & Wickham, 1994). The dominant discourse 'authorizes some to speak, some views to be taken seriously, while others are imagined, derided, excluded and even prohibited' (Hunt & Wickham, 1994:9).

## **The research question**

The primary research question that guided this project was: 'How do people construct a sense of self following early sexual experiences with adults?' This question emerged gradually as the literature relating to child sexual abuse was examined and as the data was analysed in detail.

Initially the focus for the research had been the question: 'How do people adjust to the impact of early sexual experiences?' Much of the relevant literature examined the impact of child sexual abuse in terms of adult psychopathology and attempted to determine the factors that influenced the severity of this impact. Little research had been conducted to explain the somewhat challenging findings that some children and adolescents have been more severely affected than others by childhood maltreatment (Rind, Tromovitch, & Bausermen, 1998), and that some have been able to demonstrate

resilience or to be asymptomatic in the face of childhood adversity (Faller, 2003; Finkelhor & Berliner, 1995).

The literature relating to the adjustment process tended to focus mainly on cognitive adjustment processes and defence mechanisms developed in childhood. This was based on the principles of abnormal psychology and focused on intrapsychic processes, and did not take into account the emotional or behavioural responses to child sexual abuse, or the likely impact on the development of relationships and on a sense of self. I decided to take a more systemic, narrative approach to the topic and became interested in understanding the social and relational process of creating a sense of self out of adverse circumstances.

## **Aim of the research**

The main aim of the research project was to understand the ways in which people constructed a sense of self following early sexual experiences with adults. Participants were invited to tell their stories about these experiences, the meanings that they had attributed to them over time, how they had coped with them, and what impact they believed that they had had on their lives. The research was conducted using narrative inquiry as a methodology, through in-depth interviews with participants.

The primary research question can be subdivided into the following five questions:

- 1) How do participants construct a sense of self in relation to members of their family, sometimes including the adult with whom they have had sexual contact?
- 2) How do participants decide whether or not to tell anyone about their early sexual experiences?
- 3) What consequences does telling or not telling have, and what impact on the construction of a sense of self?
- 4) How does the social construction of gender impact on the construction of a sense of self?
- 5) How is this constructed sense of self influenced by societal beliefs about child sexual abuse over time?

## Locating the researcher

Child sexual abuse is often seen as a traumatic experience for a child. I was not sexually abused as a child or as an adult and in that sense I can be seen as an ‘outsider’ in this research project, with no experience of being victimised. However, this subject matter does touch me deeply on an emotional level because I experienced two traumatic events in my early adulthood. My second daughter died unexpectedly from a cot death when she was only eleven weeks old. I then migrated from England to Australia within six months of her death, leaving behind my family and support network. These experiences led me to search for faults in my own behaviour to try to make sense of what had happened (Herman, 1994). I gradually recovered and gave birth to my third child. This led me to be strongly connected, and perhaps over-protective, towards my two surviving children. My daughter’s death meant that I became a mother first and foremost, and that my career ambitions had to be placed on hold.

Following my daughter’s death, I was trained as a feminist systemic therapist and worked as a child and family counsellor in a non-government agency. In this position, I worked with many clients who had experienced child sexual abuse. I became interested in the ways in which they constructed a sense of self, in order to make sense of their lives and their experiences. Why were some deeply traumatized by their experiences and yet others appeared to be minimally affected, or even believed that they had grown as a result of the challenges they had faced? I found the capacity of some people to overcome adversity awe-inspiring. In addition, I have always found it hard to comprehend man’s inhumanity towards man – or (wo)man’s inhumanity towards man, woman, and child.

I worked mainly with women, some of whom were in the process of recovering memories of child sexual abuse. A few came into therapy with an already strong sense of self, but most held negative views about themselves as human beings. Challenging these views was often an important part of the therapeutic process. I occasionally felt concerned that my clients were using their therapy sessions in a subtle way to hurt, punish, or re-traumatize themselves. I certainly found it challenging to sit with their

## Chapter 1 – Introduction

pain and self-loathing, and with their intense anger and rage at the injustices done to them. The betrayal that many of them faced at the hands of their families was often heart-breaking. Working with women who were sexually abused as children touched me personally on two levels: I wanted to reach out and protect the small child within them that had been hurt; and I wanted to reassure myself that adults can survive, overcome traumatic memories, and work through feelings of loss and grief.

When working as a therapist, I also saw a lot of couples who were experiencing problems in their sex lives. Now I wonder how many of the men that I met in couples therapy had actually been sexually abused as children but were unwilling or unable to disclose this to their partners? I was not alert to the prevalence of sexual abuse among men and failed to ask deeper questions at the time. The male clients with whom I did discuss sexual abuse tended to move away from the topic fairly quickly and I failed to pursue the issue.

During the length of this five year research project, many things have happened in my own life. I have separated from my long-term partner, decided to put my career first, and moved from Sydney to a rural area living away from my children for the first time. The timing of all these changes has been significant – they occurred when my second daughter would have turned eighteen had she still been alive. The result has been a painful process of both physical and emotional separation from my two surviving children. Although it was my choice to move away from my family, this separation has proved very difficult for me to bear. I underestimated the importance of my day-to-day role as a mother to my sense of self.

These external or public events have influenced my internal or private world and vice versa. I have moved from a sense of myself as a mother, partner, and therapist, to an emerging sense of myself as a single, academic woman with all that that entails - a role as a teacher, supervisor, colleague, and researcher. I have gradually adopted a new sense of self through doing and being - teaching students, discussing issues with supervisors and colleagues, interviewing participants, attending seminars and conferences, reflecting on data and ideas, and listening to and participating in the wider social and

cultural debate. My sense of myself as an academic and qualitative researcher has been socially constructed through reflection and interaction with others during this period.

My thesis has also been socially constructed over this time period. I have moved from a grounded theory approach to a poststructural, narrative approach. I have come to view this approach as both an acceptable and a productive way to view such an emotive issue. Taking a social constructionist perspective has challenged me not to hide behind a 'truth-based' notion of reality. Instead it has encouraged me to reflect on the moral and value-based issues involved and to accept that there are multiverse of views in relation to complex human, relational experiences (Hart, 1995).

During the process of collecting data I submitted an early version of my literature review to an international journal for publication (Hunter, 2006). I received useful, critical feedback from the reviewers. This proved invaluable in the writing process, and helped me to recognise the need for careful use of language and consideration of the moral issues involved in writing up my thesis. I also became aware that some of the narratives that my participants had told me did not sit comfortably with some of my colleagues. In particular the idea that some participants had not been affected by their early sexual experiences was consistently challenged by others. 'They must be in denial,' or 'Yes, but their stories show how it *has* affected them' was sometimes the response. This was similar to the reactions received by others (Freud & Breuer, 1895; Howitt, 1995; A. Miller, 1991; Rind & Tromovitch, 1997) investigating this topic.

Therapists are encouraged to enter the world of their client, whilst being aware of their own value systems. However, when dealing with the issue of sexual contact between children and adults, issues of social justice become important and therapists are required to report child maltreatment. It is necessary to take a moral stance over this and other criminal acts involving the use of violence (Crossley, 2000; Herman, 1996). Taking this stance is justified by the profound impact that early sexual experiences can have on children and adolescents. It has never been my intention to argue that early sexual experiences are not abusive or that they do not have a profound impact on the lives of some people, or to argue against the moral stance taken by therapists and other health

professionals. I share these views and believe that child sexual abuse is a serious crime that needs to be eradicated from our society.

However, it has been my intention to open up the possibility of a new dialogue around the issue of early sexual experiences, by bringing infrequently heard narratives out into the open. I am using a positive psychology approach to this topic, in the belief that it is useful to hear narratives from people who have demonstrated resilience in the face of adversity or have been able to overcome the difficulties that they have faced (Masten & Reed, 2005).

## **Summary and overview of the thesis**

This thesis sets out to describe the ways in which men and women have constructed a sense of self in relation to their early sexual experiences. This is seen as an on-going, relational process which began in childhood or adolescence, and continued throughout adulthood and during the research process itself. The data collected during individual interviews provides insights into this process and into the ways in which people developed narratives to help them to understand, describe, and explain their childhood experiences.

In this chapter I have introduced the main purposes and significance of the research project and defined the terms that I have used. I have also located myself within the project. The relevant literature will be reviewed and discussed in relation to this project in Chapter two, followed by a description of the research methodology used in this study in Chapter three. The stories that participants told about their early sexual experiences have been grouped into four main narratives, each of which form the basis of a findings chapter. Chapter four describes narratives of silence, Chapter five narratives of ongoing suffering, Chapter six narratives of transformation, and Chapter seven narratives of transcendence. This is followed by a discussion in Chapter eight and implications and recommendations in Chapter nine.

## **Chapter 2 - Literature Review**

### **Introduction**

This literature review examines issues relating to child sexual abuse (CSA) and early sexual experiences (ESEs) of relevance to the current study. In particular it explores the following themes in detail: the prevalence of child sexual abuse and early sexual experiences; the long-term effects of child sexual abuse; the impact of the family context; the nature of gender differences; controversies about child sexual abuse; avoidant or adaptive coping mechanisms; the issue of disclosure; the impact of these childhood experiences on the development of the sense of self; the social construction of gender and the victim/survivor discourse; theoretical models and treatment options for working with issues of child sexual abuse; and implications for future research.

In order to set the context for the study, the literature relating to the prevalence and long-term effects of child maltreatment and early sexual experiences has been included, as well as the nature of gender differences, particularly in relation to coping mechanisms and the issue of disclosure. Given the focus of the study, it was important to include a review of available literature on the construction of a sense of self following early sexual experiences. There is also a review of the controversies and the professional discourse around the issue of child sexual abuse in order to demonstrate the emotive and socially constructed nature of the topic. Finally, a review of the current theoretical models and treatment options available was included.

The focus of this review is on the experiences of adults who were sexually abused in childhood, rather than on the experiences of families in which a child has disclosed sexual abuse, or on victimisers. As a result, the review does not explore the legal process or family treatment.

## **The prevalence of child sexual abuse and early sexual experiences**

Researchers have repeatedly called for more commonly accepted definitions of terms when discussing child maltreatment issues (Haugaard, 2000; Rind, Tromovitch, & Bausermen, 1998). Estimates of the prevalence of contact and non-contact child sexual abuse vary enormously from 2% to 62%, depending on the definition and the sampling method used (Bolen & Scannapieco, 1999; Gorey & Leslie, 2001). The prevalence of contact sexual abuse has been estimated to be between 12% and 17% for women, and between 5% and 8% for men in the United States (Gorey & Leslie, 2001).

A study of 2,869 young adults aged between 18 and 24 was conducted in the UK. It was reported that 10% of these young adults had been sexually abused as children involving contact, with 15% of girls and 6% of boys reporting behaviour assessed as definitely abusive i.e. sexual behaviour that was against their wishes or with a person five or more years older (May-Chahal & Cawson, 2005). In addition, a further 6% had been involved in consensual sexual behaviour when aged between thirteen and fifteen with someone five or more years older, other than a parent. Adding together those reporting non-consensual and consensual sexual behaviour, the percentage of young people assessed as having been sexually abused as children, including non-contact abuse, would have risen to 19%. Only 6% of these young people rated themselves as having been sexually abused, thereby demonstrating some of the definitional problems in this field. About one third of these young people claimed to have told no one about these experiences before the study. It seems that 'most abuse remains hidden and denied' (Hobbs, 2005:951).

The prevalence of contact child sexual abuse in Australia is similar to that in the United States and the United Kingdom. An Australian population-based survey, using a randomly selected national sample of 1,784 men and women, suggested that approximately 12% of women and 4% of men self-reported at least one occurrence of unwanted penetrative experiences at the age of fifteen or under (Dunne, Purdie, Cook, Boyle, & Najam, 2003). Another Australian study based on a representative sample of

over 19,000 adults found that 10% of women and 3% of men had experienced sexual coercion at the age of fifteen or under (de Visser, Smith, Rissel, Richters, & Grulich, 2003; Richters & Rissel, 2005). In this study sexual coercion was defined as being forced or frightened into unwanted sexual activity. In the same study, the percentage of women and men claiming to have consensual intercourse before the age of sixteen was 13% and 21% respectively (Rissel, Richters, Grulich, de Visser, & Smith, 2003).

Most researchers would agree that the current ratio of child sexual abuse of females to males is between 3 : 2 and 3 : 1 (Dunne, Purdie, Cook, Boyle, & Najam, 2003; Putnam, 2003), although these figures may reflect a greater reluctance on the part of men to share their stories for fear of stigmatisation (Briere & Scott, 2006; Dorais, 2002; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005; King, Coxell, & Mezey, 2000; Lew, 2004; Teram, Stalker, Hovey, Schachter, & Lasiuk, 2006; Valente, 2005). This underestimation of the prevalence rates of child sexual abuse, particularly among men, may partly be the result of a discrepancy between the definition used by researchers and the definition used by research participants (May-Chahal & Cawson, 2005). In a study of Navy recruits in the United States, only 39% self-defined their childhood sexual experiences as abusive and men were less likely than women to acknowledge sexual abuse (Stander, Olson, & Merrill, 2002). However, choosing not to describe the experience as abusive does not necessarily mean that the person involved does not experience psychological distress (Harned, 2004).

Some of the complexity of this issue is demonstrated by data from a large-scale study of men in the United Kingdom who had visited their local doctor. Of these men, 5% reported having non-consensual sex before the age of sixteen, of which 80% were sexual assaults by men and 20% by women (King, Coxell, & Mezey, 2000). In addition, more than 7% of these men reported having consensual sex before the age of sixteen with a person at least five years older, and 90% of these experiences involved women. Adding these figures together, 12% of men reported having early sexual experiences, of which 5% were with older men and 7% with older women. This suggests that the sexual abuse of boys by women may be more common than the sexual abuse of boys by men, but also less likely to be acknowledged as non-consensual.

It has been suggested that many of these incidences between boys and older women would not have been reported (King, Coxell, & Mezey, 2000; West, 1998) because boys do not necessarily define these experiences as abusive (Etherington, 1997; Little & Hamby, 1999; Rencken, 2000). The idea of a woman committing a sexual assault on a young boy confronts people's assumptions about masculinity and femininity and may make a man feel a greater sense of humiliation and betrayal at being abused by a woman who is supposed to be a nurturer and caregiver (Denov, 2004).

For somewhat different reasons, men are also reluctant to admit to having been sexually abused by other men. There is often a sense of stigma and shame attached to such events (Briggs, 1995b; Dhaliwal, Gauzas, Antonowicz, & Ross, 1996; Etherington, 1997; G. R. Holmes, Offen, & Waller, 1997; King, Coxell, & Mezey, 2000; Noll, Trickett, & Putnam, 2003). A boy can be afraid of being labelled as a homosexual or deviant (Cohen, 2001; Gill & Tutty, 1997; Little & Hamby, 1999; Rencken, 2000). When this is coupled with the belief that women are sexually passive, harmless, and unlikely to be sexual aggressors (Boroughs, 2004; Denov, 2003a), these stereotypical gender scripts may compound the underestimation of the incidence of sexual abuse for boys.

An Australian population-based study (Dunne, Purdie, Cook, Boyle, & Najam, 2003) showed that although the prevalence of abusive penetrative experiences for both men and women have not varied much over time, the prevalence of non-penetrative abuse among younger men was lower than for older men. A similar decline in officially recognised cases of sexual abuse in the United States during the 1990s has also been reported (Jones, Finkelhor, & Kopiec, 2001). However, this evidence needs to be treated with cautious optimism (Jones & Finkelhor, 2003), because of the possibility that younger men are less willing to disclose sexual abuse than older men (Dunne, Purdie, Cook, Boyle, & Najam, 2003). Also the statistics for notifications of child maltreatment can change significantly when policy changes. Following the introduction of mandatory reporting in Australia, notifications for child abuse and neglect more than doubled between 1999 and 2004 across all states and substantiations significantly

increased (Australian Institute of Health and Welfare, 2005). In Queensland an inquiry produced ‘a risk averse, post-inquiry socio-political climate in which professionals and community members are more likely to make notifications’ (Tilbury, 2005).

## **The long-term effects of child sexual abuse**

There is evidence, based on qualitative research studies conducted among clinical populations of child sexual abuse survivors, that shows the potentially devastating impact that child sexual abuse can have on the lives of men and women (Briggs, 1995b; Cameron, 2000; Courtois, 1988; Darlington, 1996; Dolezal & Carballo-Diequez, 2002; Dorais, 2002; Etherington, 1997, 2000; Fater & Mullaney, 2000; Gill & Tutty, 1999; J. M. Hall, 2000; Herman, 1981; Lev-Wiesel, 2000; Ray, 1996, 2001). This is supported by evidence from large-scale studies that have identified correlations between child sexual abuse and psychological distress (de Visser, Smith, Rissel, Richters, & Grulich, 2003; Edwards, Holden, Felitti, & Anda, 2003; W. C. Holmes & Slap, 1998; Neumann, Houskamp, Pollock, & Briere, 1996). The impact of child sexual abuse and the subsequent choices made by the victim often reverberate well into adulthood, with far-reaching consequences.

Further large-scale studies have identified statistical correlations between child sexual abuse and adult psychopathology including depression, alcohol abuse and antisocial behaviour (Horwitz, Widom, McLaughlin, & White, 2001; MacMillan et al., 2001; Putnam, 2003), suicide risk (Dube et al., 2001), anxiety about sex (de Visser, Smith, Rissel, Richters, & Grulich, 2003), and personal problems such as increased numbers of divorces and increased likelihood of unfaithfulness within relationships (Colman & Widom, 2004) among men and women. There is also evidence of low self-esteem and depression in women (Cecil & Matson, 2001), increased risk of re-victimisation in women (Coid et al., 2001) and men (King, Coxell, & Mezey, 2000), as well as problems related to intimate relationships and sexual functioning among men (Dhaliwal, Gauzas, Antonowicz, & Ross, 1996; W. C. Holmes & Slap, 1998; Watkins & Bentovim, 2000). A correlation between child sexual abuse and the development of substance abuse problems in adolescence has also been shown (Bergen, Martin, Richardson, Allison, &

Roeger, 2004), although the link between these is not well understood (Dube et al., 2003).

The experience of child sexual abuse itself varies, in terms of its severity, according to a large number of complex and interwoven factors. These variables include: the age and sex of the child and the nature of the relationship between the adult and the child (W. C. Holmes & Slap, 1998; Putnam, 2003); the severity of the abuse and the use of force or coercion (Colton & Vanstone, 1996); other forms of maltreatment experienced by the child (Edwards, Holden, Felitti, & Anda, 2003); the frequency and duration of the abuse (Cecil & Matson, 2001); and the child's sexual orientation (de Visser, Smith, Rissel, Richters, & Grulich, 2003; Tomeo, Templer, Anderson, & Kotler, 2001). This makes it very difficult to predict the effects, outcomes, and long-term consequences of child sexual abuse for an individual since these factors are rarely controlled for (Dhaliwal, Gauzas, Antonowicz, & Ross, 1996). In addition, powerlessness and stigmatisation, but not betrayal, have been shown to mediate the effect of child sexual abuse severity on women's psychological distress in adulthood (Kallstrom-Fuqua, Weston, & Marshall, 2004), perhaps by affecting women's sense of self which may emerge as depression or other symptoms in adulthood.

There has been a debate in the literature over the long-term effects of child sexual abuse. In what proved to be a controversial meta-analysis, Rind, Tromovitch, and Bauserman (1998) concluded that 'CSA does not cause intense harm on a pervasive basis regardless of gender in the college population.' They also recommended the introduction of the term 'adult-child sex' to describe 'a willing encounter with positive reactions' (Rind, Tromovitch, & Bauserman, 1998:46). This study created controversy in the American media and the findings were subsequently severely criticized (Dallam et al., 2001; Lilienfeld, 2002) and described as scientifically correct but politically incorrect (Oellerich, 2000). There was a concern that such research findings could be used to justify the activities of groups such as North American Man/Boy Love Association (NAMBLA) that argues that sexual contact between men and boys causes no harm (deYoung, 2003).

In many respects, the Rind et al (1998) findings were not new. Before and since, other authors have cautiously stated their belief that sexual experiences might not necessarily have a devastating impact on the children involved (Bowers & Farvolden, 1996; Colman & Widom, 2004; Colton & Vanstone, 1996; Dallam et al., 2001; Durrant & Kowalski, 1990; Fergusson & Mullen, 1999; Haaken & Lamb, 2000; Himelein & McElrath, 1996; Horwitz, Widom, McLaughlin, & White, 2001; Oellerich, 2000; Putnam, 2003; Seligman, 1994; Stanley, Bartholomew, & Oram, 2004). These researchers have pointed out the variability of the effect on children and, in this way, offer a message of hope to many families.

Finkelhor and Berliner (1995) acknowledged that about 40% of children experiencing child sexual abuse had few or no symptoms on standard measurements. A large study based on retrospective recall of childhood victimisation concluded that, after controlling for stressful life events, childhood maltreatment appeared to have very little measurable impact on any of the lifetime mental health outcomes measured (Horwitz, Widom, McLaughlin, & White, 2001). Child maltreatment did not necessarily lead to severe psychopathology (Putnam, 2003) or interpersonal dysfunction (Colman & Widom, 2004). It has also been argued from a community sample of 192 gay and bisexual men that describing child sexual abuse ‘as uniformly negative, harmful and coercive’ may not accurately reflect the experiences of gay and bisexual men (Stanley, Bartholomew, & Oram, 2004). Factors such as the family context are also important and will now be explored.

### **The impact of the family context**

Childhood maltreatment has often been conceived as a series of isolated events whereas it is ‘typically part of a matrix of environmental problems such as poverty, unemployment, parental alcohol and drug problems, and inadequate family functioning’ (Horwitz, Widom, McLaughlin, & White, 2001:185). This makes it difficult to differentiate the effects of child sexual abuse from those of associated chronic psychosocial adversities (Rutter, Giller, & Hagell, 1998). One study suggested that children who had experienced child sexual abuse often grew up in impoverished environments, with poverty, inadequate parenting, parents who were unemployed, or

parents using drugs or alcohol (Horwitz, Widom, McLaughlin, & White, 2001). Another survey suggested that such children had often experienced other forms of child maltreatment such as emotional abuse, neglect, physical abuse, and witnessing of domestic violence in the home (Coid et al., 2001). In a large-scale study of members of a health fund in the United States, about one third of adults self-reported that they have experienced more than one form of child maltreatment (Edwards, Holden, Felitti, & Anda, 2003).

Notifications of child maltreatment happen across the social spectrum, although they are disproportionately high for economically disadvantaged populations in the United States (US Department of Health and Human Services, 2005) and in Australia (Australian Institute of Health and Welfare, 2001). A large-scale study in the United Kingdom found that, for notified cases of child maltreatment, the strongest risk factors were poor socio-economic status and deprivation (Sidebotham & Heron, 2006) with factors relating to poor parental background such as low educational achievement, past psychiatric history, poor social networks or high level of domestic violence, being mediated through their impact on socio-economic factors. Abuse by siblings and peers is believed to be more common than is currently realised (Sperry & Gilbert, 2005).

Both the family environment and the level of parental functioning have been shown to be risk factors in child sexual abuse (Colton & Vanstone, 1996; Putnam, 2003; Rind, Tromovitch, & Bausermen, 1998). Other forms of child maltreatment such as child physical abuse, witnessing domestic violence in the home, emotional abuse and neglect, were also predictive of child sexual abuse (Gladstone et al., 2004) and were correlated with negative outcomes in adult life. A ‘dose-related’ effect was found between the number of different types of maltreatment reported and poor outcome in terms of mental health (Edwards, Holden, Felitti, & Anda, 2003) and suicide risk (Dube et al., 2001). One study of Native Americans showed that physical and emotional abuse were more highly correlated with depression and anger than child sexual abuse (Hobfoll et al., 2002). Another study of adults with substantiated histories of child sexual abuse suggested that other forms of child maltreatment were just as impactful on people’s ability to establish intimate relationships as child sexual abuse (Colman & Widom,

2004). Unfortunately other forms of child maltreatment and family dysfunction often form the context within which child sexual abuse occurs and physical abuse is frequently used or threatened as a coercive tactic to enforce the child's silence (NSW Government, 2006).

There are many cultural differences evident in the ways that child sexual abuse is experienced and processed. However, the literature is inconclusive in terms of ethnic differences in willingness to disclose child maltreatment, severity of child sexual abuse, and responses to such abuse (Elliott & Urquza, 2006). Most studies have examined differences across broad ethnic groups rather than examined cultural differences in detail. This is a complex topic because particular cultural factors can bring with them both greater risks and greater protective factors for potential victims (Korbin, 2002). Many factors need to be examined, such as levels of acculturation, the interruption of the transmission of positive cultural values caused by child maltreatment, and the diverse ways in which the behaviour is labelled and treated by different cultural groups (Chan, Elliott, Chow, & Thomas, 2002; Elliott & Urquza, 2006; Thanasiu, 2004). However, there is some evidence to suggest that Chinese, Hong Kong Chinese, and Asian-American children experience lower rates of child sexual abuse than children in the United States, which could be related to cultural factors such as sexual conservatism, the importance of the family, filial duty, and restrained emotional expression in Chinese culture (Chen, Dunne, & Han, 2004; Elliott & Urquza, 2006; Tang, 2002).

What is known is that children of colour are significantly over-represented in the child protection system and in the foster care system in both the United States (Elliott & Urquza, 2006; US Department of Health and Human Services, 2005) and Australia (Foster, 2005; NSW Department of Community Services, 2005). In the United States the rate of notification of African American, Native American, and Pacific Islander children is twice that of non-Latino White, Latino and Asian American children. This over-representation of children of colour has been attributed either to the elevated risk experienced by ethnic minority children or to institutional discrimination. In the United States this elevated risk relates to living in families with low socio-economic status, in

relatively dangerous neighbourhoods, in single-parent families or in families with more than four children, and with unemployed caregivers. However, institutional discrimination or bias may influence the investigation process, leading to a greater likelihood of these children entering the child protection system or delaying their exit from the system (Elliott & Urquza, 2006).

In Australia many Aboriginal and Torres Strait Islander children live in poverty as a result of structural inequality (J. Williams, Toumbourou, McDonald, Jones, & Moore, 2005). Aboriginal children are six times more likely to experience child maltreatment than non-Indigenous children living in Australia (Foster, 2005). According to government reports, child sexual abuse in Aboriginal communities needs to be understood in the context of historical trauma, deprivation, and racism (NSW Government, 2006) and consultation is needed with Indigenous and culturally and linguistically diverse communities in order to provide culturally sensitive, holistic health services (NSW Health, 2004). Some of the underlying reasons for the over-representation of Indigenous children in the child welfare system may include ‘intergenerational effects of previous separations from family and culture; poor socioeconomic status; and cultural differences in child-rearing practices’ (Australian Institute of Health and Welfare, 2001:20).

It is important to remember that a statistical correlation does not prove a causal relationship. As a result, there is disagreement in the literature as to whether family dysfunction leads to child sexual abuse or vice versa. For example, children have been shown to be more vulnerable to child sexual abuse following parental separation but this evidence needs to be considered carefully since ‘child abuse may frequently be a cause of parental separation, and parental separation may frequently be a cause of child abuse’ (T. Brown, Sheehan, Frederico, & Hewitt, 2002:35). In a similar way complex trauma may be ‘primarily a consequence of the family environment in which survivors are reared’ (Gold, 2000:23). In addition parental and societal attitudes may be important determinants of long-term recovery for the child (MacDonald, Lambie, & Simmonds, 1995), as well as factors relating to gender.

## The nature of gender differences

Understandably, much of the research in this field focuses on one gender or the other. Initially researchers focused on the sexual abuse of girls, but more recently researchers have focused on the sexual abuse of boys (Dorais, 2002; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005; Valente, 2005; West, 1998) and female perpetrators (Boroughs, 2004; Denov, 2003b; King, Coxell, & Mezey, 2000; Watkins & Bentovim, 2000). Researchers are also beginning to focus on the difference between homosexuals' and heterosexuals' early sexual experiences with adults (Kalichman et al., 2001; Stanley, Bartholomew, & Oram, 2004; Tomeo, Templer, Anderson, & Kotler, 2001), issues for male sex workers (Leary & Minichiello, 2007), and on the taboo subject of female perpetrators (Boroughs, 2004; Denov, 2004; Fitzroy, 1997). Researchers have also started to interview children and their families (Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005; Mudaly & Goddard, 2006; M. L. Nelson & Quintana, 2005).

At first reading most studies appeared to suggest that women who had experienced child sexual abuse had more symptoms of depression, anxiety, post-traumatic stress disorder, and adjustment problems than men (Feiring, Taska, & Lewis, 2002; Horwitz, Widom, McLaughlin, & White, 2001; MacMillan et al., 2001; Rind, Tromovitch, & Bausermen, 1998; Sigmon, Greene, Rohan, & Nichols, 1996; Ullman & Filipas, 2005). This supported the belief that child sexual abuse had a more profound effect on women than on men. However, a deeper exploration of the data has demonstrated that this may be an over-simplification. In four out of six of the studies quoted above, the women had experienced more recent or more severe forms of abuse, including physical contact, than the men in the sample (Feiring, Taska, & Lewis, 2002; Rind, Tromovitch, & Bausermen, 1998; Sigmon, Greene, Rohan, & Nichols, 1996; Ullman & Filipas, 2005). This difference in abuse severity may explain the higher levels of adult psychopathology often found in women than in men.

When the symptoms experienced by men who have been sexually abused were compared with a matched normative sample of men, the abused men tended to exhibit

more symptoms of depression, anxiety, antisocial personality disorder, and alcohol problems (Gold, Lucenko, Elhai, Swingle, & Sellers, 1999; Horwitz, Widom, McLaughlin, & White, 2001) and both sexes had higher rates of co-habitation and relationship difficulties such as walking out and getting divorced than those in the control samples (Colman & Widom, 2004). In other words some men also experience mental health problems following sexual abuse that are manifested in different symptoms such as risk taking behaviour, aggression, somatic problems, or alcohol or drug abuse (MacMillan et al., 2001; Rochlen, Whilde, & Hoyer, 2005), or suppressed as a result of the demands of male gender role socialisation (Cochran & Rabinowitz, 2003). Some researchers suggests that women cope better with childhood adversity than men (Werner, 2005) and the data on gender differences in relation to outcomes in adulthood remains inconclusive (Brewin, Andrews, & Valentine, 2000), with many similarities between the sexes emerging (Banyard, Williams, & Siegel, 2004).

Women are socialised to talk about their experiences to a greater extent than men (Briere & Scott, 2006; Ullman & Filipas, 2005). A cluster analysis of women who had experienced severe child sexual abuse demonstrated that about a third of these women had good outcomes in adulthood in terms of self-esteem (Jonzon & Lindblad, 2006). They tended to be members of survivor support groups and be willing to discuss their experiences, although it was uncertain whether this was a consequence of their resiliency or influential in the development of resilience. Some authors have argued that the inability to talk about emotional experiences that are so essential to identity can create severe disconnections in men's relationships (Gartner 1999 cited in Kia-Keating, Grossman, Sorsoli, & Epstein, 2005; Shepard, 2005). This has significant implications for therapy with men (Englar-Carlson, 2006; Englar-Carlson & Shepard, 2005; Mahalik, Good, & Englar-Carlson, 2003; Wong & Rochlen, 2005).

A study of young survivors suggested that shame and a pessimistic attribution style moderated the relationship between the severity of the abuse and depressive symptoms (Feiring, Taska, & Lewis, 2002). Those young people who experienced shame persistently over time remained at higher risk of symptoms of depression. Unfortunately the sample size in this study was not large enough to explore gender differences in

terms of shame, after accounting for differences in abuse severity. Further studies are needed in order to determine which gender experiences most shame following early sexual experiences, and under what circumstances.

According to qualitative studies, men experience gender shame. As a result, they often minimise their early sexual experiences (Gill & Tutty, 1997; Lew, 2004; Little & Hamby, 1999). For example, Lew (2004) argued that men who have been sexually abused as children often had problems with sexual dysfunction and depression, partly as a result of connecting sex and shame. Concealing the abuse was one strategy that men frequently adopted to avoid the ‘anticipated disbelief, denial, and rejection’ if they told anyone (Dorais, 2002:19). Men also seemed to be more likely to employ strategies of avoidance or acceptance and less likely to employ emotion-focused strategies than women (Kaplow, Dodge, Amaya-Jackson, & Saxe, 2005; Sigmon, Greene, Rohan, & Nichols, 1996). They were also more likely than women to report amnesia following documented child sexual abuse and to attribute this to active attempts to avoid thinking about the abuse (Ghetti et al., 2006). Even male therapists did not believe that therapy or talking about their experiences was vital to their recovery (Little & Hamby, 1999).

As discussed earlier, it is likely that the sexual abuse of boys has been under-reported among both heterosexual and homosexual men (Kalichman et al., 2001; Stanley, Bartholomew, & Oram, 2004; Tomeo, Templer, Anderson, & Kotler, 2001), perhaps for differing reasons. One study among Latino homosexual abuse victims found that over half did not consider their early sexual experiences with an older man (on average nine years older) to be sexually abusive and several felt that they had been the ones to initiate the experience (Dolezal & Carballo-Diequez, 2002). One possible explanation for this behaviour was that it was safer for a gay adolescent to make a sexual advance towards an older man than towards another adolescent and risk aggression, outing, or rejection (Stanley, Bartholomew, & Oram, 2004).

These gender issues are also reflected in the type of therapy that men give and receive compared to women. In an analysis of the files relating to 200 users of a community mental health centre in New Zealand, it was found that male clients were less likely

than females to receive abuse-focused therapy after disclosing child abuse, and that male clinicians were less likely than female clinicians to give abuse-focused therapy (Agar & Read, 2002). Only a third of those clients who reported child abuse had an integrated treatment plan that mentioned the abuse, and only one fifth had been referred for therapy that focused on child abuse, with a significantly lower percentage of men than women receiving therapy related to their disclosure of abuse. Similarly, in a study that included 42 male sexual abuse survivors who had received counselling, only two reported getting treatment for sexual abuse (Banyard, Williams, & Siegel, 2004). Researchers have begun to recognise this gender imbalance and to make suggestions for gender-sensitive or ‘malecentric’ abuse-related therapy (Briere & Scott, 2006; Corby, 2006; Hunter, 2006; Teram, Stalker, Hovey, Schachter, & Lasiuk, 2006).

The issue of child sexual abuse is multifaceted and can vary in terms of the gender of the adult and the child, the age of the child or adolescent and her or his relationship with the adult involved, the severity and duration of the abuse, other forms of child maltreatment experienced, and the social and cultural context. This level of complexity has led to the development of several controversies in the literature, as discussed in the following section.

### **Controversies about child sexual abuse**

There is a ‘human tendency to dichotomize complex phenomena and view them in simplistic, black-and-white terms’ (Lindsay & Briere, 1997:632). This tendency to dichotomise appears in the form of a series of controversies relevant to this thesis. The first controversy began with Freud’s rejection of his own original trauma theory in favour of his seduction theory of child sexual abuse (Masson, 1992). Since then, feminist theorists have challenged both the psychodynamic approach as patriarchal and the systemic approach as amoral or mother blaming (R. Miller & Dwyer, 1997; Tomison, 2000). There was a heated debate between recovered memory and false memory theorists in the 1990s and a strong reaction in the American media to research findings that were deemed controversial (Rind, Tromovitch, & Bausermen, 1998).

Initially Freud developed a trauma-based theory of child sexual abuse (Freud & Breuer, 1895), which he later replaced with his seduction theory. By defining the normal psychosexual development of children, Freud was influential in the development of abnormal psychology. His work eventually led ‘the whole emphatic vocabulary of abomination’ (Foucault, 1987:316-317) and to DSM-IV categories (DSM-IV, 1994) for paraphilias including paedophilia, and incest as a sub-category of paedophilia (Davison & Neale, 2001).

Freud was later described as having caused great harm through his seduction theory and the institutionalisation of denial (A. Miller, 1991). Freud’s followers maintained that incest was rare and supported the idea of ‘community-based treatment for the incest offender who is not regarded as dangerous to society as a whole’ (Conte, 1991:6). This patriarchal discourse discounted the experiences of children and minimised both the existence and the impact of incest on children. Miller described denying her patients’ reality and inadvertently encouraging repression. She later realised that her patients had endured years of therapy ‘for the truth to remain unrecognized and the parents to be spared’ (A. Miller, 1991:61). She accused psychoanalysts of protecting fathers and feminists of idealizing mothers.

There has been a great deal of debate in the literature about the reason for Freud’s change of mind. Some writers have accused him of accepting the patriarchal views of his time (Breckenridge, 1999; Herman, 1994; Masson, 1992; Ward, 1984). Other writers have accused Freud of being one of the first so-called recovered memory therapists, who unknowingly used suggestive techniques such as hypnosis in order to uncover false memories of abuse (Bowers & Farvolden, 1996).

Systemic theorists looked at the interactional or familial context within which events happened (Kamsler, 1990) and often described the family as dysfunctional since ‘the father turns to his daughter sexually because of his wife’s failure to meet his needs’ (Laing & Kamsler, 1990:161). Much of the early systemic literature was either overtly or covertly mother-blaming, with blame ostensibly being attributed to the system but still being carried by the women in the family (Barrett, Trepper, & Stone Fish, 1990).

Early feminist writers saw child sexual abuse as being ‘as old as patriarchy itself’ (Herman, 1981:202) and incest as sexual violence and an abuse of power by men over their daughters (Ward, 1984). They criticised the systemic approach for focusing on the mother who supposedly colluded with the father and was responsible for his incestuous behaviour, because of her sexual coldness towards him (Kaye, 2005). This systemic approach was also criticised for taking an essentially exogenic or intrinsically amoral perspective (McConaghy & Cottone, 1998), for failing to take into account the issue of the imbalance of power (Goldner, Penn, Sheinberg, & Walker, 1990) and for offering the victimiser ‘a shield of invisibility’ which enabled him to escape from taking responsibility for his behaviour (Laing & Kamsler, 1990:163).

Feminist writers were highly influential in revealing the power dynamic in this field (Breckenridge, 1999; Colton & Vanstone, 1996; Cossins, 1999; Courtois, 1996; Herman, 1981; Hughes et al., 1998; Kamsler, 1990; Orbach, 1998; Rozee & Koss, 2001; Ward, 1984). The collective action of the women’s movement challenged the professional discourse and demanded that other voices be heard, especially those of victims themselves (Breckenridge, 1999). This discourse supported the idea of affirmative action to create change and linked itself to the legal discourse.

Feminist writers deliberately labelled certain acts as violent or abusive, based on the power differential between the adult and the child. An example of this deliberate and political use of language is the use of the term ‘father-daughter rape’ for incest (Ward, 1984). This was seen as a criminal act and emphasis was placed on the importance of the collection of uncontaminated evidence from child witnesses in order to gain convictions (Alessi & Ballard, 2001; Cossins, 2001). This discourse made deliberate use of legal language such as serial offender, perpetrator, victim, child witness and corroboration.

The concurrent development of relational psychology based on the work of feminist theorists and practitioners such as Gilligan, Miller, Herman, Hirschman, Harvey, Jordan and others (Robb, 2006) led to the radical view that trauma is a relationship injury. Its

proponents argued that ‘psychological dysfunction originates and resides between people rather than in them, more like wars and enmity than illness and disability’ (Bergman cited in Robb, 2006:289). Harvey (1996) argued for an ecological view of trauma as a disruption to the ecosystem of personal and emotional connections or relationships.

In the 1990s a controversy developed that is now known as the recovered/false memory debate (Pezdek & Banks, 1996; R. D. Read & Lindsay, 1997). Clinicians and research psychologists conducted an ideological debate in the literature that could be described as a feminist backlash discourse. There was a growing cynicism about the more extreme claims made by therapists and researchers about ritual abuse and recovered memories (P. Jenkins, 1998). The debate in the literature focused on the existence, or otherwise, of a mechanism for forgetting traumatic incidents and the veracity of childhood sexual memories recovered in adulthood, after a period of total or partial amnesia. Some research psychologists and other adherents to the concept of ‘false memory syndrome’ argued that women had gone too far in blaming men and had frequently falsified claims against men. The sudden ‘discovery’ of numerous cases of organised ritual abuse was also questioned (K. McLeod & Goddard, 2005).

Several writers criticised ‘recovered memory therapy’ and argued that memories recovered using suggestible techniques were false memories (Ceci, Huffman, Smith, & Loftus, 1996; Kihlstrom, 1996; Loftus, Garry, & Feldman, 1994; Pendergrast, 1998; Wakefield & Underwager, 1994). Other clinicians put forward case studies in which clients had recovered traumatic childhood memories after a period of total or partial amnesia (Cameron, 1996, 2000; Dale, 1999; Feldman-Summers & Pope, 1994; Westerhof, Woertman, van der Hart, & Nijenhuis, 2000).

A study of women with a documented history of childhood sexual victimisation found that it was indeed possible to forget traumatic experiences that had happened in childhood (L. M. Williams, 1994). Theorists and clinicians were divided as to whether or not memories recovered after a period of amnesia were generally reliable (Bowers & Farvolden, 1996; Breckenridge, 1999; Cameron, 1996, 2000; Conway, 1998; L. M.

Williams, 1994), false or suggested memories (Ceci, Huffman, Smith, & Loftus, 1996; Kihlstrom, 1996; Wakefield & Underwager, 1994; Yapko, 1997), based on psychological truth or, in some way, symbolically true (Casement, 1998; Haaken, 1998). McLeod has described therapists as ‘increasingly caught between the contradictory demands of narrative truth and of historical truth’ (J. McLeod, 1997:149).

Following a heated debate in the literature throughout the early 1990s, the American Psychological Association (1996:372) concluded it was possible for memories of abuse, that had been forgotten for a long time, to be remembered. They also concluded that it was possible to construct convincing pseudomemories for events that had never occurred. The British Psychological Society (1996:390) concluded that although there was a great deal of evidence for incorrect memories, there was less evidence for the creation of false memories. The Australian Psychological Society also argued that there was less evidence for the creation of false memories in clinical contexts than for inaccurate memories (Australian Psychological Society, 2004). A consensus view seemed to have been reached which accepted the possibility of both recovered and false memories (Knapp & VandeCreek, 2000).

Throughout the 1990s writers within the social constructionist discourse challenged the language of the dominant discourse in an attempt to privilege the subjugated narrative of women and children (Breckenridge, 1999; Durrant & Kowalski, 1990; Kamsler, 1990; Laing & Kamsler, 1990; W. Thompson, 1992; White, 1989a). Within this discourse, other subjugated narratives have begun to emerge. For example, researchers have begun to expose the abuse of boys by women (Boroughs, 2004; Denov, 2004), sometimes by their mothers (Etherington, 1997). Narrative therapists have helped survivors to make meaning of their experiences (Harvey, Mishler, Koenen, & Harney, 2000) and used the idea of exploring the restraints which prevent clients from taking alternative actions (Monk, Winslade, Crocket, & Epston, 1997; White, 1989b). For example, a survivor may blame herself (Massad & Hulsey, 2006) and be unable to see how her victimiser has manipulated her (Kamsler, 1990), or may develop an abuse-dominated view and build an identity around being victimised (Durrant & Kowalski, 1990; Monk, 1997).

The media-driven response to the Rind et al (1998) meta-analysis was another powerful example of a controversy in this emotive field of study. The study was criticised in the American media by academics and media personalities (Dallam et al., 2001; Lilienfeld, 2002). The study's conclusions were denounced by both the House of Representatives and the Senate. Researchers have pointed out that stories of child sexual abuse are used for political reasons and some gain more currency than others (Haaken & Lamb, 2000).

It seems that the more the issue of paedophilia has been discussed in the media, the less the issue of incest has been discussed (Mendes, 2000). This media focus has fostered a sense of 'moral panic' (P. Jenkins, 1998:1) which has led to a paradox. 'Although much evidence suggests that abuse is most likely to occur in the domestic or neighborhood setting, with family or neighbors as culprits, concepts of the problem place the blame on outside forces – on fiends and psychopaths, pedophiles and predators' (P. Jenkins, 1998:236). Angelides (2005) argued that paedophiles were represented as homosexuals as part of a backlash against the feminist view that all men were potential victimisers and that child abuse was a function of patriarchy and normative masculinity.

Having explored some of the controversies in the literature, I will now examine the issue of resilience, how people cope with these experiences, which coping mechanisms they adopt, and whether these mechanisms should be seen as avoidant or adaptive.

### **Resilience**

Resilience is a core concept in positive psychology and has become the focus of a great deal of research effort. When researching antisocial behaviour, Rutter defined resilience as 'the phenomenon of people functioning well in spite of adverse experiences, of relative resistance to risk factors, or of overcoming stress experiences' (Rutter, Giller, & Hagell, 1998:170). He became interested in the way in which children had varying degrees of vulnerability to psychosocial stress and other forms of childhood adversity (Rutter, 1999).

The concept of resilience has become problematic (Lightsey, 2006; Luthar, Cicchetti, & Becker, 2000) because it has been defined in so many different ways: as a personality trait such as invulnerability or stress-resistance (O'Grady & Metz, 1987); as achieving good outcomes despite threats to development in children (Masten, 2001; Masten & Coatsworth, 1998; Masten et al., 1999; Masten & Reed, 2005); as a dynamic process that leads to positive adaptation (Werner, 2005); as a cultural construct that relates to cultural expectations about adequate functioning during development (Riley & Masten, 2005); as a family of loosely connected processes that scaffold successful adaptation (Roisman, 2005); or as a combination of characteristics that can be strengthened and built (C. C. Bell, 2001). It originated in the context of delinquency but has also been applied to education (Ong, Phinney, & Dennis, 2006) and grief (Bonanno, 2004), and has been described as a natural, innate capacity (Kelley, 2005) or as ordinary magic (Masten, 2001).

Most researchers have explored the risk factors and the protective or buffering factors affecting resilience, in terms of individual, familial, and environmental factors (Werner, 2005). It has been shown that the child's intelligence and the level of parental resources and support are buffering factors (Masten, 2001) in both favourable and unfavourable environments (Masten & Coatsworth, 1998). Good parenting also mediates or offsets the intergenerational transfer of risk (Serbin & Karp, 2004). Even at a young age, resilient youth differ from maladaptive youth who tend to be stress-reactive, have high negative emotionality, and become aggressive (Masten et al., 1999). It has also been suggested that resilient children are able to select or construct for themselves supportive environments (Werner, 2005) and that the severity of child maltreatment is only weakly associated with the outcome in adulthood, whereas partner support is a protective factor (Wright, Fopma-Lay, & Fischer, 2005). Avoidant coping may or may not be related to resilience as discussed in the next section.

### **Avoidant or adaptive coping mechanisms**

Freud and Breuer first described the defence mechanism of repression as 'thrusting the inconceivable idea out of consciousness' (Freud & Breuer, 1895:279). Kline argued that, through the work of Valliant and Horowitz (Horowitz, 1989; Vaillant, 1993),

Freud's defence mechanisms had become seen as coping mechanisms or deliberate ways to 'put out of mind unpleasant and insoluble problems' (Kline, 2004:46). Vaillant argued that people needed to develop 'the capacity for judicious self-deception' (Vaillant, 1993:8). The question that remains is whether or not these coping mechanisms are avoidant or adaptive. Or as Finkelhor et al asked: 'Can denial be a healthy coping strategy for some children?' (Finkelhor, Hotaling, & Yllo, 1988:64).

There is conflicting evidence about the usefulness of so-called avoidant coping mechanisms, with some studies suggesting that these are adaptive ways of coping and others suggesting that they are correlated with symptoms of psychological distress and more severe adult psychopathology. Avoidant coping has been described as conscious, cognitive coping mechanisms such as 'motivated forgetting of information that is very threatening to one's self-esteem or self-concept' (Bowers & Farvolden, 1996:359) or 'active forgetting' (Romans, Martin, & Morris, 1999:291). Avoidant coping has also been described as maladaptive or risky strategies for child sexual abuse survivors (Nurcombe, Wooding, Marrington, Bickman, & Roberts, 2000; Spaccarelli, 1994; Wright, Fopma-Lay, & Fischer, 2005). For example, in their study of 156 sexually abused children aged eight to thirteen, Kaplow et al (2005) found that avoidance, dissociation, and anxiety at the time and after the disclosure led to symptoms of posttraumatic stress disorder (PTSD).

One of the main reasons for concern about avoidant coping was that it was often linked with more severe abuse. In a retrospective study of female survivors (Leitenberg et al 1992 cited in Spaccarelli, 1994:351), the use of avoidant coping mechanisms was closely correlated to negative outcomes and symptomatology in later life. However, these women believed that their use of denial and suppression had been beneficial to them, counter to the findings of the study (Spaccarelli, 1994). There seemed to be a difference of opinion between the women survivors and the researchers in terms of the usefulness of avoidant coping strategies that has been reflected in other studies (Sigmon, Greene, Rohan, & Nichols, 1996).

There are many other contradictions in this literature. In a qualitative study of 20 female child sexual abuse survivors, a ‘well adjusted’ group had a greater tendency than a ‘poorly adjusted’ group to use the cognitive coping strategies of disclosing and discussing the event, positive reframing, minimisation, and refusing to dwell on the experience (Himelein & McElrath, 1996). In a study of 79 mothers with a history of child sexual abuse, the use of avoidant coping emerged as a significant risk factor, although more severe child sexual abuse was not linked to greater avoidant coping (Wright, Fopma-Lay, & Fischer, 2005).

A small-scale study of female college students who had been sexually abused as children showed that one group was highly willing to disclose sexual information to their intimate partners while the other group was willing to do so only minimally (Nereo, Farber, & Hinton, 2002). The authors suggested that some women chose not to disclose in order to shield themselves from feelings of shame. Brand and Alexander’s (2003) study suggested that seeking social support is correlated with greater psychological symptoms, perhaps because disclosure can have negative outcomes or because people only seek social support when they are already highly distressed.

In terms of attachment theory, in a study of 102 adults with documented cases of child sexual abuse, avoidant attachment was demonstrated to be associated with poor recall of these events (Edelstein et al., 2005). The authors hypothesised that those adults with avoidant attachment would limit the processing of distressing, emotional material in order to avoid activating their attachment system (Bowlby, 1988). Avoidant coping may, therefore, be a secondary behaviour that results from a disorganised parent-child attachment (George & West, 1999) and ‘a period of deliberate avoidance’ may precede repression (Brewin & Andrews, 1997). Some theorists have also argued that disrupted early attachment is one of the factors leading to the development of an abusive or disordered personality (Dutton, 1998; Lyddon & Sherry, 2001).

It is possible that avoidant coping strategies are both adaptive *and* correlated with symptoms of psychological distress. There may be an important difference in terms of gender socialisation that needs to be taken into account (Briere & Scott, 2006).

Alternatively, avoidant coping strategies could be useful and appropriate in some situations or for short-term use, but inappropriate or harmful in other situations or for longer-term usage. For example, the avoidant symptoms seen in Posttraumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD) have been described as implicitly phobic in nature in that people avoid people and places that remind them of the traumatic incident because they associate them with feelings of fear (Briere & Scott, 2006). In some less severe cases of child maltreatment, strategies such as motivated forgetting could be functional whereas in more severe cases of child maltreatment they could be part of a phobic reaction to a series of traumatic childhood events.

The issue of whether or not avoidant coping is functional and adaptive or dysfunctional relates closely to the issue of disclosure. Running through much of the literature on this topic is the assumption that it is better for children to disclose that they are being sexually abused to an adult, than to keep this information to themselves. Avoidant coping mechanisms and non-disclosure are seen to go hand in hand and to be potentially problematic for the child. There are three possibilities:

- 1) avoidant coping and non-disclosure are adaptive and functional for some people;
- 2) avoidant coping and non-disclosure lead to distress and disclosure later in life;
- 3) avoidant coping and non-disclosure could be associated with moving from victim to victimiser in some cases.

More research will be necessary to separate the impact of disrupted attachment and unconscious avoidance from cognitive avoidant coping strategies and non-disclosure. The issue of disclosure is just as complex as the issue of avoidant coping with which it is intertwined, and is probably also influenced by issues of gender socialisation.

### **The issue of disclosure**

Finkelhor (1988) recognised that disclosure of child sexual abuse was, in itself, a process that could be traumatic for the child. He described how the ‘traumagenic dynamics’ operated within the family before, during, and after the sexual contact and were related as much to the disclosure as to the abuse. He argued that much of the stigmatisation happened after the disclosure when the child experienced the reactions of

family members and friends (Finkelhor, 1988). Similarly Spaccarelli (1994) conceptualised child sexual abuse as a series of abuse events such as coercion or violence, abuse-related events such as family dysfunction, and disclosure-related events such as removal from home, separation, or non-supportive reactions from family members. These abuse-related and disclosure-related events acted as additional stressors and increased the likelihood of maladaptive outcomes.

In general, disclosure rates for child sexual abuse are estimated to be relatively low. An analysis of retrospective studies of adults reporting child sexual abuse as children suggested that 60-70% of abused children did not remember making a disclosure during childhood (London, Bruck, Ceci, & Shuman, 2005). Disclosure was more likely when the perpetrator was a stranger rather than a family member. A survey of 263 adolescent girls aged between twelve and seventeen found that girls were less likely to disclose unwanted sexual experiences if the age of onset was under seven, or if the girl was related to the victimiser (Kogan, 2004).

There are many variables that might impact on the decision of whether or not to disclose abuse including abuse severity, family environment, and gender. In a study of forty-one adult survivors of childhood sexual abuse (Sommer & Szwarcberg, 2001), the level of childhood traumatization was found to have contributed to delay in the disclosure of the abuse. Only one study has explored the issue of disclosure by gender. A convenience sample of 733 college students were interviewed and it was found that women were more likely to have disclosed their abuse to others, to have received positive reactions to the disclosure, and to report greater PTSD symptom severity than men (Ullman & Filipas, 2005). However, the samples were not matched according to abuse severity, making interpretation difficult.

Little has changed in terms of the difficulty of making a disclosure of child sexual abuse over the last generation. In her study of forty female incest victims, Herman described their desire to keep the secret and avoid the crisis that might occur once the disclosure was made. The initial shock and outrage expressed by the family at the disclosure was followed by denial, and the father becoming so angry that the unity of the family was

threatened (Herman, 1981). Following the disclosure, the young girl was often left without adequate protection from further abuse. Twenty years later, in his study of thirty male survivors, Dorais (2002) described how ‘the reaction of the young person’s family to his disclosure of the abuse preoccupies him as much, if not more, than the threats that are designed to keep him quiet; will they believe me or will they believe the denials of the other? Will they really do something to help me or will they punish me for having talked about it?’ (Dorais, 2002:18-19). The closer the boy’s relationship with the victimiser, the harder it was to convince the family what was happening.

Courtois argued that victims long for someone to notice the abuse and help them, but simultaneously fear ‘disbelief, blame, and disavowal’ from family members (Courtois, 1988:326). She reinforced Summit’s developmental process of disclosure which included five stages: secrecy; helplessness; entrapment and accommodation; delayed, unconvincing disclosure; and retraction (Summit, 1983). The last stage of retraction has since been shown to be very unusual in cases of child sexual abuse (Bradley & Wood, 1996). However, children have been shown to be sensitive to the responses of the adults around them and disclosure conceptualised as ‘an interactive process in which children interact with adults and incorporate responses into their ongoing decisions about telling (recant, deny, affirm, etc)’ (Staller & Nelson-Gardell, 2005:1415).

Skinner (2000) argued that mothers often faced a number of difficult personal and economic decisions following disclosure, if the victimiser was their partner. They needed to decide whether or not to stay in the relationship, whether or not to report him, how to protect her children, where and how to live, whether or not to question other children in the family, how to face family and friends and so on. It was common for the non-offending parent to feel ambivalence following such a disclosure, although this was obviously not helpful to the child (Bolen & Lamb, 2004). In some ways the child often knew that telling was risky (Skinner, 2000).

Members of certain ethnic groups faced culturally specific barriers to disclosure (London, Bruck, Ceci, & Shuman, 2005), such as the reluctance by Native Americans and Asian American to disclose to an outsider from another culture (Carter & Parker,

1991; Nagayama Hall, 2003), or the ‘socio-psychological value placed on virginity by the child, her family, and her culture’ for women living in the United States with Hispanic backgrounds (Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2001:1376). The risk associated with disclosure may be higher in certain cultural contexts. For example, in some cultures disclosure is encouraged and supported whereas in other cultures disclosure is discouraged. In the latter case, disclosure may lead to the child or adolescent being treated with hostility or contempt (Angel, Hjern, & Ingleby, 2001).

In Australia, the reporting of child sexual abuse within Aboriginal and Torres Strait islander communities has increased in recent years, although there is still a high level of denial at the community level (Ford, 2000). Substantiations are higher among Indigenous than non-Indigenous children (Australian Institute of Health and Welfare, 2001). The issue is complicated by issues of racism, historical oppression, and lack of trust in government departments following the systematic removal of Aboriginal children from their families, known as the Stolen Generation (Bird, 1998; Human Rights and Equal Opportunities Commission, 1997).

It may be hard for a child to disclose something that she/he does not fully understand but knows to be culturally taboo and private in nature (Mossige, Jensen, Gulbrandsen, Reichelt, & Tjersland, 2005). The findings of a qualitative study examining the child’s perspective on disclosure suggested that there was a need for the adult to provide a supportive structure or scaffolding, in order for such a conversation to take place (Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005). In addition it was important to remember that some stories are potentially dangerous to tell and can have severe ramifications for the child (Överlien & Hydén, 2003). In this Swedish study, a young woman committed suicide after making a disclosure that her father had sexually abused her. Her experiences had a profound impact on her sense of self, to such an extent that she chose to end her life. The impact of child sexual abuse on a child’s sense of self will now be explored in more detail.

## **The impact of child sexual abuse on the sense of self**

Several qualitative studies of survivors of child sexual abuse have suggested that, as adults, women suffer from issues of low self-worth and see themselves as different from other people, isolated, and as having something wrong or inherently bad about themselves (Cameron, 2000; Courtois, 1997; Freyd, 1996; Herman, 1981; Phillips & Daniluk, 2004; Warner & Feltey, 1999). These problems have also been identified in recent studies of male survivors (Dorais, 2002; Gill & Tutty, 1999; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005).

In her qualitative study of forty female incest victims and twenty women whose fathers had been seductive, Herman (1981:108) described how victims became ‘archetypally feminine women: sexy without enjoying sex, repeatedly victimized yet repeatedly seeking to lose themselves in the love of an overpowering man, contemptuous of themselves and of other women, hard-working, giving, and self-sacrificing’. She saw this as a process by which the victimiser broke down their values and ideals systematically. These women saw themselves as different from other women, ‘not normal,’ and were afraid that they would be bad mothers to their own children. They developed a very negative self-image and were self-destructive in some of their behaviour. For example, some had unwanted pregnancies, submitted to rape or beatings, became addicted to drugs or alcohol, or attempted suicide. Herman argued that since daughters of seductive fathers suffered similar but less extreme reactions to that of incest victims, that incest must represent ‘a common pattern of traditional female socialization carried to a pathological extreme’ (Herman, 1981:125).

Courtois (1988) described the low self-worth, predominantly negative self-perceptions, and feelings of shame and stigma experienced by some female incest victims. Many had come to believe that they were bad and felt a sense of shame and that something was wrong with them. They felt ‘stigmatized and different from others, marked by their incest experience’ (Courtois, 1988:105). She identified extremes of behaviour in incest victims and variable impact on their sexual selves, with some withdrawing from

physical touch or sexual activity and others engaging in sexual activity in a compulsive way (Courtois, 1988).

Cameron described the impact of incest on the sexual self of the survivor in terms of a similar dichotomy: ‘Abuse survivors become promiscuous or may avoid sex entirely. Some choose to be lesbians, whereas others experience the usual problems of women in our culture in exaggerated form’ (Cameron, 2000:141). The women she interviewed in her long-term project also saw themselves in a negative light, which influenced their intimate relationships. They saw themselves as ‘unworthy, never good enough,’ with an ‘excessive need to please,’ with ‘something wrong with me,’ ‘to blame for all my problems,’ with ‘problems in relationships,’ and ‘different from others’ (Cameron, 2000:140). Self-blame is seen as a global, causal attribute that may lead to symptoms of PTSD (Massad & Hulsey, 2006).

In Gill and Tutty’s (1999) study of ten male abuse survivors who had been to therapy, the main difficulty that these men were experiencing was in forming intimate and satisfying sexual relationships. They had not disclosed their sexual abuse as children because of the shame that they felt. They felt different from other men and half had joined military organizations in an attempt to appear normal. Some avoided sexual activity altogether, some felt panic or terror when contemplating sexual activity, and some felt that they were performing sexually rather than engaging in an intimate act (Gill & Tutty, 1999). According to the researchers, these men experienced difficulty with their gender identity and their masculinity, but not with their sexual orientation.

Dorais (2002) described the identity confusion experienced by thirty male abuse survivors. As young adults they were grappling with questions about their personal and sexual identity, as well as their sexual orientation. He claimed that victims of incest committed by a father or brother seemed to have even more diffuse sense of self (Dorais, 2002) caused by being objectified in such a way as to make the young boy unable to define his own sexuality, personality, or identity. The resilient male survivors interviewed by Kia-Keating et al (2005) described the way in which they managed to develop identities beyond the victim and perpetrator roles by renegotiating conventional

masculinity in therapy. They moved from a belief in hegemonic masculinity and the need to prove physical toughness, stoicism, self-sufficiency, and sexual prowess, to a position of seeking alternatives to violence, learning to relate and connect with others, and striving for intimacy.

In her study of fifty-two Israeli incest survivors who had completed therapy, Lev-Wiesel (2000) suggested that some adult survivors were able to attribute the incest to their parents' personalities (e.g. sadistic traits, evil personalities, or mental illness) or to the circumstances (e.g. unemployment, marital problems, or death of a grandparent) rather than to themselves and, as a result, managed to keep their self-esteem intact (Lev-Wiesel, 2000).

The development of a strong sense of self in relation to others can be challenging for child sexual abuse survivors. This challenge differs between women and men because of the social construction of masculinity and femininity. This has led to a gendered discourse related to victims, survivors, and victimisers that is explored in the next section.

## **The social construction of gender and the victim/survivor discourse**

### **i) Femininity and victimhood**

In Australia, as in the United States, the dominant cultural conception of female sexuality has been that women were 'passive, devoid of desire, and subordinate to male needs and desires' (Tolman, Striepe, & Harmon, 2003:6). Gilligan (1982) believed that the female socialisation process required young girls to suppress their 'masculine' emotions such as anger in order to remain in emotional connection with others, particularly men. If they wanted to be seen as 'good women' they needed to suppress their sense of self, their wants and desires, and become the custodians of relationships (Gilligan, 1982). Tolman described this as an 'ironic tendency to silence their own thoughts and feelings for the sake of relationships' (Tolman, 1994:324).

Fine (1988) argued that there was a missing discourse of desire amongst adolescent girls. They had learned about their sexuality in schools where the dominant cultural discourse of sexuality was framed in terms of victimisation, disease, and morality. Adolescent girls were expected to ‘contain’ the sexual desire of adolescent boys and to take a moral stance on the issue of sexual intercourse. The choice for young girls was to be seen as sluts or prudes, Madonnas or whores (Tolman, 2002; Welldon, 1988). Tolman described ‘the enduring split between "good," chaste, feminine girls and "bad," sexual, aberrant girls’ (Tolman, 2002:12) as indicative of the stereotypical ways in which women were viewed in society, which influenced and constrained how women reacted to their sexual experiences.

The process of developing a story to explain their lives can be complex, particularly for women who have experienced incest, because they cannot look to the traditional, cultural stories of father and daughters to explain events in their lives (Lynn, Pintar, Fite, Ecklund, & Stafford, 2004). In the testimonial of a Guatemalan journalist who was sexually abused by a female babysitter at the age of eight, Asturias described how ‘like me, thousands of people are harboring a secret which makes them feel dirty, stained, defective, paralyzed, crazy’ (Asturias, 1999:129). As demonstrated here, the survivor took responsibility for the abuse and believed the dominant cultural narrative that she was now damaged goods. It can be difficult to separate out how much of the trauma associated with rape is caused by sexual violence and how much is caused by ‘cultural beliefs that women who are raped are damaged goods’ (Haaken & Lamb, 2000:13).

The social construction of victimhood has been entwined with beliefs about traditional femininity and the discourses around victimhood have been ‘gendered discourses’ (Tolman, Striepe, & Harmon, 2003:5). Victims of child sexual abuse have been assumed to be female and victimisers assumed to be male. These gendered discourses have been changing slowly and more research has been conducted with male survivors (Briggs, 1995a; Dorais, 2002; Etherington, 1997, 2000; Gill & Tutty, 1999; Ray, 1996) and female victimisers (Denov, 2004). However, the meaning attributed to early sexual experiences has varied between women and men and has been mediated by these ‘condoned discourses’ (Tolman, Striepe, & Harmon, 2003:5).

Feminists argued that defining women as victims further stigmatised them and ignored the gendered social context of the crime (McCarthy, 1997). During the 1980s and 1990s in Australia, the terminology changed for victim to survivor in order to empower women. This semantic change has done little to change the underlying need for the victim or survivor to have *The Courage to Heal* (Bass & Davis, 1988) by breaking their silence. Some have described this change of nomenclature as ‘the beginning of a move from the role of silent victim to that of indignant survivor’ (Somer & Szwarcberg, 2001:332).

Without necessarily being aware of this phenomenon, research participants will often tend to tell shared or collective narratives because of the hidden social, cultural and historical forces that shape them (Jacobs, 2002). For example, in a small-scale qualitative study of seven female incest survivors who had completed therapy, Phillips and Daniluk (2004) found that all of these women referred to the importance of letting go of their perception of themselves as victims and of embracing the survivor identity. This was described as a ‘life raft’ during the emotionally painful therapeutic process and ‘provided participants with a sense of solidarity and community with others who had been traumatized as children’ (Phillips & Daniluk, 2004:182). The authors describe a developmental process during therapy whereby these women move from viewing themselves as victims to survivors, and later deciding to abandon the survivor identity which they believed had become limiting and stigmatising.

The social identity as a survivor has been criticised as anchoring women’s sense of self in their abuse and, because of the gendered nature of the discourse, containing many underlying assumptions about heteropatriarchy (Naples, 2003; Warner, 2003; Worrell, 2003). Crossley saw survivor narratives as potentially problematic since they placed the emphasis on the individual and the family rather than on collective, social, and moral issue of patriarchal power (Crossley, 2000). The survivor narrative can be compared to the ‘quest’ narrative found in a qualitative study of people with a terminal illness. In this narrative, people accepted their illness and embarked on a healing journey. ‘Quest narratives typically involve a refiguring of the self-story with new emphasis, often with

the narrator as a hero or phoenix who reinvented himself or herself through suffering' (Liamputtong & Ezzy, 2005:136). Hence the survivor becomes an individual heroine, rather than part of a social movement confronting injustice.

Fine et al (2003:197) warned against the danger of creating an artificial dichotomy in the representation of historically oppressed groups 'as "victimized" and "damaged" compared to a representation of them as "resilient" and "strong".' They point out the ethical responsibility for qualitative researchers to represent their participants faithfully without resorting to over-simplified stories of victimisation without any evidence of resistance or agency, or to heroic stories of individuals who deny the difficulties they faced. They argue for the need for writing that 'spirals around social injustice and resilience' (Fine, Weis, Weseen, & Wong, 2003:198) where both points of view can be acknowledged. Perhaps there is a need for more recognition that, whilst hegemonic femininity is an oppressive discourse in relation to young girls who have been sexually abused, it also allows for greater acceptance of female victims. Paradoxically this may have enabled more women to have a voice and to work through their experiences more openly, leading to better long-term adjustment than for male sexual abuse victims (Werner, 2005).

### **ii) Masculinity and victimisers**

Despite, or perhaps because of, the position of relative power afforded to men in many cultures, young boys who have experienced child sexual abuse have difficulty living up to the norms of hegemonic masculinity. 'In our society, masculinity is organized as 'not feminine', or, more bluntly, 'not effeminate'' (Craib, 1998:88). Craib argued that a boy's sense of self was strongly linked to his sexual identity, and that masculinity was constructed through the boy's separation from his mother that involved rejecting all feminine aspects of the self (Craib, 1998). Sex role socialisation prevented men from expressing what were seen as feminine traits such as weakness or vulnerability (Mezey & King, 2000), and same-sex attraction and homosexual experience often remained hidden (Smith, Rissel, Richters, Grulich, & de Visser, 2003).

As part of the gender socialization process young boys were taught not to express their emotions and this emotional inexpressiveness is generally viewed as having negative consequences for men (Englar-Carlson, 2006). Emotions associated with vulnerability, such as fear or sadness, were particularly taboo (Briere & Scott, 2006). Lisak argued that unacceptable emotions were often replaced by anger, which is seen as an acceptable male emotion (Lisak, 1997). As a result, ‘the typical Australian male, whether we talk about the bushman, the battler, the larrikin, or the suburban ocker, understands masculinity as machismo and thinks that ‘being masculine’ means being tough, forceful, and aggressively defensive’ (Tacey, 1995:51).

Young boys learned the value that society placed on their independence and became disconnected from others. They learned to see sex as a goal to be achieved and some men developed serious problems with non-relational sex (Good & Sherrod, 1997). Levant believed that men were rewarded for their hard work through objectified sex and were ‘judged on their manliness by their sexual conquests. Hence, a non-relational orientation to sexuality for men fits quite well with traditional masculinity ideology and patriarchal society’ (Levant, 1997:14).

One of the difficulties with the social construction of the male identity as tough and stoical was that it conflicted with the emotional experiences of young boys who had been sexually abused. ‘Male survivors of CSA face a direct contradiction with the basic tenet of masculinity stating that they must be strong and invulnerable’ (Kia-Keating, Grossman, Sorsoli, & Epstein, 2005:170). In his study of thirty Canadian men who had been sexually abused before the age of fourteen, Dorais found that masculine virility was incompatible with their experiences of being abused and needing help. ‘The assumption is that a “real man” would not allow himself to be dependent, vulnerable, weak, or passive; that a “real man” knows how to avoid problems’ (Dorais, 2002:17). Another difficulty with traditional masculinity was that it undervalued male strengths such as providing for others, courage in the face of danger, remaining calm in a crisis, expressing care through action and so on (Englar-Carlson, 2006). Being emotionally expressive only made sense when men’s emotions were likely to be validated (Wong & Rochlen, 2005).

Men who have absorbed the cultural beliefs about masculinity and accept the gender role of traditional masculinity often behaved in an aggressive manner, suppressed feelings of sadness or vulnerability and strived for independence (Englar-Carlson, 2006). These behaviours were the opposite of those that are required in psychotherapy, such as ‘emotional vulnerability and availability, capacity to ask for help, the ability to articulate feeling states, openness to being affected by others’ (Jordan, 1998). Since emotional control and self-reliance were two of the factors identified in normative masculinity (Mahalik et al., 2003), it can be hard for men to identify their emotions (Levant, 1998), recognise symptoms of depression (Englar-Carlson, 2006; Rochlen, Whilde, & Hoyer, 2005), and decide to seek help (Good, Thomson, & Brathwaite, 2005; Mahalik, Good, & Englar-Carlson, 2003; Rochlen, Whilde, & Hoyer, 2005).

Feminists have argued that men were not treated as if they were damaged goods when abused in the same way that women were. Instead they tend to be seen as adventurous (Haaken & Lamb, 2000), especially young boys who had sexual intercourse with older women. The experience of these young boys was minimised by a society that did not view women as victimisers or young boys as suffering as a result of sexual activity with older women (G. R. Holmes, Offen, & Waller, 1997). Rencken argued that the idea of a female victimiser goes against feminist theories of child sexual abuse based on ideas of power and control and patriarchy (Rencken, 2000).

An added complication occurred when a young boy became sexually aroused during an early sexual experience with a male, thereby raising concerns about homosexuality. If his body responded physiologically, there was a fear that the victimiser ‘knew they would react and had therefore picked them out because of some outward ‘sign’ of homosexuality’ (Watkins & Bentovim, 2000:42). Craib argued that projection was the psychological mechanism that created homophobia (Craib, 1998). Plummer (1999) described homophobia from a social constructionist perspective as the social mechanism that determined what aspects of masculinity men were willing to reveal. Behaviours such as ‘toughness, emotional restraint and compulsory heterosexuality’ were encouraged in young boys (Plummer, 1999:220).

Just as victims have been assumed to be female, victimisers have been assumed to be male, at least until relatively recently. It is important to acknowledge that men are still far more likely than women to move ‘from victim to offender’ (Briggs, 1995b:1), particularly those who have been sexually abused by a female relative (Salter et al., 2003). In their longitudinal study of 224 male victims, 12% of the sample sexually abused other children, mostly before the age of fourteen (Salter et al., 2003). Clearly there is a need for a great deal more research to explain the complicated dynamics which leads some men and women to continue the abuse cycle into the next generation (Sullivan, Mullen, & Pathe, 2005).

Dorais (2002) described several life scripts adopted by the male survivors he interviewed. These included the more positive life scripts of the ‘victim’, the ‘rescuer’ or the ‘conformist,’ as well as several sexually abusive life scripts, such as the ‘avenger,’ and the ‘daredevil’ strategies. These strategies were not exclusive and some men adopted more than one strategy over time. Dorais (2002) discussed the importance of helping male survivors to develop rewarding, non-abusive relationships and to avoid ‘relationships that perpetuate in any way a submissive, dependent, or vengeful way of relating’ (Dorais, 2002:171).

In spite of the gender differences that have been highlighted in this review, there are many similarities between the genders in terms of the impact and long-term effects of child sexual abuse (Banyard, Williams, & Siegel, 2004). This is often ignored or minimised. In the next section, the theoretical models currently used to explain child sexual abuse will be examined along with prevalent treatment options.

## **Theoretical models and treatment options**

Many theoretical models have been developed to explain how child sexual abuse affected people as they grow into adulthood. Many of these theories were based on the idea that a traumatic event, or series of events, could lead to a posttraumatic stress response. Table 1 summarises the main psychological, psychosocial and neurological theories and their originators, the mechanism whereby the child is affected, and the possible effects on adult health.

**Table 2 Conceptual models of child sexual abuse<sup>1</sup>**

<sup>1</sup>Source: Hunter, S.V. (2006) Understanding the complexity of child sexual abuse: A literature review with implications for family counseling, *The Family Journal*, 14(4), 354-355, Reprinted with permission from Sage Publications (copyright © 2006).

<b>Theory</b>	<b>Early Theorists</b>	<b>Mechanism</b>	<b>Possible Effect on Adult Health</b>
Psychodynamic theory	(Freud & Breuer, 1895) later retracted	Repression of childhood trauma	Hysteria
Seduction theory	(Freud, 1905) (Ferenczi, 1909) (Klein, 1946)	Oedipal fantasies, identification with aggressor through introjection, damage to ego functioning	Neurosis, impact caused by incest taboo
Developmental trauma theory	(Erickson, 1963) (Finkelhor, 1984)	Disruption to normal childhood development by trauma, leading to poor self-integrity and impulse control	Dysfunctional development, drug and alcohol abuse, eating disorders, somatization, depression, anxiety
Attachment theory	(Bowlby, 1988) (Dutton, 1998) (P. M. Thomas, 2003)	Disruption to attachment, leading to anxious attachments	Personality disorders
Family systems theory	(Minuchin & Fishman, 1981) (Bowen, 1978) (Finkelhor, 1984)	Family dysfunction, enmeshed behaviour, other forms of child maltreatment	Family pathology leading to multiple problems
Feminist theory	(Courtois, 1997) (Herman, 1981) (Ward, 1984)	Abuse of power by men over children, powerlessness of child	Reduced competence and efficacy, oppression of women
Recovered memory theory	(Cameron, 2000) (L. M. Williams, 1994)	Traumatic childhood amnesia, recovery in adulthood	Multiple effects on adult health caused by repression of memories
False memory syndrome	(Loftus, Garry, & Feldman, 1994) (Wakefield & Underwager, 1994)	False memories produced by suggestive therapy	No effect on alleged victim, false memories surfacing
Learned helplessness and cognitive behavioural theory	(Seligman, 1994) (Briggs, 1995a) (Bandura, 1977)	Inappropriate passivity, disrupted cognitive schemata, internalised blame	Depression, pattern of re-victimisation
CSA accommodation syndrome	(Summit, 1983)	Accommodate to secrecy, helplessness, and entrapment. Delayed disclosure followed by retraction	Overachievement, or self-harm, drug and alcohol abuse, disruption to trust and intimacy

<b>Theory</b>	<b>Early Theorists</b>	<b>Mechanism</b>	<b>Possible Effect on Adult Health</b>
Shame and attribution theory	(Kaufman, 1989) (Lewis, 1987)	Feelings of shame related to pessimistic attributional style	Depression, low self-esteem, maladaptive coping style
Somatisation theory	(Briere, 1992)	Unexplained physical health problems, due to need to minimise original trauma	Depression, anxiety, and sexual problems masked by somatic symptoms or chronic pain
Neurobiological theory	(van der Kolk, 1996)	Prolonged stress leading to biochemical, cellular, or structural change, e.g. to information processing system	Physiological and neurological changes, impulsivity, increased aggression, depression, anxiety, memory problems
Narrative theory	(White & Epston, 1990)	Oppression by cultural construct of victim, unhelpful self-narrative	Lack of empowerment and competence, victim mentality
Posttraumatic Stress disorder	(Durrant & Kowalski, 1990) (van der Kolk, McFarlane, & van der Hart, 1996) (McCann & Pearlman, 1990)	Disruption to cognitive schemata and affect because of traumatic event(s)	PTSD symptoms of arousal and numbing, dissociation, can present phobias, drug and alcohol abuse, eating disorders, depression, psychosis and so on
Traumagenic dynamics theory	(Finkelhor & Browne, 1986)	Four traumas - traumatic sexualization, stigmatisation, betrayal and powerlessness - that alter cognitive schemata and affect	Confusion over sexual identity, problems with intimacy, guilt, shame, grief, depression, dependency, hostility, anxiety, victim mentality, nightmares and so on
Self-trauma theory	(Briere, 1992)	PTSD, cognitive distortions, altered emotionality, dissociation and impaired self-reference	PTSD symptoms, low self-esteem, depression, anxiety, and problems with intimacy and sexual relationships
Betrayal trauma Complex PTSD	(Freyd, 1996) (Finkelhor, Hotaling, Lewis, & Smith, 1990) (Herman, 1995) (Gold, 2000)	PTSD response to betrayal Disruption to cognitive schemata and affect because of prolonged trauma and coercion, compounded by family dysfunction	As above PTSD symptoms, dissociation, somatization, changes in identity and relationships, repeated victimisation

Inevitably this table represents an over-simplification since many researchers and clinicians working in this field now use a combination of theoretical concepts to explain this complex human phenomenon. For example, the model of self-protection (P. M. Thomas, 2003) includes ideas from attachment theory, developmental psychopathology, trauma, dissociation, and experiential psychology.

The development of theory in this field has mirrored the development of counselling theory in general (Hulme, 2004). I will explore the three main theoretical approaches first before examining how these approaches have been used in treatment options. These three approaches are: 1) a psychoanalytic approach based on either attachment theory or complex trauma theory; 2) a cognitive behavioural approach; and 3) a feminist family systems, social constructionist or narrative approach.

Early conceptualisations included Freud's theory of repressed trauma (Freud & Breuer, 1895) which was later replaced by his seduction theory (Bowers & Farvolden, 1996; Masson, 1992). Developmental theory and attachment theory have influenced later theoreticians (Briere, 1997; Finkelhor, 1984; Krzowski, 1997; P. M. Thomas, 2003). Freud (1905) introduced some influential concepts in this field such as repression, denial, and dissociation and Ferenczi (1909) introduced the concept of identification with the aggressor through introjection. Many of the theories in Table 1 have their roots in the psychoanalytic approach including developmental trauma theory, recovered memory theory, somatisation theory, traumagenic dynamics theory, self-trauma theory, betrayal theory, and complex PTSD.

The recovered/false memory debate spawned theories of its own including recovered memory theory (Cameron, 2000; L. M. Williams, 1994), false memory syndrome (Loftus, Garry, & Feldman, 1994; Wakefield & Underwager, 1994) and child sexual abuse accommodation syndrome (Summit, 1983). At this time cognitive behavioural theorists focused on the cognitive and learned behaviour aspects of child sexual abuse (Briggs, 1995a; Seligman, 1994) whereas others focused on the emotive aspects in terms of shame and attribution theory (Kaufman, 1989; Lewis, 1987). The emergence of

the diagnosis of PTSD (DSM-IV, 1994) also led to numerous cognitive behavioural approaches being developed to treat the symptoms of numbing and arousal.

Feminist systemic and social constructionist theories have been influential in the development of treatment options, particularly for families in which a child has been sexually abused. Narrative theory and poststructural concepts have been particularly influential in Australia through the development of narrative therapy (White, 2003b). These approaches have been adopted by child protection agencies (Holzer, Higgins, Bromfield, Richardson, & Higgins, 2006; NSW Government, 2006; O'Neil, 2005), which has led to more of a strengths-based approach to family therapy (Hunter, 2006).

Many of the treatment options for working with child sexual abuse, and particularly with adult survivors, have been based on psychoanalytic ideas such as attachment theory (Stubenbort, Greeno, Mannarino, & Cohen, 2002; P. M. Thomas, 2003), trauma theory (Berliner & Briere, 1999; Briere, 1997; Etherington, 2003; Phillips & Daniluk, 2004; Terr, 2003), and PTSD or 'complex PTSD' (Cameron, 1996; Courtois, 1996; Herman, 1995; Kaplow, Dodge, Amaya-Jackson, & Saxe, 2005; Rothschild, 2000; van der Kolk & McFarlane, 1996; Waites, 1993).

With the re-emergence of trauma theory in recent years, several researchers have argued that child sexual abuse constitutes a specific type of prolonged trauma which often involves the use of coercion (Finkelhor, Hotaling, Lewis, & Smith, 1990; Gold, 2000; Herman, 1995). Finkelhor rejected the PTSD model for child sexual abuse because it focused on dissociation and intrusive imagery and did not explain all of the symptoms experienced by survivors. Instead he proposed a trauma model that consisted of four traumagenic dynamics of sexual abuse: traumatic sexualization, betrayal, stigmatisation, and powerlessness (Finkelhor, 1988). This theory has been very influential and has led to further theories relating to betrayal trauma and somatisation (Briere, 1997; Freyd, 1996), and neurobiological and PTSD treatment models (Finkelhor, Hotaling, Lewis, & Smith, 1990; Gold, 2000; McCann & Pearlman, 1990; Rothschild, 2000; van der Kolk & McFarlane, 1996). Herman argued that the PTSD diagnosis did not sufficiently

include the ‘somatic, dissociative and affective sequelae of prolonged trauma’ such as child sexual abuse, and argued for a diagnosis of ‘complex PTSD’ (Herman, 1995:89).

The focus of much psychoanalytic work with survivors has been on the recovery of repressed memories from the unconscious and the working through this traumatic material in order to achieve an abreaction (J. A. Chu, 1998; Terr, 2003) or integration of traumatic memories (Courtois, 1996; Herman, 1994; Lynn, Pintar, Fite, Ecklund, & Stafford, 2004). Several theorists have criticized the idea of the need for a cathartic release in order to achieve this reintegration (Durrant & Kowalski, 1990; Herman, 1994; Spaccarelli, 1994). Gold has described this approach as potentially dangerous and retraumatizing to the survivor (Gold, 2000) and others have also urged caution in the processing of traumatic memories (Briere & Scott, 2006; J. A. Chu, 1998; Courtois, 1996; Ross, 1997; P. M. Thomas, 2003). Psychoanalysts have also been criticised for failing to take into consideration the exploitative social or family context in which child sexual abuse often occurs (Gold, 2000).

As a result of the complexity of the issues involved in working with adult survivors or families in which a child has been sexually abused, cognitive behavioural approaches tend to be combined with other theoretical approaches rather than used in isolation. Recently there has been a proliferation of the techniques used in the treatment of trauma and PTSD, mostly based on cognitive behavioural theory. They include: exposure therapy (EX); stress inoculation training (SIT); cognitive processing therapy (CPT); cognitive therapy (CT); eye movement desensitisation and reprocessing (EMDR); dialectical behaviour therapy (DBT); acceptance and commitment therapy (ACT); and functional analytic therapy (FAP) (Draucker & Martsof, 2006).

Feminist, systemic, and narrative models for working with families have led to a poststructural style of therapy in which the issues around child sexual abuse are explored within the context of the social and cultural restraining beliefs affecting the whole family (Adams-Westcott & Isenbart, 1990; Barrett, Trepper, & Stone Fish, 1990; Durrant & Kowalski, 1990; Etherington, 2000; Finkelhor, 1984; Gill & Tutty, 1999; Herman, 1981, 1996; Kamsler, 1990; Laing & Kamsler, 1990; Ward, 1984; White,

1989a; White & Epston, 1990). The dominant discourse in the field, including ideas around the gender of victimisers, has been challenged (Boroughs, 2004; Denov, 2003a, 2004; Fitzroy, 1997).

A family systems approach to therapy has been recommended for working with families in which the children have been exposed to significant abuse, neglect, and dysfunction (Kozłowska & Hanney, 2003). However, this approach is recognised to be expensive in terms of human resources and difficult to implement. The aims of family systems interventions have been to reduce the danger to which the child and the family are exposed, to address the main difficulties that negatively impact on family functioning, to reduce the child's symptoms, and to help the child to develop.

Lieb and Kanofsky (2003) described an approach that integrated control mastery theory and narrative therapy that could usefully be applied to child sexual abuse. They argued that children developed pathogenic beliefs of personal unworthiness and self-blame that need to be deconstructed and reconstructed into mastery stories. Such narrative and strengths-based approaches have become popular in Australia (Holzer, Higgins, Bromfield, Richardson, & Higgins, 2006; NSW Government, 2006; O'Neil, 2005). Some practitioners have raised concerns about adopting a strengths-based approach that, if used too early, can lead to over-optimism about the possibility of change and allow the adults to avoid responsibility for abusive behaviour (Cousins, 2005). Issues of 'remorse, responsibility, restitution and redemption' (A. Jenkins, Hall, & Joy, 2002:35) have been explored using narrative therapy concepts by deconstructing oppressive practices connected to the issue of forgiveness for both the victim and the victimiser.

A recent approach combined feminist and poststructural frameworks to the issue of child sexual abuse. Warner (2003) described Visible Therapy as an approach that challenged the assumption that talking about early sexual experiences was always beneficial and recommended therapy that examined the tactics of abuse, rather than the physical acts themselves. In Visible Therapy the survivor narrative and the narrative of guilt and responsibility was challenged, not simply by being refuted by the therapist but by being explored in order to 'disrupt identity so that narratives of women's pasts no

longer foreclose their futures' (Warner, 2003:243). The tactics of therapy were made visible, in order to avoid mimicking perpetrator tactics (Warner, 2000), and the use of coping strategies such as denial, distraction, dissociation, and deliberate self-harm were validated as a form of self-preservation.

Outcome studies conducted over the last twenty years have been inconclusive and do not point to one preferred method of treatment for adult survivors of child sexual abuse (Draucker & Martsof, 2006). There have been very few intervention models that would classify as well supported by research evidence (Chaffin & Friedrich, 2004). The approaches that have been researched have included trauma or abuse focused psychotherapy, emotionally focused therapy, group therapy, cognitive behavioural therapy or a combination of these approaches. For example, a Swedish study of female child sexual abuse survivors examined the outcomes in terms of PTSD symptoms and the sense of coherence experienced by those receiving either short-term or longer-term group therapy or being placed on a waiting list (Lundqvist, Svedin, Hansson, & Broman, 2006). Another randomised trial suggested that a cognitive-behavioural approach was more successful than a person-centred approach at reducing symptoms of PTSD in adult female survivors (McDonagh et al., 2005). However, there was a very high drop-out rate from therapy of over 40% suggesting that women were not willing to complete the treatment. Given the complexity of the issue, the variability in the symptoms experienced, and the many abuse variables involved, it has been difficult to design outcome studies that demonstrate the effectiveness of a given treatment approach.

Most therapy approaches have approximately five distinct phases following the disclosure of the sexual abuse including: 1) creating safety; 2) reducing symptoms and improving overall functioning; 3) cognitive reprocessing; 4) emotional processing of the trauma; and 5) improving relationships. Chu (1998) used the acronym SAFER to describe the early stages of his trauma treatment model: S referred to *self-care and symptom control* which involved creating safety for the client by helping her or him to control their self-harming behaviours and PTSD symptoms (phases 1 and 2 above); A referred to the necessity for *acknowledgement* that what happened to them was abusive,

a form of cognitive reprocessing (phase 3); F referred to improving *functioning* (phase 2); E referred to the *expression of emotions* (phase 4); and R referred to improving *relationships* initially through the development of the therapeutic relationship (phase 5) (J. A. Chu, 1998).

Briere's and Scott's (2006) stages of trauma treatment included: distress reduction and affect regulation training; cognitive interventions; emotional processing; and increasing identity and relational functioning. This model recognises that 'avoidance may be adaptive, even necessary, for individuals who have especially aversive trauma memories' and that 'overly enthusiastic or heavy-handed attempts by therapists to prematurely remove such avoidance, resistance, denials, or dissociative symptoms may represent a threat to the client's internal equilibrium' (Briere & Scott, 2006:124).

## **Implications for future research**

Much of the current research into child sexual abuse has been based on clinical samples of sexual abuse survivors recruited through clinicians (Cameron, 2000; Courtois, 1988, 1997; Dale, Allen, & Measor, 1998; Darlington, 1996; Dorais, 2002; Etherington, 2000; Gill & Tutty, 1999; Herman, 1981; Lev-Wiesel, 2000; Phillips & Daniluk, 2004). These studies have been based on samples of people who have experienced many years of severe sexual abuse in childhood and many years of therapy in adulthood. Assumptions have been made by the researcher in the recruitment process. For example, people have been recruited as survivors to participate in a study about childhood sexual abuse and all sexual experiences with adults before the age of sixteen have been assumed to have had a detrimental effect.

There has been a growing interest in the literature in the concept of resilience, defined as 'people functioning well in spite of relative resistance to risk factors, or of overcoming stress experiences' (Rutter, Giller, & Hagell, 1998:170) and how it can be applied to cases of child sexual abuse. Researchers have called for more studies among resilient adults (Bouvier, 2003), and those who have experienced child sexual abuse but

did not make a disclosure when young and did not seek treatment, in order to understand how they have coped with, and adjusted to, their experiences (Romans, Martin, & Morris, 1999).

Further research is required in this field in order to understand the difference between those early sexual experiences that do appear to have had a devastating impact on the child and those that appear to have had minimal effects. Such research should be based on population samples, rather than clinical samples, in order to avoid the in-built biases. Qualitative studies among adults who, as children, had early sexual experiences with adults, whether positive or negative, would be useful in shedding some light on why some children demonstrate multiple symptoms of distress and others prove resilient. This would guide the process of therapy, as well as other health practices, by helping to explain how people construct narratives and develop a positive sense of self following early sexual experiences. This is part of the rationale that has led to the current study.

## **Chapter 3 - Methodology**

### **Introduction**

In this chapter I discuss my theoretical approach and research methodology for this project in greater detail. I describe my ontological and epistemological perspective along with my reasons for choosing to conduct a qualitative project using narrative inquiry. I describe the specific approach to narrative inquiry that I have chosen to use (Chase, 2005), based on Neimeyer's concept of narrative as a metaphor for the re-authoring of lives and the reconstructing of the self (Neimeyer, 2000). I also describe the actual process of conducting the research project, details of the sampling procedures, interviewing process, analysis and writing up processes. I hope to make these processes transparent so that the reader can judge whether or not the project has been conducted in a methodologically and ethically sound manner.

### **Qualitative versus quantitative research methodologies**

Given that the aim of this study was to describe the lived experiences of a certain group of people, a qualitative methodology seemed most appropriate. I do not propose to put forward arguments about the relative strengths and weaknesses of quantitative versus qualitative methods, even though this debate continues (Denzin & Lincoln, 2005). This dichotomous way of thinking has been criticised by researchers who either advocate the use of both methodologies (R. M. Thomas, 2003) or view the choice of methodology as a maze of alternatives (Hammersley, 1999). Rather than enter into this debate I simply intend to assert that I believe qualitative research is more suitable as a methodology for this interpretive study into complex human experiences (Denzin & Lincoln, 2005).

There are several advantages to using a qualitative approach in general and a narrative approach in particular. Qualitative researchers tend to emphasise the socially constructed nature of reality and the close relationship between the researcher and the topic (Denzin & Lincoln, 2005). In other words, qualitative research is an interpretive form of inquiry that acknowledges the subjective and political nature of the enterprise.

Narrative inquiry has been described as useful for providing a forum for hearing the voices of participants (DePoy & Gitlin, 2005). Hoshmand argued that 'narratological research, with its focus on meanings and the storied nature of human life, can be especially useful in discovery research on identity development and the experience of counseling and life transitions' (Hoshmand, 2005:178).

There are also potential pitfalls that need to be avoided when using qualitative research methods. One potential pitfall has been called the crisis of representation, when research is misused and becomes a form of colonisation through the mis-representation of the 'other' (Denzin & Lincoln, 2005). This challenges the automatic assumption that qualitative researchers have the right to represent or re-present their participants. 'The elderly, AIDS victims, "psychiatric survivors," and many others now join to question the rights of scientists to represent (appropriate) their experience' (M. Gergen & Gergen, 2003:590). Given the tendency to polarise people's experience, Fine et al (2003) pointed out the danger of oversimplification in qualitative research reporting by presenting historically oppressed groups as either victimized and, therefore, damaged or as resilient and strong (Fine, Weis, Weseen, & Wong, 2003). I intend to avoid both the pitfall of misrepresentation and of oversimplification or polarisation in this study.

## **Ontological and epistemological perspective**

I believe that it is important for me, as a researcher, to identify my particular ontological beliefs about the nature of the social world, since these will influence every stage of the research process (Denzin & Lincoln, 1998b). An ontological perspective defines the nature and essence of the phenomenon or social reality being studied (Mason, 2002) and is a set of beliefs or a framework that influences the way in which the researcher approaches the world (Denzin & Lincoln, 1998b). It is my intention to be as transparent as possible about the beliefs underpinning my research approach.

I believe that the relationship between human beings and their world is one of mutual determination (Denzin, 2004). In other words, the environment can be seen as influencing individuals and the actions of individuals can be seen as influencing society (Hewitt, 2000). This is a relational ontological position, based on the belief that people

assign meaning to objects in their environment through social interactions with other people (Minichiello, Fulton, & Sullivan, 1999). For example, if a child is touched sexually by an adult in front of her or his mother who does nothing and says nothing about the incident, the child will accept the adult's behaviour as normal and acceptable. This will influence how the child behaves sexually towards other adults.

Many epistemological theories have influenced the development of various qualitative research methods including phenomenology, ethnography, poststructuralism, semiotics, hermeneutics, psychoanalysis, discourse analysis, feminist and cultural studies (Denzin & Lincoln, 2005, 1994; J. McLeod, 1994). In this postmodern age with its 'uncertainty and fragmentation of truth' and 'epistemological confusion' (Pinn, 2001:186), I have chosen to take a social constructionist approach since this allows me to explore the nature of human knowledge and experience and how it has been influenced by other people, both within the immediate family and peer group, and within the wider social and cultural context. This is important for such a subtle and sensitive area of study as early sexual experiences with adults.

Researchers have sometimes confused constructivism with social constructionism, slipping from one concept to another within a paragraph (Denzin, 1998:330; W. A. Hall & Callery, 2001:270) or using the composite term of social constructivism (Sexton & Whiston, 1994). Constructivism focused on the pattern of interaction between people and the meaning that these interactions had within their particular relationship, whereas social constructionism examined these interactions within a particular social, cultural, and historical context. Constructivism was a systemic approach whereas social constructionism is a broader, communal or narrative approach. The theory of social constructionism emphasised the social construction of knowledge, and language as the medium through which beliefs are constructed and communicated (K. J. Gergen, 2001).

There are many challenges facing the social constructionist qualitative researcher, including a 'crisis of validity' and the 'rights of representation' (M. Gergen & Gergen, 2003). If we accept the belief that there is no one 'truth' and that narratives are co-constructed between the participant and the researcher in a particular social, cultural,

and historical context, this raises issues about the sense in which the research findings can be seen as valid. There is a danger that there will be a never-ending demand for research that examines the historical and social forces of the time (Fine, Weis, Weseen, & Wong, 2003), and that the half-life of any analysis will become shorter (M. Gergen & Gergen, 2003). The issue of validity will be discussed in a later section of this chapter.

Foucault warns social scientists to be alert to the danger that their explanations and diagnoses, when disseminated, could lead to further subjugation (M. Gergen & Gergen, 2003). Fine (2003) cautions about the danger of writing about those who have been “othered” and points out the inherent risk of romanticising narratives. Marvasti argues that there is a danger that the researcher will treat narratives as special, humanising stories that need to be privileged and endorsed rather than analysed (Marvasti, 2004). Qualitative researchers also need to be aware of their own power when conducting research to ‘help’ the other. Fine (2003) described the ethical dilemma that she faced in her own research because ‘the power of my translation comes far more from my whiteness, middle-classness, and education than from the stories I tell. But my translation also colludes in structures of domination. I know that when dropouts speak, few listen’ (Fine, 2003:150).

A further dilemma in this approach is that of the moral and ethical stance taken by the researcher. The process of telling one’s narrative has a moral dimension to it (Guba & Lincoln, 2005; Liamputtong & Ezzy, 2005) since the story told usually involves choices made and actions taken. Whether these are made overt or kept covert, the moral and ethical stance of the researcher is believed to influence the co-construction process, just as the moral and ethical stance of the reader of this thesis will influence the co-construction of its meaning. With a topic as sensitive as early sexual experiences, the moral aspect of the topic is important and participants will choose to tell me particular narratives based on their understanding my moral position. Given that the process of telling one’s narrative can be transformative (Liamputtong & Ezzy, 2005) or even therapeutic (Stuhlmiller, 2001), this leaves a burden of responsibility on my shoulders as the researcher.

This approach inevitably leads to questions about the truthfulness or otherwise of narratives told by participants, including the question of whether or not they represent memory reconstruction or 'facts' (Clandinin & Connolly, 2001). This has been debated in the psychoanalytic literature ever since the book 'Narrative Truth and Historical Truth' was published in which it was argued that the therapist's 'associations and interpretations, as they are inserted into the developing narrative, become true as they become familiar' (Spence, 1982:280), and help the client to see patterns that make their life story appear coherent and meaningful.

The social constructionist perspective is: that all 'narratives sit at the intersection of history, biography, and society' (Liamputtong & Ezzy, 2005); they are dependent on the context of the teller and the listener; and are not intended to represent truth. Taken to its extremes, this approach is anti-foundational and does not promise to deliver a version of the truth (Guba & Lincoln, 2005). Instead it offers contextually-grounded versions of reality that are created through interactions, discussions, and negotiation (Guba & Lincoln, 2005).

The project has been influenced by social constructionist philosophers and sociologists, feminist scholars, and narrative therapists (Fine, Weis, Weseen, & Wong, 2003; Foucault, 1987; K. J. Gergen, 1999; M. Gergen & Gergen, 2003; Gilligan, 1982; Goldner, 1998; Lisak, 1997; J. McLeod, 1997; J. B. Miller, 1994; Neimeyer, 2000; Polkinghorne, 1988; Tolman, 1994; White, 2003b). I have chosen to adopt a social constructionist approach because I want to explore narratives that have local meanings, and to examine socially constructed 'realities' and the powerful discourses that influence them (Layder, 1993). This approach places the focus on ways in which participants have constructed their own narratives about their early sexual experiences with adults in relation to others involved at the time, and in relation to available social and cultural narratives such as the victim and the survivor discourse. They will have absorbed the socially constructed meanings placed on their experiences by others, which will have influenced the narratives that they choose to tell me, in the particular context of the research interview, and at this particular moment in time, about these experiences.

In conclusion, the epistemological approach adopted in this project is social constructionist rather than positivist, relational rather than individualistic, and subjective rather than objective. Participants are believed to have been influenced by the societal, cultural, and historical beliefs of the time, as well as by their interactions with others and with me. Using a social constructionist approach enables me to explore alternative narratives or counternarratives (Andrews, Day Sclater, Squire, & Tamboukou, 2004), that may challenge the orthodoxy or acceptable discourse about this subject, by exposing complexity, contradictions, and variations of the 'truth' (Denzin, 2005).

### **Social constructionist and narrative methodologies**

Initially I intended to conduct the project using grounded theory methodology (Glaser & Strauss, 1967) and to build a theory or model of the adjustment process following early sexual experiences (Strauss, 1987). Since I had acquired first-hand experience of listening to narratives on this topic as a clinician, I attempted to 'bracket' this knowledge (Etherington, 2000; Goldner, 1998; Meadows & Morse, 2001). I wrote down my beliefs and foreknowledge of the topic (see Appendix 1), put them to one side, and decided not use them as part of the conceptual framework for the study. I deconstructed the data collected and look for themes and sub-themes in order to build a theory grounded in the data that would explain how people coped with, and adjusted to, their early sexual experiences.

As grounded theory methodology developed, it incorporated postmodern ideas such as acknowledging that participants might have conflicting views about their own reality (Strauss & Corbin, 1998). However, the methodology did not acknowledge the subjectivity of the researcher (Charmaz, 2003), or the influence that the researcher had on the data being collected (W. A. Hall & Callery, 2001). It also carried with it the illusion of objectivity, rather than fully embracing the subjective nature of the discovery process. Charmaz described grounded theory as a 'template for doing qualitative research stamped with a positivist approval' (Charmaz, 2005:509). I decided that grounded theory methodology would not suit my research question, which related to the

ways in which people constructed a sense of self following their early sexual experiences. These processes would not be easily reducible to a series of open, axial, and selective or theoretical codes (Strauss, 1987; Strauss & Corbin, 1990). My ultimate aim was to describe these processes and the influence of societal and cultural beliefs on participants' narratives, rather than try to develop a theory of how people cope following early sexual experiences.

There were three main reasons for preferring a social constructionist approach. Firstly, my aim was to explore the issue of early sexual experiences from many perspectives, looking at how participants' narratives might change over time and according to context. Secondly, I wanted to be able to acknowledge the impact of societal views on people's narratives and the restraints placed upon them in terms of what was an acceptable narrative and what was deemed unacceptable, both in childhood and in adulthood. Thirdly, I was concerned that the discourses around early sexual experiences might be gendered like those surrounding domestic violence (Dunn, 2005). I was also interested in the social construction of masculinity and femininity and how it might have a bearing on the ways in which participants told their stories. This would involve examining participants' narratives from a broader social and cultural perspective than that afforded by a grounded theory methodology.

As I moved towards a social constructionist methodology I realised that my exploration of the issue would be 'filtered through the lenses of language, gender, social class, race, and ethnicity' (Denzin & Lincoln, 1998a:24) of both my participants and myself. I became interested in the overlap between biography, history, and society in the form of personal narrative (Mills, 1959). This methodology gave me an opportunity to examine the data that I collected in relation to the social construction of the issue of early sexual experiences and to explore how participants' narratives had changed and evolved over time.

The social construction of a sense of self became fundamental to the project. Initially I had been more interested in participants' coping mechanisms when dealing with early trauma. Eventually I came to realise that developing a strong sense of self was, in itself,

a coping mechanism. It enabled participants to feel good about themselves despite, or perhaps even because of, their early sexual experiences. This occurred, for example, if they were able to view themselves as having helped others or been strong enough to stand up to the abuse. For many this sense of self emerged from their narratives of child maltreatment. For some it emerged as an alternative narrative that they told about themselves that did not relate to their early sexual experiences. The concept of a sense of self differed from the concept of identity in that it was not permanent or an essential part of the personality, but an emergent and evolving social construction that was influenced by the systemic context.

Polkinghorne (1988) described the idea of a socially constructed, constantly evolving sense of self that ran counter to Descartes' notion of a unique self or essential, personal identity. Polkinghorne (1988:151) saw identity as linked to the person's life story or 'self as narrative' and emphasised the importance of the temporal dimension to narratives. He also recognised that cultures provide acceptable narratives and agreed with Nietzsche's concern that people would accept a culturally given story line. It was Polkinghorne's (1988) concept of a sense of self that became central to this thesis.

Another useful concept was proposed by Neimeyer (2000) who explored the idea of narrative as a metaphor for reconstructing the self, both in psychotherapy and in research. He argued that the self is 'deeply penetrated by the vocabularies of our place and time, expressing dominant modes of discourse as much as any unique personality' (Neimeyer, 2000:209). His ideas moved away from the psychological concept of the personality or identity as a 'fixed inner core or essence' (Layder, 1993:77) which was influenced by childhood developmental experiences. Instead he recognised the influence of the social environment on the on-going construction of a sense of self. Neimeyer saw the self as situated in language, whereas Layder (1993) believed that the self was 'embedded' in social situations.

Neimeyer built on the concept of narrative therapy (Monk, 1997; White & Epston, 1990) as a way for people to free themselves from oppressive, problem-saturated narratives (Neimeyer, 2000) and replace them with more constructive stories. Like

Neimeyer, I viewed my research participants as constructing a narrative of their life stories as a way of developing a coherent account of their lives and positioning themselves in relationship to others. I saw this endeavour as an attempt to construct a stronger sense of self, using narrative as an integrative metaphor (Neimeyer, 2000).

It is important to acknowledge that researchers tend to prefer narratives that demonstrate emotional resolution and the integration of traumatic events, such as the Holocaust, into the person's sense of self (Carney, 2004). Some narratives, such as triumphing over adversity, can be seen to offer the person a strong sense of self. By contrast, other narratives can be fragmented, messy, non-heroic, and lacking in resolution. These narratives are more likely to be associated by researchers with the development of a fragile or fragmented sense of self (Lynn & Pintar, 1997).

Social constructionism has been criticised for presenting an individualistic conception of human existence that fails to take into account the coherence and unity experienced on an everyday level (Crossley, 2003). Some critics have suggested that if there is no essential core of being, then the concept of the 'self' must be abandoned altogether. I would argue that a 'sense of self' which is a fluid construction that varies over time, is still a useful construct.

## **Methodological framework for the project**

There are many theoretical frameworks on which to build a qualitative research project. Grbich (1999) identified four broad approaches within qualitative research: theory/concept-driven; theory/concept-generating; postmodern/poststructural; and feminist. The first approach starts from a theory such as Foucault's (1987) concept of dividing practices through the construction of normality and abnormality in the psychology discourse and his belief that the medical, psychiatric, criminal justice, and social control discourses about sex operate in ways to control society and to increase anxiety about the topic. A theory/concept driven approach would be designed to explore this theory critically. Grbich's second theory/concept generating approach would be used to explore an issue where relatively little research had been done and develop theory grounded in data, without reiterating the researcher's own biases. This can be

achieved using grounded theory, or many other forms of qualitative research such as ethnography, phenomenology or participatory action research.

The methodology used in this project was based on the third and fourth approaches: postmodern/poststructural; and feminist approaches to qualitative research. A form of narrative inquiry was used that involved the inductive analysis of stories to 'reveal themes, patterns, and meanings that emerge from story-telling' (DePoy & Gitlin, 2005). This was combined with a feminist approach.

Chase identified five interconnected, analytic lenses used in narrative inquiry (Chase, 2005:657-8). The first lens focused on narrative as a vehicle for the uniqueness of human actions, the second on the narrator's voice and the verbal action and choices made by the narrator. The third lens focused on the ways in which a narrative was constrained by social circumstances, whereas the fourth lens treated narratives as socially situated, interactive performances between the researcher and the participant. The final lens focused on researchers as narrators and can be seen in autoethnographic research. In this project the emphasis has been placed on Chase's second and third lenses i.e. on the ways in which participants have told narratives that describe their thoughts, feelings, and behaviour in relation to their early sexual experiences, and on the ways in which those narratives have been constrained and influenced by the social mores of the era.

### **i) Narrative inquiry approach**

Narrative inquiry has been influenced by philosophers, anthropologists, and psychotherapists such as Dewey, Johnson, Geertz, Bateson, Czarniawska, Coles, and Polkinghorne (Clandinin & Connolly, 2001). The theoretical underpinning of narrative inquiry was the belief that in telling a story, participants described moral and ethical choices that they had made. The process of telling a narrative was believed to have the potential to transform the participant's experiences (Rice & Ezzy, 1999). The research was seen to be potentially transformative (Liamputtong & Ezzy, 2005) for both the participants and the researcher, and represented a change in focus from individual meanings to cultural narratives and their influence on people's lives (Byrne-Armstrong,

2001b). The aim of narrative inquiry was therefore not to find one generalisable truth but to 'sing up many truths/narratives' (Byrne-Armstrong, 2001b).

Social constructionist methodologies critically examined the historical and social contexts, the discourses, and the issue of power. The focus was placed on the process of deconstruction and reconstruction (Grbich, 1999). Texts were searched for missing or repressed themes and analysed within their social, political and cultural context. The researcher's own voice was included as a text in its own right and all the texts were deconstructed in order to reveal 'powerful discourses, hierarchies, presuppositions, deliberate omissions and polar opposites' (Grbich, 1999:52). Some researchers have written about the difficulty of including the self in the research and the tension between the inclusion of the self and being labelled as self-indulgent (Etherington, 2000). I have certainly found it difficult to include my own voice, perhaps because I feel a lack of entitlement to do so since I have not experienced child maltreatment myself.

Given the research topic, and the political nature of the literature, it would be important to allow both the dominant and the subjugated narratives or discourses to emerge in the research. The child who has had early sexual experiences with an adult may tell one story privately to herself or himself as a child. The child's family, as well as individual members, may have a different way of explaining the situation. Over time, ways of discussing the situation will change within the family, the culture, society and the media. As a result, the individual's narrative will also change over time. This methodology provided me with the opportunity to go beyond the search for a grand narrative (Grbich, 1999), to examine the dominant and the hidden narratives, and to explore the transformative process of story-telling in this domain.

Narrative inquiry can be used to generate theory but this is not its primary purpose. Instead narrative inquiry offers the researcher the opportunity to understand the underlying meanings that participants attribute to their experiences (DePoy & Gitlin, 2005). It is the illumination of underlying processes that is such a rich source of data in this approach. This goes beyond the exploration of lived experiences into an

examination of how this experience is viewed and interpreted by the participant and the influences on this process (Silverman, 2004).

Narrative interviews begin with an invitation to tell a story. This is done by asking a broad question designed to elicit a narrative or a description of auto-biographical experiences. By listening to many individual narratives, the researcher constructs a broader picture of how people cope with a particular aspect of their lives (Flick, 2006). In this case, by listening to the stories that people choose to tell about their early sexual experiences with an adult, I was able to build up an understanding of how people cope with such events.

Narrative analysis is conducted by exploring the ways in which participants explain what has happened to them, and by examining the nature and the source of these explanations (Silverman, 2005). A broad interpretive framework is used in narrative analysis in order to understand how people create meaning or make sense out of a seemingly chaotic sequence of events (Ezzy, 2002). Within this framework, there is a need to balance the desire to describe the rich, textured, subtly nuanced narratives of individuals, against the need to generalise across narratives (Ayres, Kavanaugh, & Knafl, 2003).

Narrative analysis uses inductive analysis to reveal themes, patterns of behaviour, and meanings from narratives (DePoy & Gitlin, 2005). One approach to narrative analysis is to view narratives as both the product of, and limited by, a range of circumstances and social processes. It becomes the job of the researcher to analyse the similarities and differences across narratives and to explore both patterns and the social context for narratives (Chase, 2005).

## **ii) Feminist approach**

Foucault (1987), one of the many influential theorists of the last century, analysed power relations, constructions of belief around normality and abnormality and the relationship between knowledge, language and power. Several researchers have used his ideas as a theoretical underpinning to feminist qualitative research projects in health

(Byrne-Armstrong, 2001a; Carmody, 2001; Etherington, 2000; Grbich, 1999) whereas others have operated within the critical paradigm and conducted action research designed to empower women (Byrne-Armstrong, 2001a; Carmody, 2001; Darlington, 1996; Herbert, 1989; Herman, 1981).

Etherington described her methodology as 'feminine' (Etherington, 2000:255) rather than feminist. She drew on feminist ideas in that she believed that it was important to acknowledge the power imbalance inherent in the relationship between the researcher and participants (Etherington, 2000). She applauded the consciousness-raising aspect of feminism which drew attention to the oppression of women but argued that the men she interviewed, who were survivors of child sexual abuse, were equally oppressed and did not conform to the norms underpinning patriarchy. I prefer to describe my methodology as 'feminist' rather than 'feminine' i.e. highly influenced by feminist ideas and based also on a belief that, as a society, we need to identify and work towards eradicating sexism, racism, and all other forms of prejudice and marginalisation.

### **iii) Combined narrative inquiry and feminist approach**

Denzin and Lincoln (1998a:4) described the 'qualitative researcher-as-bricoleur' or Jack-of-all-trades whose labour is 'a bricolage, a complex, dense, reflexive, collage-like creation that represents the researcher's images, understandings, and interpretations of the world or phenomenon under analysis'. In order to perform a rigorous, in-depth analysis, the bricoleur is expected to be knowledgeable about many research paradigms including feminism, Marxism, cultural studies, and social constructionism (Denzin & Lincoln, 1998a).

I was influenced by poststructuralist and feminist ideas in my reading of the literature, my framing of the research question, and the development of my methodology including the interviewing and the analysis process. As a 'practitioner-researcher' (J. McLeod, 1999) I wanted to produce knowledge that could influence clinical practice in the field. By combining a narrative approach with a feminist approach it became possible to create a methodology that acknowledged that human beings are complex and diverse, and that any collaboration between a researcher and participants must create

multiple voices (Byrne-Armstrong, 2001b). The feminist approach allowed me to acknowledge my moral stance on the issue of early sexual experiences, whereas the poststructural or narrative approach enabled me to acknowledge that my participants might have very different moral stances that needed to be heard and understood.

In narrative analysis, texts are analysed within their social, cultural, and historical context from many different perspectives. They are deconstructed in order to reveal the underlying discourses that are operating. Narrative analysis is usually based on large units of texts or biographical stories (Rice & Ezzy, 1999) and the moral and transformational dimensions of story telling are explored. Different researchers have their own style of narrative analysis. For example, Byrne-Armstrong described her methodology as 'a narrative analysis with a Foucauldian twist' (Byrne-Armstrong, 2001b:111). The Foucauldian aspect of the analysis was to examine multiple voices and to draw out which voices were silenced and which were powerful. She believed that 'the interpretation we call truth is the one that is attached to power' (Byrne-Armstrong, 2001b:113). This method combined narrative inquiry with a feminist approach.

Many therapists have been drawn to narrative methods in qualitative research (Byrne-Armstrong, Higgs, & Horsfall, 2001; Etherington, 2003, 2004; J. M. Hall, 2000; Hoshmand, 2005; J. McLeod & Lynch, 2000; P. Thompson, 1999), partly because they already have the required skills and specialised training needed in order to create the necessary level of trust between the researcher and participants (Marshall & Rossman, 2006), and are skilled at inviting people to tell their stories. Narrative approaches have also become more popular recently as a methodology for researching and theorising in the field of child sexual abuse (Etherington, 2000; Fox, 2003; Gill & Tutty, 1999; Harvey, Mishler, Koenen, & Harney, 2000; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005). Many qualitative researchers in the field of child sexual abuse have combined social constructionist and feminist approaches in their research (Carmody, 2001; Crossley, 2000; Naples, 2003; Reavey, 2003; Tolman, Striepe, & Harmon, 2003; Warner, 2003; Worrell, 2003).

## Criteria for assessing the research methodology

In the past researchers have tried to apply modified positivist concepts such as reliability, validity, and generalisation to verify qualitative research techniques (Strauss & Corbin, 1998). These three concepts have been described as the 'scientific holy trinity' (Kvale, 2002). However, they are based on the belief that data is a 'reproduction of reality' (W. A. Hall & Callery, 2001:258) and do not acknowledge the social construction of data. This has led to a crisis of validity in narrative research (M. Gergen & Gergen, 2003) and to the need for the social construction of the concept of validity (Kvale, 2002).

Various theorists have put forward different criteria for assessing qualitative research including the use of rigorous techniques and an emphasis on the 'credibility, competence and perceived trustworthiness of the qualitative researcher' (Patton, 1999:1207). There has been increasing recognition of the importance of the person of the qualitative researcher who becomes the instrument of the research (Darlington & Scott, 2002; Morrow, 2005), in the same way that the person of the therapist has become the instrument of the therapeutic relationship (Rogers, 1961). This requires 'researchers of the highest personal and professional integrity with a deep capacity for reflexivity' (Darlington & Scott, 2002:46).

Within the poststructural approach to research, 'notions of validity or 'truth-fullness' have been replaced with notions of verisimilitude or 'truth-likeness' (Richardson, 1994:521). Richardson suggested the need to deconstruct the traditional idea of validity and to use instead the process of crystallisation which recognised that there were many ways to approach issues. He used the image of a crystal to represent a multifaceted approach that provides a complex but partial understanding of any given research topic (Richardson, 1994). There continues to be a need for qualitative researchers to grapple with the difficulty of proving that the research that they conduct is of high quality (Seale, 2003).

Certain methodological procedures were used to enhance the credibility, authenticity and dependability of this research study. These included: keeping a methodological file; well thought out interviewing procedures; the preparation of field notes and full transcripts within a week of the interview being conducted; reflexivity on the part of the researcher; and the presentation of data in the form of quotes to support any conclusions made (Minichiello, Fulton, & Sullivan, 1999). It has always been my intention to be as transparent as possible about the process of conducting the research in order to enable the reader to judge my credibility, competence, integrity, and capacity for critical reflexivity. I also intend to produce findings that are demonstrable from the raw data, meaningful for therapists, and to scrutinise the data for exceptional cases (M. L. Nelson & Quintana, 2005).

### **Recruitment and sampling procedures**

Participants were recruited through the use of advertising in local newspapers and on local radio. As a result, a purposive sample of participants was recruited (Barbour, 2001). All those interviewed were interested in being involved in a study of early sexual experiences. In order to be eligible to participate in the study people had to: be aged between twenty-five and seventy years old; have had a sexual experience at the age of fifteen or under with an adult; and not be currently under the care of a psychiatrist.

The term *early sexual experience* was not specifically defined, allowing the participants the freedom to interpret the term in any way they wished. In order to avoid recruiting participants into the study who were currently suffering from a mental illness and therefore, more likely to be emotionally vulnerable, participants were excluded if they were currently under the care of a psychiatrist. Participants older than seventy were also excluded from the sample in order to limit the time period involved in the study.

A convenience sample was recruited through the media. Press releases were placed in the local newspapers in Armidale and Coffs Harbour and I spoke about the study on local radio in Tamworth and Newcastle, in order to recruit participants. In this process, care was taken not to describe early sexual experiences as abusive, although the

participants themselves often did so during the interview process. The press release sent to local newspapers can be seen in Appendix 2, along with the schedule of radio interviews.

Following each burst of advertising, a number of potential participants contacted me by phone or email. Before conducting an interview I checked that the potential participants fulfilled the requirements for the study. Two participants were excluded: one was a woman who was over eighty who was excluded on the basis of her age; the other was a middle-aged man who was excluded because he required that the researcher pay his travel and accommodation expenses to be interviewed, since he was unwilling to allow the researcher to travel and interview him in his home town.

It was important to interview both men and women since gender was an important discriminator in this field (Gold, Lucenko, Elhai, Swingle, & Sellers, 1999; Little & Hamby, 1999). Indeed whether or not the experiences were homosexual or heterosexual was also important, but it was decided not to recruit on this basis, given the sensitivity of the questions that would need to be asked in order to establish this at such an early stage of the process.

In order to achieve a spread of experiences the sample included people who had early sexual experiences within the family, as well as those with a known outsider or a stranger. In this way it was hoped to find a sufficient variability among those who had sexual contact with one or more adults over a long time period of time, in addition to those who had only one or two early sexual experiences. Some difficulty was experienced when advertising for participants in the local press. It proved impossible to control the environment in which the press releases were shown. For example, in one case the information was placed next to a story about an abducted child. It was easier to control the environment on local radio where I was able to stress that I was interested in people who had had a range of early sexual experiences and in both men's and women's experiences.

## Details of participants recruited

Table 2 shows a breakdown of participants in terms of their sex, age, sexual orientation, the nature of their early sexual experiences, and the extent to which they have attended therapy in the past. There were thirteen women interviewed and nine men, making a total sample of twenty-two. Twenty of the twenty-two participants who volunteered for the study identified as heterosexual. The women who volunteered were younger than the men on average and were more likely to have had heterosexual, incestuous early sexual experiences with their fathers or step-fathers. The women interviewed were also more likely than the men to have attended therapy, often for ten or more sessions.

**Table 2 Characteristics of participants by gender**

	<b>Total</b>	<b>Female</b>	<b>Male</b>
<b>Age</b>			
25-35	4	3	1
36-45	7	7	0
46-55	9	3	6
55-70	2	0	2
<b>Sexual orientation</b>			
Heterosexual	20	12	8
Homosexual/Lesbian/Bisexual	2	1	1
<b>Adult involved in ESE</b>			
Father, step-father or relative	11	10	1
Other male	7	3	4
Adults of both sexes	3	0	3
Other female	1	0	1
<b>Nature of ESE</b>			
Heterosexual experiences	14	13	1
Homosexual experiences	5	0	5
Heterosexual and homosexual	3	0	3
<b>Therapy attended</b>			
None	6	2	4
1-10 sessions	4	2	2
10+ sessions	12	9	3
<b>Total</b>	<b>22</b>	<b>13</b>	<b>9</b>

All of the men who volunteered for the study, bar one, were over forty-five years old. Five of the nine men had experienced physical, sexual, and emotional abuse in the homes that they had grown up in, not necessarily with their biological parents. Most had experienced either homosexual, early sexual experiences with men that were known to them, or with adults of both sexes. Four had never attended therapy sessions. It should be noted that no women volunteered to take part in the study who had been sexually abused by another woman. Perhaps being victimised by a woman remains even more taboo in our society (Denov, 2001, 2003a; Fitzroy, 1997; Welldon, 1988).

Participants came from all walks of life. Twelve participants had received university education, five had completed vocational training, and five had had little tertiary education. Four worked in the helping professions, three were teachers, three were engineers, one was a technician and one was self-employed. Three identified their occupation as being a mother and two as full-time carers. Two were on pensions, two were unemployed, and one was currently working as a truck driver. Sixteen identified their ethnic origin as Australian, two as New Zealanders, and four as having Australian/European backgrounds. The religion of participants was not recorded, although four mentioned belonging to churches.

Table 3 shows the breakdown of participants according to the type of narrative that they told in this research study. Since only five or six participants told each narrative it is not possible, nor appropriate, to draw distinctions between these groups of participants that are statistically significant. Even though the sample sizes are very small, the table has been included for information and can be found in Appendix 3.

### **The interview context**

When potential participants contacted me, I explained the purpose of the study. I told participants that the interview would last for about one and a half hours, would be conducted at a convenient, neutral location and that the interview would be audio-taped. Participants were then sent an information pack that included an information sheet and a consent form, as found in Appendix 2. They were then invited to re-contact me once they had read the information and had decided whether or not they wanted to participate

in the study. All eligible participants who were sent information packs decided to go ahead, demonstrating a level of commitment to participating in the study. This included one participant who had had an operation but still wanted to be interviewed during her convalescence and another who had moved house between the initial contact and the date of the interview.

At the start of the interview I read through the information sheet with the participant. I explained that I would remove all identifying details from their stories in order to protect their confidentiality. I also explained that I would give each participant a pseudonym so that other people reading the thesis would not be able to identify them. A few participants chose their own, often symbolic, pseudonyms and others wanted to use their real names but I decided to overrule their wishes and allocated them a pseudonym later. This was done after consultation with my supervisors in the belief that participants could not necessarily predict how often their stories might be quoted and in what contexts they might be retold.

I explained the limits of confidentiality to participants, by stating that in the event that I was told that a child was being sexually or physically abused, I would be obliged to inform the New South Wales Department of Community Services. This information was also included on the consent form that all participants were asked to sign before the interview began. The ethical issue underlying this will be discussed in a later section of this chapter.

I also reassured participants that they had the right to terminate the interview at any time if they wished to do so. This was because of the ethical concern that the interview process could be potentially re-traumatizing to participants. However, no participants chose to terminate the interview early. I also reassured them that if they changed their minds about participating in the study during or after the interview process, I would erase the tape recording and not use the information collected in any way. No one asked me to do so. I also encouraged participants to stop the interview whenever they felt they needed a break. This often happened quite naturally when the tape recorder clicked off after forty-five minutes. I always enquired whether or not the participant would like to

take a break or would like to stop at that point. This offer was accepted by some participants. Finally I told participants that I would be able to provide referrals to local counselling agencies if they became upset during the interview.

## **Data collection and the interviewing process**

I invited participants to tell their stories in whatever way they chose. I explained that there was no right or wrong way to do so and that I was interested in what had happened to them as children, how they made sense of their experiences at the time, how the meaning changed over time, and how they felt they had been affected, if at all.

Following this introductory statement, most participants told their stories fluently and without interruption, except when I asked a few questions for clarification. This process took over an hour and up to two and a half hours. Two of the male participants declared that they had finished telling their story after about fifteen minutes and I needed to ask questions to keep the discussion going. However, both opened up and continued to deepen their stories for another hour or so.

I felt confident about my interviewing skills, acquired as a practising counsellor and as a commercial qualitative researcher. I realised that having such skill was both an advantage and a potential danger. I needed to be particularly aware of my ability to coax participants into opening up to me. Haverkamp (2005) defined professional reflexivity as a vitally important tool for clinician researchers to use, given their ability to facilitate high levels of personal disclosure which could potentially cause harm to participants. She urged such researchers to be 'attentive to issues of power, influence, coercion, and manipulation' within themselves (Haverkamp, 2005:152).

I was also aware of the similarities and differences between the research and the therapeutic interview (Hutchinson & Wilson, 1994). One of the important similarities was an ability to be reflexive and to listen for content, at the same time observing and analysing patterns of behaviour and language (Hutchinson & Wilson, 1994). I wrote an interview guide after a pilot interview conducted with a colleague: this acted as an aide-memoire for the issues to be covered during the interview (Minichiello, Madison, Hays,

Courtney, & St John, 1999). This interview guide was used in a flexible manner and was altered to incorporate new insights as the research progressed.

Immediately after the interview, I made field notes in a personal file in order to capture details about the interview such as: the setting; the person interviewed; facial expressions and body language; the questions asked and not asked; my feelings at the time of the interview; how the session went; any difficulties or ethical issues encountered etc. The main purpose of this file was to help me to analyse the potential impact that I had made on the data collected. I transcribed the interviews within a week and entered the data into the NVivo computer program, using only the participant's pseudonym. No personal details about the participant were entered into the computer file at all.

After some of the interviews I felt distressed because of my inability to provide therapeutic help in my role as researcher. I consulted with my supervisors who reassured me that it was important to maintain appropriate boundaries in this context. As the study progressed I began to feel a certain freedom from responsibility that enabled me to be more present to the participant and to listen in a different way to the story. I felt that the research process had a lot to teach me as a therapist about the therapeutic value of non-interventionist listening (Bordeaux, Auerbach, & Levant, 2006).

After three of the interviews with male participants I felt concerned about their mental well being, especially since they had mentioned feeling suicidal in the past. I felt the need to intervene after the interview and contacted these three participants by phone a few days later to check how they had felt after the interview. One reported that he had found the interview distressing but useful, one reported that he had felt suicidal afterwards but was feeling better, and the third reported that his mood had lifted after the interview and that he felt much more hopeful for the future. Later I reflected on whether or not my perceived need to intervene sprang more from the stories that I had heard or more from my relative inexperience in hearing such stories told by men.

## **Method of data analysis and writing findings**

As mentioned earlier in this chapter, initially I intended to use grounded theory methodology. What emerged was a complex, interwoven process of analysis and writing up of the data, similar to the 'fifth moment' in qualitative research when 'messy, uncertain, multivoiced texts, cultural criticism, and new experimental works will become more common, as will more reflexive forms of fieldwork, analysis, and intertextual representation' (Denzin & Lincoln, 1998a:30). The term 'deconstruction' has been used by researchers to describe the process of looking for the underlying sociological meanings of texts (Lupton, 1999). I aimed to deconstruct the data through an exploration of themes.

Data analysis was an on-going process. Following each interview I transcribed the audio-tapes and summarised each participant's narrative in their own words onto four pages, by removing all but the crucial elements of the story. I tried to pull out one representative quote for each participant, but later I rejected this process as oversimplistic. I then entered the entire transcript into a qualitative data management program called NVivo and coded each paragraph into themes and sub-themes, using the participant's own language wherever possible (Flick, von Kardorff, & Steinke, 2004b). During this process I listened to the tapes several times and recorded my impressions of what was going on for the participant, for me, and between us as each narrative unfolded. I recorded my thoughts and insights about the data into a memo file attached to the participant's narrative file and coded these insights. I tried to conduct this process with humility, recognising that some voices are frequently silenced and other voices are dominant (Byrne-Armstrong, 2001b).

The writing up process became entwined with the analytic process (Minichiello, Aroni, Timewell, & Alexander, 1997). Initially I wrote up the findings in themes across all the participants, in a horizontal process of analysis. I identified themes across all the stories told and analysed and described them in three chapters: an initial chapter that introduced each participant's story in the context of the societal and family context, multigenerational patterns of abuse and relationships within the family; a second

chapter that described the impact of their early sexual experiences on their development and not telling as a coping strategy; and a third chapter that described the impact of their early sexual experiences on their behaviour in adulthood and telling as a coping strategy in adulthood.

At this stage I was dissatisfied with the writing process and was having difficulty finding one phrase or title that summarised the main theme of the thesis. I experimented with a number of alternative ways to present the data. I examined the data in the light of the Reading Guide (L. M. Brown, Debold, Tappan, & Gilligan, 1991) also known as the Listening Guide analysis method (Taylor, Gilligan, & Sullivan, 1995). This involved reading the interview at least four times, once for the overall story, and then listening for the first person voice, and other voices such as the relational voice of care, and the voice of justice. This method acknowledged that the person listening influenced what was being said. Using this method most of the data could be described using the silenced voice, the relational voice of care for others, and the voice of justice. However, this did not seem to draw out the similarities and differences between the stories told by men and women in the sample (Solis, 2004). This method also seemed to repeat the research findings of other studies into the missing voice of desire among adolescent girls (Tolman, 1994, 2002), by emphasising the voice of voice of justice and the voice of care, which was a silenced voiced.

I took a social constructionist or narrative approach to the analysis of this emotionally charged 'valence' issue (Beckett, 1996). My method of analysis was based on Rosenthal and Fischer-Rosenthal's (2004) analysis of narrative data. These authors draw a distinction between actual events and narratives, arguing that narratives must be based on some form of perception or observation of real events (Rosenthal & Fisher-Rosenthal, 2004). They have a six stage process of analysis, which includes an analysis of biographical data, thematic analysis, re-construction of the case history or life as it was lived, an analysis of individual texts, a process of comparison between a narrative and life as lived, and the formation of different types of narratives.

Initially I analysed the data by biographical details, looking for explanatory factors such as age when the sexual contact happened, gender of the participant or the victimiser, and so on. I then conducted a thematic analysis of the data (Ezzy, 2002), coding by significant sentences, paragraphs relating to themes, narratives about particular incidents, the structure of the interview, and by the interview as a whole. I used the NVivo computer program to assist me in this process, but mainly for data management. At this stage in the process I constructed a life history for each participant (Flick, von Kardorff, & Steinke, 2004a) by reducing and re-ordering their narratives into a brief summary of their stories told in their own words. An example can be found in Appendix 4. I then analysed individual pieces of text, trying to ascertain the influences of social discourses as revealed in these texts. I grouped narratives according to common core concepts in relation to the construction of a sense of self. This produced four main group narratives with three sub-narratives. I then rewrote the findings into the final form as four chapters describing group narratives with interwoven themes.

### **My influence on the data collected**

The social constructionist approach recognises that narratives are situated within a particular context and are co-constructed between the particular participant and researcher (M. Gergen & Gergen, 2003; J. McLeod, 2001). This can be seen as both a strength and a weakness of the study. In one sense, it limits the applicability of the findings to other cultural and social contexts. Yet it also invites the exploration of the impact of that particular social context and historical time and enriches the findings as a result.

Just as the participants' narratives were situated in a particular time and place, so the interaction between us depended on the context. My assumptions about the topic were also culturally and historically bound (Byrne-Armstrong, 2001b). It was difficult to determine the influence that I might have had on narratives that were told to me, but I believed that it was important to try.

Only two participants asked me whether or not I was a survivor of child sexual abuse. However, it is likely that others also assumed this to be the case. Certainly participants

would have gained the impression before the interview process that I was interested in the topic of early sexual experiences and wanted to understand why some people went on to experience difficulties in their lives as a result of these experiences and others did not. Before beginning the study I wrote down my foreknowledge and beliefs about the topic of child sexual abuse based mainly on my clinical experience. These beliefs can be found in Appendix 1 and will have subtly influenced the interview process. Despite holding feminist beliefs, I was open to hearing stories of the sexual abuse of boys by men or women, as well as the more expected stories of sexual abuse of girls by men.

With the benefit of hindsight I have come to realise that although the interview process was non-directive and participants were encouraged to tell their story in whatever way they wanted, there were still embedded assumptions guiding the process. The initial statement that I made to participants about the areas of their lives that I was interested in shaped the way in which they told their stories. I told participants that I was interested in what had happened to them as children, how they had made sense of their experiences at the time and later, and how they believed that it had affected them, if at all. This statement included an assumption that people try to make sense of their experiences. This assumption probably stemmed from my own need 'for coherent stories with positive endings' (Harvey, Mishler, Koenen, & Harney, 2000:291).

Unintentionally I made it difficult for participants to tell me about their own sexual behaviour which crossed the line between acceptable and potentially abusive to others. I did this by informing participants of my need to make a report of any ongoing child maltreatment. In theory this left participants free to tell me about events in their own past, but in practice I now believe that it limited what participants chose to tell me.

### **Discussion of ethical issues**

Ethics approval was granted by the Ethics Committee of the University of New England in line with the National Statement on Ethical Conduct in Research involving Humans (National Health and Medical Research Council, 2001) and the UNE code of conduct for research. The two main ethical concerns at the start of the project were the risk of

retraumatization of the participant and the obligation that I felt to disclose any ongoing abuse.

There was a slight risk of retraumatization of the participants in the study. Just as clients can be retraumatized by therapy, so participants could theoretically be retraumatized by being invited to describe and, to an extent, relive potentially traumatic events from the past. In order to guard against the risk of retraumatization, participants were closely observed during the interview process and watched for any overt or covert signs of distress, such as tearfulness or changes in body language. When this happened I offered to stop the interview immediately and was prepared to offer participants the names and phone numbers of local counselling agencies. On one occasion a participant decided to stop the interview after one and a half hours but was happy for the information to be used in the study.

The four main characteristics of Secondary Traumatic Stress Disorder (STSD) (Figley, 1995) are: the stressor of witnessing the traumatic event; re-experiencing the trauma through dreams or intrusive memories; avoidance and numbing of the traumatic event; and persistent arousal. I was vigilant for signs of numbness and dissociation in participants, as well as signs of arousal or distress. Some participants did appear to dissociate briefly during the interview process, but not to such an extent that it was cause for alarm.

There was also a slight risk that participants might disclose ongoing abuse towards children in the interview, that I would have an obligation to report. Since therapists are mandatory reporters, under the New South Wales Child and Young Persons (Care and Protection) Act (1998), I informed participants of my responsibility to break confidentiality and make a report to the New South Wales Department of Community Services, in order to protect the well-being of a child. Even though researchers are not specifically included in the Act, I felt that it would be against the spirit of the law not to take this position. Even though it was not a legal requirement, I believed at the time that it was important to take this position, in deference to those participants who had experienced child sexual abuse.

Invoking an authority such as the Department of Community Services at the beginning of the interview was likely to have had one of two effects: it might have been off-putting to some participants; and reassuring to others. It might have made participants cautious about what they said, particularly in relation to any current sexual relationships between adults and children. However, I believed that it was important to warn participants of the possible consequences of any disclosures that they might make during the interview process. With hindsight, I now see that my decision to tell participants that I would make a report if they told me of a serious crime that they had committed was an 'ethically important moment' (Guillemin & Gillam, 2004:261). It shaped the data that I was able to collect from participants and prevented them from disclosing much information about any feelings of sexual desire that they had felt towards children as adults.

The ethical approach that I adopted combined procedural and virtue ethics and was based on the wisdom and morality of the community, in a belief that this can strengthen ethical decision-making (Meara, Schmidt, & Day, 1996). Before starting the project I consulted with the available ethical codes of conduct, in particular the University of New England Human Research Ethics Committee Guidelines and the National Statement on Ethical Conduct in Research involving Humans (National Health and Medical Research Council, 2001). This statement is based on the ethical principles of integrity, respect for persons, beneficence, and justice and covers issues such as consent, research merit and safety, the need for an ethical review of the conduct of research, and confidentiality and privacy. These gave me broad principles to follow in this project. I consulted with the literature in the field. I found a useful article (Findholt & Robrecht, 2002) that explored the variations in the law by state in the USA, in relation to reporting statutory rape. It described the difficulty of conflicting ethical principles of respect for the person (in this case a sexually active adolescent), beneficence, and justice.

## Summary

In this chapter the methodology used for this research project has been described both theoretically and practically. A narrative approach to data collection and data analysis was adopted and the findings were written up from a social constructionist perspective. These will be found in the following four chapters. Chapters four, five, six, and seven detail the four main types of narrative told by groups of participants. Chapter eight includes a discussion of these findings in relation to the literature and Chapter nine details the implications and recommendations derived from this study.

Chapter four focuses on participants telling *narratives of silence*. These are not narratives of being silenced. They were told by participants who believed that they had *chosen* silence as children and, often, continued to choose silence as adults. Within these narratives there were two sub-groups of participants: those that believed their early sexual experiences were part of their normal sexual development; and those that felt some shame about what had happened to them as children but did not believe, until relatively recently, that they had been affected or damaged by these experiences, and decided to forget them, put them out of their minds, and get on with life.

Chapter five tells the stories of participants who were experiencing *ongoing suffering* as a result of their childhood experiences. In subtle ways, these participants seemed to be stuck in the past. One sub-group were in the process of making realisations or recovering memories of their early sexual experiences with adults, which had disrupted their sense of who they were. They were in the process of reconstructing a sense of self to incorporate these realisations. The second sub-group were trying to make sense of their ongoing suffering by campaigning for other victims of child sexual abuse. They remained angry and believed that the system had failed them as children. They saw their experiences as part of a broader social problem, rather than as personal or private issues.

In Chapter six, those participants telling *narratives of transformation* are introduced. These participants are all women, most of whom had early sexual experiences with members of the family lasting for many years. Even though they had been badly

affected by these experiences, they described how they had emerged as stronger people as a result. Again they were divided into two sub-groups of participants: those women who emerged with a sense of self rooted in their choice to protect other people within their family; and those women who had decided, as adults, to seek justice for themselves and to prosecute their victimisers. This second sub-group could also be seen as protecting future generations of children, by changing the family dynamics.

Chapter seven describe *narratives of transcendence*. These were told by a group of men and women who did not want to be described as victims or survivors of child sexual abuse. Even though their early sexual experiences had affected them severely in childhood, as adolescents, and as young adults, they had managed to move beyond these experiences. They challenged the current victim and survivor discourses which they believed were stigmatising, and refused to be categorised in this way. They believed that they had transcended their childhood experiences and did not want their identities tied to events in the past.

So far in this thesis I have described the research questions to be investigated, summarised the relevant literature, and described the research methodology that I have used in this study. In the next four chapters I will describe the findings in detail. Although participants have been placed into a particular chapter, according to the core theme of their narrative, they each told a unique and subtly different story. The particular way in which I have grouped participants reflects my choice to focus on how they developed a sense of self following their early sexual experiences.

## Chapter 4 – Narratives of silence

### Introduction

Four different storylines emerged from the data as core to the construction of a sense of self following early sexual experiences with an adult. Participants were placed into four groups, according to the core message in their story. Each of the four findings chapters is dedicated to one of these storylines, and presents data that demonstrates how each group of participants felt about their experiences at the time, coped with the situations that they faced, and developed throughout childhood, adolescence, and adulthood.

The reader is introduced individually to the five or six participants telling each of the narratives. This introduction includes a brief description of the family and social context, and their relationships with others, as well as their sexual experiences in childhood and adolescence. The focus is placed on their sexual experiences with adults, rather than with peers. Statements are all supported by direct quotations from the interview using the participant's own words. Each quotation used is written in italics and will be followed by: the pseudonym of the participant; the number of the interview; and the paragraph within the transcript as coded in NVivo. For example, *it was a very isolated backwater community (Greta, 1, P26)* was a statement made by Greta who was the first participant to be interviewed. This is a quotation from paragraph 26 in the transcript of her interview. The specific words used by participants will be used, including hesitations and participants' own unique grammatical constructions.

Having introduced each individual in turn, the commonalities between their stories are described in terms of their emotional, cognitive, and behavioural responses to the situations that they found themselves in as children. This resulted in the emergence of a particular sense of self that helped them to cope with their life experiences. How they came to see themselves in relation to their families, their peers, and societal expectations is explored in this section.

These narratives have been told as they were by participants and as if they were real events that actually happened. Given the reconstructive nature of memories, it is not possible to determine whether or not they were in fact real events or reconstructed by participants in adulthood from real or imagined memories of childhood events. Most participants seemed convinced most of the time that they were describing events that had actually happened to them in reality. Whenever participants themselves expressed uncertainty about the veracity of their memories this has been reflected in the text.

This chapter focuses on six participants who told *narratives of silence*. This title has been deliberately chosen to reflect the contradictory nature of these narratives. Even though these participants believed that they had chosen to keep silent about their early sexual experiences as children, they had volunteered to be interviewed and had eventually disclosed what had happened to them. One of the participants, Jim, summed up the essence of these narratives when he said: *Silence was how I talked about it (Jim, 15, P200)*.

The six participants telling, or not telling, narratives of silence believed that their early sexual experiences had not had a negative impact on their lives and, hence, there was no need to talk about them. Two participants saw these experiences as part of the normal process of sexual development, even though they would be defined by Australian law as sexually abusive experiences. Their experiences are described in the first section of this chapter. Four participants, whilst recognising that their early sexual experiences were out of the ordinary, believed that they had been able to move on with their lives without any apparent ill effect and without needing to talk about what happened to anyone else. Their experiences are described in the second section.

Why would people volunteer for a study if they have never spoken about their early sexual experiences before? Why would they volunteer if they believed that these experiences had not affected them? This chapter unpacks the complicated reasons why these participants came forward to tell their stories at this particular moment in time.

## 1) Normal sexual development

Two participants, Greta and Bert, thought of their early sexual experiences as an exciting part of their normal sexual development in adolescence. Greta, at age fifteen, felt in control of the situation and had decided to have sexual intercourse. Bert, at age eleven, found his sexual experiences exciting. Both Greta and Bert felt that these experiences had had neither a positive nor a negative effect on their lives. They did not believe that they had experienced any serious problems as a result of these events in childhood and had never felt the need for therapy relating to them. Deciding whether or not to tell anyone about what happened was a non-issue because they felt no need to do so. Both Greta and Bert now described themselves as being interested in sex from a young age, and had had sexual relationships with partners of both sexes. As adults, Greta identified as heterosexual and Bert identified as bisexual.

### Greta's story

Greta was a woman in her mid forties. She was married with two children and worked as a professional in a small country town. She grew up in a rural community. Her father was angry and violent at times, and her mother tried hard to please him. Greta was given no encouragement to achieve at school or to better herself. Her parents did not have high expectations for her. She felt there was nothing for her at home and she moved out at the age of fifteen to get a job and explore the world.

*We lived way out in the country, and it was a very isolated, backwater community, a bit of a hillbilly community. And I was really desperate to leave because there was nothing there and it was terribly restrictive (Greta, 1, P26).*

Greta had exploratory sexual experiences with a boy next door, and with a girl of her age when she was about thirteen. She believed that these experiences broadened her view of sexuality.

*Having my first sexual experience, some of my first sexual experiences with another woman, or another girl, we were only very young at the time, also was a bit of a, a more, a more broad way of thinking about sex than just the traditional. So I think that sort of gave me a bit more of a different insight into sex, and I've had sex with women since then (Greta, 1, P66).*

Shortly after leaving home at age fifteen, Greta had sexual intercourse with a twenty-five year old man. She liked this man, but she was not emotionally involved with him. Greta felt that the experience had been neither positive nor negative for her, but rather it had enabled her to develop a certain level of sexual maturity and awareness. She had felt in control of the situation and that she had *almost engineered (Greta, 1, P26)* things by getting slightly drunk beforehand. There had been no negative consequences that she reported. She had wanted to have sexual intercourse for a while because she was curious to find out what it was like. In her words *I wanted to unload my virginity (Greta, 1, P26).*

*And I had sex with him in the back seat of his car when I was drunk, but (pause) I never felt that he had taken advantage of me. It was like something that I was keen to do. And he seemed like the person to do it with, firstly because I liked him and felt sexually attracted to him, because I found he was an attractive person, but also because I wasn't having a relationship with him, there wasn't an emotional connection there, except that I thought he was a nice bloke. But I didn't, I wasn't in love with him, if that makes sense. And that suited me, because I didn't want that complication but I wanted to try sex out, and I trusted him (Greta, 1, P26).*

Greta talked about this experience to her girlfriends but not to her parents, whom she did not see for a year after she left home. Greta felt that having sex was part of an individuation process for her. Choosing to have sex was an important symbol of her new-found independence from her family. *It was fairly symbolic of just standing on my own feet (Greta, 1, P122).* She reported that the event *had no repercussions or problems (Greta, 1, P50)* for her and, if anything, had helped to boost her confidence.

*I guess it was an interesting part of my life and it was certainly an exciting part of my life. I mean it was just sort of coming out and that whole, the excitement of life at that age (Greta, 1, P98).*

## **Bert's story**

Bert was in his late forties and lived in a small rural town. He was working part-time and looking after his two adolescent children, following his separation from his alcoholic wife. He spoke affectionately about both his children, a boy with a mental disability and a girl. Bert described growing up in a strict, religious household where talking about sex was strictly taboo, and homosexuality simply did not exist. His parents were *good church-going people (Bert, 13, P25)*.

Bert remembered masturbating from the age of about eight. When he was eleven he had been driven home from an extra-curriculum activity by a man known to his family through the church. This man asked him to masturbate him and this happened four weeks in a row.

*When he drove me home, he exposed himself. He had an erection, he masturbated. He wanted me to masturbate him, and he wanted me to undress, which I did, and for some short time. I don't know, ten minutes, fifteen minutes, something like that. Not a long time. And then we got dressed and he's dropped me home. And then the next week, the same thing happened. Maybe three or four times. That's the extent of it (Bert, 13, P25).*

Bert was not disturbed by these experiences. *I remember not being particularly traumatised or anything of that sort. I remember thinking "that was kind of interesting" (Bert, 13, P25)*. Bert had wanted to be interviewed mainly because he felt that his sexual experiences with an older man had not harmed him in any way. He wanted to talk about this issue because he knew that this was a totally unacceptable thing to say publicly in the current climate. He felt relieved to be able to talk about it in a more open and honest manner.

*I'm actually sort of okay. But I can't go round saying, this is the only time I've ever said this, which I have to tell you is a great relief (laughs) to actually to say it, that it's not okay but I don't think that I was really hurt by it. It's just something that happened (Bert, 13, P99).*

Bert started a five-year homosexual relationship with a boy of his own age when he was fourteen. He then had a long-term heterosexual relationship in his twenties and thirties, and now describes himself as bisexual. He did not believe that his childhood experiences had, in any way, influenced his sexual orientation.

*Those three or four goes, I don't think had, I don't think that made me, made my sexual orientation change. No. I think it was probably wired well before that (Bert, 13, P77).*

## **Excitement and some guilt**

Greta knew that her parents expected her to remain a virgin and to refrain from having sexual relationships before marriage. *We were taught that you didn't have sex until you got married, and if you did, then you were a tart (Greta, 1, P102).* Despite this Greta chose to have sexual intercourse with a man she liked and trusted and with whom she felt safe. She saw this as a form of sexual experimentation, like her earlier sexual experiences with the boy next door. She felt no shame or guilt about this event. Greta's description of her early sexual experiences stood out as different from those of other participants, in that she felt safe and in control of what had happened.

*So all of those early experiences actually were, they weren't with strangers, they were with people that I knew, that I had some sort of relationship with, that I felt safe with, that I trusted. I think that's, yeah, I've never thought about that before, but now I think through it, I think that's an important part, that, that kind of safety (Greta, 1, P70).*

Whereas Greta felt no guilt about her experiences, Bert felt slightly guilty about what he had done. Even as a child he knew that it was a minor transgression, but nothing too serious. He chose to keep both the incidents and his sexuality a secret from both his parents and his brothers, and has still not discussed either issue with them.

*Yeah probably more of a guilty secret, I think. It's more of, we pinched the apples off the next door neighbour's tree in the dark one night and then ate them. So yeah. If you told anyone, you're going to get into trouble, so that means it's a guilty secret I think. And I did have a sense that I'd transgressed here, this was a thing that I'd done that was a bad thing, but not really, really bad. It wasn't like robbing a bank (Bert, 13, P49).*

There was a contradiction that ran through Bert's narrative. He sincerely believed that his early sexual experiences had not impacted on him, and yet he also felt a sense of guilt about them and chose not to tell other people about them.

## **No need to think about it**

Greta and Bert did not believe that their sexual experiences had had a great deal of impact on their lives, and rarely thought about them. Greta felt proud of the way she had handled herself. Despite the ten year age gap between her and the man involved, she felt that she had been in control of the situation and that there was no coercion involved.

*And the impact, I don't think. I didn't think much of it at the time, still don't really. It's just what happened to me. I'm not, I didn't ever feel that I was coerced into sex, or that people took advantage of me. I felt I was responsible for my own, for what I did. And I felt to some degree in control of what that was, what I was after, and I never felt that people had persuaded me to do something that I didn't want to do, or that I was abused (Greta, 1, P30).*

Bert did not think about his experiences either. They did not trouble him unduly and he did not find himself worrying about them at all. *I don't think it had a great effect actually, I really don't. I certainly don't, I've never sat and mulled about it. It doesn't*

*go round and round in my head (Bert, 13, P87).* He did not believe that his experiences had negatively impacted on his life.

*This is what happened to me but, you know, I've been divorced, I've had a homosexual relationship, I've suffered from episodes of depression at times, and you know been to counselling at times for anxiety, but I don't think that had anything to do with what happened (Bert, 13, P115).*

Bert did not connect later life events with his early sexual experiences in any way.

## **You just don't tell**

Since neither Greta nor Bert believed that they had been seriously affected by their early sexual experiences, the issue of telling or not telling their parents seemed largely irrelevant to them. In both their families issues about sex or sexuality were never discussed. Greta's mother *would just clench her teeth and not say a word. You could see the jaws tightening (Greta, 1, P110)* whenever she became uncomfortable with the topic of conversation. Greta had carefully observed this body language over the years and knew when to keep quiet on any given topic. Although she did not tell her parents, she was comfortable telling her girlfriends about her choice to lose her virginity. *We were quite open with each other about that sort of stuff. And yeah, we thought it was a bit of a giggle actually (Greta, 1, P33).*

Bert believed that, for him, the consequences of telling would be worse than the consequences of not telling, in that he would probably be punished, and *if I tell someone, it's going to be way, way worse' (Bert, 13, P49).* Bert went on to say that to *bring up the subject would be a major transgression in our family. So, um, so it never happened (Bert, 13, P33).* He went on to argue that, as a child, he thought that his parents didn't know anything about sex or homosexuality anyway.

*So talking about it to my parents was just, was just impossible really because I would have been punished for bringing the subject up. And in any case, I didn't think that they'd have any understanding of what I was talking about because*

*they'd never expressed any, because they'd never talked about it you know, as far as I knew, they didn't know anything about sex or homosexuality or sexual assault (Bert, 13, P33).*

There was another sense in which Bert was silenced by current societal beliefs about child sexual abuse. He was very reluctant to talk publicly about his sexual experiences with an older man for fear that others might judge him to be, at best weird, and at worst a potential paedophile. He was concerned that he would be seen to be advocating for sex between adults and children, if he spoke honestly about his belief that he had not been negatively affected by his own experiences.

*With friends that I trust and whatever, I still haven't discussed this really. And the reason why I haven't discussed it, I think, is that I'm afraid of their reaction. Because I don't think that I've been traumatised by this event. And if I say that, people's reaction will be 'oh, so you think it was okay to do that. So you think it's okay for adults to coerce children into having sex, because it actually doesn't hurt them'. And I don't think that at all, but people will conclude that. I think people will conclude that if I say 'yes I had sex, I had sex four times with an adult, but actually I'm okay' (Bert, 13, P95).*

Bert believed that it was much more acceptable in today's social climate to say *'I was sexually abused when I was a child and I'm a complete fucking basket case. But it's not my fault. It's their fault'* (Bert, 13, P99) as a justification or an excuse for bad behaviour in adulthood.

## **An emerging sense of self as a sexual being**

Both Greta and Bert described themselves as curious about sex and masturbation. Even though she had had exploratory sex before, Greta thought that choosing to have sexual intercourse at the age of fifteen was as *an appropriate way to begin my sexual life* (Greta, 1, P30). In fact Greta said *I feel a bit proud that that's the way I did things* (Greta, 1, P30).

When he was fourteen Bert decided that he was homosexual. However, he did not believe that his early sexual experiences had had any impact on his sexuality. *I don't think that caused any sort of change in my sexual orientation (Bert, 13, P77)*. He believed that the experience might have made him more interested in sex at an early age, which he believed might partially explain why he began a homosexual relationship with a boy of his own age at the age of fourteen. However, he did not see this as a negative.

*I think it might've made me more, um what's the word, I can't think of the right word, precocious in the sense that I might not have been sexually active so young if that hadn't happened, maybe (Bert, 13, P77).*

## **2) A silence recently broken**

Four participants, Victoria, Anthony, Jim, and Peter, also believed that their early sexual experiences had had no negative impact on their lives. They recognised that what had happened to them as children had been out of the ordinary and that other people would expect it to have affected them badly. They tended to talk about their experiences in a matter-of-fact way. Despite feeling some shame, they all reported moving on successfully with their lives and seemed to have deliberately chosen not to think about what had happened to them. Recently, as discussion of paedophilia and child sexual abuse had become more common in the Australian media, they had started to reconsider their experiences and to wonder whether or not they had been affected more than they originally thought, particularly in relation to their sex lives. They had decided to break the silence and come forward to be interviewed.

### **Victoria's story**

Victoria invited her sister, Tess, to attend the interview. She did not tell me beforehand but I agreed to conduct a joint interview since they both seemed comfortable with this arrangement. Both sisters were in their early thirties. They had slightly different stories to tell and were sometimes surprised by what each other had to say. Victoria described

how her childhood had been very happy until her step-father had arrived on the scene. Her parents had had an open marriage and they lived in a ménage à trois, with her mother and father having a bedroom upstairs and her mother and her step-father-to-be having a bedroom downstairs. Victoria just accepted the idea that she was lucky to have two fathers. She had been introduced to sexual behaviour at a very young age, initially by seeing the sexually provocative way in which her mother behaved towards her boyfriend in front of her daughters.

*She was always, she'd have a flimsy nightie on and she'd be bending over in front of him. And you're sitting there on the couch beside him and thinking 'where the hell do you look?' And he's going like that (gestures) touching her boob in front of you (Victoria, 18, P339).*

Her mother and step-father frequently had sexual intercourse in front of Victoria, with her step-father touching Victoria sexually at the same time. The two adults planned that her step-father would have sexual intercourse with Victoria for the first time on her sixteenth birthday. Victoria was very frightened at the thought of this happening.

*I can remember laying there, as stiff as a board, and they were discussing in bed, they were discussing with me there that, Mum was saying 'Yes I'd like it if you were the first, because that way I'd know she'd be in good hands' and what not or something. And even at one stage they were discussing me having his baby, because she couldn't have any more children (sighs) (Victoria, 18, P91).*

When her step-father tried to have sexual intercourse with her, Victoria had cried with the pain. She had since discovered that following this incident her step-father had started to have sexual intercourse with her fourteen year old sister, Tess. Victoria claimed that things were not as bad for her as for her sister, although she seemed very uncertain as to what had really happened. *He never actually had full intercourse with me because, well I don't think he did (sounds unsure). No I'm sure he didn't (Victoria, 18, P101).* After this incident, she could only remember being fondled and touched by him, although she was not entirely certain of this.

*But I didn't get it as bad as her, because he tried to penetrate me and it hurt too much. And he must've got put off because I was crying and that, and then he didn't really try after that (Victoria, 18, P101).*

Victoria lived at home until the age of twenty-six, when she decided to get married. She had a daughter and later separated from her husband. Of the two sisters, she seemed to be much more accepting of what had happened to her and more able to put it out of her mind. She believed that her mother had loved her step-father unreservedly and had, therefore, been willing to go along with what he wanted. She did not see her mother's behaviour as abusive. She was frightened that she might make the same mistake herself of falling in love with a sexually abusive man. She also believed that she would destroy her relationship with her fiancé if she refused to trust him alone with her daughter.

*He's going to eventually cotton on one day that I won't leave her alone with him, and I'm terrified of telling him "I won't leave you alone" because you're supposed to trust them. But I can't, I'm terrified that, what if I go along and make the same mistake (Victoria, 18, P597).*

Victoria found it impossible to talk to her fiancé about this issue and yet she knew that not talking about it was not a good solution either.

## **Anthony's story**

Anthony was a man in his late fifties. He had been brought up in an Italian migrant family. His father had been interned in Australia for three years during the Second World War. During that time Anthony had formed a close bond with his mother. Anthony described his father as almost an intruder in his life, when he returned. He had never fully accepted him.

*Now my father's appeared and I never liked the idea of this man, so I've never in the back of my mind, I've never really accepted him as being my father in a sense, in one way but he was my father (Anthony, 11, P15).*

As a young boy Anthony was sexually stimulated by two female customers at his parents' shop. One encouraged him to undress and wear only a cowboy or Indian outfit. The other touched his genitals and had oral sex with him in the shop. He did not tell his parents about these incidents.

*This lady, who was probably my mother's age, from memory, would take me up the stairs to the landing, which led up into the rooms. And she would, by memory, she would fondle me and do things. And this again from a child's memory, it's not my own memory, went on for a long time. And um, I didn't really know, I didn't tell my parents. I've told nobody. And um, of course, we were, I can see the picture so clearly, looking from the landing, looking between the rails of the stairs (Anthony, 11, P5).*

Anthony went on to become a successful businessman, had married and had a son. He believed for many years that these early sexual experiences had not affected him in any way. However after getting married, he had become unable to have sex with his wife. Instead he had a series of sexual encounters with married women. When his first marriage collapsed, he remarried and the same thing happened again. As soon as he was married, he was unable to have sex with his second wife, whom he described as *like an angel (Anthony, 11, P23)*.

Recently Anthony had become quite depressed and suicidal and had talked to a psychiatrist about his problem with intimacy. He was probably the most severely depressed participant at the time of the interview. He felt that his life was pointless. He described wanting to *go under anaesthetic and stay like that for the rest of my life (Anthony, 11, P73)*. He did not believe that his particular problem could be solved and he could not imagine a future for himself.

*I would like just to go to sleep. I'm a coward, I'm just a bum. I despise myself. I wish I had the guts to end it, because there's no point. I have no manhood. I have nothing. And people see me and they go "you're okay, everything's fine"*

*but inside I'm not a man. If a man can't feel he has a life and can't have sex with his wife (Anthony, 11, P69).*

He seemed to be thinking things through during the interview process and making potential connections between his early sexual experiences, his ongoing problems with sexual intimacy, and his suicidal feelings. He became animated and angry as he spoke and banged his fist on the table twice.

*I want to have sex. I want to have love. And I can't have it, and I've never had it. That was what was taken away. I've just thought of it, that's what it is. I can't have the two things together. I can't have an intimate relationship that is meaningful and has depth (Anthony, 11, P31).*

There was an obvious contraction in Anthony's story. He described how his childhood sexual experiences had not impacted on his life. At the same time he described his current sexual difficulties and his suicidal feelings which he seemed to be connecting to his childhood experiences. Anthony seemed to be re-storying his experiences during the interview and recognising that they had had more impact on his life than he had previously believed.

## **Jim's story**

Jim was a man in his early fifties. He came from a relatively poor, single parent home. His mother came into a legacy and sent him to boarding school at the age of thirteen, where he was singled out by a master for special treatment to help him to develop into a better adult. Jim was digitally penetrated, caned, and then anally penetrated by this master every month for nearly two years, until the master suddenly left the school. Jim found this whole experience terrifying and very difficult to make sense of. He felt deeply ashamed about what had happened and was terrified of being discovered. The interview was the first time he had spoken to anyone about these experiences.

*He said he was going to do some more treatment with me. The same thing, bend over the desk, he fingered me. He then caned me and told me to stay there. He*

*rubbed my buttocks ... while he was massaging, I suppose for want of a better word, my buttocks I could see that he had a, his penis out and erect. And I thought 'there's no way he's going to put that in there.' I just went cold and I remember I was in such a confused state that I thought 'he is.' I remember (sighs) I just shut my eyes, and gripped the other side of the desk, and spread my legs and waited for it (Jim, 15, P5).*

Jim hung his head as he spoke and did not look me in the eye for the first forty minutes or so of the interview. Occasionally he threw out comments to check whether or not I was sitting in judgment of him such as: *You're probably absolutely, bloody disgusted?* (Jim, 15, P93). I tried to reassure him with my body language and tone of voice that I was not. I could imagine him as a younger man, hanging back when in company, never quite trusting other people. He had sought solitude in his work in the outdoors and with animals.

As an adolescent Jim met two people who helped him enormously. One was a young girl with whom he had enjoyable, heterosexual sex. Jim's brief sexual relationship with this young woman had helped him enormously by giving him an enjoyable experience of love and affection, leading to sexual desire. This had helped him to establish a sense of himself as a normal, heterosexual male. *She hauled me back from the edge of being a complete zombie (Jim, 15, P13).*

*She taught me to trust people. 'People are alright. They're not going to hurt you. They're not going to flog you. They're not going to stick things in you. We can be nice. We can cuddle, we can kiss, we can do all these things (Jim, 15, P13).*

The other person who helped Jim was a tradesman who took him under his wing and became his mentor. Jim used to spend a lot of his time watching this man work. When he left school at fifteen he became his apprentice. These two relationships were both very important to his survival as an adolescent.

*I used to go down the street. There was a bloke down there. I used to go down there occasionally, weekends and when I could get away and spend time with him. And he encouraged me to bloody leave school, and bloody, he said 'I'll teach you a trade.' I spent two years in his shadow, and finished up a master tradesman (Jim, 15, P180).*

Jim led the roving life of a bushman for many years, moving from town to town to chase work. Amongst other things, he was a boxer and *a rodeo rider for a long time. That was back in the days when there used to be travelling boxing troupes (Jim, 15, P69)*. As an adult he became involved with women who enjoyed bondage and discipline (B&D), with whom he was able to re-enact his early sexual experiences, playing both roles. He felt a great deal of shame just describing this behaviour.

*It turned into a situation where she'd bend over the desk, and I'd smack her bum with a cane and then we'd have sex. I sort of thought about my previous bloody show and then I thought 'what I'm doing here is virtually the reverse of what used to happen to me as a bloody kid' (Jim, 15, P45).*

Once again Jim appeared to be making a link between his adult sexual behaviour and his early sexual experiences that he had been unable to discuss in the past.

## **Peter's story**

Peter was an engineer in his late forties who had recently separated from his wife and children and was living and working in a different city from them. He was from a farming background. Whenever Peter's family from the bush stayed with their city cousins, he was involved in sexual activity with a male cousin who was about fifteen years older than him. Peter had difficulty in remembering his exact age when these events occurred. He thought that they started when he was about seven and stopped when he was about fourteen. He found these experiences exciting at the time.

*He used to say things like 'don't tell your parents about this. We could get into a lot of trouble about this you know (laughs). And in my own mind I knew 'this*

*isn't quite right. This shouldn't be happening but.' This may seem a bit strange but I was quite excited about it at times, because it was a sexual experience and I hadn't had any sexual experiences, so it was interesting and exciting for me (Peter, 22, P3).*

Peter never thought about the events of his childhood and believed that they had had no impact on him. He had put them behind him and moved on. However, recent publicity about paedophilia had unsettled him and had made him start to question the impact that his early sexual experiences might have had on him.

*And it's only in probably the last five years or so, or maybe ten, where paedophilia's come to the forefront that it's started to get me thinking. 'I've been through this. Why are all these people getting so upset about all this? I mean, I've been through all this and it hasn't really affected me.' That's the way I felt. What was done to me was wrong. Perhaps enjoying it was wrong, but I've got on with my life. And here's all these people claiming compensation and suing the church, and all this sort of stuff. 'Why don't they just get on with their lives?'* (Peter, 22, P107).

Peter felt a certain frustration with other people who were claiming to be victims of sexual abuse. He was in the process of reconsidering his early sexual experiences and, as will emerge, to question whether or not he had been affected more than he had earlier realised.

## **Some shame**

These participants admitted during the interview process that they had felt a number of conflicting feelings when they were children or adolescents. They had all experienced some shame about being unable to prevent these events from occurring, and some fear about the consequences of discovery. This shame helps to explain why they chose narratives of silence around these events for many years. However, it seems to conflict with the assertion made by some of these participants that their early sexual experiences had had no apparent ill effect on them. They reported being very successful at putting

their thoughts and feelings to one side and getting on with their lives, as described later in this chapter.

Victoria had the widest range of emotions because of the complex nature of her early sexual experiences which involved both her mother and step-father. She felt some shame that she had been unable to stop the abuse even when she was sixteen. She was frightened of her mother who had been able to manipulate her. *She had such a hold over us. I don't even know how that happened, but she used to have all my pay* (Victoria, 18, P31). Victoria had been fearful that her mother *would reject us* (Victoria, 18, P31). Her mother had convinced her that her biological father was weak, and Victoria felt protective towards him and other men.

*She always made out that he was so weak, Dad was weak. He was weak, weak, she was the strong one. So you felt like, I always felt like I wouldn't do that (tell him what was happening) to a weak man. I wouldn't put him in the situation where, and I still do it. I'm still very protective, any men in my life, I will just go along, do as I'm told* (Victoria, 18, P469).

Victoria felt that she was to blame for not being able to stand up to her mother and step-father as an adolescent. She believed that by the age of sixteen she should have been able to extricate herself from the situation somehow. She felt ashamed that she had been unable to do so, and this had been another reason not to tell anyone about what had happened.

*I suppose another reason I never told anybody, or too many people, is that I felt that I was to blame, because I was sixteen and older when stuff like this was going on and I thought that at that age, a sixteen year old ought to be able to say 'fuck off and leave me alone' or you know, get out of the situation, like run away from home* (Victoria, 17, P453).

The three men had felt some degree of shame and responsibility for what had happened to them, which had helped them to decide not to tell anyone about their experiences at

the time. Since these events had continued until they were in their mid-teens, they felt that they should have been able to stop them from happening by that age. As a result their feelings of shame grew over time. These feelings were exacerbated for Jim and Peter when they realised that their experiences were homosexual in nature. This was very hard for them to accept and added another layer of shame to the way they felt about themselves. Anthony believed that homosexual experiences for most boys either made them gay or made them gay bashers, although he denied being either himself.

*How it's depicted in those books I've read, or movies, or magazines, is they become, they tend to become sexually male, homosexually attracted, or they get so weird they want to kill some other homosexual. Don't have any of that. I'm not homosexual, not that I need to try, I just know (Anthony, 11, P27).*

Jim felt ashamed just talking about his past experiences and was concerned that I might think badly of him as a result. *You're probably absolutely, bloody disgusted? And think 'Jesus, what a bastard of a fellow that is?' which I wouldn't blame you for one minute if you did (Jim, 15, P93).* He found it hard to escape from these feelings of shame, and described feeling less than human at times.

*I think during the period it was happening to me, I felt I was a very lesser being. I thought, I knew that it shouldn't be happening, because it's not what you did. Yeah, I probably felt that I was a bit of a lesser being or something then (Jim, 15, P168).*

Jim was afraid of the man who had sexually abused him but the fear seemed to be inextricably bound up with shame. He described being unable to look this teacher in the eye. Throughout much of the interview he hung his head in shame and avoided eye contact with me.

*My biggest fear I think was discovery, to be quite honest. In those days school teachers were respected pillars of society I suppose, or whatever you like to call it. And I didn't, I wouldn't tell anyone. I wouldn't discuss it with other kids.*

*It frightened me and (sighs) I could never look at him again. If ever I saw him, I would put my head down (Jim, 15, P5).*

Peter, too, admitted to feeling some shame and guilt about what had happened to him. However, his main concern was that he might get into trouble for what had happened, if his parents ever found out. He thought that his father was likely to be angry with his mother's family, as well as with him.

*I've always tried to protect people. Even to the point that it's bottled up within myself. And there's this thing about you're going to get in trouble with your parents. I mean I was petrified about, not only what Dad would dish out to the other family, but what he'd dish out to me (Peter, 22, P171).*

Peter even thought it was possible that his father would have *flown into a rage, and probably hopped into the car with a shot gun (Peter, 22, P67)* to take revenge.

## **Chose not to think about it**

All four participants described how they had decided not to think about their early sexual experiences. They seemed to have been successful in achieving this goal. Victoria was matter-of-fact about her experiences. When her sister, Tess, suggested during the interview that she might have forgotten certain events, Victoria replied *I can't remember it (shrugs), so I'm okay (laughs). If I don't remember it, it can't upset me (laughs). I'm very practical (laughs) (Victoria, 18, P431)*. This suggested that she had chosen not to think about what happened so that she would not be upset by it.

The three male participants telling this narrative all began by describing how they had not thought about their early sexual experiences much during their adult lives, until recently. They genuinely believed that they had not been affected and described how they had put the memories aside and moved on with their lives. Anthony described moving on physically to a new town, as well as moving on psychologically.

*And it never bothered me. I knew about it but it never bothered me in the sense that I became mentally affected by it. And the years went by. And we sold out, we moved out (Anthony, 11, P11).*

Similarly, when he split up with his first girlfriend, Anthony described moving on with his life through continued sexual conquests. *We broke up. Did the usual thing, as many as you can possibly do. And it was very satisfying, no problem, no mental disorders or anything (Anthony, 11, P15).*

Jim described the process of choosing not to dwell on the memory of what had happened to him at school. Instead he chose to *move on to other things (Jim, 15, P41)*. He felt able to move away from his experiences and leave them behind him. As he described this process, he made gestures with his hands to show the separation between what had happened to him, and the new life he had created for himself. He chose to focus on the good times that he had had with the girl, rather than on the bad.

*And that was there, I was here sort of thing. I didn't carry it with me anymore. I think I carried my period with bloody whatever her name was, I think I carried it more than anything else. It was sort of the highlight of my bloody young life, this, and it was, it was just a bloody amazing experience (Jim, 15, P41).*

Peter's sexual experiences ended when he was about fourteen and performed badly at an athletics carnival after having sex with his cousin the night before. He attributed his poor results to the sexual act and decided never to allow it to happen again. Apart from that occasion, he did not think that these experiences had affected him at all, and he believed that he was able to get on with his life in a normal way.

*And I got on with my life. It didn't seem to affect me. Apart from that time with the athletic carnival when I thought, you know, 'this has physically done something to me and I haven't performed to my best.' So I basically got on with my life, and you know got married, four kids and that sort of thing (Peter, 22, P19).*

The ability not to dwell on these experiences went hand in hand with the decision not to tell anyone about what had happened.

## **Just moved on with life**

These participants did not tell anyone about their sexual experiences, either as children or as adults. They had not spoken to family members, apart from their partners, about what had happened. As Jim succinctly and poetically put it, *silence was how I talked about it (Jim, 15, P200)*.

Victoria felt slightly guilty that she was not more upset, like other women. However, she thought of her early sexual experiences simply as events that had happened in the past, and that she had survived. She did not want to confront her mother over them, her step-father was dead, and she wanted to protect her father from any pain.

*There's women there that are still devastated like twenty years after it happened. And I feel like, I'm quite happily going. To me, it happened. There's nothing you can do. It's happened. Stuff like this happens in life. You've survived, you're okay. Whatever (Victoria, 18, P453).*

Anthony had only recently started to think about the possible impact that his experiences might have had on him. He had been brought up in a traditional Catholic family and said *I didn't tell my parents. I've told nobody (Anthony, 11, P5)*. He went on to explain *you can't talk to Italian parents about sexual things (looks incredulous). No, you can't do that (Anthony, 11, P39)*. It was as if the idea of having such a conversation with his Italian parents was unimaginable, since sex or sexuality were taboo topics. Anthony also believed that *men don't talk about it (Anthony, 11, P27)* and that his male friends would dismiss his sexual experiences with women as harmless, or even view him as fortunate for having them.

*Who else was there to talk to? You can't talk to male people, male friends, because they'd say you're bullshitting, or you're lucky, or you hit the lottery, or whatever. So who are you going to talk to (Anthony, 11, P39)?*

Jim pointed out the irony of talking to a researcher at a university about his early sexual experiences with a teacher all those years ago. *Here I am (laughs) confessing it to you. I've never told bloody anyone (Jim, 15, P140)*. When asked what had made him come forward at this particular point in his life, he admitted that he had been wondering about his motivation before the interview. He eventually concluded with a laugh that *perhaps in my subconscious I'm telling on him (Jim, 15, P204)*. Having said that, Jim's advice to others was *get on with it. Don't wallow in self-pity and want to persecute people (Jim, 15, P89)*. His reasons for not telling before were complex and included his feelings of shame and embarrassment over what had happened, the likelihood that he would not be believed, and the chance that he would be punished for what had happened.

*I don't know whether it would of actually, just the sort of attitude of the administration and the other people there, they would have believed you. And I think you would've found yourself in all sort of bloody strife. I don't know. But it wasn't the fear of that that stopped me telling anyone, I was just so bloody embarrassed (Jim, 15, P37).*

Peter's reasons for choosing not to tell his parents were a similar mixture of shame and fear, now increased by a desire not to upset them in their old age.

*My parents are still alive. They're in their nineties you know. And I wouldn't want to create any hurt by raising the issue at this late stage of their lives. So I haven't done anything about it (clears his throat). And I suppose, like I said earlier, I found that I was interested in sex, and that was part of the motivation I suppose, and part of the reason I may not have said anything (Peter, 22, P19).*

Peter had been reviewing his decision in recent years and was concerned that he might have caused other children to be hurt by protecting his family. He still wanted to protect

his elderly parents, but he also felt distraught at the thought that he should have done more. He surprised himself by becoming tearful in the interview when discussing this.

*I'm sure I'm not the only victim, and as the awareness became more I thought 'well maybe I've done the wrong thing in not raising this issue,' (with tears in his eyes) but I've continued to take that stance and I've only ever, you're the second person that I've ever spoken to about this. My wife's the only other person I've spoken to (Peter, 22, P19).*

Peter had begun to feel under increasing pressure to report what had happened to him many years ago. Peter described how *it was so much in the media, and it brought it back into my mind again that maybe I had done the wrong thing in not reporting it (Peter, 22, P203)*. He returned to this concern several times during the interview, and became visibly upset while discussing it.

*And probably, one of the things I feel guilty about is whether I should have informed somebody. You know that's the thing that now probably gets at me the most. Has he abused somebody else, because I didn't spill the beans, you know? And has somebody been seriously hurt as a result of that? (Peter, 22, P111).*

Peter was also concerned that his cousin now lived near his daughter who had an intellectual disability. He told himself that she was safe, but a seed of doubt had been planted in his mind.

## **Questioning a sense of self as a relational being**

Given that these participants initially sounded clear that their early sexual experiences had had no apparent ill effect on them, it may be surprising to discover they had begun to realise that these experiences had probably impacted on their sense of self as a relational being. These realisations had all happened within the last five or ten years. If these participants had heard about this study at an earlier point in their lives they probably would not have volunteered to take part, because they would not have seen the

direct relevance of the study to their own lives. It was only within recent years that they had come to question whether or not their experiences had, in fact, impacted on them more than they had realised earlier, and to identify these potential impacts. It was also only recently that these participants had broken silence on this issue and started to talk about their childhood experiences in this context.

In recent years, Victoria, Jim, and Peter had started to talk about their early sexual experiences using different language to describe what had happened to them. They had started to label their experiences as *rape* (Peter, 22, P23) or *sexually molesting* (Victoria, 18, P331), themselves as *victims of paedophilia* (Peter, 22, P23), and the other person involved as a paedophile or *a bloody monster* (Jim, 15, P45). They tended to assume that paedophiles were homosexual, and saw the word ‘rape’ as the modern equivalent of the euphemism ‘took away my manhood.’

*Well I've only used that word today because that is, in today's world, that's what it is. It was rape. I mean, well I wasn't a consenting adult so that constitutes rape. And paedophilia, I mean, I suppose I would have just said he was a poofster (laughs) in those days (Peter, 22, P147).*

Victoria lacked confidence sexually and felt that her early sexual experiences with her step-father had affected her sexually. She disliked oral sex and it had taken a long time before she had been able to enjoy such sexual interactions with her partner. For Victoria *it was years before I'd let a man go down there (Victoria, 18, P597).*

Anthony, Jim, and Peter had all found themselves lacking intimacy in their lives, and repeating certain patterns of sexual behaviour with women compulsively. Anthony described his first marriage as a great relationship, *terrific but the sex was terrible (Anthony, 11, P15)*. During his adult life he had developed a sense of himself as a Don Juan figure, through having sex with hundreds of women. He tended to divide women in a stereotypical way into *angels* and *sluts (Anthony, 11, P23)*. Angels were good women like his mother, sister, and two wives, and the rest he treated *like sluts (Anthony, 11, P23)*. These were the only women he was able to have satisfying sex with.

*Well you can't have sex with your mother. I think of these as good women. They are almost virginal Mary, they both are like that, even though they've both been married (Anthony, 11, P77).*

Anthony seemed proud of his reputation among his friends as a *Ferrari* not a *Volkswagon* (Anthony, 11, P35) in terms of sexual conquests. However, this image of himself no longer completely satisfied him. As a man in his fifties, he simply wanted to be able to have sex with his second wife. He was experiencing a growing realisation that his early sexual experiences might have had a profound impact on his ability to form intimate relationships with women. *What really matters is that I can't form, as I said, I can't have a proper relationship (Anthony, 11, P55).*

Anthony used the metaphor of a cut flower to refer to his second wife. *I can feel that she's slowly withering and dying. It's like cutting a rose out of the plants, stick it in a vase, and just waiting for it to die (Anthony, 11, P23).* He was hoping that the interview would help him to resolve his difficulties and was grateful just to be able to talk to someone about it. He had recently tried to talk to a psychiatrist about it on one occasion, without much success.

*My selfish reason for talking to you, I just want someone to fucking talk to. I can't talk to my doctor like this, because a psychiatrist is different. He thinks I'm there for him to solve the problem, but I know he can't solve the problem. No one can solve this problem (Anthony, 11, P69).*

When Jim was younger, he found it impossible to grasp what was actually happening to him. He knew that his teacher was a well-respected member of the community who had authority over him. *I could never tell anyone because I was embarrassed, I think, ashamed, and I couldn't grip it, I couldn't get a sort of a grip of it, because you lived with the idea in those days that teachers, they did no wrong (Jim, 15, P5).*

When the media started to discuss the issue more openly in the last ten years or so, initially Jim was amused by the media hype. Later he found it intrusive, and found himself re-evaluating his experiences and comparing them with those reported in the media. In his case, his experiences were worse than many of those he heard reported.

*Later on, when these sort of things became, started to get on the news and the word paedophile appeared, and suddenly the local bloody scoutmaster's in all sorts of trouble because you know. Or the bloody Baptist minister, or the police sergeant or somebody's been 'Christ they touched this kid. Jesus. Shock, horror.' That actually amused me to a certain extent when that happened. I thought 'I wonder how bad these people have been.' I lived with what I consider a bloody monster (Jim, 15, P45).*

Jim had recently started to acknowledge that his early sexual experiences had had an impact on him, particularly on his sex life. He had not been able to leave it all behind completely, as he had once hoped. In fact, he had become involved with a *B&D mistress (Jim, 15, P136)* and re-enacted his childhood experiences with her as consenting adults. As an adult he felt a huge amount of shame as he described these events, and was careful to point out that the sex was *boy-girl sex (Jim, 15, P45)* not anal intercourse.

*I think what I've realised is that I've never put it down, really. I think I've put it down, maybe when I say to you 'no, I've moved on' but it's always just been in the back of my bloody mind, you know. At different times, like I say I've been involved with bloody women that like to have their bottom smacked. When I'm away from that, I bloody don't like myself at all, and that goes back to that period of my life, definitely (Jim, 15, P128).*

Jim believed that his involvement with B&D sprang from the *dark depths of me warped and twisted, bloody mind (Jim, 15, P53)*. He was starting to make the connection between it and his experiences at school.

Peter stated *I wish I'd never heard about paedophilia, because that's what stirred it up again in my own mind (Peter, 22, P167)*. He disliked all the media coverage of the topic. In a similar way to Jim, he had started to think more about his own experiences as a result of the media coverage.

*But it's only, as I say, later on, everything's been brought to the fore. My mind's started to churn over about it. I thought 'what are they on about? It hasn't affected me.' But maybe it has and I haven't realised it (Peter, 22, P107).*

Peter described how he had started to have an affair that was threatening his marriage. He had told his wife about *my experience with paedophilia (Peter, 22, P23)* and she had suggested that this might have encouraged him to view sex as a physical, rather than an intimate or relational experience.

*I relayed to her the story of my experience with paedophilia, and she said 'well, maybe the fact that there was no love in that relationship, it was purely a physical relationship, that I look on a relationship as physical rather than as a proper, loving relationship. And for that reason, sex is just a physical activity, it's not so much love. I don't focus on the love side of it.' And that may be why I've, I'm happy to go off with another woman and have sex with her, because (sighs) my early experiences of sex were purely physical. And I think it's got a lot of credence (Peter, 22, P23).*

Peter could relate to this explanation because he had grown up with parents who rarely showed any affection towards each other. He himself had lived in a practical marriage and enjoyed a good sex life, but no real love or intimacy between him and his wife. He was not emotionally involved with the woman he had an affair with either and admitted that their relationship was purely physical. He found it hard to express his feelings for anyone.

*The only times I express my love is when I'm, after sex, whereas I'm very practical about how you run a household, and earn money, and accumulate*

*assets (laughs) and all that sort of stuff. So maybe I have got to find love, but in the meantime I'm still very much into sex. The lady I had the affair with, whilst she's a lovely person, I don't necessarily love her (Peter, 22, P75).*

Peter's main concern about his sense of self was that he was unable to feel love and intimacy in his relationships. He was starting to question his ability to achieve a fulfilling, loving, sexual relationship. Peter was *strongly heterosexual (Peter, 22, P43)* and had *no inclination towards homosexuality (Peter, 22, P43)*. He also admitted that he was homophobic, but was not concerned that other people would think he was homosexual because of his experiences. *I'm definitely heterosexual, there's no, and I had no fear of people thinking of me as a homosexual either (Peter, 22, P43).*

However, later in the interview Peter contradicted himself when he stated that if he told his male friends what had happened to him they might indeed believe that he was homosexual.

*I've never told any of my male friends. I've got a couple of fairly close male friends. We do things together. I've never, ever mentioned it to them, never, ever, and I wouldn't.*

*Researcher: Because they'd think of you differently?*

*Yeah I think they might have a different opinion of me. They might have thought I was a homosexual or something (laughs) (Peter, 22, P219).*

These participants had begun to reconsider their early sexual experiences and the impact that they had had, particularly in relation to their sex lives. This had been an uncomfortable process for them and required them to re-examine events that they had not thought about for many years. They tended to attribute this change within themselves to the impact of the media, rather than to the possibility that their childhood experiences had, in fact, been more damaging than they had realised at the time and that they had chosen to repress this knowledge. In the process of the interview they also admitted some concern over their own sexual behaviour, particularly in adolescence.

## Concern about sexual behaviour

Although most participants felt that they were the least likely people to become victimisers because of what they themselves had been through, Anthony, Jim, and Peter all admitted to being concerned about some of their sexual behaviour. Jim was disturbed by his involvement with B&D and described himself re-enacting what happened to him as a child with *women that liked having their bottoms smacked (Jim, 17, P128)*. There was no suggestion that this activity involved children but Jim was clearly concerned that what he was doing was *virtually the reverse of what used to happen to me as a bloody kid (Jim, 15, P45)*. He had also switched roles because his partner *wants to do it to me too (Jim, 15, P45)*, and with some women this had developed into sado-masochistic sex.

*It is unusual, it's uncommon and when I'm really disgusted with meself (sic), I think it's bloody unnatural. But there's a percentage of females that bloody like it. They all haven't blossomed out into bloody ugly, damn things with straps and canes and riding crops and all the other bloody bizarre things (Jim, 15, P49).*

Anthony touched on the topic of his growing attraction towards young girls during the interview. He mentioned that he had had sexual encounters with over a hundred women of all ages, *from seventy to basically sixteen (Anthony, 11, P15)*. He knew at the time that there was *something wrong about it (Anthony, 11, P15)*. He also described his concern about his growing attraction towards younger and younger girls, but quickly dismissed the idea as impossible.

*I don't get turned on with anything except what's worrying me now is that I'm getting, I'm looking at younger girls. I don't have the inclination that I want to go and do it. But I look at a younger, like school girls. Why has that started now, at this late in life? Like I've got friends, and I think to myself, you read about old men and females within the family. And that can happen, we know all that (Anthony, 11, P23).*

Peter admitted to finding his sexual experiences with his older cousin *interesting and exciting for me (Peter, 22, P3)*. They were the only sexual experiences he had before the age of twenty, when he first had sexual intercourse with a woman. He also described the experiences with his cousin as one-sided.

*It was always fairly one-sided and I, although on the odd occasion, I had penetrating sex with him at times. But it was not the main object of the exercise as far as he was concerned. I think he just did that to keep me happy (Peter, 22, P3).*

As an adolescent Peter described trying to have *penetrating sex (Peter, 22, P3)* with boys of his age at school. He saw this as sexually experimental behaviour. The boys that he approached had shown no interest in being involved and, as an adult, he seemed relieved by that. He thought that if his friends had been interested, things could have worked out badly for him.

*I actually tried to carry out homosexual acts on some of my friends. Because you see I must have had this notion that it was normal to do this, you know. And fortunately they reacted and said 'no, I don't want to get involved,' which I'm very (sighs) glad that they did, because that could have been very bad for me. But you know that was experimenting with sex again, I suppose. And again it was all with boys (Peter, 22, P43).*

Although Peter saw masturbation sessions between boys as fairly normal, he saw his own sexual behaviour towards other boys as unusual.

*I'd been with other boys and we'd had masturbation sessions, if you like, (laughs) which I would say was fairly common. But trying to have penetrating sex with another boy, nobody had ever approached me (Peter, 22, P51).*

It was not made clear whether Peter was concerned that he might have become involved in homosexual acts or in sexual acts with younger boys. These participants were open enough to admit that they were concerned about their sexual behaviour and that the line between normal and deviant sex would have been fairly easy for them to cross. However, they reported that they had not crossed the line.

## Summary

Apart from Greta who talked to her friends, none of the participants telling *narratives of silence* talked to anyone about their early sexual experiences when they were children. However, the contradictory name of this narrative does not relate to a feeling of being silenced as children. Instead, it refers to their active choice to remain silent in adulthood. For one participant (Jim), the interview was the first time that he had ever spoken about his experiences to anyone else. Two participants (Bert and Peter) had only previously told their partners. There was a sense in which it was a relief for some of these participants to break the silence imposed on them by society, and to be able to talk about the fact that had not been affected unduly by their early sexual experiences.

These narratives were told by six participants, both men and women, who had believed for many years that their early sexual experiences had not had a negative impact on their lives. These participants grew up in families where there was relatively little physical or emotional abuse, compared to the families of participants telling other narratives. Their sexual experiences varied, with some that were with family members and some that were homosexual in nature. On average they started at the age of eleven, which was at an older age than for participants telling other narratives.

Two of the participants (Greta and Bert) believed that their early sexual experiences were not abusive and were an exciting part of their normal sexual development. They felt little guilt about what had happened and the issue of telling or not telling seemed largely irrelevant to them. They both described themselves as curious about sex from a young age and had had both heterosexual and homosexual experiences in adolescence.

Both knew that this was not a culturally acceptable thing to say in today's climate of 'moral panic' (P. Jenkins, 1998) relating to sex crimes and paedophilia. One participant (Greta) stood out in that she did not view her early sexual experiences as in any way abusive, even as an adult, and believed that she had been in control of what had happened.

Initially during the interviews, four participants (Victoria, Anthony, Jim, and Peter) described how their early sexual experiences had had no real impact on their lives. They had experienced some feelings of shame and responsibility for what had happened to them, but had been able to lead normal lives, hold down satisfying jobs, get married and have children. All four participants had found their own ways of putting these events out of their thoughts and of maintaining their silence.

However, in recent years these participants had come to view their early sexual experiences differently. Contemporary societal views and media coverage of the topic of paedophilia appeared to have influenced them. They had begun to wonder whether or not their sex lives had been negatively influenced by what had happened to them. They had started to make possible connections between these experiences and difficulties they had experienced in their intimate lives. In slightly different ways, three male participants (Anthony, Jim, and Peter) were all questioning their ability to have fulfilling, intimate, sexual relationships with women and their sense of self as loving, sexual partners. These men also showed some concern about the nature of their sexual behaviour in adolescence and adulthood.

Despite some participants' recent concerns about their intimate lives, overall these six participants had developed a positive sense of self. They functioned well in the world, were able to have satisfying careers, and good social lives. They did not believe that their early sexual experiences had unduly influenced the choices that they had made except perhaps in one small, but significant, area of their lives. For some this influence on their sexual or intimate lives had been positive, for others less so.

In trying to understand why these six participants believed that their early sexual experiences had had no apparent ill effect and had maintained silence at least until very recently, it is useful to look for differences between this group and other participants. It was apparent that, for most of them, their sexual experiences had started when they were adolescents rather than as young children and, therefore, did not last as long. They did not start at a very young age or at a developmental stage when they were even more vulnerable. Four out of six participants had had sexual experiences with men they knew, rather than with members of their own family. Overall these participants experienced less child maltreatment at home, had relatively good relationships with their parents and their peers, were able to find satisfying work as young adults, and avoided drug and alcohol dependence. They had not sought help and only one (Victoria) had attended more than two sessions of therapy.

These narratives have several contradictory elements and raise several questions that will be addressed in the discussion. A narrative of silence is a contradiction in terms and it is easy for the reader to project her or his own interpretations onto this silence. For example, it is easy to view this choice not to tell anyone as part of a pattern of denial and avoidance. The reason that these participants chose to break their silence at this particular point in time also needs examining. The difficulties that they faced in their adult lives may have accumulated to such a point that they were re-examining their past to look for an explanation. Alternatively, the social context and media exposure around the issue of child sexual abuse may have prompted this reconsideration. These issues will be examined in the discussion chapter.

In the following chapter, a second narrative shared by five participants will be described. This is a very different narrative experienced by those participants who felt that their early sexual experiences had had a major impact on them and continued to affect them a great deal in their current lives. More than most, these participants were still in the process of working through their experiences and trying to make sense of them. Their ongoing suffering is apparent in their stories. Some were struggling to develop a positive sense of self, whereas others had embraced the role of campaigner for other victims.

## Chapter 5 – Narratives of ongoing suffering

### Introduction

This chapter explores narratives of the ongoing suffering that five participants told about their early sexual experiences. These were problem-saturated narratives that can be found frequently in the child sexual abuse literature, and are particularly common in the recovered memory literature. These participants described their suffering as a result of traumatic childhood sexual experiences. They believed that these experiences had had a profound impact on them as children, and as adults. As Colin said: *I just get to suffer this on my own (Colin, 17, P320)*.

Among those who were affected traumatically, two main storylines emerged. The first was told by three participants who had either recently recovered memories of incestuous childhood experiences or had come to realise that their experiences had been incestuous. With the benefit of hindsight, they were starting to make sense of the difficulties that they had experienced during their lives. They were still in the process of remembering exactly what had happened and trying to accommodate this new information about themselves and their family members. As a result of this turmoil, they had a fragile sense of self. This is described in the first section of this chapter. The second storyline was told by two participants who had been severely affected by their experiences as children and were concerned for others whose lives continued to be ruined. They had had sexual experiences with non-family members starting when they were as young as four years old.

Participants telling narratives of ongoing suffering were still struggling with the impact of their childhood experiences and were too angry to move on with their lives. They felt that they had been damaged, violated, and betrayed. Some participants felt that no one really cared about their suffering and that society had somehow let them down. They wanted to take part in the study in order to help other people to avoid the pain and distress that they themselves had experienced.

There may be a developmental process involved in the evolution of these narratives. Participants may gradually move from one narrative to another. For example, some of these participants might have told narratives of silence when they were younger, as a result of having blocked out all memories of events of their childhood. It is also possible that participants currently telling narratives of silence may go on to tell this or other narratives in later life.

## 1) Searching for a sense of self

Three participants, Sylvia, Tess, and Paulians, described how their incestuous experiences had not only had a huge impact on their lives, but helped to explain and make sense of their lives. Sylvia and Paulians had both recently remembered these experiences during therapy. Sylvia felt intense anger, Tess felt confused, and Paulians felt great shame as a result of their experiences. Each had pushed aside or forgotten exactly what had happened to them. It was only as adults that they had remembered or realised that their experiences had been incestuous. This process had helped to explain some of the difficulties that they had experienced in their adult lives and to make sense of certain events. However, they had experienced a sense of unravelling during the process that left them uncertain about whom they really were, with a fragile sense of self. They were still in the process of searching for a stronger sense of self.

### Sylvia's story

Sylvia was a woman in her late thirties, with a partner and a young son, living in a rural area. She came from a large family. She described being brought up by a caring mother and an alcoholic father, in difficult economic circumstances. The family lived in fear of her father in a small housing commission home. However, she described herself and her siblings as resilient.

*We were brought up (in) fucking commissioner places that way (points) of town, on the edges, which was sort of nice. We had bushland around us,*

*bushland in front of us, kids in the neighbourhood, but it was fear-based fucking bullshit you know. Poor bastards we were, but we were alright. We were kids. We got through it (Sylvia, 10, P26).*

Her father had served in the army and ruled the family. She described him as an alcoholic who was emotionally abusive towards her, her mother, and her five siblings. He regularly woke all six children when he returned home from the pub at night. She described some of the chaos of her life as a young child and feeling frightened of her father when he yelled at everyone in the family.

*I've lived with the fact my father was an alcoholic. I've lived with the fact that he used to take pills. I've lived with the fact that we were constantly verbally abused, emotionally abused. We were yelled and screamed at nearly every, nearly, nearly every night of the week, when he would come home from the pub after ten o'clock (Sylvia, 10, P5).*

Eight weeks before the interview Sylvia had remembered being *raped by my father (Sylvia, 10, P5)* at the age of eight. She cried as she told her story, tears of sadness and anger. She used the word 'rape' over thirty times during the interview, repeatedly naming what he had done. In the following quotation she moved within a sentence from stating that she had allowed it to happen, to feeling intense anger towards her father for what he had done. This confusion of emotions was apparent throughout the interview process.

*He berated me, and berated me apparently before, and I was so scared and so frightened that I probably allowed it to happen too. Well it happened, I didn't allow it, yeah but I was forced into that corner. And when I'm with Bella (therapist), I'm on that bed and I know he came from behind, and he did that to me, and my head was bumping up against a fucking wall (Sylvia, 10, P86).*

Having remembered this experience in therapy, Sylvia had started to change her thoughts and feelings about her upbringing as she tried to make sense of her early

sexual experiences. She believed that this new information explained her previous *emotional breakdowns* which she now preferred to call *spiritual awakenings* (*Sylvia, 10, P42*). She appeared to be re-writing her own history in the room while talking about the rape by her father. She could not believe that he understood exactly what impact his behaviour had had on her.

*It's just full on, it is so full on (tearfully), it is so massive that there is no way that those fucking bastards can realise what they have done to a little girl* (*Sylvia, 10, P18*).

Sylvia frequently switched between anger and tears during the interview. She was experiencing a great deal of suffering in her attempt to understand her father's behaviour. Her confusion was similar to that experienced by Tess.

## **Tess' story**

Tess was invited to be interviewed by her sister, Victoria. As mentioned in the previous chapter, the sisters chose to be interviewed together. Tess was in her early thirties and was married with young children. She lived in the same rural town as her sister. During the interview they disagreed with each other from time to time. Their experiences, although similar, were also different and they had developed different views about their mother, father, and step-father.

As mentioned earlier, the sisters grew up in a sexualised environment. As an adolescent, Tess was in the room when her mother and step-father had had sex. During these incidents, her step-father would also touch her sexually. After a failed attempt to have penetrative sex with Victoria, her step-father had had sexual intercourse with Tess from the ages of fourteen to sixteen. This happened frequently despite her mother's protestations that *he was supposed to stop after he'd taken my virginity* (*Tess, 19, P75*). This ended when Tess' mother, step-father, and sister Victoria moved to Australia, leaving Tess to live with her biological father overseas.

Tess described her step-father as a gentle and loving man, who told her that he loved her. He wanted her to keep things secret and explained *we can't tell your mother* (Tess, 19, P245).

*My step-father was never violent. I mean, when we had intercourse it was always gentle and loving. I mean he used to tell me how much he loved me, and I mean I was fourteen. And he used to say to me that 'I want to take you to Australia.' I was overseas at the time. 'I want to take you to Australia and we can have ten kids and we can start our life together, because I've never met anyone I'm in love with, so much as you* (Tess, 19, P245).

As an adult Tess moved to Australia and chose to remain friendly with her step-father until he died. She had only recently begun to talk about these experiences to her sister over fifteen years after the events. She had started to accept Victoria's description of his behaviour as *sexually molesting* (Tess, 19, P331). This information had made Tess re-evaluate what had happened to her, even though the experience did not involve any overt violence. She remained confused about her mother's part in these events since she believed that her mother knew exactly what was happening and had condoned it.

*But we were talking about it and Victoria said 'sexually molesting' and it wasn't until then that I put me in that category. What he did do was, he did sexually molest us, but I'd never put a name on it, I'd never thought ... it wasn't until my sister told me (laughs) that I'd actually been through it, that I realised 'yes, that's what it was.' But because it wasn't violence and he wasn't holding a knife to our throat and saying you know 'shut up,' or 'don't tell your mother' or anything. Because to me, Mum knew* (Tess, 19, P331).

Tess had come to realise that her mother had failed to love her in the usual way that mothers love their daughters. She was still trying to understand her mother's behaviour towards her.

*Tess: I look at my kids and I just think 'God I love them so much.' And I think 'my mother can't have loved me. My mother, who gave birth to me, can't have loved me' (Tess,19,P615).*

## **Paulians' story**

Paulians was in his early fifties and was previously a well-paid senior executive in a large company. He had separated from his wife and children five years ago. The separation, coupled with the death of his mother, had triggered a breakdown. He had moved from the city to a small coastal town, was currently unemployed, and attending therapy twice weekly.

Paulians was brought up as a Catholic, even though his father was Jewish and a *Holocaust survivor (Paulians,12,P29)*. When he was young, his mother constantly told him that she hated his father. *Mum had a thing about men, she hated men, and she used to say in front of us, all the time, that she hated Dad (Paulians,12,P33)*. She also had strict religious views about the sinfulness of sexual intercourse and masturbation.

*She caught me masturbating once and she threatened me with castration if I ever did it again. And I was quite upset for quite a while, but I realised that it was just her extreme way of trying to stop me from committing that incredibly horrible sin of masturbation, which to her was just totally unacceptable (Paulians,12,P61).*

Paulians believed that there had been three generations of abuse in his family. His eldest daughter had a period of living on the streets as an adolescent and had been raped there. He believed that his wife was *a survivor of severe abuse herself and she was a very badly damaged person (Paulians,12,P73)*. His relatives had told him that his mother had been sexually abused when young. He described her involvement in his life as overbearing. When he was a child, she dictated how he felt, what he did, and what he thought.

*There was no sort of real violent abuse as in nasty stuff, but it was always there, like she owned everything, my mind, my body, my soul, my spirit, my thoughts, my emotions, everything. She didn't ask me how I felt, she told me how I felt. She told me that how I felt was wrong, and how I should feel (Paulians, 12, P33).*

Paulians had been diagnosed with Dissociative Identity Disorder (DID) by a psychiatrist a few years before the interview. He described how his mother used to wash his genitals thoroughly until he was fourteen and he had recently remembered an incident in the bathroom which he did not describe in any detail. *It just became obvious that I had been sexually abused by Mum in the bathroom (Paulians, 12, P77).* He had also remembered a sexual experience involving a group of boys when he was twelve, and a number of one-off incidents with unknown men in his adolescence. Paulians believed that he had split into many different personalities or 'alters,' in order to cope with the painful reality of events in his childhood. He was frightened of uncovering some form of ritual abuse that he believed he had been involved in when he was twelve. During the interview he seemed to move between believing the events that he had recently remembered and becoming uncertain about their veracity.

*It was like an initiation ceremony. I think that they were much older boys, like they were in their late teens, and I was probably about ten or twelve. And it involved killing, there was a lot of blood involved. I don't know whether it was a person or an animal or something, and the blood was all over my genitals so I don't know what that means. These are just brief memory flashes ... but I don't know if it's true or not, I really don't know (Paulians, 12, P37).*

Paulians believed that these events had had a profound impact on his life. He became a heroin addict and drank alcohol to excess as an adolescent. This frequently led to him having sex with men. Gradually his life settled down, he became drug free, and went on to achieve success in his career. He admitted to yearning to be a child again, and described himself as a child trapped in a man's body. When he thought of himself as a

child, he felt that this protected him from experiencing an overwhelming sense of shame about whatever he believed he had done at the age of twelve.

There was a sense that Paulians needed to withdraw from reality into what he perceived as the safety of early childhood.

*I do see myself as a child. And I feel like a child who is very good at pretending to be an adult, but I'm not an adult. It's just too dangerous to be an adult. And the reason why it's too dangerous to be an adult is because if I admit that I'm an adult, then the bad things that happened to me at twelve, really did happen. If I'm still a child, then they haven't happened, and they're not real and it's all made up (Paulians, 12, P121).*

## **Anger, hatred, confusion, shame, and fear**

These participants described a wide range of emotions that they felt. For Sylvia and Paulians, these emotions had been experienced after they remembered what had happened to them as children. They moved between anger, hatred, confusion, shame and fear.

Sylvia found it difficult to trust people. She vividly described her lack of trust in men and in the world, following what she saw as a betrayal by her father. She described his rule of fear that *penetrated me (Sylvia, 10, P38)*. Her choice of words seemed significant here.

*Every step is not easy. Every step takes, any decision takes so much working out, because there's no trust. There's no trust. My father abused me. He betrayed me. He turned me inside out. He fed me with fear, so how could I trust anything else (Sylvia, 10, P38)?*

Sylvia was extremely angry at the time of the interview. She was angry with her father, but she also felt a lot of anger towards her mother and her siblings for failing to protect

her. She described them as perpetrators too. Her feelings were evolving over the course of the interview.

*I'm angry that he could do that to his children, you know. I'm angry, I'm angry at Mum, I'm angry at my sister, for not protecting me. I'm angry at my oldest brother, where was he? He was the oldest and he wasn't there. And because they didn't protect me I actually feel like they were part of the perpetration (Sylvia, 10, P70).*

Later in the interview Sylvia discussed the danger of venting this anger. She described how she had projected her feelings of anger, intended for her father, onto other people. She recognised that, in the past, she had projected her fury onto her partner when her life had not turned out exactly as she wanted. *I wanted a family, I wanted to be a normal woman. I want a lover, a partner, someone I can trust myself as well, a job, a child, more children, a house, a property, llamas, alpacas, I want to live and move and create like others can (Sylvia, 10, P18).* She had wanted her life to be perfect in the way that she assumed other people's lives were.

*I started yelling and screaming at him again, because he was the one I was projecting it on. He was the one who represented this difficulty. It was his fault that I didn't have the house, I didn't have everything (Sylvia, 10, P38).*

Tess found it hard to cope with the complexity of emotions that she felt towards her mother. Her main emotion was one of hatred. When Tess had children of her own, this life experience seemed to change the way that she thought about her own childhood experiences. She began to look at her mother's behaviour more critically. She knew that she could never allow her own children to be hurt in this way.

*I hate her so much, because to me this is all her fault. Even though she's not the one who had sexual intercourse with me, it was John (step-father), but I hate her for it. You know what I mean, and I hate her more now that I'm a mother.*

*You know I really hate her more now, because I think 'God, I could never do that to my kids' (Tess, 19, P615).*

However, Tess still felt partly responsible for inadvertently encouraging her step-father to treat her in a sexual way. Tess' mother accused her of doing exactly that at the time, and Tess still partially believed her. She still felt very confused about what had happened and who was really to blame, and found it very hard to see these issues clearly.

*He was supposed to stop after he took my virginity, he was supposed to stop. But he never did and Mum kept saying it was because I was throwing myself at him. But at that stage I didn't know what throwing myself at someone meant (Tess, 19, P75).*

Over time Tess' hatred of her mother grew, as did her confusion. During the interview, whenever Victoria excused her mother's behaviour by saying *she was madly, madly in love with him. He was the love of her life (Victoria, 18, P11)* Tess would argue strongly against Victoria. Recently they had both agreed to cut off contact with their mother, but Tess had found this too hard to sustain. She wanted to ask her questions about the past but knew that her mother would not answer truthfully because she was *a pathological liar (Tess, 19, P143)*. In the following excerpt Tess demonstrated her difficulty in differentiating between her positive treatment of her own children and their love for her, and her maltreatment by her own mother.

*But I hate her so much for it, but so much of me just thinks 'She's your mother, you're not supposed to hate her. No matter what she does, she's your mother, you're not supposed to hate her.' And I think, God, if I get older and my kids get older, what happens if they turn round one day and say 'Mum I hate you' (Tess, 19, P507).*

Ever since he had started to remember his early sexual experiences, Paulians had been plagued with overwhelming feelings of shame. He had found a way of coping with this

situation by living as if he was still a child. *The only safe way for me to continue living was to stay a child (Paulians, 12, P137)*. He behaved like a child by watching children's movies and reading comics which enabled him to escape from overwhelming feelings of shame and responsibility.

Paulians described living in constant fear that *I'm about to get killed any second (Paulians, 12, P265)*. Intellectually he knew that this fear was irrational, but it did not stop him from feeling it. He lived in terror of uncovering an abusive act that he had been involved with, alternating between fear and shame. He felt that shame was inescapable and that he could never be forgiven, despite not being able to remember what he had done to make him feel so much shame.

*There's no point in believing in God because I'm going to go to hell anyway. I'm beyond redemption. And all these good Christians always turn round and say 'God will obviously forgive you' and I think 'well yeah, maybe'. I have difficulty believing that because I'm so bad, you know, the shame is so intense and so deep. And I don't even know what I did wrong (Paulians, 12, P273)*.

Paulians believed that a lot of children were *groomed and set up (Paulians, 12, P170)* by their victimisers to feel responsible for whatever happened and that this led to intense feelings of shame and self-hatred.

## **Lost memories and used 'dissociation'**

Sylvia and Paulians believed that they had experienced such shocking events as children that they had lost their memories of these events. They had become aware, through therapy, that they had used out-of-body experiences throughout their adult lives. During the interview they both lost track of what they were saying and, after a few seconds of silence, asked to be reminded about where they were in their story. They both used the word 'dissociation' to describe these experiences. It seemed likely that their narratives had been influenced to some extent by their on-going life experiences, including therapy.

Sylvia described an out-of-body experience that she had had as a small child. When her father yelled and shouted at her she would become frightened. *I come out of my body, and I see it from above, from up in the roof (Sylvia, 10, P9).*

Paulians also described dissociation as a useful coping mechanism that was keeping him alive. It stopped him from experiencing great pain and from the urges that he had to end his own life. Paulians believed that he shut down his feelings as a child. This meant that he became very good at solving technical problems in his previous job, and he had *just lived in my head from that point onwards (Paulians, 12, P57).*

*The beauty of dissociation is that it keeps me totally safe and I've basically chosen safety over the risk (Paulians, 12, P229).*

Tess had always been able to remember her sexual experiences. She had managed to put all thoughts of these experiences out of her mind. However, she had remained in a state of confusion about them and was only just starting to name her experiences with her step-father and her mother as abusive. This was a process of reconstruction that had been happening recently, as the two sisters had started to talk about what had happened to them both as adolescents.

*I never thought of myself as being abused. I never actually put a name on it. It just, it happened. John (step-father) came along and that happened. It wasn't till years and years later that it was named (Tess, 19, P337).*

## **Remembered as adults**

Sylvia and Paulians tended to tell their stories from the present to the past, rather than chronologically. They described the process of remembering what had happened to them as children. In some ways these memories helped them to make sense of their lives. As they remembered certain events they were also reconstructing the story of their lives. Certain events took on new meanings as they struggled to believe and accept the new information that had emerged about their upbringings.

In a similar way, Tess seemed to be reconstructing events during the interview process with her sister, Victoria. The presence of her sister at the interview influenced what Tess said, and vice versa. It was obvious at the time that she heard some new information from Victoria, and Victoria learned new insights from Tess. Tess believed that Victoria had forgotten much of what happened in their childhood, perhaps deliberately. She may have been protecting her sister from hearing her pain and suffering when, during the interview, she covered Victoria's ears with her hands at one point.

Sylvia described how she had become depressed recently and had had an emotional breakdown. Her mother and siblings had been supportive and helped her to recover. At the time she had attributed her breakdown to the fact that she had had several terminations as a young woman. She had now come to believe that the cause of the breakdown was *this rape, done by my father to me (Sylvia, 10,P13)*. As she described this realisation she began to cry with anger and frustration, as well as sadness. She was angry that it had taken her so long to work out what had really happened in her childhood.

*They (her family) somehow pulled me through that emotional breakdown, major depression. I thought it was due to terminations that I'd had, but now I realise that might have been due to the terminations but underlying that was this rape, done by my father to me. Unbelievable. I mean God, for so long (crying), trying to find what it was that hurt me (Sylvia, 10,P13).*

In the following excerpt Sylvia first stated that her mother did not know that she had been raped by her father. Later Sylvia contradicted herself. Later again she said *I think she knew, but she didn't know (Sylvia, 10,P70)*. This was typical of the dialogue that she entered into with herself during the interview. She still felt confused and uncertain about the reality of the situation and what her mother really knew.

*I couldn't even tell Mum, because he was the regime in the house. If I'd have told her, he would have come down on all of us again. I had just to hold it*

*inside me. And she didn't know. I think (voices gets stronger) she knew subconsciously. I think she knew, but she didn't know (Sylvia, 10, P70).*

Sylvia was still grappling with whether or not she wanted to confront her father. Initially she had wanted to do so, but she had resisted this urge for revenge. She believed that she needed to react in a more mature way but it was difficult to work out how.

*Wanting to ring up and get Dad, and take him to court, and tell everybody in the family what happened is just like destroying him, like he destroyed me. So that's, that's, we have to evolve above that, and that takes time and it's painful (Sylvia, 10, P78).*

Tess found it very difficult to talk to anyone about her sexual abuse by their step-father, except for her sister Victoria. Despite what he had done she had liked her step-father. Her mother knew what was happening. At the time Tess believed that she was a willing participant in the sexual relationship and was unaware of the coercive nature of the interactions. This convinced fourteen year old Tess that what was happening must have been alright. Tess had felt confused at the time but had held on to the idea that *our mother knew about it so it must have been alright (Tess, 19, P317).*

## **Suicidality, drug and alcohol use, and non-committed sex**

These participants had come to attribute problems that they had experienced in their adult lives to their early sexual experiences, including feeling suicidal, using drugs and alcohol to excess, and having non-committed sex or sexual encounters with men and women outside the context of a relationship.

Sylvia described a recent occasion when she felt suicidal. A girlfriend of hers had killed herself and she recognised that she had similar self-destructive feelings. *She eventually killed herself, and I know I was going down that path (Sylvia, 10, P38).* Sylvia's dream of

a 'normal' life had been plagued by broken relationships, a period of drug use which she saw as out of character for her, terminations, and what she saw as a failure to fulfil her potential. She had recently started to attribute these difficulties to the incest she had experienced. She felt that her father had destroyed her confidence and her dreams for the future.

*Today I can see those talents in me, I can see the intelligence, I can see the determination, I can see the confidence even though it's been shattered and annihilated, there's something there. There's an essence there. And I can see that, but he just, by doing what he did, he killed that. He killed, he sort of destroyed any hope I had of actually being an amazingly beautiful daughter and person (Sylvia, 10, P5).*

Sylvia had been through a brief experimental period of drug-taking with one boyfriend, which she has since attributed to her incestuous experiences. *I was taking a few drugs with him. I never really wanted to, I'm not a person that takes drugs, it's never really been my alignment (Sylvia, 10, P13).*

Tess had learned that overt sexual behaviour within families was normal and, as a result, she did not always demonstrate appropriate, self-protective boundaries. She described being involved in sexual activities with boys her own age and with older men. She saw this as a natural extension of being introduced to sex at a young age and being taken to pubs where it was easy to meet men.

*I mean we were introduced to sex very young. And I mean I had lots and lots of partners when I was very young, because I was in the situation to get them. I mean we were always at the pubs (Tess, 19, P455).*

Tess described a situation in which she had been raped by a young man she was going out with at the time. Her description was full of contradictions. For example, she was more concerned about his self-inflicted injuries than her own physical and emotional pain. She did not hate him even though he had raped her. She accepted her suffering.

*I was going out with this guy and he raped me and after it, he was so sorry that he'd done it that he punched this glass window and pulled back all the skin on his hand. And he went screaming out to the mates that were in the lounge room there. And I came out and I was hurting. He didn't rape me vaginally, it was anally. And I was hurting so much and I was bleeding from there, and I was so worried because he'd cut his hand. And I couldn't hate him either, yet I was screaming at him to stop, and he wouldn't stop (Tess, 19, P611).*

Paulians had had several periods when he felt suicidal and was still questioning whether or not his life was worthwhile. *I don't value my own life, I mean I drive very recklessly, like I don't care if I got killed tomorrow, I don't have any fear of death (Paulians, 12, P225).* This statement contrasted with an earlier comment he made during the interview that *the most tragic things in my life have always been the greatest doorways to something worthwhile (Paulians, 12, P21).*

Paulians used a combination of drugs, alcohol, and out-of-body experiences as coping mechanisms in his adolescence. He became addicted to heroin as a young man. He believed that his drug use was an attempt to block out the emotional pain that he felt.

*I discovered the wonders of drugs. I mean I was living totally in my head but the pain was still underneath all that, even though I denied the existence of it. And the drugs did actually help me to feel good, and for a while it worked. But I guess I was so addictive I went down hill very, very quickly (Paulians, 12, P65).*

Paulians believed that he *must have had victim written all over my face (Paulians, 12, P37).* His use of drugs and alcohol helped to place him in dangerous situations. For example, he described waking up in bed with unknown men and not remembering how he got there, or what had actually happened between them.

*When I was in the height of my alcohol and drug addiction, I'd wake up with a whole lot of people and not know how I'd got there. That was quite scary at*

*times. I mean being DID, God only knows what, like I don't know how I'd got there, whether it was the alcohol or whether I'd actually split off or dissociated, stuffed if I know (Paulians, 12, P13).*

Paulians' motivation for having sex with men seemed to be more about seeking comfort and companionship than anything else. He claimed he *prostituted himself, not for money (Paulians, 12, P209)* but for company. He met men hitchhiking because *the loneliness was killing me (Paulians, 12, P213)*. There seemed to be a contradiction inherent in his statement that he wanted the men that picked him up to *value me as a person just for half an hour (Paulians, 12, P213)*.

Paulians admitted that he had not enjoyed sexual intercourse with his wife and that it was a *mechanical process (Paulians, 12, P209)*. He described his first attempt to have sex with a woman as a disaster. He *got out of the bed screaming (Paulians, 12, 209)*. His most satisfying sex had been with *much older ladies (Paulians, 12, P209)*. In his twenties he had had a relationship with a seventy year old woman and found *they were the more satisfying ones, I felt safer (Paulians, 12, P209)*.

## **Fragile sense of self**

All three of these participants had what could be described as a fragile sense of self. Sylvia was discovering that she had a gaping hole inside herself, which she had covered up with a mask of normality. Tess carried so much confusion about her mother's behaviour that she was left doubting herself as a mother. Paulians believed that his sense of self had fragmented into many different parts when he was very young. He oscillated between wanting to reintegrate these parts of himself and deciding that it was safest to remain childlike.

Sylvia described the contrast between her outer shell or veneer of normality and the inside of her which was *this mash, this huge, deep, dark hole (Sylvia, 10, P18)*. She cried as she tried to explain this dichotomy. She felt a lack of strength, emptiness, and nothing on the inside except *the heavy dread of living (Sylvia, 10, P18)*.

*I couldn't feel on the inside of me, I could not feel anything except the heavy dread of living. And even though I'd try and I'd try, and I'm so damned determined to live this life, there was still something there that was just, I had no real strength (Sylvia, 10,P18).*

Sylvia was determined to overcome her childhood maltreatment. She described how, in the past, it had been a huge struggle just to find out who she was, particularly in relation to other people. Her sense of self had become fragile and *it took every ounce of my energy just to establish myself as me, and I had to rebel, and push, and fight everything just to have a little corner of myself (Sylvia, 10,P18).*

Tess was still struggling to make sense of her experiences as well as of her mother's behaviour. She did not have a clear sense of what she stood for or what she believed in. She described her continuing confusion over her mother's behaviour using a metaphor about smoking. As an adolescent, if your mother knew that you were smoking then it was okay to do so. This had left her confused about her experiences as an adolescent, since her mother knew what was happening to her.

*I knew it was wrong but I didn't know it was wrong. Like, to me, it shouldn't have happened but Mum said it should have happened, so that was okay because Mum knew about it. It's like smoking. If you smoke and your mother knows about it, it's okay. But if you smoke and your mother doesn't know about it, then it's really, really bad. But you see our Mum did know about it. So to me, it can't have been that bad (Tess, 19,P311).*

Tess knew that her responses were not socially acceptable because she did not hate her step-father for what he had done and had remained friends with him until he died. This made it impossible for her to seek counselling.

*I would really like to do some sort of counselling, but I've just always lost my nerve ... I wouldn't know how to talk to a complete stranger about it. Because I*

*think they'd look at me and say 'well what's wrong with you? You don't even hate him' (Tess, 19, P611).*

Paulians felt conflicting feelings of love and hate for his mother. Paulians believed that his mother had made him *disempowered from any sense of my own being* (Paulians, 12, P309). She had done this by taking over his personality to such an extent that he felt as if he did not exist as a separate person.

*I switch from hating her guts to really loving her. I mean we were so enmeshed that I had no idea who I was. I mean I only knew myself through who she was. In fact she was just such a strange person. I think she really loved me in a way, but she couldn't allow me to be myself (Paulians, 12, P158).*

Paulians had experienced a fragmentation of his sense of self. He believed that he had developed DID and had split into several separate identities as a child. He was in the process of identifying and getting to know his 'alters', including twins that emerged when he was seven, a boy and a girl. With his therapist he was in the process of identifying, naming, and getting to know these distinct personalities with the aim of integrating them. He still felt that he needed these alternative personalities and preferred to experience life through their eyes. He had worked out a method of communicating with them.

*The frightened ones don't worry me. Persecutor, bully, rebel, I mean that can be fairly destructive. Those ones, what happens is I actually have conversations with them. I'm writing. My best way to communicate with them is in writing because it slows the mind down, because it's just a whole jumble, everyone talks at once (Paulians, 12, P237).*

Paulians admitted during the interview that he had a strong yearning to be a *sweet, innocent, undamaged child* (Paulians, 12, P237) rather than a man in his fifties. As soon as he started to grow body hair, he had felt frightened and disgusted. *I thought I was*

*turning into a monster (Paulians, 12, P170). He made a conscious decision to remain a child and he now shaved the hair off his entire body every day, apart from his beard.*

*This is where it's going to get hard. I've got to talk about this stuff because this is quite serious, in that the extent to which I want to be a child is alarming. I shave most of my body. The body itself is quite hairy and I hate it, it makes me physically sick to look at it, so I shave most of my body every day, which is a very long part of my ritual, but I have to do it (Paulians, 12, P170).*

## **Concern about sexual behaviour**

One participant, Paulians, was willing to admit that he was concerned about his own sexual behaviour. Paulians described a feeling of attraction towards young boys. He described how he needed to be careful to control his impulses. He had *been able to stay disconnected (Paulians, 12, P317)* as a way of keeping himself and others safe. He had decided to *stay in my mind (Paulians, 12, P317)* in order to avoid hurting anyone. He described children as his playmates.

*If I was to be honest and say there is an attraction there, yes. There's an attraction. And it's not that I want to hurt them, it's that I'm one of them. They are my little playmates, you know. I love children (Paulians, 12, P317).*

Paulians contrasted his feelings towards children with his disgust for his own adult body. *There's something about children that's profoundly beautiful, and I look at myself in the mirror and I see an adult, and that makes me sick (Paulians, 12, P325).* He longed to be a child himself. He described an intense longing for the beauty and innocence of childhood. This was partly to avoid the pain of his own experiences as an adolescent.

*I see children in a playground, and there's such an incredible sense of longing. And I don't even know what it is that I'm longing for, but it's just that longing. It's huge, it's that innocence, they are undamaged and there is something about that that is so profoundly attractive (Paulians, 12, P325).*

Paulians believed that he would not act on his attraction to children because he knew that this would not solve his problems or satisfy his needs. He knew that he had to find another solution to his problems of living in the adult world. He stated that he could understand how other men could act on these impulses and hurt or damage a child in the process.

*I'm intelligent enough to recognise I'm not going to find what I'm looking for in another child. And in many ways, thank God that I've got that protection because that saves me from, I could see how somebody could act on that feeling and damage a child, not maliciously. But I understand that kind of longing. I'm just intelligent enough to know that I would never be satisfied. It can't be done. What I'm looking for isn't available though them (Paulians, 12,P325).*

Paulians did not want to risk hurting a child because *I know what it's like to be hurt as a child and I don't want that to happen to any other kid on my behalf (Paulians, 12,P317).*

## **2) Campaigning for others**

Two participants, Hope and Colin, felt very angry about the events of their childhood which had had a major impact on their lives and continued to ruin other people's lives. They were both brought up in families that would now be described as neglectful, especially considering that they had sexual contact with adults from the age of four. Both Hope and Colin expressed a lot of anger about what had happened to them and to others during the interviews. In different ways, they attributed many of their problems in adulthood to these experiences such as feeling suicidal, excessive use of drugs and alcohol, and non-committed sex. Colin had also experienced symptoms of posttraumatic stress disorder (PTSD) and a high level of aggression in adulthood.

### **Hope's story**

Hope was a single mother of three in her early forties. She had been to art school and had worked in the child care industry in the past. She was living in a rural area and it

was not clear whether or not she was currently employed. She described herself as an *anti serial child rapist campaigner* (Hope, 3, P82). She agreed to do the interview because she felt so passionately about the topic but she wanted no contact with me afterwards.

Hope described herself as having been raped by a neighbour from the age of four to nine, after which she managed to stop it from happening by saying ‘no.’ She had three children with two different fathers but had decided never to get married. Her own children had been sexually abused and this had become the focus of her life - to bring paedophiles to justice.

*I'm more targeted by paedophiles now, as an anti serial child rapist campaigner than I was as a child. I am, in their eyes, the enemy, because I am not afraid to tell their dirty secret. I am not afraid to recognise those who I feel are taking advantage of children (Hope, 3, P82).*

Hope came from a family of five children in which all three girls had been sexually assaulted by three different men. Hope believed that her mother had also been sexually abused and that these experiences had made her incapable of protecting her children. According to Hope, this left her mother vulnerable to being targeted by paedophiles.

*My mother wasn't really coping at all. I think the last thing she needed was having to admit that she wasn't looking after her children well enough. Or she was being targeted by paedophiles, because she'd been left unprotected, protecting even more unprotected people (Hope, 3, P30).*

Although Hope spoke rapidly throughout the interview, she said very little about her own experiences or their impact on her. Perhaps this was her own way of distancing herself from her childhood experiences. She was full of intense anger and hatred towards paedophiles and described her ability to *smell 'em* (Hope, 3, P54).

## Colin's story

Colin was in his early thirties. He was unemployed and living in a large country town with his partner and their four children, all from previous relationships. He arrived at the interview with his partner and one child, who sat outside during the interview. He did most of the talking but his partner added her comments from time to time.

Colin had had numerous sexual experiences with adults, beginning when he was four years old when a colleague of his mother had assaulted him. A female baby-sitter touched him when he was about nine, and his father's boss abused him for two years, from the age twelve to fourteen. This man had been chosen by his parents to be a surrogate grandfather for him. Colin was also involved sexually with his middle brother, Adam, although he found this experience hard to define as abusive.

*My relationship with Adam, my next brother down, it's not a good relationship. It's been on and off, on and off. And the reason for that is that he also abused me as such. Although I'm not a hundred percent convinced that he was an abuser as such, 'cause now having that ability to look back and see what was happening with Adam at the time, I can understand his behaviour to some degree (Colin, 17, P9).*

Colin had found it hard to forgive his middle brother, even though he seemed able to understand his brother's need to be in control. He had since realised that his brother had also been sexually abused as a child. Given this awareness, he had come to believe that his brother's behaviour was Adam's way of feeling better about what had been happening to him. These particular sexual incidents with his brother seemed to have a different meaning to him from his sexual contact with other people.

*He was looking to get some of that power and control back that was taken from him. So yeah, that's what I mean, I can sort of understand why he does it, or why he did it. I can't forgive him for it (Colin, 17, P33).*

Colin seemed to feel little emotional connection to his parents. They had been busy with their own lives and had not been particularly involved with Colin's world when he was a child. He was very angry as an adolescent and had *spent a lot of time punching doors and walls. I totally trashed a door (Colin,17,P171) and his bedroom wall was full of holes from even before a teenager (Colin,17,P37)*. When he was about sixteen his parents separated because his mother had found out that his father was having an affair. Colin felt that his *dad didn't do well by any of us (Colin,17,P95)* and described his father as *a bit harsh (Colin,17,P95)* for hitting him and boxing his ears until they rang, in order to discipline him. He said nothing about his parents being neglectful. However, his partner told a story which suggested an unusual lack of parental involvement with their children.

*Colin's partner: There was times when like he used to be able to walk through the house, come in the front door, and get to the bathroom with blood all over your face because you'd had a fight, and neither one of his parents would notice. He'd get all the way to the bathroom and clean himself up (Colin,17,P171).*

Colin continued to have problems with aggression and his partner expressed her concern that their children *may have overheard some of our arguments, and yelling, and loss of control (Colin's partner,17,P118)*. Both Colin and his partner claimed that she was in no danger of getting hurt by him and that he had been learning to control his anger.

*I've got a much better handle on anger, which is a good thing because there were some days when I have a hell of a lot of it. I don't think I was actually ever scared that I would turn round, lash out, and bop Kate (Colin's partner). The idea of doing that's just not on (Colin,17,P260).*

Colin had been diagnosed with symptoms of PTSD which he attributed to his early sexual experiences. He was experiencing difficulties sleeping, *memories and flashbacks and dreams and sounds and sights and crap like that (Colin,17,P37)*. These physical

symptoms had caused problems in his relationships, since he would *get the night sweats. I'll drench the bed completely (Colin,17,P55)*. He hated sleeping alone and if his partner moved to another bed in order to sleep he would become distressed. *My mind automatically starts 'who's she gone to see?' Weird crap like that (Colin,17,P155)*.

Colin believed that society as a whole looked down on him as a victim for three main reasons: he was unemployed; he had been sexually abused; and he was suffering from symptoms of PTSD. He believed that there was a link between his unemployment, being sexually abused, and his mental state. In his mind being a victim of child sexual abuse had left him feeling inferior.

*The people who did this to me, they were all highly respectable people and got to live their life of luxury, and they've left me in the state where I don't have the tools to go out and achieve what they achieved. I've been unemployed on and off, on and off, since I left school. Society looks down its nose at me and they're the people that put me here. That I find very frustrating, very annoying (Colin,17,P294)*.

## **Anger and some shame**

Hope consistently used the word 'rape' to describe her childhood experiences. She showed anger and contempt for paedophiles throughout the interview. She equated the sexual abuse of children with paedophilia.

*The world's filled with fakes and the paedophiles are the biggest fakes of all, because they make out they're decent human beings, and they know inside their heart, they're not. And that's why they all commit suicide, because they're just so cowardly and gutless, that they'll never ever, ever, be able to resolve their issue. They know they're doomed (Hope,3,P62)*.

Hope also equated paedophilia with homosexuality. She described how she had lived with a homosexual who had sexually assaulted her son. She explained that *I knew he*

*was homosexual, but I didn't realise that he was a serial child rapist (Hope, 3, P54).* She was applying for victim's compensation on behalf of her now grown up son. She had recently tried, and failed, to take out an Apprehended Violence Order (AVO) against this man. This had exacerbated her anger with the system.

*He attached himself to me, and eventually attacked my youngest boy when he was six. And that led to the Department of Community Services interview assessment and where we are today, struggling to get an AVO against someone who has already been confirmed by the Department of Community Services as having sexually abused my son. And he's still a raging homosexual, although he's a closet queen now (Hope, 3, P54).*

Hope described three generations of abuse within her own family. She expressed anger towards both her parents during the interview. She was angry with her father who had been *too busy being a bloke (Hope, 3, P38)* to realise what was happening to her, and she was angry with her mother for failing to protect her.

*Because if she had been the mother she thought she was, I wouldn't have been the raped child (with an edge to her voice) I ended up being. And having the problems that I have (Hope, 3, P58).*

Hope was very cynical about men who volunteered to work in child care centres. She saw paedophiles as evil men who deliberately put themselves into positions where they had easy access to children. She spoke about paedophiles with contempt.

*Having worked in the child care industry I've had to remove paedophiles from the centres where I've worked, who've been exposing their penis in the corner to a bunch of little girls, who've turned up on the day to 'help' as a volunteer. And their excuse of 'Oh, I forgot to do up my zipper after I went to the toilet. That's why I'm sitting in the corner with my penis out asking little girls to touch it' (Hope, 3, P26).*

Colin had been angry as an adolescent and remained so into adulthood. When he was seventeen he had been beaten up in the street and had looked for retribution by beating up his attackers with unnecessary force. He had continued to feel this anger and rage as a young man and was still battling to overcome it.

*When I was getting the payback for the beating I got, I went over the top a couple of times and had to have a mate actually pull me back off (Colin,17,P171).*

Some of this anger may have been related to Colin's fear of being labelled as homosexual or *poofster* (Colin,17,P169) by other people. He was very nervous about other people finding out about his childhood sexual experiences. He had been brought up in a poor neighbourhood and he believed that he would have been stigmatised if the local kids had found out what had happened to him.

*It wouldn't have worked to tell or to have that information get out of my house at the time (Colin,17,P169).*

The complexity of the issue of shame can be shown in his responses to his older brother, Adam, who had sexually abused him. He described Adam as *severely homophobic. Anything that is a threat at all to his perceived manhood is a big drama for him* (Colin,17,P152). Later in the interview Colin cracked a joke suggesting that if his brother found out that his own son was gay, Adam would probably *give him a bit of a touch up* (Colin,7,P145). In this way Colin suggested that his brother might be homosexual but covering up his sexuality with an outward display of homophobia.

## **Pushed away thoughts**

Hope had told her mother what was happening to her as a child but had not been believed. She told her mother that her vagina was sore and bleeding and her mother told Hope to *just put powder on it* (Hope,3,P30). She blamed Hope for the situation, telling her that she was masturbating too much. As an adult Hope felt some sympathy for her mother, whom she believed had been *a victim of serial child rape herself* (Hope,2,P30)

and was *so traumatised and hadn't dealt with it* (Hope, 2, P30). But her tone was angry when she described how her mother had ignored her needs and placed the blame on her as a child.

*I told my mother repeatedly and I think I stopped when I was about six or something. She just didn't want to know. You know, I mean, I was getting a very negative response. I wasn't being, it was like 'oh whatever' and I think that, in her opinion, I was masturbating too much. It was my fault that this was happening* (Hope, 2, P42).

Hope believed that fathers did not protect their children and would always take the side of the abusive adult over the child, as her own father had done. She believed that the parent would believe their male friend and punish the child for lying, thereby creating a rift in the relationship between the parent and the child and isolating the child.

*They (fathers) will attack the children. 'How dare you say that about ...? (in a rough voice) He's a nice man. You must be lying.' Of course, that destroys the relationship between the child and his parent which, from what my observation, is exactly what the paedophile wants, is to isolate the child even more* (Hope, 3, P34).

This excerpt was typical of the way that Hope talked about her sexual experiences. It was not absolutely clear whether she was talking about her own experience as a child, her experience as a mother, or someone else's experience. She had realised fairly early on that she needed to set aside what had been happening to her in order to fit in at school. She described taking on an alternative personality as a normal adolescent girl in an attempt to blend in better with her peers. *I was just going on raw instinct and intuition and what I thought was normal* (Hope, 3, P50). This was her way of coping as a child and involved dismissing thoughts about her sexual experiences and pretending not to have certain knowledge.

*After I stopped him raping me, when I was nine, I kind of realised that I was in a really bad situation. And up until I was about twelve, I just, I think I created an alternative personality. I put that part of myself aside, like a holiday, and tried to become normal I suppose. I was aware that I wasn't developing normally (Hope, 2, P50).*

For Hope there was a certain irony in her situation, in that her parents' neglect of her actually helped to protect her from being raped further. Whenever they sent her away to stay with relatives she was spared from being abused by her neighbour.

*I was palmed off, I was like a disposable child, which actually saved me, because every time they got rid of me off to the relatives, that stopped him from raping me (Hope, 3, P90).*

Colin chose not to dwell on his early sexual experiences and put them aside. He described this process of choosing not to think about certain events, choosing not to process these thoughts or memories in any way, dismissing them from his conscious mind, and getting on with life.

*I don't think I ever consciously forgot or buried them (the memories), and never actually thought of them as such. It's just that I dismissed them, ignored them, got busy around them, I don't know, I just didn't pay any attention to them (Colin, 17, P47).*

As a child, Colin described how *it just didn't occur to me to tell mum and dad (Colin, 17, P173)*. As an adult Colin wanted to write a book about his experiences. However, he had realised that this would mean that he would have to tell his children what had happened to him. He wanted to tell them but he remarked *I need to get more comfortable with the idea myself before I did that (Colin, 17, P239)*. Even going to court would require some form of disclosure within his family, which he did not seem ready to make.

## Told the police as adults

It was not clear from Hope's story whether or not her own sexual abuse had ever been reported to the police. She had reported her son's abuse. She believed that government employees, including post office workers, were involved in a conspiracy to cover up child rape and to protect *serial child rapists* (Hope, 3, P18). Hope claimed that her attempts to receive justice through the court system had failed because *the magistrate's definitely a paedophile* (Hope, 3, P14).

*I'm in the process of that now, a post office worker interfering with my mail, police corruption, slander like you wouldn't believe. And I'm unable to get an AVO to protect myself and my child from the predator. Even with a Department of Community Services assessment which was ignored in the court, tabled but then ignored by the Magistrate* (Hope, 3, P14).

Colin had recently reported his sexual abuse to the police. He had been abused mainly by non-family members and by men. He was currently unemployed and had decided to seek compensation through the courts.

*I feel society does owe me to a large degree. But I know I'm never going to actually get full value for that. I'm going through the process of getting compensation at the moment* (Colin, 17, P320).

Colin wanted to be more open about what had happened to him and described how *I'm sick of having to play charades* (Colin, 17, P145). However, he knew that the process of disclosure would be very difficult for him. He was reluctant to talk to his children, family members, and even the police about it.

## **Suicidality, drug and alcohol use, and non-committed sex**

Hope and Colin attributed a number of their adult behaviours to their childhood experiences. Hope said very little about what she believed had been the impact of her own rape by a neighbour. She tended to speak much more generally about the impact of paedophiles on children, rather than refer to her own experiences. Colin referred to several problems he had experienced in adulthood including feeling suicidal, excessive drug and alcohol use, and non-committed sex.

Hope was concerned about her choice of sexual partners and her lack of trust in men. She described her own experience and then generalised her feelings into her distrust of paedophiles, demonstrating her contempt for them.

*From the time I was nine I've been trying to disempower this person who had a lot of power over me. And that vulnerability, I realised other males picked up on it. And they're more the paedophile inclined, you know. Any man with a young girlfriend is a paedophile. Some of them like them in nappies, you know, because they can't talk or complain (Hope, 3, P54).*

Hope described how *very good-looking boys always found me attractive. They always had money and cars (Hope, 3, P98)*. There were some contradictions in her story. For example, she had managed to stop the sexual abuse at age nine by standing up to her rapist. However, she described having sex with her first boyfriend at the age of fourteen because *I thought that was expected of me (Hope, 3, P58)*. Another example was her description of having a series of sexual partners but *there is no way I'd ever marry, ever (Hope, 3, P66)*. She was willing to trust men enough to have sex with them but not enough to marry them.

*I have three children by two different family fathers, but I would never marry. I could never trust a male enough to marry (said slowly and deliberately) (Hope, 3, P66).*

At one point Hope was living with a homosexual who had sexually assaulted her youngest son. One of her boyfriends had no arms and one had had testicular cancer and was infertile. After the interview she mused out loud about being attracted to men with disabilities and wondered whether this was somehow connected to her early sexual experiences.

Colin had felt suicidal at times but stated that he would not carry it through because it was important to him to protect his children. His desire not to hurt his children was particularly strong since their mother had *died of a drug overdose through the night (Colin,17,P274)*. However, this did not prevent him from going through periods of wishing he was dead or trying to *will myself out of existence (Colin,17,P274)*. He had started smoking ‘pot’ regularly at the age of thirteen. His brothers also used drugs from a young age. He had *tried a bit of speed, a bit of crack, a bit of coke (Colin,17,P59)* but preferred marijuana. Although Colin remained a committed marijuana user as an adult, he recognised that he had used it excessively in his adolescence.

*But as a teenager I got ridiculous about it, I'd smoke probably half an ounce, three quarters of an ounce in a day without a drama, and put alcohol in on top of that. I remember quite a few times waking up facing my own spew, too drunk, too stoned to do anything about it. Just lay there and see whether you make it through to morning (Colin,17,P59).*

Colin described having non-committed sex with other men as an adolescent. He used to hitchhike and, on one occasion, was picked up by an older man. Colin described how the man paid him for oral sex, as if it was a commonplace event for him at that time. He seemed emotionally detached from the story.

*He paid me for oral sex. I don't have too many issues involving around that one, I don't think. Compared to other stuff that happened it was fairly minor (Colin,17,P17).*

## **Sense of self as campaigning for others**

As an adult, campaigning against paedophilia had become an important part of Hope's identity. Hope believed that children who had experienced *interrupted childhoods* (Hope, 3, P54) tended to grow up to be like *poppies with bent stems* (Hope, 3, P54). In Australia those people who are seen to be 'tall poppies' or high achievers and stand out from the crowd, tend to be cut down to size. Hope believed that children who had been maltreated in childhood grew up with crooked stems and were vulnerable to being cut down or trampled on by others. As a result they often ended up with low self esteem, in the under-belly of society, with a weak sense of self.

*And I think that people who've had interrupted childhoods are good at putting on façades, because we live in a world that not only clips the tall poppies, but they step on the bent-stemmed ones too, you know. If your stem is not exactly straight, well no one cares about you. And you see that in, I know that there are a lot of people who've (been) subjected to child sexual abuse and other abuse have ended up in the sex industry, or drug addicts, perpetrators of other crimes related to violence, or have sado-masochistic tendencies (Hope, 3, P54).*

From a young age Hope described herself as standing up to paedophiles wherever she found them. She believed that serial child rapists felt no remorse, objectified women and children, and intentionally caused them great harm. An important part of her life's work was to stamp out paedophilia.

*At nine I realised that this person was seriously hurting me and had no intentions of stopping, and had no remorse. And I think that that's the situation with most serial child rapists, is that you are just, you know, you're an extension on a porn magazine, nothing more (Hope, 3, P26).*

Colin believed that the effort required by him to keep himself in control, and not to lose his temper, had interrupted his normal identity developmental process. He thought that he had missed out on *that period in your teens when you're supposed to build that self*

*identity (Colin, 17, P145). He laughingly described himself as emotionally I'm about a four year old (Colin, 17, P145).*

Like Hope, Colin felt a great deal of anger towards the system that he believed had failed him. He blamed people like his teachers as well as his parents for failing to recognise what was happening to him as a child.

*I feel society let me down. Not any one particular part of it, lots of it did. My parents, the offenders, the Department of Education failed me miserably. I was abused all my school life, and nobody picked up on it. These people are supposed to be trained, paid and trained to do that (Colin, 17, P320).*

Colin seemed to be developing a sense of self as campaigning for victims' rights. He saw child sexual abuse as highly destructive and exploitative, and wanted to prevent others from suffering in the way that he had.

*It is something that's really starting to piss me off actually, is the fact that people profit off this thing that happened to me, and there ain't no profit in this. This destroys people's lives (Colin, 17, P306).*

## Summary

*Narratives of ongoing suffering* were told by five participants for whom living presented many challenges. They appeared to be locked in a struggle with the past and unable to move forward in their lives. To a greater or a lesser extent they saw themselves as victims. Two participants (Hope and Colin) saw this as a process of systemic, rather than personal, victimisation. They believed that they had been let down by society, as well as by individual adults. For two participants who were in the process of recovering memories of child sexual abuse (Sylvia and Paulians), they were living through a period of great distress and having to rethink their pasts and their futures.

These five participants had grown up in family contexts that included greater physical and emotional abuse than the six participants described in the previous chapter who told narratives of silence. Three of these participants (Sylvia, Tess, and Paulians) realised as adults that they had experienced child sexual abuse as children. Two participants (Sylvia and Paulians) had both repressed all memories of their childhood maltreatment and had learnt to dissociate from their intense feelings of anger and shame. One participant (Tess) had suppressed all thoughts of her sexual relationship with her step-father, condoned by her mother, and had only recently put a name to her experiences. For these participants, their realisations had explained a lot of the chaos of their earlier lives and they were trying hard to incorporate this new information about themselves and their families, and to develop a stronger sense of self.

Two participants (Hope and Colin) described how they continued to suffer as a result of their childhood experiences. They had had early sexual experiences, from the age of four, for many years. Both had gradually developed a sense of self as campaigning for the rights of others. In this way they had salvaged a more positive identity from their childhood experiences. There is a sense in which they could have been included in the following narratives of transformation, in that they were developing through their pursuit of social justice and perhaps finding some existential meaning to their suffering. However, they were still very much embroiled in their childhood experiences and unable to move forward in life. Unlike the women described in the following chapter, they had not completed the process of seeking justice or breaking the cycle of abuse.

These narratives appear to be transitional in nature. Some participants were able to move through a period of reporting ongoing suffering into a more optimistic period in their lives. The only other participant (Jewels) who had recovered memories, had moved from seeing her experiences as having a big impact on her life to believing that she had grown through the process of facing up to this issue. Given this process of transition from one narrative to another, it was possible to be optimistic that some participants currently telling narratives of ongoing suffering might eventually be able to look back and see that they had gained strength from their adversity, and been transformed as a result.

## Chapter 6 - Narratives of transformation

### Introduction

This chapter explores the ways in which six female participants faced their childhood adversity and were transformed in the process. Three of these women had chosen to face childhood adversity by protecting other people within their family and they are described in the first section of this chapter. These women had all gone on to work in the helping professions. The other three women described in the second section had faced adversity by seeking justice, in an attempt to make meaning out of suffering and to protect future generations. Even though they would have preferred not to have had the experiences that they did, they felt transformed by them to a certain extent. Jewels summed up this feeling when she said: *I've been given a purpose in life that I never had before. Yeah, um, yeah, so it's almost like the alchemist transforming the lead into gold (Jewels, 4, P113).*

These women's experiences in childhood included both physical and emotional abuse within their families: five out of six had experienced incest. On average their sexual contact with adults started when they were six years old and lasted for an average of five years. These women were aware of the major impacts that these experiences had on their lives and could have been included in the previous chapter. However, they had been able to develop a more positive sense of self and seemed to have come to terms with their childhood experiences. They did not feel that their experiences explained everything that had happened to them or had ruined their lives, but rather that they had been able to adapt and learn from their experiences. They would have preferred not to have had to go through this process, but believed that they had emerged stronger as a result.

## 1) Protecting and helping others

Jewels, Emm, and Heather had overcome their early sexual experiences and other forms of child maltreatment at the hands of their fathers, mainly by developing a sense of self as a protector or helper of others. They had developed a strong identity for themselves over the years, overcoming their challenging upbringings. Jewels and Heather had out-of-body experiences in childhood, and had been fearful and angry as adolescents. All three participants did not tell anyone about what had happened to them. For Heather in particular, this decision was the beginning of her empowerment as a protector of others. All three participants were working in the helping professions.

Some participants moved from one narrative to another during the course of their lives. For example, when she was an adult Jewels had remembered being sexually abused by her father and by other men, leading to a fragile sense of self. If interviewed earlier in her life she would probably have described her ongoing suffering and been included in the previous chapter. However, she appeared to have transcended her childhood maltreatment and had come to see herself as called to be a healer of others. This is a common theme that runs throughout the stories of individuals included in this chapter.

### **Jewels' story**

Jewels was a woman in her late forties who was unemployed and living in a rural community. She had one son who had mostly lived with his father. In her adult life she had been struggling with drug and relationship problems. About four years before the interview she had started to remember her sexual experiences during therapy sessions. She had remembered having sexual contact with a stranger, her grandfather, and a neighbour, all between the ages of three and seven. When her father discovered that his neighbour was having sexual intercourse with Jewels, he initially threatened her but later had sexual intercourse with her too.

*And I came to realise that it was actually my father, and he was a butcher. And that the story seems to be that he found out about what was happening next door and threatened me with a butcher's knife. And I've kind of relived that experience, where he was threatening to cut out my vagina, because of what he'd found me doing. And then he lost control and started having sex with me. And um, it only went on for a brief period, it seemed to end when I was about seven. And then the memories were just lost, totally lost (Jewels, 4, P13).*

Jewels had also remembered sexual experiences with her older brother, her cousins, and boys at school molesting her in her adolescence. She got involved in drugs at nineteen, moving quickly from marijuana and alcohol to heroin. She had relationships with a series of dominating men. She described having suicidal thoughts a few months before the interview. She spoke of searching for herself as a small child during therapy.

*When the memories first started to come up and I went looking for her, I found her hiding in a dungeon. And I know this is only metaphorical but that's where I found her, hiding down in this dungeon, down these, underground down these stairs, and she was, and there was rats and dirt and darkness, and she was just so dirty and so untidy and so full of anger and pain and terror (Jewels, 4, P45).*

Jewels said that she thought that her mother was also sexually abused *and that it might've been too much for her to cope with (Jewels, 2, P13)*. However, this left Jewels feeling angry with her mother rather than empathic towards her.

## **Emm's story**

Emm was a woman in her late thirties, married with children. Her story was of her childhood experiences with a cruel, violent, and neglectful mother and an alcoholic father. In a family of four children, Emm and her older brother had been tied to the clothes line by her mother and left outside to play in cold weather. This was ostensibly to keep them safe in a garden without fences. Emm also described how her mother *hit and kicked the living shit out of me (Emm, 8, P25)*. In another incident she described how *the back of my legs were burnt because I'd been pushed against the oil heater (Emm,*

8,P90). Emm had attended five different high schools and *didn't have good people skills, you know I was still struggling in that area and I was really anxious* (Emm, 8,P94).

Emm had always felt that she belonged to her father in the same way that her older brother *Sean was mum's, I was dad's* (Emm, 8,P23) and the *poor twins were nobody's* (Emm, 8,P19). Emm knew that her mother wanted her to pacify her father, by calming him down when he came home drunk. However, she also knew that doing this would make her mother angry and jealous of her, and would result in her mother putting her down verbally.

*It was really difficult because it was my job to sit and listen to him, and yet at the same time, she hated me for it. And she would bring it up at any time and say 'you're like your father' as if she was cutting me with razor blades* (Emm, 8,P34).

As an adult Emm believed that if she had had to rely on her mother alone she would not have survived. She felt that she needed her relationship with her father to ensure her survival. One night when she was about eight her father came home drunk and kissed her in a sexualised way. She found this experience very frightening and lay in bed, stiff as a board, hoping that he would just go away and leave her alone.

*And just this drunken stuff about 'your poor old father' and 'haven't you got a kiss for your poor old father?' And um, but, like I knew he didn't want to just peck me on the cheek. And like when he kissed me it was, it was not like a peck on the cheek, and I had never been kissed like that before, it was to my memory it was the only. It was really scary, he kissed me on the lips and his mouth was open, and it was long, it was a long time, it wasn't a goodnight kiss. And I just wanted him to go away* (Emm, 8,P38).

Emm felt guilty because she had pretended to be asleep, which she knew was wrong. She found the whole incident totally confusing and, in that sense, consistent with all her

other childhood experiences. She puzzled over whether or not the sexual experience was worse than the other forms of childhood maltreatment that she had experienced, and what might have happened if the sexual abuse had continued. Her dependence on her father was strong, given that she could not depend on her mother.

*Is it worse than the drinking? Is it worse than the violence? Is it worse than his emotional stuff? In some ways it's more repungant (sic), and repulsive, and personally violating. It is but it still gets pushed into the realms of 'at least I had someone.' It does get pushed into the realms of that. Whether that would be true if it had been an on-going sexually abusive situation, I don't know. Look I suspect that I needed someone (Emm, 8,P110).*

Emm had recently discovered that one of her twin sisters had also had a similar sexual experience with their father. This had changed the meaning of her experience. It made her question whether or not she had had a *special link* (Emm, 8,P52) with her father and whether or not she should think of him as *intrinsically unsafe* (Emm, 8,P52) which she had not done before.

## **Heather's story**

Heather was a teacher in her early forties, living in a small rural town with her three children and her female partner. She had grown up in a family on a rural property, with a violent, alcoholic father who hit his wife and children. Heather set the scene by describing the chaotic way in which she and her five siblings lived in a small house in a country town, in cramped conditions, waiting for the next angry outburst from her father. The domestic violence that she witnessed as a small child had had a profound impact on her.

*We always lived like in a really small house, with double bunks and that sort of stuff. And with this huge egg shell mentality that, you know, when people get violent, they build up to it and you can just feel the tension. So in a sense you provoke it, to break that tension and then you can all relax (laughs) for a few weeks, you know. And always having to hide cut throat razor blades, and*

*bullets and things like that, and being shoved out windows as a small child to ring the police and things like that. So within that context, you can imagine all sorts of things (Heather, 16,P3).*

Heather was sexually abused by her alcoholic father up until the age of nine when her parents finally separated. Her mother had been severely physically beaten by her father, as had her five siblings. Heather described how she and her dark-haired brother *were dead spits of my mother who our father was attracted to sexually to start with (Heather, 16,P119)*. They had both been sexually abused by their father. Heather took on the role of protector within the family at a young age, in the hope of sparing her other siblings from sexual abuse.

*If I could smooth him over, or divert him or something like that then the violence would dissipate. Or if he was getting drunk or whatever, and my other sisters were in the room, we had bunks in one bedroom, and I always slept on the bottom bunk and stuff like that, just to protect them more in a way, because I thought 'well if he's not going to get it from me, where else is he going to get it. He'll start on my younger sister' (Heather, 16,P63).*

Heather had always sided with her mother, against her violent father. She encouraged her mother to leave him and described how her *biggest goal, I suppose, as a teenager was to protect her (Heather, 16,P11)*. Heather *got involved with one of my teachers when I was fifteen probably. He was early thirties (Heather, 16,P15)*. They later married and had three children, the first of whom was born with a disability. Heather suffered from severe depression and had suicidal thoughts at various times during her marriage. When she separated from her husband he told her family that she was a lesbian and that she had been sexually abused by her father. Heather's mother refused to believe her story and accused her of making a false accusation against her father, because of her sexuality. They had since broken off contact with each other and Heather was still trying to understand their complex relationship.

*It's a very complex, or intricate unravelling of this dynamic between this child who was the mother's protector, and the mother actually manipulating this child that way, if you know what I mean. I still can't sort of put all the pieces together, about how that actually worked. It was bizarre (Heather, 16, P95).*

Heather described how she used to drive very fast as a young woman. Ironically at that period of her life, it was probably her belief that she needed to protect her mother that had kept her alive. *I knew my mother would never forgive me and she wouldn't cope without me, so it was probably the saving factor (laughs) (Heather, 16, P143).*

## **Fear and anger**

As an adult Jewels felt a lot of anger towards her parents. She was angry with her father for sexually abusing her and with her mother for failing to protect her and allowing the abuse to happen. Between them she felt that they had violated her, betrayed her, and destroyed her trust in people.

*There's always been a lot of rage and anger at my parents. I've never really been able to relate to them, I've never had a great deal of respect for them. There's always, you know, and I've never, I've never had trust of men or trust of woman. I feel that, looking back now I realise that there's this sense that my mother abandoned me, that she allowed, allowed it to happen. So I felt as though she betrayed me and I felt as though I was betrayed by men too, and used by them (Jewels, 4, P21).*

When she started to remember her childhood experiences as an adult, Jewels often felt overwhelmed with anger. She was frightened by the force of her anger and, initially, would push it down by using drugs or alcohol. More recently she had been trying to *find a way of using the anger constructively, not turning it inwards, and not dumping it out there destructively on the wrong people (Jewels, 4, P95)*, like her son or her partner.

*I realised that there was a lot of anger in me and I just, and I was terrified of that anger. It was just like I was going to explode. If I let it out there's just*

*going to be a massive explosion. And so I used the drugs in many ways to keep the anger down, to keep what I felt was a lot of pain down (Jewels, 4, P13).*

Emm did not talk much about her feelings as a child. She began her story backwards, by describing how angry she had felt when her parents finally separated after years in an unhappy marriage. She realised that she had felt angry with her parents for not separating earlier, so that she could have avoided growing up in such a difficult atmosphere.

*And I was very, very angry that, um, that it hadn't happened earlier, that my childhood and my adolescence had been spent with this incredibly conflictual atmosphere (Emm, 8, P7).*

Emm recalled an incident when her mother punched and kicked her when she was hiding in a cupboard. She told this story to demonstrate her great need for her father as a companion and friend, within the context of living with such an unpredictable mother. When her father tried to kiss her Emm was extremely frightened. *I can't deny that I was terrified that night, I can't deny it, I was terrified (Emm, 8, P108).* She was frightened of the damage that it might do to their relationship, which was so important to her as a child, rather than by the specific behaviour. Even though the sexualised kiss paled into insignificance compared with her mother's violence towards her, it was very difficult for her to cope with as a child.

*I was all bruised from here (points to torso) up from being curled in the corner of the cupboard. And um, yeah so mum was very unpredictable, very unavailable, and you know, and dad was nice to be around. And really honestly, the only memory I have of dad being sexual towards me, in contrast to many things I hear about, is so minor. But it is the relationship and the context of growing up with no choice really but to be close to dad. And I liked being close to dad, that's the most painful thing about it (Emm, 8, P29).*

Heather suggested that the physical abuse was worse than the sexual abuse. She and her siblings were very frightened of her father's violent outbursts and the boys *slept with a steel bar under your pillow (Heather, 16, P131)* in order to protect themselves physically. As an adult she remained frightened of angry men and avoided confrontation at all cost. She found her father's violence harder to understand than the sexual aspects of the relationship and she believed that *the violence probably had more impact on my personality than anything (Heather, 16, P115)*.

## **Pushed away thoughts and used 'dissociation'**

Both Jewels and Heather used the term 'dissociation' to describe how they pushed away thoughts of what had happened to them. Jewels believed that she had had to do this because she felt so dirty, ashamed, and responsible for what had happened to her. She also described her need to connect more with her body and her emotions even now, since dissociation had become a habit for her.

*After years of just having to silence it, because very much there was this feeling that everything that happened was my fault, I was responsible for it, that I was dirty, I was evil. And so I had to keep it quiet. And when it surfaced, it was like I really wanted to be heard. And um, yeah so it's good to be able to come here. And I still think in many ways I'm really good at being in my head and seeing it and talking about it, and I still tend to dissociate a lot (Jewels, 4, P37).*

When dissociation was coupled with use of drugs and alcohol, this combination protected participants from the need to feel their anger or their pain. Trying to come off drugs often led to a resurfacing of thoughts and feelings, which then needed to be pushed down again through returning to drug use. Jewels described this cycle which she had been through several times. She used the metaphor of being *cut off at the throat (Jewels, 4, P13)* to describe the disconnection between her mind and her body, her thoughts and her feelings. This metaphor echoed her recovered memory of being threatened with a knife by her father, the butcher.

*It's like I've been cut off at the throat and just been very out of touch with my feelings and my pain, with my anger, just really lived in my head. And the marijuana, that more or less was a tool to keep me up there. Whenever things, whenever I tried to get off the drugs, after a while a feeling and that would start to surface, and I'd be, straight away go back to smoke to push it all down. So it's been a kind of an on-going process for me (Jewels, 4, P13).*

Emm described a form of childhood thinking which operated to protect her from knowing the truth about her family. She knew that she needed her father's care to keep her alive so she chose to believe whatever would be helpful to her as a child. She could now see that, as a child, it would have been too devastating for her to realise the truth about both her parents.

*And I think it's because I'm an adult that it can be looked at. You know it feels devastating as an adult, but it actually would have been devastating as a child to put this together. To feel this now, it feels devastating, but it's not. It would have been devastating, it would have killed me ... I think when I was a child, there was a sense of only letting those things be true that would get you through, but not consciously you know (Emm, 8, P118).*

Rather than dissociation, Emm described the process of gradually recalling her childhood memories, which had always been there but had been pushed away until it was safe to examine them. At first she recalled her experience with her father and automatically pushed the thoughts away. Over time she was able to consciously decide to push the thoughts away until she was ready to deal with them. Growing up in her particular family had been extremely confusing. It was only when she was in a good enough position in her life that she felt able to examine that confusion.

*I think I always knew it was there. It's really hard to explain. It's like, I know it as an absolute memory of mine, and I know I've always known it, but it's only in more recent years able to be looked at. It's more that, even when it's come up even say three years ago, I would say 'okay, I know you're there', and shove*

*it away. It was like a, it was a more conscious shoving away, and before that it was more automatically shoved away. And I think, back then, that everything was shoved away, everything. Like nothing made sense (Emm, 8,P48).*

Heather was so relieved when her mother left her father that she pushed the sexual experiences completely out of her mind. *When you get out of that environment, you're so grateful to be out of it, you don't sort of worry about it too much (Heather, 16,P11).* She did not really believe that children could cope at all. *You just don't cope with it as a kid (Heather, 16,P63).* She had learned to use dissociation as a way of coping when young and continued to use it in adulthood.

*So you do learn to disassociate (sic) which helps you cope I suppose, but again the way that you learn to cope is just a coping mechanism and it may not be a good one, but it gets you through (Heather, 16,P63).*

## **Didn't tell to protect others**

Jewels could not tell anyone as a child because her memories had been lost. She did not tell anyone in her family as an adult either. She chose not to confront her parents as an adult for two main reasons. Firstly, she thought her mother would not believe her story. Previously Jewels' ex-husband had told her mother that she had had an unhappy childhood and her mother had completely denied this, becoming very angry with Jewels. Secondly, the uncertainty about the veracity of her memories made her hesitant to confront her parents. She chose to protect them and, perhaps, herself.

*I know my mother won't accept it. Several years ago my ex-husband mentioned to her that I'd had an unhappy childhood and she just wouldn't talk to me for six months. She just got so angry. Even now she says (speaking aggressively) 'why did you have an unhappy childhood? You had a perfect childhood. There was nothing wrong.' And, um, there's just still the doubt with it. Is this just all in my imagination? Did this really happen? You know. My father's sick, he's got prostate cancer. And I just don't feel as though I can challenge him (Jewels, 4,P25).*

Emm did not discuss what happened to her because she had no one to tell and she wanted to forget about it. Heather took a more active role and decided when she was young not to tell anyone in order to protect her younger siblings. She believed that if she was being sexually abused this would protect her younger siblings from the same fate.

*You knew what was going to happen or whatever, but you'd protect your sisters as well, you know, because if he wasn't doing it with me, he was going to do it with them, so you put yourself in that position (Heather, 16, P3).*

## **Adversity faced and overcome**

Jewels and Heather described a number of difficulties in their adult lives which they attributed to their early sexual experiences within the family. Emm had only experienced problems in adolescence. Although these participants described many difficulties that they had faced, they were all at a point in their lives where they were functioning well and felt that they had overcome most of these problems, including excessive drug and alcohol use, and physical and sexual problems. The only lingering problem seemed to be depression and suicidal thoughts which both Jewels and Heather continued to experience in adulthood.

Jewels had recently thought *I just want to be dead (Jewels, 4, P25)*. When Jewels was nineteen *I got involved in drugs, first marijuana, alcohol, and then into the hard drugs, heroin and that (Jewels, 4, P9)*. She had had a long and painful struggle to control her drug use. Now drug-free, she saw her drug use *as a very self-destructive pattern (Jewels, 2, P13)*.

Jewels had contracted Hepatitis C from her heroin use. She had a poor body image which she connected to her childhood experiences and was concerned about being overweight when in fact she was of slim build. She saw her body image as important in her relationships with men.

*And that's kind of created a lot of body images, problems for me, especially now that I'm getting a bit older and I've started to lose the firmness and whatever and I've started to feel fatness. I'm concerned that I'm going to lose a relationship, I mean he won't want me, I'm not this slim twenty year old (Jewels,4,P13).*

Jewels used to believe that *I don't have a right to say 'no' to men, that I have to submit, that I have to, their needs are more important (Jewels,4,P13)*. She described one relationship in which her partner had raped her and hit her.

*I was in one relationship where, yeah, he did force sex on me a number of times, including anally and where he did also did hit me once. But that wasn't really a common experience. Normally I'd just submitted anyway (Jewels,4,P11).*

She had been able to identify her pattern of entering into abusive relationships with men and then to *take on the blame for everything (Jewels,4,P93)*. She had removed herself from these destructive relationships with men.

*I got involved in a lot of relationships that were all, they all just neatly fell into the passive-submissive role. I used to pick dominating men and expect them to be my protector and make all the decisions, and often I would end up being abused (Jewels,4,P9).*

Jewels also had a fear of orgasm that she attributed to the fact that she had been sexually stimulated as a child and had experienced some sexual pleasure, leaving her feeling guilty.

*There's just this sense that back there, when I was a little child, I was stimulated and there's this terror of having orgasm or showing that I did enjoy it, and that still seems to be with me. So yeah, there's a lot of frustration in that area (Jewels,4,P25).*

All three participants had some involvement in drug and alcohol use. Emm described how she *stopped drinking when I was twenty-one (Emm, 8,P94)* having started drinking heavily when she was still at school.

Emm experienced a dramatic somatic reaction as an adolescent, when her father was suddenly rushed into hospital, requiring emergency surgery. She retired to bed with a severe pain and was physically unable to move until after her father had returned home. She explained this as her body demonstrating what she knew emotionally, that her survival depended on her father and that she could not cope without him.

*I went to bed with a pain in my side and couldn't, not didn't, couldn't get up. Yeah, and I was there sick until about a week, until we heard that he was going to be alright, and that they'd operated and he was okay. But that still flaws me. I only understand how important it was for me to have dad, through knowing that my body did that. And I can honestly tell you I couldn't get up (Emm, 8,P74).*

Heather had suicidal thoughts from time to time. She had experienced depression for many years and hated the idea of being a blood relative to her father. She had used alcohol as an escape and described being lucky that she was not exposed to heroin because she might have tried to kill herself by overdosing.

*As a teenager, looking at, thinking that that bastard's blood ran through my veins in terms of abuse, and God, I used to drink myself to death practically. I was paralytic, bloody ninety-five per cent of the time. Thank God syringes and stuff weren't around because I would have done it (Heather, 16,P91).*

As an adolescent Heather avoided intimate relationships. She had lots of boyfriends but no serious relationships. *I sort of avoided relationships to a certain extent, particularly intimate relationships (Heather, 16,P11)*. She described her marriage as *very*

*unaffectionate and never a big focus on sex or anything like that so that suited me (Heather, 16, P27).*

Heather believed her early sexual experiences had not had any impact on her sexuality. She did not go along with the common view that women became lesbians after being sexually abused by men.

*There's certainly a lot of conjecture out there that all lesbians are abused as children, and blah, blah, blah. A lot of them were because they're women (laughs). Hello! But there certainly is that connotation out there from a broader community perspective that if you were abused as child then you know, your chances are that you're going to hate men or you're not going to want to have anything to do with them (Heather, 16, P83).*

As it became more socially acceptable to discuss childhood maltreatment in public, it became harder for Heather to feel that her individual experiences would be honoured and understood by others. Heather felt angry that some victims exploited their situation, thereby trivialising and minimising the experiences of others.

*I feel that it's been minimalised in the sense that, if you say you were sexually abused as a child, 'oh well, so was everyone else.' Like you know, we've got to the point in our society where we don't really think that it's all that traumatic anymore, if you know what I mean. Yeah, it's been minimalised. And I think people come out and say they were, or they weren't, for attention or for something else, so it trivialises what we've been through (Heather, 16, P111).*

Heather had been in social and work situations where the topic of child sexual abuse had been discussed in a dismissive manner. She found this very frustrating because she was unable to enter the discussion for fear of disclosure and people saying *she must have been abused as a child* (Heather, 16, P131).

## Sense of self as a protector of others

These three women had taken on the role of protecting or helping others: Jewels had decided to become a healer of others; Emm and Heather already worked in the helping professions. Heather had tried to protect her mother and her younger siblings from her father's unpredictable, violent, and abusive behaviour.

In the past Jewels would have seen herself in the role of a victim and would have described the major ongoing suffering that the incest and other early sexual experiences had had on her life. She was determined to stop thinking of herself in this way and to become the strong, capable woman that she knew she could be.

*I've always had a victim attitude all my life. And a lot of negativity and that's alright. What I'm very much trying to let go of is that I don't have to be victimised, I don't have to see myself as powerless, that I am a strong capable woman, and that it is safe for me to be a woman. There was always this feeling that's it's not safe to be a woman in this world (Jewels,3,P113).*

Jewels felt a calling within her to work as a healer. She loved living and working in the Australian bush, surrounded by nature. She knew that she was on *a very powerful healing journey (Jewels,4,P113)* and that she had learnt a great deal along the way. She saw her journey as a wonderful transformation, and used the metaphor of turning lead into gold to describe the change within her. Her goal was to help other people achieve this transformation for themselves.

*So I have a dream, a goal of being able to eventually, as I heal myself, being able to start reaching out to other people, and helping other people through this journey. So I think I've been given a purpose in life that I never had before. Yeah, um, yeah, so it's almost like the alchemist transforming the lead into gold. And um, yeah, it gives me a much more positive slant on things (Jewels,4,P113).*

Emm had worked in child protection for many years, and made the connection between her early childhood experiences and her desire to work in this challenging field. After describing the incident when her mother burnt her leg against a radiator she exclaimed *no fucking wonder I work in child protection (Emm, 8,P90).*

Heather had worked hard to develop a strong sense of self. She had looked deep within herself to work out who she really was and what she really stood for, when her first child was born with a disability. This event led to a rethink for her as she tried to deal with her new role as a mother, as well as her own feelings of grief about her own upbringing.

*And having had a child, you want to protect them, and yeah, just trying to deal with that. And dealing with your own baggage that had been ignored for so long. And I think that's probably true in a lot of women's cases, I don't know. So I found that very difficult, and really had to dig deep within myself to work out who I was for the first time in my life (Heather,16,P27).*

When Heather separated from her husband and was setting up house with her female partner, her mother sided with Heather's husband and tried to prevent Heather and her new partner from gaining custody of the children. Her mother even took out an Apprehended Violence Order (AVO) to prevent Heather from seeing her children. Having been so close to her mother as a young child and having believed that she had protected her mother from her violent father, Heather was devastated by what she saw as a betrayal by her mother.

*I suppose what I think is 'look I sacrificed myself for you bastards (laughs), for you, and this is the thanks I get.' Like you know. And my mother was really interesting because I was so loyal to her and I was the only one in the family that said 'this is not okay.' And then the one time that I needed her, she told me she'd prefer it if I was dead. I couldn't understand that betrayal (Heather,9,P59).*

Heather disliked the fact that, in her opinion, there was a strong societal belief that victims of child sexual abuse have been damaged and were seen as inferior and somehow tainted. She rejected this view of herself, as described below, and chose to see herself instead as a worthwhile human being who had tried to protect her siblings and her mother from harm.

*She's dirty, more than anything. I don't know how to explain it. That she's a lesser being because she's been, you know, tarnished or something to that effect. So people look down their noses at her, things like that. 'Oh no but you, you were abused as a child therefore you're no good' (Heather, 16, P207).*

Despite her mother's betrayal Heather had realised that she had a core being that no one could touch, destroy or take away from her. She had turned her life around without the help or support of her family, by relying on this inner strength born of adversity.

*The only thing that people can't attack is what's inside. It's like you are having this steel rod, I suppose, that's surrounded by things that no one can touch. There's always something in you that is your own, and you're your own person so, despite what anyone does to you, you still have this core that's you. And nothing anyone can do can change that (Heather, 16, P163).*

Heather took measures to prevent her own children from having contact with her father, who had tried to befriend them by buying them presents. She told them of his violence towards their grandmother by saying *he used to break your grandmother's arms and legs (Heather, 16, P39)*. After this they became less interested in getting to know him.

## **2) Seeking justice and breaking the cycle**

Karen, Tina, and Jane were sexually assaulted by members of their family for as long as eight years. Karen and Jane both had fathers who were physically, emotionally, and sexually abusive. They had all reported their victimisers to the police as adults, and had

been willing to accept the consequences of this action. In all three cases their families had sided with the victimiser and, eventually, these women had decided to cut off contact with family members. This was a double blow for them. However, they did not regret what they had done. In fact they were proud of their actions and felt that they had grown stronger as a result of the ordeal that they had been through. Seeking justice had been their way of facing up to their childhood adversity.

Some of these women could also be described as protectors of others. For example, Jane had a strong need to protect her twin sister from experiencing any pain. She definitely identified herself as a protector of her twin, and in that respect her story was similar to those of Jewels, Emm, and Heather. However, Jane did not want to help other people in general. Her main passion was to prevent other children from being sexually abused and to open their mothers' eyes as to what was happening in the family. For her, justice and breaking the cycle of abuse was her main focus, hence her inclusion in this section.

## **Karen's story**

Karen was a woman in her early forties, with three children, who worked in an office. She was brought up on a farm as one of five children, with an alcoholic and violent father. She had difficulty with reading at school and described how her father would punish her for this. *If I got a word wrong, he'd belt me (Karen, 5, P52)*. The children were isolated from their peers, not allowed to have friends home, and *were always locked up (Karen, 5, P116)*. Karen's father molested her from the age of four until she was twelve, when she stood up to him and told her mother what he had been doing. She described an incident which occurred when she had run away to a friend's house, after receiving a poor school report. Her father found her and was very angry with her when they reached home.

*He made me go and get the belt. Um, he hit me once or twice, and I said, and I turned to him. I had enough guts to say 'if youse (sic) hit me once more, I'm going to tell mum.' And he said 'tell mum what? (sneeringly)' And I said 'tell mum what you do to me.' And he's gone 'oh, yeah, oh yeah, what?' sort of*

*thing. So I just said that 'he, you know, touches me and he, you know, makes me do things with his penis' (Karen, 5, P56).*

After this incident Karen's mother asked her if she wanted her father to leave home or not. Karen did not want to upset her mother any further so she said he could stay. From then on her father continued to abuse her physically but not sexually. Karen found out later that her father had sexually abused all of his children. As a child she knew what had happened to one sister, because her father had had sex with them together on one occasion. Both girls knew that the safest thing to do at the time was to bury that knowledge and never to speak of it to anyone else.

*He had us in a session together. And um, it was just like it was completely forgotten afterwards. We looked at each other afterwards, and just, it was just like 'Okay, that's it. We are never, ever to speak about this' (Karen, 5, P52).*

Karen became pregnant by a boyfriend at age sixteen and had a termination. She left home at eighteen to get married. She had two children in her early twenties. In her thirties she and her sisters told the police about their childhood experiences, *not just the sexual abuse he'd done. There was mental abuse, there was physical abuse (Karen, 5, P48).* Her father went to jail for three years, where he died.

Karen's mother and grandmother supported her father throughout the trial and, as a result, Karen cut off all contact with her mother. Karen had a good sense of humour and an ability to remain positive despite these childhood experiences. She even described herself as the *lucky one (Karen, 5, P322)* because she had not resorted to drugs, alcohol or mental illness despite her ordeal. She joked that *they said that he had heart problems. We always used to think 'well how can you have heart problems if you don't have a heart?' (laughs) (Karen, 5, P100).*

## **Tina's story**

Tina was a nurse in her late thirties, a single mother living on the coast with her daughter. Tina summed up the story of her upbringing when she said *I had a magical*

*childhood in many ways, if only you could remove the sexual assault (Tina, 6, P210).* Her father had died when she and her twin brother were babies. She was sexually assaulted by her aunt's boyfriend, a man in his sixties, from the age of eight until she was sixteen when she threatened to tell others what he was doing. He would touch her genitals and masturbate.

*And it got worse. And he used to (crying) put his fingers inside me and all sorts of things like that, and masturbate behind me. And he would get all shaky and sort of dribble. And it was very frightening for me. I didn't like it (Tina, 6, P7).*

Tina never felt safe in his presence, even in a room full of people. She found out that he was molesting her slightly older cousin too. As she got older she became angrier and tried to defend herself by kicking him.

*I was really angry then and I used to fight. And I would fight him off. And I would kick him and do all sorts of things to keep him away from me. But he was very clever you know. He was very adept. He would, I would be walking, even in a room full of people, it wasn't, I wasn't safe (Tina, 6, P19).*

The worst betrayal happened when, as a mother herself, Tina wanted to protect her own daughter from this man. She repeatedly told family members what he had done to her but they closed ranks and refused to do anything about it. As a result Tina ended up cutting off contact with her entire family which she found extremely painful. She eventually reported the abuse to the police, who decided not to prosecute as the victimiser was in his nineties by then. In many ways Tina felt that her family was the trap that she was caught in.

*So I think what happens in my family is that the rights of individuals is sort of, er, removed for the good of the family. But I don't know, in a way it's a bit like the family is the trap. That was their trap, this idea of having this fabulous family, meant that nothing, everything had to be perfect whether it was or it wasn't (Tina, 6, P51).*

## Jane's story

Jane was an identical twin in her early forties. She was a single mother, with two children, who preferred to live alone. She had been sexually abused by her violent and intimidating father on almost a daily basis from the age of eight to sixteen, when her parents separated. Jane's father was an ex-military man who terrorised the entire family. He was also violent towards Jane's mother. Jane discovered later that he became even more violent with his second wife who *lost a baby while she was pregnant through being beaten up. She lost teeth. She had a broken arm and stuff and bruises on her* (Jane, 14, P27).

Jane never felt any love towards her mother who had failed to protect her and her twin. It was her twin's suffering that upset her the most, even though she believed that her twin had not been sexually abused by her father. Throughout most of the interview she only cried when mentioning her twin's pain, not her own.

*I don't have love for my mother at all. I can't ever remember feeling any love for her, because I suppose she was never there to protect me, and she was not there to protect my sister either really and that, funnily enough, is more upsetting that my twin (starts crying) has suffered so much as well* (Jane, 14, P39).

On Jane's thirteenth birthday, her father penetrated her for the first time. As an adult Jane made a report to the police and her father did go to jail for a few years. However, she remained frightened of him and of going out with men. Later she married and had two children. Now separated, she preferred to have affairs with married men which seemed safer to her. She moved frequently in case her violent father ever caught up with her.

As far as Jane was concerned, the most painful part for her was that she felt her twin had been badly affected by these events. She had tried so hard to protect her and believed that, while her father was molesting her, he would not touch her twin. Later

she discovered that her twin had tried to tell their mother what was happening. As a result her twin had been grabbed by the neck and physically threatened by her father. This had been very distressing for Jane to hear.

*I think it hurts the other twin to see her twin being hurt in whatever way (cries), so I suppose I want to shoulder a lot of the hurt and take it away from her. So it was very upsetting to find out that he'd done those things to her, you know threatened her. What upsets me more is the way her behaviour now is as a result of all that. I detect in her a real anger (Jane,14,P107).*

## **Growing fear and anger**

Karen, Tina, and Jane described being very fearful as children. Jane pleaded with her mother not to be left alone with her father. Karen and Jane both tried to run away from home. Karen described how the fear built over the years. Initially her father told her what they were doing was a secret but, as she got older, he threatened her with violence if she told her mother anything. For many years his strategy worked and Karen kept quiet.

*He threatened all along. When I was younger, 'it was a secret.' As I got older it was 'you tell your mum anything and I'll belt the hell out of you, or I'll kill you, or I'll you know, you won't be allowed to do this, or you won't be allowed to do that.' So I was petrified (Karen,5,P48).*

Karen believed that the physical and emotional abuse that she had endured from her father was actually worse than the sexual abuse. She described how *you tend to remember more of the beltings than what you remember of the sexual part of it (Karen,5,P270)*. The physical abuse had been important in the trial because there was corroborating evidence from more than one sibling. It had made her fearful and, therefore, unable to stop the sexual abuse.

*I've got marks on my legs from him, um, belting us for just stupid reasons and stuff. So that put fear in us, we knew, I knew that if I said anything, that those*

*things could possibly happen to me, because there was no stopping him doing anything else. So I was petrified (Karen, 5, P48).*

Jane also described the same pattern. Initially her father told her that what they were doing was a secret, but later he used the threat of violence to silence her. If she tried to defend herself and fight back she was punished by him for that too.

*Always there was this 'you mustn't tell anybody. It's our secret.' But there was a hint of violence behind that as well. A little bit later on, when I was around twelve, thirteen, if I tried to get away he'd hold me by my hair, or hold me forcefully, or take it out on me in another way (Jane, 14, P15).*

Jane described herself as *just too frightened or too ashamed. Probably it would have been more fright, more frightened, because he was really violent (Jane, 14, P23)*. She recalled an incident when she and her twin sister were five minutes late getting home and were beaten by him as a result.

*The one time we were five minutes late getting home from a friend's house on a Saturday afternoon, and he beat us. But that time he used a fibreglass fishing rod around that particular time, that used to leave cuts and welts on us for like two weeks at a time (Jane, 14, P11).*

Tina was scared when her aunt's boyfriend touched her genitals. The fact that she found it physically pleasurable made her feel all the guiltier because she was *doing this with him (Tina, 6, P7)*. This made it harder for her to tell anyone.

*Sometimes it was, this is a difficult thing to say but it's true, sometimes physically it was pleasurable but emotionally it was terrible. And I thought I was bad, that I was doing this with him (Tina, 6, P7).*

She described herself as a very angry child and adolescent. She was furious with both her mother and her sister, who was twelve years older than her, for failing to protect her

from her aunt's boyfriend. She also became very angry with men and started to fight back.

*I think it had a lot of effect on me. I think it was, I was very angry when I was a child, and when I was a teenager. I was furious with my mother and sister, and I think that was, and when I think back now, I think underneath it all it was about them not doing anything and not protecting me. Um, it also, I also felt men were the enemy (Tina,6,P126).*

### **Tried to tell as children, then pushed away thoughts**

Karen and Tina both tried to tell their mothers what had happened to them when they were children. When little changed as a result, they still had to continue to live with the situation and push away all thoughts of what had happened to them. Karen admitted that she had become self-protective after telling her mother. Her father had stopped sexually abusing her but continued to be violent towards her and punished her for telling. She then recognised that things would not change and she decided not to think or talk about it, particularly because *he went from me to my younger sister then (Karen,5,P132).*

*I didn't protect my little sister. Dee (her older sister) feels the same way. She says 'I didn't protect my brother and sisters. How am I supposed to live with myself, sort of thing? I knew what was going on.' But you just think 'no I don't want anybody to hurt me. I've had enough hurt. I've got to protect me.' And we all felt the same way (Karen,5,P132).*

Despite telling her mother, nothing really changed for Karen. It was as if her mother both knew and did not know about the sexual abuse. Either she did not believe her daughter or chose to deny the reality of the situation. This infuriated Karen as she matured into adulthood, particularly when she had children of her own.

Tina was afraid to tell anyone as a child. Initially she had loved the attention that she received from her aunt's boyfriend, because her father had died when she was a baby. As time went by it stopped being fun but, by then, she knew that she would get into a

lot of trouble if she told anyone. She was *really frightened that my aunt would be cranky with me (Tina, 6, P3).*

*I didn't like it. I didn't like it but I didn't know what to do about it. And it had gone on for sort of a long time to me, so I thought well, now I really felt that I was part, I was a willing participant. So I thought 'oh, this is wrong and if I say anything I'm going to get in trouble.' So I didn't say anything to anyone (Tina, 6, P3).*

She broke her silence at the age of nine and, with an older female cousin, told another uncle what had happened to them both. After this the sexual abuse stopped for the cousin but not for her. She continuously tried to tell other family members, but they all chose to do nothing about the situation.

*They just didn't want to do anything about it. They wanted to keep the family intact. They wanted to play the family, the perfect family, and still have the parties and everything. And to me, it meant nothing, because family is not, that's not family to me (Tina, 6, P51).*

Tina continued to tell family members what was happening but nothing changed. It was as if the family sided with her aunt, who was universally viewed as a sensitive person and likely to have a nervous breakdown. She found this baffling as a child and as an adult.

*The whole family knew about it, but nobody did anything. They all, my aunt was, um, viewed as this, er, delicate person and you felt, I always got the impression that everyone thought that she was on the edge and that she would jump off a cliff, or anything (Tina, 6, P7).*

Jane had never talked to her twin about her father's sexual abuse of her, and told no one until she turned eighteen. As children, she and her twin had gone to school crying and covered in bruises which the teachers had ignored. As an adult, Jane found it hard to

understand why the neighbours had never complained or stepped in to help given that *the violence that we had to endure, there were many times that we would be screaming our heads off (Jane, 14,P23).*

*We used to go to school late, with tears streaming down our faces and bruises on us, and still no one at the school ever did anything. They used to just shake their heads and tut, tut, tut, and say 'never mind. Just go to class' (Jane, 14,P27).*

Jane had never asked her twin if she had been sexually abused. She had not told her twin much of the story that she had told in the interview. She never knew why she and not her twin sister had been sexually abused by their father. She believed that it was because *I was the less outgoing one at that stage when we were young, and that's why he chose me (Jane, 14,P67).*

Jane hinted that her mother might have been sexually abused as a child. This might have partly explained her behaviour but it did not excuse it. Jane still felt angry and abandoned by her mother, who did nothing to protect her from her father.

*I can never remember ever feeling any love at all for him, and funnily enough I can't for my mother either. Maybe she just was never there for us. I think she had her own problems that, as my twin sister and I were growing up, we sort of recognised, and maybe that's why she was never there to help us, in the violent times as well as my sexual abuse times (Jane, 14,P11).*

Jane oscillated between believing and not believing that her mother had known what was happening to her. Jane described their complex relationship in which *she knew that I knew that she knew, that this had been going on and that she'd done nothing (Jane, 14,P27).* Her mother had sometimes slapped her out of frustration, as if in punishment for what she could not acknowledge was happening in the family.

*She'd come into the room and start slapping me around. And she never said why she was slapping me, you know around the face, and being horrible. But that's when I said before, like I knew that she knew that I knew why she was doing it. But even to this day she's never turned round and said 'sorry' or 'I should have been there for you' (Jane, 14, P43).*

All of these incidents seemed to fuel the anger felt by these women about the injustice of their situations. Karen and Tina had tried to tell as young girls and felt severely let down by their families, and by their mothers in particular, for failing to do anything to change the situation and to keep them safe from further harm. Jane now felt angry that someone had not recognised what was happening and intervened in the situation. These early incidents increased their resolve as adults to tell the police as adults and to seek justice.

## **Told the police as adults**

Karen decided to cut off contact with her mother when she left home at eighteen. She considered reporting her father to the police when she was in her twenties but, after discussing it with her siblings, decided not to do so in order to protect her grandfather who was gravely ill at the time. However, her anger and hatred grew when she had children of her own. She decided to report her father when she was thirty-two, in response to an advertising campaign by police. This campaign implied that if you failed to report a victimiser you were as guilty as they were. She felt a burden lift from her shoulders and was excited that something was finally going to be done to make her father take responsibility for his actions.

*It was like, everything was just lifted off my shoulders, of this secret that's been held in for so long. I've told somebody that's going to do something about it. Everybody else I told, didn't do anything about it. But this was something that, it was going to happen (Karen, 5, P80).*

Going to court, Karen felt frightened. She knew that this was an automatic response but she had to constantly reassure herself by saying that she was in the right, and that her father was in the wrong.

*'Oh I'm scared. Oh I don't know what's going to happen next.' And then I'm thinking, I more or less slapped myself, 'you idiot, Karen, hey you're a grown up. You don't have to worry about what he's going to say. He's done wrong. You've done nothing wrong' (Karen,5,P80).*

Karen and her sisters decided to prosecute their father without revealing that their brother had also been sexually abused. Although Karen did not agree with her brother's decision to hide his sexual abuse, she and her siblings understood his desire not to be publicly labelled as a victim. She accepted that this might have caused him problems in his work environment.

*If it had've gone into the media and stuff like that, well for him to feel that he could hold his head up. He's got a business, sort of thing, of his own. Those sorts of things. Like I don't see the difference between a man and a woman, like. My way of dealing with this, you know it's better to be out in the open, you know like encourage other people that this has happened to, to come out and say something, not to hide it. He's hiding it (Karen,5,P192).*

Karen continued to hope that her mother would support her and her siblings during the trial. She was devastated by what she saw as a betrayal when her mother chose to sit beside Karen's father in court and to support him throughout. Her mother also told the court *we were compulsive liars when we were younger (Karen,5,P144)*. From that point onwards in her story Karen called her mother by her first name rather than calling her 'mum'. It was as if she no longer considered her to be her mother, after betraying her children during the trial.

*If she had've just said 'you're on your own' and just come to us, all of us were there sort of thing. But she didn't. She sat with him. And she sat with him all the*

*way through the court hearing, the whole bit sort of thing. And she had to hear everything that he'd done to us, um, all the itty, nitty, gritty bits and pieces (Karen, 5, P84).*

Tina explained that it took a long time before she decided to go to the police as an adult because she was *just so fragile (Tina, 6, P105)*. Again *probably the family's betrayal is actually more painful (Tina, 6, P43)* to bear than the actual assaults by her aunt's boyfriend. Tina was happy that the police had taken her statement seriously, but she was also relieved that she did not have to go to court.

*To tell you the truth, I wanted to go to the police. I wanted to get it down, I wanted it taken seriously, but I really didn't want to go through a court case and have to confront my family all over again (Tina, 6, P116).*

Jane felt obliged to report her father when she realised that he was sexually abusing his twelve year old step-daughter. She decided to report him to the police in the hope that this would prevent him from sexually assaulting other children. She felt as if a *huge burden lifted off my shoulders (Jane, 14, P79)* when she stood up to her father in this way.

*She (step-daughter) was very, showing signs of being very upset and crying, and he wouldn't let her out of his sight. And apparently had the same hotel room, which I suppose you would if it was normal circumstance, but it wasn't normal with him. And I was in England at the time and I thought I can't sit back and allow somebody else to go through what I'd been through, so I reported him to the police (Jane, 14, P27).*

The police were unable to prosecute him over Jane's abuse but he was arrested for abusing his step-daughter and was sent to jail. Jane was cynical and did not believe that his jail sentence had had any real affect on him at all.

*And he did go to jail for a short time for that, but as far as I'm concerned it didn't make any difference at all. It may have just tarnished his reputation, but it didn't stop his abuse (Jane, 14, P27).*

The act of standing up to their victimisers and reporting them to authorities empowered these women, even though it came at some considerable personal cost. It enabled them to feel proud of themselves for taking action to protect future generations of children. The cost had been in terms of their ongoing relationships with family members. These relationships were often fractured beyond repair. It was very important to these women to tell someone outside the family and to receive validation of their childhood experiences. They demonstrated the strength of will to go to the police, against the wishes of their families. They also demonstrated courage in facing and overcoming the other challenges that they experienced in their personal lives.

## **Adversity faced and overcome**

Although suicidality was no longer a problem for these three women, they had had to face extremely difficult periods in their lives when they had found it necessary to cut off all contact with members of their family. Karen and Tina both reported feeling intense pain about what they saw as a betrayal by their families. All three women believed that their sex lives had been affected by their childhood experiences and had had sexual problems or times when they had non-committed sex with men.

Karen referred to the first time that she had sex with a boy her age as when *I lost my virginity at fourteen, but it wasn't special (Karen, 5, P64)*. She chose to see this as a technical loss of virginity, but it was not a special experience for her and she saw sex as *just dirty (Karen, 5, P104)*. When she left home at eighteen her father described her as *the biggest slut in the world (Karen, 5, P64)*. Karen seemed to accept her father's view and described herself as a *true hussy (Karen, 5, P64)* because she had slept with a lot of young men from the age of fourteen to eighteen. She left home to get married and was *the only one (of her siblings) that didn't get pregnant to get out (Karen, 5, P148)*. After she separated from her husband at the age of twenty-eight, she found herself having non-committed sex with a large number of men again.

*Between sixteen and twenty-eight, sort of thing, I was a pretty normal sort of person. By twenty-eight I'd gone stir-crazy. I used to think that, you know, there's something wrong with me, because all I thought about was sex. And it was sex, sex, sex, sex, sex, sex, sex. Now it's completely different, can't be bothered (laughs) (Karen, 5, P64).*

After publicly taking her father to court Karen had to contend with other people saying that *she's been abused. She'll probably abuse her kids. And don't leave your kids with her because she'll abuse them as well (Karen, 5, P196)*. Other mothers saw her as a potential victimiser, although she argued that she was most unlikely to hurt another child, having gone through the experience herself.

*'Once abused, always an abuser'. Or once abused, you abuse yourself sort of thing. And honestly, what I said before, it's crap that they say that if you were abused, you would do it, because that's the furthestest thing from my mind, is to hurt a child. There's no way. The hurt, you know yourself how you feel. Why would you want to do that to someone else? (Karen, 5, P196).*

Tina had had a period of feeling suicidal in the past, particularly after cutting off contact with her mother and her sister. She explained that she had felt the need to do this to preserve her own sanity or *I was going to end up in the psychiatric ward (Tina, 6, P103)*. However, taking this course of action was extremely difficult for her, particularly given the early deaths of both her father and her twin brother. She claimed that she was not at risk of taking her own life because she did not want to hurt her children.

*And I think there was one stage there I was suicidal, for one day (breathes heavily). I say suicidal, where I wanted to die because it was just so emotionally painful, and I, but I didn't want to die. And 'Oh God, I have a daughter' (Tina, 6, P91).*

Tina described herself as disinterested in sex as an adolescent. She *always felt like a virgin even though I knew I wasn't* (Tina,6,P130). She decided that it was important to be in control sexually, and she chose to marry a man that she felt she could control. This man had sexually assaulted her twice within the relationship before she decided to leave him.

*I married a man who was fairly passive, who I could control, and did. Um, and he actually in the end became violent himself, and I left* (Tina,6,P126).

During the interview Tina weighed up the impact of the abuse against the impact of the loss of her family. In the end she decided that the betrayal by the family had been worse than anything else. However, she stressed that this was no longer an every day problem for her.

*The family's betrayal is actually more painful than the actual, oh I don't know, it's hard to say that. The assaults were awful too. I suppose they are equally painful, but they're separate sorts of things. I mean for me, I sort of, I guess I think it is worse that the family did what they did, and I've sort of glossed over it but it was dreadful. They said awful things about me and said I was lying* (Tina,6,P91).

As an adolescent Jane felt that she could not commit suicide because she would expose her twin to danger if she did. Her protective instinct towards her twin was very strong, but she admitted that *if my twin wasn't there, I think I would have done it* (Jane,14,P59).

*What I would have loved was to just have never been there, to have gone through all this stuff. But I would never have been strong enough to commit suicide and leave her, because it would have meant that she would have been maybe the next victim* (Jane,14,P55).

Having lost her virginity when she was very young, Jane seemed to deny this knowledge even to herself. She had pretended that the first time that she had sex with a boy was indeed her first sexual experience. Jane described using this pretence at the age of sixteen. She either wanted to believe she was a virgin, or believed that the young man would expect her to be one.

*When I was probably sixteen, I remember the first sexual experience being then and I was having a period and there was a bit of blood, and the guy thought I was a virgin and I thought 'oh well, maybe I could pretend that is the first time' (Jane, 14, P35).*

Jane described having panic attacks and trying to hide from men when they wanted to take her out in her late adolescence. She believed that it was a direct result of trying to hide from her father as a young child. She knew that it did not work and yet she still felt compelled to repeat the behaviour.

*When guys used to come calling to take me out, I'd like go into hyperventilating and I'd go and hide in cupboards and hope they'd go away, and they'd be knocking on the door, and I'd just try and disappear. And I still do that now. I suppose it comes from having tried to hide myself, you know, to get away from my father (Jane, 14, P39).*

Jane described her 'once a month' sexual experiences with her husband as her best sexual experiences because *when I said 'no' to him, he'd take it as 'no' because he just wasn't interested (Jane, 14, P159)*. This description of her marriage was in contrast with her description of herself as coming from *a family that is highly sexed (Jane, 14, P159)*. However, she felt ashamed of her own libido which she believed she had inherited from her father.

Towards the end of the interview Jane exposed her own feelings of sadness and despair as an adult. Up until that point she seemed to have projected all her painful feelings onto her twin sister and cried for her sister's pain, rather than for her own. She cried as

she said *I feel like I'm fumbling my way through life. But I don't feel I've been successful (Jane, 14, P212).*

## **Sense of self as a preventer of future sexual abuse**

Karen felt good about herself after she had sent her father to jail. Even though it had eventually broken her connection with her family, in particular with her grandmother, mother, and brother, she still felt that it was worthwhile and the right thing to do. She also knew that she could and would have gone to court on her own, if her siblings had felt unable to do so. This was very empowering for her and gave her a sense of her own strength as a person.

*But I didn't have to do anything other than doing the right thing. I done the right thing, by myself. I could have gone through it all by myself as well, if my sisters hadn't've have supported me (Karen, 5, P92).*

Karen's siblings found the court case against their father very stressful and most of them went through a period of clinical depression when it ended. However, Karen went from strength to strength. She felt good about the outcome of the case, which bolstered her self-confidence. She was delighted to be involved in the study and was proud of her capacity for survival.

*A lot of people have said to me 'how come you're not in the loony bin?' I used to think 'well I don't know.' I don't know, honestly don't know, couldn't tell you (Karen, 5, P320).*

Tina also believed that she had done the right thing by reporting her aunt's boyfriend to the police. She knew that this had caused a painful rift between her and her family, almost as if the *whole family died in a car accident or a plane crash (Tina, 6, P43).* She also could see the long-term consequences of her action, which remained extremely painful for her.

*I won't go to my mother's funeral when it happens. They won't be kind if I do. I feel bad for my daughter, she has a need to be part of the family. Making the break was very painful for me, intensely painful (Tina, 6, P210).*

Tina was also worried that her daughter would be lured back into the family system by the gifts and the attention that her family gave her. She was worried that the sexual abuse could continue into the next generation of her family. This made taking a stand all the more important to her.

*My daughter is pulled in by the family. It's almost like you are being groomed by the family. They keep on sending her \$50 cheques and presents for her birthday. A little girl likes the attention. I'm not confident that she won't be drawn back in when she is older. And I also have my suspicions that her cousins may become perpetrators (Tina, 6, P210).*

Jane was concerned to protect her twin and to prevent the abuse from happening in the next generation. Her own mother's non-protective behaviour seemed to weigh more heavily on her mind than her father's abusive behaviour. She was *petrified of the thought of having a daughter and behaving the same way like my mother had behaved to us (Jane, 14, P43)*. However, she experienced a strong bond with her daughter and felt protective towards her. This made it even harder for Jane to understand her own mother's behaviour.

*And when I had her (crying), I just had such a strong bond with her, and I just can't understand my mother not having that same bond with us. But I do find that I watch my daughter in the situations that she's in. I try not to over-react, like I let her go and have sleepovers, but I sort of watch for signs with the parents, especially the father (Jane, 14, P43).*

Jane had been very distressed when her son was at pre-school and *showed signs of being a little bit too sexually aroused (Jane, 14, P87)* when playing with one of his friends. She was angry with herself for not recognising what was going on. Once she

did recognise the signs, she quickly removed him from the pre-school. She had since tried to teach her children to *say 'no' and to be strong, and to lash out and kick out, and no one should touch them (Jane, 16, P204).*

*I hadn't recognised the symptoms or the signs, that this other child was being abused and was doing to my son what was being done to him (Jane, 14, P87).*

Jane was concerned her own son might grow up to become a victimiser. The idea of the abused becoming the next victimiser was so strong in her that she felt she needed to be on her guard just in case history repeated itself again. She tearfully stated that *I'll have to watch my son and make sure nothing comes out in him. Not that he's ever shown signs (cries) of it, but you just don't know whether it's there (Jane, 14, P99).* She struggled to understand why some people continued to be abusive and others broke free of it.

*We don't understand why some people continue the cycle and why it just seems not to be there for other people. Because it's not a conscious effort that we're making not to continue that cycle, it's just not there (Jane, 14, P167).*

Standing up to the abuse, making a report to the police, and breaking the cycle were important actions taken by these three women, which gave them all a sense of pride and confidence, despite the consequences within their families.

## Summary

This chapter describes how six women faced their childhood adversity. They were all able to tell *narratives of transformation* that positioned them as having survived their abusive childhoods and emerged as stronger women as a result. They believed that they had been transformed as a consequence of these experiences. They saw themselves as survivors and felt good about the way they had overcome the hardships of the past. In

particular, they felt good about the way they had been able to protect other children from harm.

Three participants (Jewels, Emm, and Heather) had developed a sense of self as protectors within their families. They believed that they had made the right choice in childhood, to protect others from harm, and had gone on to work in the helping professions. Three participants (Karen, Jane, and Tina) had developed a positive sense of self by seeking justice and preventing the future abuse of children. As adults they had all reported their victimisers to the police, despite the heavy cost in terms of their relationships with other family members. In the end, they had chosen to cut off from their families rather than risk the abuse continuing into the next generation. These actions helped them to develop a powerful sense of self as seeking justice, breaking the cycle, and preventing future sexual abuse.

In the next chapter, five participants tell narratives of transcendence. They describe how they refused to be defined by their childhood experiences. They, too, recognised the impact of their childhood experiences but refused to be seen as victims, or even as survivors. They had developed spiritually and wanted to be seen as people, rather than be defined by their histories. These narratives of transcendence were different to narratives of transformation in that, even though participants had been changed as a result of their struggle to overcome their early sexual experiences, they did not link their sense of self in any way to these experiences. They felt that they had moved beyond their experiences or transcended them.

# Chapter Seven - Narratives of transcendence

## Introduction

Five participants told narratives of transcendence of one kind or another. They did not want their identities to be linked to their childhood experiences which they believed they had transcended. They were more than the sum of these experiences and wanted to be recognised as such. Belinda described this feeling in the following words: *I don't feel sort of trapped by it anymore. Like it's not the only thing that defines who I am anymore, and that there's so much more to life than that (Belinda, 20, P165).*

Diana, Belinda, Norm, and Will had several early sexual experiences as young children whereas Rod's experience happened only once. They had all been brought up in families where physical and emotional abuse was commonplace. The main link between these participants was the almost defiant way in which they refused to be defined by these experiences. Most had reacted with anger and aggression as adolescents and young adults. They had had many problems to overcome in their adult lives which they believed related to their early sexual experiences. However, they had overcome these difficulties, usually with little help from professionals, and believed that they had grown spiritually as a result of their experiences.

In some ways there were similarities between participants telling this narrative and those telling narratives of silence. Many of these participants were men who had chosen not to think or talk about their experiences and believed that they had moved beyond them. The main difference was that those telling narratives of silence believed that their early sexual experiences had had no real impact on their lives, except perhaps sexually, whereas these participants knew that they had been affected by their experiences but believed that they had overcome these difficulties and refused to be stereotyped by them.

## Diana's story

Diana was a woman in her early fifties with a long-term partner and adult children. She had a variety of jobs in her career, mainly in the helping professions. She had grown up with an alcoholic father who was violent towards his wife and all his children except Diana. She was a tomboy and her father's favourite daughter. From an early age Diana took on the role of protector of her sisters, persuading her father not to hurt them.

*He bashes the entire family up, but he doesn't touch me. I'm the golden child. I'm possum pie. I'm the one that gets the sweet talk. But everyone else in the family, yep, they all get bashed. Right. I'm the one that stops him from bashing everyone (Diana, 2, P107).*

As a small child Diana was touched sexually by various men. At the age of fourteen she and her friend were pack-raped. She managed to help her friend to escape, but this meant that she was raped by fourteen men herself. This experience was followed a few weeks later by another violent rape by fewer men. She never disclosed what had happened at the time to anyone for fear that it would distress her mother, and that her father would end up in jail for killing someone. In the following excerpt she demonstrated both her sense of humour and her ability as a storyteller. She described how one of the younger rapists lost his erection, and how this enabled her to feel some level of power over men, even during the rape.

*He was having sex with me and he had a very large crucifix, very ornate types the Italians wear on a very heavy chain. Anyway this crucifix on this very long chain was slapping me in the face and I started to laugh at the irony of this Christ-figure slapping me in the face as I'm being raped, it was just all this irony in it (smiles), and I started to giggle. And it's that sort of, you're not hysterical but it's the beginnings of, you know (laughs). And I suddenly realised that this boy lost his erection (clicks her fingers) like that, quick as a flash, gone. So I thought, in amongst all this, I have power. I have power, the power*

*of the cunt. It came clear to me, it was like, in that moment I didn't see myself as the victim. I saw myself as being in a position of power (Diana, 2, P24).*

Diana decided she needed a man for protection so *I got a boyfriend but then I got pregnant to him. By this stage I was fifteen (Diana, 2, P40)*. Her mother had told her not to repeat her mistake by marrying a violent man. She had warned her daughter *don't let them do this to you, what your father does to me (Diana, 2, P44)*. Diana despised men and saw them as a means to an end. However, she found a partner when she was nineteen and they have remained in a *de facto* relationship ever since. In the 1960s and 1970s Diana and her partner had had an open relationship which meant that they had sexual intercourse with other people.

*It was just open slather, and anything went. And I was happiest, and my husband realised that too, I was happiest and most contented and most sane, when I had a girlfriend, a steady girlfriend (Diana, 2, P48).*

Diana believed that the two rapes had had a big impact on her life. She became violent and angry as a young woman, luring men into compromising positions and then knifing them. She used drugs and alcohol to excess and had relationships with both men and women, although she identified as heterosexual. She had had a lot of problems with her physical health and some sexual problems. Here Diana described some of the struggle that she and her partner had to have a normal sexual relationship.

*Quite often I would have sex and I would vomit. It was just, just nauseate me to the pit of my stomach you know. And I mean that's a pretty horrible, right in the middle of having sex with someone and all you can do is just heave your guts up, because it's so repulsive to you. I mean, that's hard on your partner. 'What I make you sick? I literally make you ill. No I don't want to have sex with you if I'm going to make you vomit every time I have sex with you.' Then I developed a reaction against sperm, and that was all psychosomatic, an allergic reaction against sperm (Diana, 2, P83).*

In her thirties Diana became a born-again Christian and worked with prisoners, sexual offenders, alcoholics, and drug abusers. Diana could be described as a woman who was determined not to be defeated by the early experiences in her life.

## **Belinda's story**

Belinda was a young, single woman in her late twenties who had recently had surgery but was determined to be involved in the project. She had been brought up on a property in rural Australia with her mother, her alcoholic step-father whom she called 'Dad', and her step-sister. She had seen little of her biological father who had left her mother when she was a baby. She began the interview by describing her feelings as she walked to school as a young child. *'Why doesn't my Dad love me?'* and *'what did I do? And 'why aren't I good enough?'* (Belinda, 20, P9). She sensed that something important was missing in her relationship with her step-father. He was constantly *pointing out the differences between me and my sister, and saying that we weren't real sisters, we were only half sisters* (Belinda, 20, P29).

*It's a bit of a hole in your soul, I think, when you kind of miss out on that kind of, just being allowed to be a kid, and being accepted that way, and loved and cared for as a kid* (Belinda, 20, P9).

Belinda's step-father sexually abused her from the age of five to thirteen. Her step-mother and father eventually found out and reported him to the police. The sexual abuse stopped but Belinda had to continue to live with her step-father. Her mother and step-sister are still living with him now. Belinda had recently decided not to speak to him on the phone if he was drunk. She felt that, as an adult, she had made massive strides to overcome a problem that had overwhelmed her for so many years.

*It was sort of like powerful when I was a kid. But as an adult, for me now after having dealt with it to a certain degree with counselling and things like that, and made decisions like I'm not calling the house if he's there drunk and all that, which before I couldn't have done. I was too scared to sort of make that stand* (Belinda, 20, P165).

As an adult Belinda worried that her step-father might have hurt other children too. She was concerned that she had not done enough as a child. However, she also felt resentful that she was expected to carry this additional burden of responsibility since she had done her best.

*So I'm thinking 'well what if there was other people?' Even if it was like the minute-est possibility, because I just don't feel like there was. 'But what if there was?' Now do I feel worried and scared and guilty about that, for not doing more as a kid (with frustration in her voice) (Belinda, 20, P81).*

## **Norm's story**

Norm was the first man that I interviewed. He was a tall man with an imposing presence. In my clinical experience I had not spoken to many men who had revealed that they had been sexually abused as children, so I was somewhat taken by surprise when he told me of his incestuous experiences with his mother. I was not mentally prepared for this and I found the experience distressing.

Norm was a man in his early fifties who lived in the city. He was a caregiver for his wife who had a chronic illness. They had chosen not to have children. Norm had had a complex relationship with his alcoholic mother, whom he described as *a blackout drinker (Norm, 7, P5)* and *very smothering, very clutching (Norm, 7, P5)*. Norm's mother worked as a *call girl (Norm, 7, P5)* and he was her only child. He would accompany her and her partner when they went out for the evening. *They'd start off in the more posh places in town, and end up in a blood and guts bar at three, four in the morning. And I'd be with them, waiting for them to finish (Norm, 7, P5).*

Norm frequently saw his mother having sex with her clients and described her as his *pin-up girl (Norm, 7, P9)* when he was in his early teens. However, his feelings towards her became more ambivalent as he grew older. She constantly reminded him that *my conception and birth destroyed her future (Norm, 7, P53)*. He described seeing her naked and feeling sexually attracted towards her until she became angry with him. He was left

feeling totally confused by the incident which he described as *it's exciting, it's dangerous (Norm, 8, P9)*.

*My mother is just there spreadeagled on the bed, naked. And er, you know, just kind of (moves his hand to his heart), and as soon as I started to have that feeling, she wakes up and starts screaming at me (pauses) you know that I'm a pervert, and I'm a whatever. Um (pauses) it's kind of, it's really confusing (Norm, 8, P9)*.

Norm found it painful to remember these events and to talk about them. Graeme was one of his 'uncles' who was wealthy and was in love with his mother. He had spanked Norm in a sexual manner, before having sexual intercourse with his mother in front of him. Norm learned to pretend that he was not in the room with them.

*He didn't really hurt me but it was more like a shaming thing, one being naked in front of him and then wondering what I'd done wrong. Then my mother, you know, embraced me and, you know, snuggled me in her breasts and told me to go to sleep. Er, Graeme had an erection through the whole thing. And then they, you know, just had sex. And I couldn't sleep so I had to pretend to be asleep. And that was actually a pattern that went on for a few years, just pretending not to be there (Norm, 7, P9)*.

Norm was a troubled adolescent and was sent to boarding school. He described how one of his teachers had tried to help him. *He's actually one of the first of a group of compassionate people that came into my life (Norm, 7, P17)*. Despite this Norm was expelled from school at the age of fifteen and started to use drugs and alcohol. He became addicted to heroin and *sort of became a hustler (Norm, 7, P53)*. He lived in *this great big crash pad and pretty much any time you wanted to have sex, you could have it with whoever you wanted to have it with, in multiples (Norm, 7, P53)*. He had a number of satisfying homosexual experiences but identified as heterosexual.

Norm felt angry and hostile towards his mother and every woman that he met reminded him of her. He also felt protective towards her as well. On her death bed, he hoped for reconciliation but instead she told him that he was *gutless* (Norm, 7, P81). His anger spilled over onto other people who did nothing to help him as a child.

*(I was angry with) the hypocrisy, double standards, defending my mother when she got into trouble, taking care of my mother when she got into trouble, er (pauses). You know I guess anger that nobody (raising his voice,) nobody did anything (Norm, 7, P71).*

## Rod's story

Rod was an unmarried man in his late forties who was unemployed. He lived alone in a small country town. He had had a difficult childhood. His father had left his mother when he was a baby. His mother had contacts with the criminal world and had several partners. Rod described how *apart from being blood kin, I don't have a real connection with my family* (Rod, 9, P91). He was brought up by his uncle and his aunt, whom he described as *like a matron in a hospital or a drill sergeant, very restrictive, very dominant sort of figure* (Rod, 9, P58). When he was eleven, a friend of one of his mother's partners stayed for one night in his room and *took advantage of me* (Rod, 9, P4). Rod believed that this incident had had a profound effect on his life.

*Sort of like being very friendly, seduced me, but I really didn't understand what had happened until a little bit further on in life. And yeah he just sort of molested me, had oral sex with me sort of thing. And from that time on, it's had a huge effect on my life, like both physically and mentally, psychologically (Rod, 9, P4).*

Rod was full of shame when he realised what had happened to him. He was also full of anger and developed a strong hatred of gay men. He joined a skinhead gang and got into fights with homosexuals. Later he joined a bikie gang and also became a heavy drinker. He had never had a sexual relationship with a woman for longer than a weekend. He can

now acknowledge that becoming a member of a gang was a very isolating experience, *like being in solitary confinement (Rod,9,P54).*

*As I grew to my mid-teens and understood what had happened at that time of him taking my manhood away from me, um, that's when I began to get the sense of embarrassment, of shame, guilt, and kept it to myself. And when I understood what had happened, apart from all those other things, a sense of extreme rage and of hatred towards people like that (Rod,9,P4).*

## **Will's story**

Will was a social worker in his late sixties who had been married and had one child who died in early adulthood. He was brought up by foster parents whom he believed were his biological parents. He was looked after mainly by his foster father's mother who used to call him a *'shithouse rat just like my mother'* (Will,21,P7). When he had started at junior school *there was lowering of pants and all that sort of thing, and some penetration by these boys (Will,21,P7).* Later his foster father put him into a boys' home and he repeatedly tried to run away. On two of these occasions he was sexually abused by men that he met while on the run. At the time he blamed himself and told no one.

*Anyway they put me in a boys' home, and I absconded from there several times, and it was during two occasions of absconding that I was picked up by a bloke, taken home, basically raped although I didn't think it at the time. I thought I was to blame to a large extent, because I'd run away and therefore I'd put myself in that situation (Will,21,P7).*

Will learnt how to fight and to defend himself at the boys' homes and reform schools that he lived in as an adolescent. He realised that *you're not considered a hard man because you win fights. You're considered a hard man because you keep getting up when you're loosing the fight (Will,21,P23).* Will described how, as he got older, he used his aggression and authority to prevent younger boys from being raped by older boys in these homes. He maintained that the use of force was *probably more efficient than all the garbage they go on with now (Will,21,P107).* He described much of the

sexual activity within the home as experimentation fuelled by curiosity and boredom. He believed that when the boys left the home *they walked away from that as well* (Will, 21, P83).

*There were a few kids that came up there who were starting to rape little blokes. Well we sorted them out. Because there was up to eighteen years of age there, so you got fourteen to eighteen. So some of the little fourteen year olds would come in, and they thought they were easy meat. Well, they weren't* (Will, 21, P83).

Having introduced the five participants, I will now explore their emotional, cognitive, and behavioural responses to their early sexual experiences. This was a feisty group of people who disliked being categorised or stigmatised by others and had strong feelings of their own.

## **Anger and some shame**

Diana described how being raped by fourteen men was a terrifying experience for her, particularly at the beginning when the more aggressive males took their turns.

*While the first part was terrifying because you're fearful for your life. As you get further, in a pack-rape like that, because it takes so long, as you get further into the rape, your panic and your fear, because you're still alive, so you sort of start being a bit more 'they're not going to kill me, I'm going to come out of this alive' (Diana, 2, P24).*

Diana became an angry young woman and described how she directed her anger against men in an extreme way. She realised with hindsight that she had behaved in a dangerous manner and had been lucky not to have been caught.

*I used to carry a knife, I used to stab men, I used to lure men into situations where I could stab them, on the promise of sex, get them into dark places away*

*from whatever and run them through with a knife. I never killed anyone, which amazes me (Diana, 2, P40).*

For Belinda, the anger and frustration that she felt about her situation had grown over the years. Recently her mother had briefly separated from her step-father and during that time Belinda felt safe enough to tell her more of what had happened in her childhood. When her mother decided to go back to live with him, Belinda found this even more difficult to deal with. It seemed like a betrayal and left her feeling even angrier.

*I just couldn't talk to her about it when she was living with him. It just didn't feel safe to, so I sort of had this talk to her, and I thought (sighs with relief) it was such a relief, and for a few months there I just felt so good and so relieved. And then she went back in with him, and I just felt so betrayed because I thought 'I've only just told you some of these things that actually happened, that you never knew about before. How could you go back with him now, knowing that?' (Belinda, 20, P65).*

Norm was very angry and violent as an adolescent. He described feeling intense anger towards his mother and *on a couple of occasions, I've wrecked her place (Norm, 7, P77)*. He felt both angry and protective towards his mother. He described moving from *taking care of my mother (Norm, 7, P73)* to *I hated her guts (Norm, 7, P5)*.

Rod talked about having his *manhood (Rod, 9, P4)* taken away and the shame associated with this. He was an angry young man and described how *the 'old me' was full of that rage and that anger (Rod, 9, P50)*.

*As I grew to my mid-teens and understood what had happened at that time of him taking my manhood away from me, um, that's when I began to get the sense of embarrassment, of shame, guilt, and kept it to myself (Rod, 9, P4).*

In many ways Will refused to feel anger or shame about what had happened to him. He had decided in the boys' home that *you don't give anything any more power or any more victory over you than it deserves (Will, 21, P23)*. From that day onward he had decided *I just won't let it be an influence on me (Will, 21, P23)*.

## **Pushed away thoughts and longed to be 'normal'**

All participants in this group had learned to push away thoughts about their early sexual experiences. Diana chose not to remember the full details of her experiences. She never told a soul as a child and, as an adult, would only talk about her experiences if she believed that it would be helpful to others for her to do so. Otherwise she put them out of her mind as much as possible. *If it didn't have a purpose, then there was no reason to talk about it (Diana, 2, P143)*.

As a child Belinda had tried not to think about what was happening to her at home. As an adolescent she knew that she did not want to upset the family dynamic. As an adult she was frustrated that she still felt the need to push away these thoughts, particularly in front of her mother and step-sister.

*After everything I've done for everyone else, I can't even express any of these feelings without being the bad one, and it's just so, I don't know, it just makes me feel more isolated than ever. So it's been really hard that way, to sort of feel close to my sister and my Mum (Belinda, 20, P69)*.

Norm entered an almost trance-like state during the interview and, whenever the tape ended and the recorder stopped with a loud noise, he would ask to take a break. Norm described this as 'dissociation' and gave an example of what this felt like for him, when his mother was having sex with a client in the room where he was trying to sleep.

*I used to be able to, I guess it's a form of dissociation, but just make myself, I either made myself really small, or I made the environment I was in very large. I'm not really sure what it was. But it's like to go to that lamp up there (points at light across the room) would take five light years distance (Norm, 7, P9)*.

Rod described hiding his feelings from everyone and isolating himself. He felt unable to trust anyone, particularly if they wanted to get close to him. He felt the need to keep people at a distance, and his own feelings well hidden.

*But I always locked those feelings away and pushed people away, because of having the fear of like of being hurt, not trusting anybody, relying on my own instincts (Rod,9,P20).*

Will learned early on at the boys' home that if he told anyone what had happened to him he would be likely to get blamed and be punished for it.

*But I never told anyone at the home. You know, at the home, I knew every time I went back I was going to get a belting, and they were pretty savage beltings (Will,21,P11).*

Several of these participants referred to a deep longing that they felt as children to live in a 'normal' family. Norm stated that he did not really know how 'normal' families behaved. He welcomed every opportunity to observe a 'real' family doing ordinary things together. Norm felt that his upbringing with his single parent mother had lacked, among other things, normal conversation.

*I had no idea what it was like to live in a family, and you know whenever I'd be invited to a real family, it was like such a treat to sit around a table at dinner and talk about what happened in the day (Norm,7,P53).*

Rod tried to fit in by *being an Aussie male (Rod,9,P12)*. As he saw it, the typical Aussie male was a man who viewed women as sex objects and frequently cheated on their partners. He *started drinking, 'cos I thought well that's all part and parcel of being, being an Aussie male' (Rod,9,P12)*.

Belinda felt that she had arrived at a point in her life when she could dare to hope that she could lead a ‘normal’ life.

*It's sort of the first time that I've been able to have any kind of healthy perspective on any of it, and be able to sort of think that there's sort of any kind of hope for me to have what I think of as a 'normal' life, what other people have (Belinda, 20, P165).*

This longing to be seen as ‘normal’ seems to contradict the main thrust of narratives of transcendence. Had these participants really transcended their early sexual experiences or were they simply wishing to conform and blend in easily to society? There seemed to be an element of both aspects in these narratives. Along with most other participants, they chose not to tell anyone as children apart from Belinda whose story was discovered by her step-mother. Perhaps their desire to be seen as ‘normal’ influenced their decision not to tell.

## **Didn't tell**

Diana had several reasons for not telling anyone about her experiences. She knew that you were not supposed to tell outsiders and bring shame to bear on the good name of the family. When Diana was four a man on the bus *put his hand in my pants (Diana, 2, P24)*. Afterwards her parents had decided to do nothing and Diana had been told by her mother *'Don't tell anyone. Don't let that one out' (Diana, 2, P115)* thereby setting the scene for Diana to keep the rapes a secret later on. She also knew that the family wanted to maintain its good reputation despite the fact that her father ran the family on fear and violence, fuelled by alcohol.

*When you come from a family where there's alcoholism and domestic violence and you're brought up with secrets, because everyone has to believe that you're a normal family and nobody hurts anybody, and you're loved, and you get milk and cookies when you come home (said ironically), you know (Diana, 2, P115).*

Diana wanted to protect her mother from feeling guilty that she had failed as a mother to protect her child. She was still close to her mother, and she still preferred to believe that she herself was responsible for the rape because she went to a particular part of town, despite her mother warning her not to go there.

*I would never, ever tell her this story because she wouldn't cope with it, I know she wouldn't. She would blame herself in some way, she would see herself as in some way responsible that that happened to me, and it happened because she was a bad mother. She would see it that way, and that was not the case. It happened because I was a disobedient child (Diana, 2, P36).*

Belinda deliberately did not tell her story. However, when she was thirteen her step-mother worked out that she was being sexually abused at home and made a report to the police. Belinda was frightened, being so far from home and from her mother. She told the police as little as possible about what had happened *just things like, 'he made me touch his penis' or whatever it was that they wanted to hear, which was all true anyway (Belinda, 20, P53)*. Despite being interviewed by the police and the Department of Community Services, nothing changed at home except that the sexual abuse stopped. Her step-father continued to live at home and for Belinda *it was still pretty tortuous to live in the same household with him (Belinda, 20, P181)*. At that point family denial ensured that *it was never mentioned again like anywhere, by anyone (Belinda, 20, P57)*.

One of the things that had made it so difficult for Belinda to tell police what really happened was that her step-father had made her believe that she was a home-wrecker. He had convinced her that she had already caused the break-down of her parents' marriage. She did not want to break up her second family and she was very *scared of rocking the family boat (Belinda, 20, P49)*. Belinda was also concerned for her step-sister because *all I ever wanted was a Dad, and so I didn't want her to not have that (Belinda, 20, P49)*.

*I just felt like I was sort of jinxed and that whatever relationships that anyone had around me, I was going to wreck just because I was alive, kind of thing.*

*And he used to just always have this big thing about me being a home-wrecker and that I was trying to make his life difficult or miserable (Belinda,20,P49).*

Norm had gone to boarding school, and Will had been in boys' homes and reform schools. Norm described how he had quickly learned not to talk about his early sexual experiences because his peers knew so much less than he did. Norm acknowledged that he still did not find it comfortable to talk about and that he was saying as little as possible about actual events during the interview.

*And one of the things I learned just by, you know, being at school, and talking to people, is that they have no sense of knowledge, experience (pauses). I think I learned to just not talk about any of this stuff. I'm not really talking too much about it now (Norm,7,P9).*

At the boys' home Will came to the realisation that the other boys were egging him on to fight another tough boy, merely for their entertainment. He decided, at that moment, not to let anything have more power over him than it deserved. As a result, he would not think about or talk about anything that happened unless there was a purpose. He decided that he would not allow his sexual experiences to influence him.

*I came to a conclusion that you don't give anything any more power or any more victory over you than it deserves. You don't carry it on unless it's necessary. And I've maintained that. And I've maintained that with those characters too that abused me, the children and the two blokes. I just won't let it be an influence on me, never have (Will,21,P23).*

As Rod grew older he began to realise the stigma attached to being seen as homosexual and he became even more determined that no one would find out about what had happened to him. Rod described his fear of being labelled as gay. He started drinking partly to overcome his *sense of extreme rage and hatred towards people like that (Rod,9,P4).*

*I kept it to myself because I had a great fear of being, you know, of being branded as gay myself. A fear of, of like of name calling. I shared it with no one. I just kept it locked away inside of me (puts his arm across his chest) and I started to, like started drinking (Rod,9,P12).*

Rod wanted to avoid this shame at all cost and therefore did not want family members or anyone else to know what had happened to him. He described feeling afraid that his aunt *wouldn't believe me (Rod,9,P30)*. He was also concerned that his uncle would have *gone after him and shot him (Rod,(P167)*. All things considered, he decided it was safer all round to say nothing. As an adult he maintained this silence until he made friends with a man in a Christian motor cycle club.

## **Adversity faced and overcome**

These participants believed that their early sexual experiences had had a profound impact on them throughout their lives. This made it all the more remarkable that they had found strength through all this adversity, refused to be seen as victims or to be defined by their childhood experiences. They believed that they had become proactive and aggressive as a result of their experiences, had either felt suicidal or had reverted to excessive use of drugs or alcohol, had experienced physical or sexual problems, and had been involved in non-committed sex.

During their late adolescence, Diana, Norm, Rod, and Will became aggressive and deliberately tried to hurt people. They were not necessarily aware of their motives at the time but, looking back, Diana, Norm and Rod, could recognise their use of alcohol and drugs as a self-destructive pattern and their aggressive behaviour as a form of revenge. Will saw his violence as a form of self-protection that was necessary in the boys' homes.

Diana used to deliberately lure men into sexually compromising situations with the intent of physically harming them *and think that was me, evening the score (Diana,2,P40)*. As an adult she recognised that she had been *fairly dangerous and*

*probably should not have been on the streets (Diana, 2, P40)* and was grateful that she had never managed to hurt anyone seriously, or get herself reported to the police.

Diana had had severe alcohol-related health problems, as described in the following excerpt. Although she no longer drank alcohol she was still a regular marijuana user.

*I had four strokes. I was about thirty-four, thirty-five. Thirty-four and I had a series of strokes, brought about as a reaction to the alcohol, to port it was. I only had about, like two glasses would bring on a stroke. Couldn't work out at first what was doing it but I'm glad I did. Yes, so I haven't really had a drink since then. Marijuana, always have smoked marijuana, always smoked marijuana. Um and I say always, I would say I've smoked marijuana for about thirty years (Diana, 2, P135).*

It took seven years before Diana could have sex with a man and *I didn't cry or didn't lose the plot (Diana, 2, P73)*. She was also afflicted by many physical illnesses that she associated with being raped as an adolescent. She had high testosterone levels and what she called *old people's illnesses (Diana, 2, P163)* like diverticulitis, osteoarthritis in her spine, and scoliosis. She had also *an allergic reaction (Diana, 2, P83)* against sperm.

*Like the smell of man, the body smell of a man was repulsive to me. The smell of sperm would make me just vomit, and that's from being forced to have oral sex (Diana, 2, P83).*

Diana was confused about her sexuality as a young woman. She identified as heterosexual but also declared herself as *a homosexual that lives a heterosexual life style (Diana, 2, P48)*. She had had sexual experiences with both men and women and had had a long-term lesbian relationship concurrently with her on-going relationship with her male life partner. She had struggled to work out what had caused the problems in her sex life: being raped; being lesbian; or being with the wrong male partner.

*I've worked through, and had heaps of different sexual experiences with men and with women, and work out your sexuality. Am I like this because all those things happened to me, or am I like this because it's just my orientation and I would have been like this whether those things happened or not? Or am I like this because maybe I'm with the wrong partner and I should just break up with this partner and find either a male or a female that makes me happy enough that I want to stay with one gender? (Diana, 2, P48).*

There was a sense in which Diana objectified men as sexual predators, in a similar way that she believed that she had been objectified by men. She described men as dangerous and not to be trusted and believed that her rapists really saw her only as a *vagina* (Diana, 2, P40).

*I was molested constantly all through my childhood years. At the swimming pool, in the street, at school, wherever there were men. And I grew up believing that's what men did, that's all they did. And that they were to be avoided at all costs, unless you wanted that type of attention (Diana, 2, P24).*

Diana ended her interview with the comment: *I'd rather that people think I'm a tart than a victim (Diana, 2, P173)*. In many ways this summed up her views on life. She did not care what other people thought of her, provided that they did not patronise her by seeing her as a victim.

Belinda talked about feeling depressed or suicidal. She put this down to the fact that she had to carry the emotional load for her family, while her mother and step-father were able to pretend that nothing had happened.

*I've just had to carry all this emptiness all the way through and all these emotions, and everyone else was just allowed to go on pretending everything was just fine. And they still are. They're all still living together in the same house, like, like they're a family and I still feel the isolated one (Belinda, 20, P61).*

Belinda described how she had been ignoring her body for too long. She had realised that it had been *quite neglected* (Belinda, 20, P173). She had sleeping problems for years and described how difficult it was for her to relax in bed at night. As a child she had deliberately tried to stay awake in the vain hope that she could somehow avoid her step-father's visits to her bed.

*I just kept trying to stay awake, just in case there was something I could do to avoid it, but there never was any way out. Yeah, I just find it really hard to relax anytime, but especially at night when I go to bed. Bed's not a relaxing place to be* (Belinda, 20, P97).

Belinda found it hard to be sexual with men and felt little or no sexual desire. She recognised that this had become a problem in her relationships.

*Like I mean I can't even have sort of a normal relationship, like I have no desire to have sex or anything like that. So that's obviously been a big deal with my relationships* (Belinda, 20, P65).

In adolescence Norm was violent towards both men and women. He felt as if, every where he went he was *always running into my mother* (Norm, 7, P327). Most of the women in his life reminded him of his mother and he took out his anger and rage against her on them. His impulsive behaviour affected his ability to develop mature relationships with women in particular.

*A lot of the relationships that I've had have had the anger that I would have liked to have directed towards my mother, towards the women. And I can, I can if I look back on those relationships, I just didn't have a clue what I was doing. So a lot of it's impacted enormously* (Norm, 7, P69).

Norm described himself as a *hustler* (Norm, 7, P53) in his late teens. He claimed to be more interested in robbing men than in having sex with them and would *slip them a pill*

*and steal stuff (Norm, 7, P53).* He described trying to arouse images of his mother when masturbating. Later in life he had difficulty having sex with women because they constantly reminded him of his mother.

*I used to dress up like my mother sometimes, put her clothes on, masturbate then, um (pauses). When she had guests I would listen, spy if I could, sort of became a peeping Tom. Anything I could do to arouse images (Norm, 7, P33).*

Norm identified as heterosexual but described his homosexual experiences at boarding school as some of his most satisfying sexual experiences. He admitted to having speculated about his sexual orientation and saw himself as *more sexually ambivalent right now (Norm, 7, P65).*

In the city Rod joined a racist gang of skinheads that used to attack people from other cultures. While the other gang members were beating up Asians he was targeting homosexuals.

*I got involved like with a gang of skinheads in the city. And from there went deliberately looking for gay people to pay back for what had happened to me. And um, yeah, at times, uh became very, very violent, losing, losing control (Rod, 9, P4).*

Later in life Rod was able to reflect on his earlier violent behaviour towards homosexuals and to recognise that the man who had sexually assaulted him was not necessarily homosexual, and that he could well have been sexually assaulted himself. At the time, however, he acted instinctively on his feelings of anger and hatred towards homosexuals.

*A good percentage of homosexual people have come from abused backgrounds themselves and have gone that way, whereas I've gone the opposite way and, um, vented all that anger and that rage upon them, when really they were not, they were not to blame (Rod, 9, P24).*

Rod felt the need to *hide behind a façade (Rod,9,P54)*, first in the skinhead gang and later in a bikie group. He was able to use his appearance as a biker to keep both men and women at a distance.

*It felt comfortable hiding behind, you know with all the bikie gear on, knowing that society has a stereo image of these type of people. And I felt comfortable hiding behind that (Rod,9,P54).*

Rod described how his aggression was often fuelled by excessive alcohol. He seemed to link alcohol, sex, and violence together. When he drank excessively he would want to have sex with a woman and, if she refused, would become very aggressive towards her.

*The more that I drank, little things would bring it out. I was always like very abusive to my friends or people round about me. And especially women, more so, I was always very abusive and wanted to lash out, in wanting to basically have sex with them. And if I didn't well okay, become more abusive and wanting to pound the crap out of them (Rod,9,P455).*

Rod feared that the women that he liked might turn out to be aggressive like his aunt. He still experienced feelings of rage bubbling up inside him, especially when he had been drinking. He was physically very strong and knew how easy it would be for him to hurt, or even kill, a woman if he lost control or allowed his rage to take over. As a result he had decided that it was safer for everyone if he only had very short relationships, or one night stands, with women. He was starting to realise *how much I've missed out on (Rod,9,P118)*.

*If I drank, all that explosive energy would come out and I would beat the crap out of her, or maybe even kill her sort of thing. So I made a decision that I would not take that step for fear of doing damage, like to the partner sort of thing. So that's why all my sexual relationships with women were always one night stands or maybe the odd weekend (Rod,9,P62).*

Will had learned to be aggressive at the boys' homes and reform schools he had attended. When he first arrived at reform school he decided to assert himself early on by attacking some boys that had been bullying him. He described how he had attacked them individually. In this way he established a reputation as being tough.

*One bloke I smashed his face into the, he was standing at the urinal all by himself, so I just walked up behind him and smashed his face into the thing and kicked him a few times. The other bloke just happened to be walking down the stairs. As he walked past, I grabbed his arm and threw him down the stairs. And went down after him. Bullies, who I have a great dislike for, they always go to water when they're one off. So I'd got a reputation then (Will, 21, P23).*

Will described himself as *a lost soul* and on a *downward spiral* (Will, 21, P71) when he got out of jail. He got involved with Lifeline and a church through becoming suicidal. Things were going well for him briefly, until he stole from the church.

*I got involved in a church, through Lifeline. I was thinking suicidal things and so on, and rung Lifeline. I didn't know much about them. I got involved with the church and was going great guns until they made me treasurer of the cricket club, and I shot through with all the cricket club money (Will, 21, P71).*

Will had not experienced any problems in his sex life or been through a period of having non-committed sex. Once he found his faith he managed to get his life on track. This was a common theme that linked these five participants in that all of them found comfort and acceptance within a faith community of some kind.

## **Sense of self as growing spiritually**

Diana, Belinda, Norm, and Will were all on paths towards spiritual growth and healing, and to working in the helping professions. The changes in Rod were more subtle and less dramatic. However, all five participants had found some form of faith.

Diana felt that her experiences had taught her to be stronger and *ultimately I give thanks for all those experiences (Diana, 2, P55)*. As a young adult she had wanted to hurt men and had *nothing but murder on my mind for a long part of my life (Diana, 2, P55)*. Having become a born-again Christian, experienced God's forgiveness, and been able to forgive others, she now worked with people with addictions. She described her approach to this work as *it's really, really full on, confrontational, and full of love and compassion and empathy (Diana, 2, P151)*.

Diana refused to be seen as a victim or to succumb to men's views of her as a sex object. In many ways she had developed a stronger sense of herself from her ordeal. She believed that the horrendous experiences of being pack-raped had made her stronger. *I wouldn't change any of that, because it made me a strong woman. It made me, I was already a strong woman, that was why I survived it (Diana, 2, P55)*.

Diana was able to show empathy for her rapists who she believed had also been damaged as a result of the experience. She believed that *they were being raped too (Diana, 2, P28)*. In this way she saw her rapists as the victims since most of them ended up in jail for their crimes but *my mind's not caged. My body's not caged. I'm free (Diana, 2, P55)*. As an adult she met one of her rapists when she was working in a jail. Diana had been praying for a sign from God that she knew how to forgive. She described being able to forgive him and feeling blessed herself in the process.

*All the way home, I was in a very joyous state of bliss, giving thanks for my salvation and, um, the fact that I knew beyond a doubt that I did know forgiveness, and that I was healed (Diana, 2, P55)*.

Belinda believed that her faith in God had been *the most helpful thing (Belinda, 20, P145)* to her. As a child she had no faith because *too many bad things were happening for me to think that there was some God out there that was supposed to be protecting me (Belinda, 20, P145)*. More recently she had developed a stronger sense of herself as a separate person, who was able to make choices about her own life and *having faith in myself too, that I never had before and just valuing myself*

*(Belinda,20,P177). She had the idea that I can make something more of my life than what's happened in it. That from here on, that I can make better choices (Belinda,20,P129).*

Belinda had recently organised a public meeting within her church community on the topic of child sexual abuse. She had found this both challenging and rewarding. She felt proud that she had been able to stand up and talk about her experiences. She hoped that people within that community would think no less of her for being open about her childhood experiences, although she knew that she was taking a risk by exposing herself publicly. She expected people to continue to respect her.

*It makes me feel like I respect myself a lot more by being able to say that 'I was sexually abused as a child, and I don't expect you to think any less of me as a person, or to judge me, or to think that I might become a perpetrator or anything like that.' By putting myself out there publicly that way was a really big thing for me, because you sort of feel like you're standing on shaky ground there, so I think that's helped me a lot with my own self respect (Belinda,20,P185).*

In many ways Belinda summed up the underlying theme of this narrative when she explained that the abuse no longer defined her as a person. She had reached a point in her life when *I can see past it into something else, which is really, really great, and really hopeful (Belinda,20,P165).*

*Even though I might never make sense of it, or I might always have that real sad feeling or whatever it is inside, that I don't feel sort of trapped by it anymore. Like it's not the only thing that defines who I am anymore, and that there's so much more to life than that, whereas before it was just everything, like for twenty years it's just been, my whole life to myself has been defined by that (Belinda,20,P165).*

## Chapter 7 – The narrative of transcendence

Norm had worked through his own healing journey. Later in life he had become sober through Alcoholics Anonymous and had trained as a therapist. He was still striving to work through his experiences and described how he used an image of his mother as a young child to try to connect with the essence of her that he had seen only fleetingly during her life.

*I have a picture of her when she was about five, so that's the person I see and the person that would come out a few times in our history together. So that's more like the essence of the person that my mother was (Norm, 7, P81).*

Making friends with a man in a Christian motor cycle club had been instrumental in helping Rod to overcome his past. He had been able to talk about himself for the first time in a safe environment. Rod described how his own thinking had gradually changed and how the *real me* (Rod, 9, P50) had emerged when he had started to write about his feelings and he had moved away from the *old me* (Rod, 9, P50).

*I'm pretty sure that most guys still see women as sexual objects, that the male is superior, that they're not equal to them, that they're just sexual objects to them. And yeah, it's wrong (Rod, 9, P213).*

Will had a conversion to Christianity when he was persuaded to return to the church, having previously stolen their cricket club money. He expected to be met with anger and rejection. Instead the congregation welcomed him back with open arms. The impact of this on Will was profound and he decided to pay back all the money he had stolen. This led his life in a new direction.

*He talked me into going back to this church, and they were what the Gospel talks about. When I walked in, you would have thought they had won Lotto. Their faces lit up, you know, and I'd knocked off a lot of money from them, and they couldn't have been more accepting and more loving. And that's when I had this conversion experience at that time (Will, 21, P71).*

Will strongly believed that anyone who had been maltreated in childhood needed to take responsibility for their own behaviour, because they knew the impact of such experiences on others. He rejected being labelled as a victim.

*Well I've never considered myself a victim, never. I think that takes away your humanity, if you're considered a victim. You know people say, and I confess that I played on it and so on but never accepted it, you know 'you poor thing. If this hadn't been done to you when you were a child, and so on, you wouldn't have done those naughty things.' Crap (Will, 21, P23).*

Will was angry about the way in which women were blamed for child sexual abuse and rape and seen as irreparably damaged. *You've been dirtied by this thing. You've been broken by this (Will, 21, P51).* He was adamant that his life had not been ruined by his experiences. He strongly disliked the media coverage and the people in the media who focused on this issue. He called them *parasites that build up careers (Will, 21, P23)* on child maltreatment. He believed that the way in which they treated the victim was another form of violation and re-victimisation. *It's exploitation. They are being made victim twice, if you want to put it that way (Will, 21, P71).*

Will was also critical of the compensation claims system, which he saw as *exploitation of people's victimisation and so on, and it's another form, a continuation of the abuse in my opinion (Will, 21, P71).* He remained defiant and determined not to be defined by his early sexual experiences.

## Summary

These participants refused to be defined or limited by their early sexual experiences. All five participants had moved beyond their early sexual experiences and developed a positive sense of self in the world. Although these *narratives of transcendence* had a spiritual quality to them, they were told in an earthy manner. These were down-to-earth men and women who longed to be seen as normal, rather than as somehow damaged.

This was a defiant narrative told by both men and women (Diana, Belinda, Norm, Rod, and Will) who had all grown up in abusive environments. They had all experienced physical, emotional, and sexual abuse from a young age and recognised the impact that these events had had on them as children and as adults. However, they refused to be defined by these events. They wanted to be viewed as people in their own right, not as victims or survivors. Two out of five of these participants had arrived at this conclusion with little or no help from professionals.

## **The four narratives overall**

Participants have been grouped into four main narratives according to the core of their storyline in relation to their early sexual experiences. A *narrative of silence* sounds like a story that would fit most participants at some stage in their development. However, this is a paradoxical narrative. The silence referred to is not the silence of the child, but the silence of the adult who has decided that she or he has not been affected by these experiences. The paradox lies in the fact that these adults have, nevertheless, come forward to be interviewed at a point in time when many of them are questioning their own narrative of silence.

A *narrative of ongoing suffering* is similar to the victim discourse and has a 'stuck' quality. Participants telling this narrative feel little hope for the future. They are in the process of recovering memories or campaigning for other victims. A *narrative of transformation* is close to the survivor discourse and is told by participants who, on the whole, feel that they have overcome their childhood adversity and have become protectors or helpers of others, or have helped to break the cycle of abuse for future generations. A *narrative of transcendence* is a defiant narrative of those who refuse to be defined by their childhood experiences.

Although participants have been divided into four groups according to the main thrust of the narrative that they told at the time of the interview, it is important to remember that this research study captured a particular moment in time. Some participants described the ways in which their narratives had changed over the course of their lives.

For example, some participants (Sylvia, Tess, and Paulians) moved straight into a narrative of ongoing suffering through a process of realisation or of recovering memories. Others (Jewels and Tina) described moving from narratives of ongoing suffering to narratives of transformation. Those participants telling narratives of transformation had been silenced when young, but they had not previously told narratives of silence in the sense that they did not believe that they had been unaffected by their experiences. Some participants (Diana, Belinda, Norm, Rod, and Will) bypassed narratives of ongoing suffering and of transcendence in that they refused to be seen as victims or survivors.

These findings raise many issues for discussion. The following two chapters analyse these results in relation to the literature, and put forward implications and recommendations arising from this research.

## Chapter 8 – Enough blue thread: Discussion

### Introduction

To say that a bad or difficult experience is part of life's rich tapestry is to imply that it must be accepted as a part of life that cannot be avoided. In this chapter I intend to draw together the interwoven threads of the various narratives told and examine the overall pattern, texture, and colour of the tapestry created by participants. I will explore the extent to which participants saw these threads as part of life's rich tapestry. As Emm said of her mother's physically abusive behaviour: *There was enough blue thread through a green quilt to make it aqua (Emm,8,P43)*.

The aim of this project was to explore narratives told by adult men and women who had early sexual experiences and how they had constructed a sense of self following these experiences. From a social constructionist perspective people can be seen as 'social beings, living in and through a culture and its stories' (J. McLeod, 1997:138). Gergen described the importance of the communal construction of knowledge (K. J. Gergen, 2001) and the process by which people described themselves in relation to the social, cultural, and historical context (K. J. Gergen, 2003). Pedersen (2000) conceptualized the social self as a complex interacting system, operating within a particular multicultural context, and constructed through dialogue between the individual and others in society. He argued that by studying an individual's internal dialogue within a particular social and cultural context, we can understand how that individual's sense of self has been created. Neimeyer (2000) viewed people's narratives as metaphors used to construct the self. This study has focused on *participants' narratives as a means of constructing the self following early sexual experiences*.

Each participant told a story using what Guerin (2001) called social scaffolding. From a social constructionist perspective (K. J. Gergen, 1999) these narratives were reconstructed within the context of the interview and did not necessarily represent what had actually happened in participants' lives. They reflected the current developmental

perspective of the participants in terms of their life stage. They were constructed within the context of the participant's experiences within their own family, culture, social class, race, and the context of the times. They were narratives told to a specific person (i.e. the researcher), in a specific context (i.e. the research interview), for a specific reason (e.g. the need to have the story heard or the desire to help others etc).

Metaphorically, there may also have been other people in the room towards whom each narrative was directed.

In some cases these narratives enabled participants to develop a social identity by identifying with members of already existing groups and incorporating membership of this group into their sense of self (Tajfel, 1978; Turner, 1999). For example, those participants that told narratives of ongoing suffering embraced the social identity of victimhood and those that told narratives of transformation were comfortable with the social aspects of the role as survivors of child sexual abuse. In contrast, participants telling narratives of transcendence felt threatened by the desire of others to categorise them in this way (Branscombe, Ellemers, Spears, & Doosje, 1999). They refused to be stereotyped through such social categorisation and developed a sense of self that extended beyond the social identity of victim or survivor (Turner, 1999).

In this chapter I have reconstructed the process through which participants developed a sense of self over time and what impacted on this process. This reconstruction has been done using the stories that they told during the interviews. It is a process that could be described as a reconstruction of a reconstruction or as 'the retelling of the retelling' (White, 2003a:47). It demonstrates how participants went about this task during childhood, adolescence, and adulthood based on the assumption that a sense of self is constructed relationally or socially (Warner, 2003). I intend to address my original research questions as described in chapter one, namely:

- 1) How do participants construct a sense of self in relation to members of their family, sometimes including the adult with whom they have had sexual contact?
- 2) How do they decide whether or not to tell anyone about their early sexual experiences?

- 3) What consequences does telling or not telling have and what impact on the construction of a sense of self?
- 4) How does the social construction of gender impact on the construction of a sense of self?
- 5) How is this constructed sense of self influenced by societal beliefs about child sexual abuse over time?

This discussion has been divided into the following sections which relate to these five research questions: 1) the impact of the family context on the construction of a sense of self; 2) the impact of telling or not telling on the sense of self; 3) the construction of a sense of self throughout the lifespan; 4) the impact of the social construction of gender; and 5) the impact of the child sexual abuse discourse on the construction of self over time.

## **1) The impact of family context on the construction of a sense of self**

The family context is widely recognised as important for a child's development. Positive family attributes support the child's development of resilience and adaptive capabilities and can act as protective factors that strengthen the buffering process (Riley & Masten, 2005; Werner, 2005). The quality and the nature of both peer and family relationships appear to protect children who have had early sexual experiences from developing adjustment difficulties of psychiatric disorders in late adolescence (Lynskey & Fergusson, 1997). Masten (2001) argued that in order to help at risk children to become resilient, more support needs to be given to their families.

The family environments in which participants found themselves affected their ability to construct a positive sense of self in childhood. In many ways these families could not provide the protective factors that would help participants to thrive and develop despite adversity (Roisman, 2005). As a result, many participants struggled in childhood, adolescence, and early adulthood and had to rely on their individual characteristics and

the wider social environment as sources of support (Riley & Masten, 2005). In this study, those participants telling narratives of silence were the least likely to have severely damaged relationships within their families. Most of the other participants experienced varying degrees of child maltreatment and socio-economic deprivation, poor attachment relationships, and chaotic families in which intergenerational child maltreatment was common. This section describes some of the difficulties that participants faced in developing a sense of self in relation to family members, often including their victimisers.

## **Child maltreatment and socio-economic deprivation**

Socio-economic deprivation is known to be a risk factor in families where the adults were investigated for maltreatment of their children (Sidebotham & Heron, 2006). The impact of the family context was significant for many of the men and women interviewed in this study. About half of the participants experienced impoverished childhoods and most experienced more than one form of child maltreatment (May-Chahal & Cawson, 2005). Poverty was mentioned explicitly by Greta, Sylvia, and Colin but was also hinted at by Karen, Jane, Jim, Norm, Rod, and Will, who had experienced various forms of deprivation in childhood. Greta, Sylvia, Jane, and Karen described feeling isolated from other people and trapped within the family as they grew up in rural areas. Jim, Norm, Rod, and Will grew up in boarding schools, institutions or with other family members.

Some studies suggest that children whose parents have low levels of education, or a history of psychiatric illness, drug or alcohol use or childhood abuse, are more likely to live in families that are investigated for child maltreatment (McCloskey & Bailey, 2000; Sidebotham & Heron, 2006). In this study poverty was often exacerbated by parental alcohol abuse leading to chaotic family life. Diana, Emm, Sylvia, Heather, Victoria, Tess, Norm and Rod all grew up in families where one caregiver was an alcoholic and over half of the participants grew up in families where domestic violence and physical abuse was common. Heather described her role as the person that tried to calm her drunken father when he became angry: *If I could smooth him over, or divert him or something like that, then the violence would dissipate (Heather, 16, P63)*. Karen, Jane

and Heather all experienced acts of cruelty at the hands of their fathers and Emm, Victoria and Tess at the hands of their mothers. Only Bert and Anthony reported no form of child maltreatment at home and Jim experienced physical abuse only. Otherwise frequent child maltreatment was the norm at home and impacted on participants' ability to develop a positive sense of self as children.

### **Poor attachment relationships within the family**

Given these family contexts, it was difficult for participants to develop the necessary attachment bonds with their parents (Bolen, 2005; Zurbriggen & Freyd, 2004). Only Diana claimed to be close to her mother at the time of the interview, saying *I ring her almost every day but I would never, ever tell her this story because she wouldn't cope with it (Diana, 2, P36)*. Those participants telling narratives of silence were more likely than others to have better relationships with family members. For example, Greta, Bert, Anthony, and Peter also felt protective towards one or both parents, not wishing them to know about their childhood experiences. All of these participants, apart from Peter, had early sexual experiences with non-family members and, perhaps as a result, found it easier to maintain contact and feel protective towards their parents than those participants who had had early sexual experiences within the family.

In this study twelve out of twenty-two participants lived in the same home as the adults with whom they had had sexual contact, which may be over-representative of those who have been sexually abused by family members (May-Chahal & Cawson, 2005). Family relationships are known to be highly complex for those people who have experienced incest in childhood (Rudd & Herzberger, 1999). For example, participants like Emm, Heather, Victoria, Tess, Norm, and Paulians described having had enmeshed relationships with the parent with whom they had early sexual contact. Some like Victoria, Tess, and Norm came from sexually permissive family backgrounds which left them feeling very confused and with *no real sense of right or wrong (Norm, 7, P9)* around this sexual contact. Other participants like Heather, Jane, and Paulians came from sexually repressive, religious family backgrounds. When Paulians tried to tell his Catholic mother what had happened to him *all she saw was the badness in it (Paulians, 12, P285)* and by implication, in Paulians himself.

Although it is theoretically possible for children to create a secure attachment with a non-abusive parent whilst forming an insecure attachment with an abusive parent (Bolen, 2005), there was little evidence of strong attachments with non-abusive parents surviving into adulthood. Most of the women such as Jewels, Karen, Jane, Tina, Heather, Victoria and Tess had felt the need to cut off all contact with their mothers as adults because of their lack of protective behaviour towards their daughters. Karen made this decision when she left home. *From when I was eighteen, I didn't have a father or a mother anymore (Karen,5,P148)*. Jewels felt unable to trust men or women because *my mother abandoned me, that she allowed it to happen. So I felt as though she betrayed me and I felt as though I was betrayed by men too (Jewels,4,P21)*.

Sylvia, Hope, Emm, and Belinda were still struggling with ongoing conflict in their relationships with their mothers. The relationship with one parent had a bearing on the relationship with the other. For example, Emm had a distant relationship with her mother who was physically cruel and emotionally distant. She described physical contact with her mother as *like hugging a block of ice (Emm,8,P90)*. Partly as a result of this she needed to be close to her father and she *liked being close to Dad, that's the most painful thing (Emm,8,P30)*. If one parent was abusive, the need for a close bond with the other parent was perhaps heightened and the feelings of loss or betrayal were even greater when this parent did not live up to expectations. For example, when Karen reported her father to the police as an adult she hoped that her mother would support her. Instead her mother supported her father and *sat with him all through the court hearing (Karen,5,P84)*, just as she had always done throughout Karen's childhood.

Whatever their early sexual experiences, all of the men except Peter described distant relationships with their parents as adults. For example, Anthony and Paulians described their fathers as distant figures in their childhoods and in adulthood, Rod and Jim described their mothers as distant, and Bert and Colin saw both their parents as detached figures throughout their childhoods and currently. Norm and Will no longer had living parents.

## **Chaotic families and intergenerational child maltreatment**

Sexual abuse was an intergenerational issue in many of these families and particularly among those participants telling narratives of ongoing suffering or transformation (McCloskey & Bailey, 2000). Hope, Jewels, Karen, Heather, Jane, Victoria, Tess, and Paulians all believed that their mothers had been sexually abused as children. Even more participants, namely Hope, Karen, Jewels, Tina, Emm, Heather, Jane, Victoria, Tess, Colin, and Paulians, believed that their siblings had also been sexually abused, although not necessarily by the same adult. Rod and Colin believed that their victimisers had also been sexually abused as children, although this was not offered as an excuse for their behaviour in any way.

For many participants, the family context in which they grew up was both chaotic and unsupportive. As Norm said, *it seemed like there was chaos wherever I was (Norm,8,P33)*. This was probably less true for participants telling narratives of silence. However, most other participants did not receive the care and attention that they needed as children. They constructed a sense of self without the support of family members and without being able to discuss events or receive reassurance that they were not in the wrong themselves. Some even received contradictory messages like Diana, whose mother told her: *Don't ever let a man own you ... don't let them do this to you, what your father does to me (Diana,2,P44)*. In a sense, the chaotic family environment limited the narratives that were available to them in the construction of a sense of self, and may even have added to the trauma of their early sexual experiences and to the potential for the transmission of risk to the next generation (Gold, 2000; Serbin & Karp, 2004).

Both male and female participants believed that their own children had a higher risk of being sexually abused (McCloskey & Bailey, 2000) and described feeling very protective towards them. Diana was convinced that her sons were just as at risk as a daughter would be because *I've no trust in men (Diana,2,P67)*. Tina described her concern about the way in which her daughter was being drawn into the family against

her will. *It's almost like you are being groomed by the family (Tina,6,P210)*. This was one of the reasons that Tina and others felt the need to cut off contact with their families, in order to break this intergenerational pattern of behaviour even though her relatives *wanted to keep the family intact ... this fabulous family (Tina,6,P51)*.

## **2) The impact of telling or not telling**

It has been recognised for a long time that disclosing child sexual abuse can be a complex and traumatic process for the child (Finkelhor, 1988). The child, especially when young (Kogan, 2004), often maintains silence. This silence is necessary because of the participant's family context, relationships within the family, issues of safety and trust, and the social and cultural context of events.

Most participants remained silent in childhood. Some participants, especially those telling narratives of silence and those who had recovered memories in adulthood, maintained this silence for a long time into adulthood. Shame, fear, and self-blame were the main inhibitors to disclosure, as discussed below. Anger may have helped some participants to tell someone as children and, fuelled by the non-responsiveness of the adults that they told, may have led them to tell the police as adults.

Telling has a price but so too does not telling. Most participants described themselves as choosing not to tell anyone as children. However, they did gradually move from this decision to deciding to disclose the secret at some point. For them, disclosure was an ongoing process. The section examines when and why participants decided to tell, the process of disclosure, the main inhibitors to telling, the alternative coping mechanisms adopted, and the cost of telling and of not telling. This was often a complicated process although participants described it in deceptively simple terms - as deciding to tell or not to tell.

## Main inhibitors to disclosure

The results from a qualitative study of at risk children and their caregivers suggested that it was difficult for children to initiate conversations about ‘something secret, confusing, and distressful,’ without being given a ‘supportive structure or scaffold in order to reveal their experiences’ of child sexual abuse (Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005:1395). The children revealed that they were fearful of the consequences for themselves, their families, and for the adult with whom they had sexual contact. These fears, and whether or not they thought they would be believed, prevented them from telling anyone. As Bert said: *It was actually safer to keep the secret than it was to be open about it (Bert, 13, P87)*. Most participants in the current study did not have parents with whom they could enter into such a dialogue, or who were willing or able to provide a supportive scaffold upon which participants could tell them about their early sexual experiences. Bert went on to explain, *in my family, it wasn't really open to talk about feelings and emotions (Bert, 13, P87)*.

Non-disclosure of early sexual experiences is more common than disclosure (London, Bruck, Ceci, & Shuman, 2005) and this is an intentional process for some children (Alaggia, 2004). In this study the main reasons given for not telling anyone were connected to fear of being blamed or punished, fear of not being believed, feelings of shame, and associated feelings of self-blame. Admitting to feeling frightened in childhood was more commonly described by female participants such as Victoria, Emm, Heather, Karen, Tina, Jane, and Diana, and admitting to feelings of shame was more commonly described by male participants such as Anthony, Jim, Peter, Paulians, Colin, and Rod. This difference could be attributed to hegemonic views of femininity and masculinity and the need to construct a socially acceptable narrative, rather than be seen as an accurate description of participants’ childhood emotions. However, it should also be noted that there were some female participants, such as Jane and Victoria, who talked about their feelings of shame and some male participants such as Jim, Peter, and Paulians who described being fearful as well. For example, Jim said that his experiences *scared the hell out of me (Jim, 15, P5)* and Peter described how he was *petrified about,*

*not only what Dad would dish out to the other family, but what he'd dish out to me'*  
(Peter,22,P171).

There appeared to be a relationship between feelings of fear or shame and the likelihood of disclosing to others. When fear and shame were experienced intensely, it became extremely difficult for participants to talk about events. At that point in time, maintaining silence appeared to be a good, self-protective choice for the child or adolescent to make. As Jim said, *my biggest fear, I think, was discovery* (Jim, 15,P5). Sometimes this fear or shame gradually declined as the child matured into adulthood, and this increased the likelihood of disclosure. Feelings of shame often increased before they decreased because of the belief inculcated within the child that they themselves were responsible for failing to stop the abuse from happening to them. This was described by Victoria when she said that she felt that by the age of sixteen she *ought to be able to say 'fuck off and leave me alone' or get out of the situation* (Victoria,18,P453). For some participants, such as Victoria, Jane, Jim, Peter, and Paulians, shame and fear were both present and it was hard for them to determine which emotion was the strongest.

## **Fear as a reason for non-disclosure**

The intensity of fear among participants prevented them from telling anyone what was happening to them as children. They considered the likely consequences of disclosure for them were too great. They believed that they might be blamed, punished, disbelieved, or shamed, or that other people within or outside the family might be put in danger or harmed as a result. Hence fear seemed to act as a strong barrier to disclosure. The level of this fear should not be underestimated; neither should the ability of these children and adolescents to evaluate the danger to themselves and to others. Karen admitted to being petrified when her father said *you tell your mum anything and I'll belt the hell out of you, or I'll kill you* (Karen,5,P1). Jane's behaviour was still, to a certain extent, governed by fear of her father. She was continually moving because *the thought of him coming after me is still in my mind* (Jane,14,P155).

Some participants were also fearful about the consequences for others if they told anyone what was happening to them. Both Diana and Peter believed that their fathers would kill the perpetrators if they knew what had happened to their children. As Diana said: *My father would be in jail for murder, if he found out about this. My mother, it would kill her (Diana,2,P36)*. As mentioned earlier Hope, Karen, Tina, Emm, Heather, Jane, Victoria, Tess, Colin and Paulians all discovered later that more than one sibling within their family had been sexually abused. Heather certainly believed that *if he's not going to get it from me, where's he going to get it, he'll start on my younger sister (Heather,16,P63)*. For many their fears seemed to be justified by subsequent events.

### **Shame as a reason for non-disclosure**

The intensity of the shame felt by many participants, particularly Victoria, Anthony, Jim, Peter, Colin, and Rod, made it even more difficult for them to tell anyone about their childhood experiences at the time and continued to make it difficult into adulthood. They felt ashamed that they had not been able to stop the abuse and, for some, that they might themselves be labelled as homosexual (Watkins & Bentovim, 2000). Peter described how he had *never ever mentioned it to them (his close male friends), never ever, and I wouldn't (Peter, 22,P219)* in case they thought he was homosexual. Many male participants chose not to think about their sexual experiences which were with men and which they knew on some level to be abnormal, and hence shameful, and to put all thoughts of them out of their minds in order to get on with life. Shame can be seen as a social phenomenon that acts as a strong barrier to disclosure (Leeming & Boyle, 2004).

### **Self-blame as a reason for non-disclosure**

Blaming oneself was also a powerful reason for not telling anyone what had happened. There were many examples of the way in which participants blamed themselves. Tina described how *I thought I was bad (Tina,6.P7)* and Paulians still believed he was *so bad (Paulains,23,P273)*. Jewels believed for a long time that *everything that happened was my fault. I was responsible for it. I was dirty. I was evil (Jewels,4,P37)*. Hope described how she had *tried to be normal (Hope,3,P50)* and Karen thought *there's something*

*wrong with me (Karen, 5, P64)*. It is probable that this self-blame had its origins in previous events when participants had been blamed by their parents for behaving in certain ways. For example, Diana had been told never to go to the place where she had been picked up by her rapists. As a result, she felt that being raped was her fault. *It happened because I was a disobedient child (Diana, 2, P36)*.

The self-blame grew over time. Tina described how, as time went by, she started to feel more responsible. *I really felt that I was a part, a willing participant (Tina, 6, P3)*. Most blamed themselves for a long time and this negative sense of self was not being challenged by anyone. Jewels described how she continued to *take on the blame for everything (Jewels, 4, P93) even within her adult relationships with men*. Even Bert, who told a narrative of silence and believed that his sexual experiences with an older man had not negatively affected him, described feelings of self-blame. *Because I complied, I hadn't fought tooth and nail, in my mind I was guilty of a transgression (Bert, 13, P33)*.

## **Anger and disclosure**

The expression of anger has been acknowledged in the literature as varying according to culture and gender (Englar-Carlson, 2006; Hobfoll et al., 2002; Okazaki, 2002). It has also been conceptualised as a vehicle for recovery (Van Velsor & Cox, 2001) and categorised into anger that hurts and anger that helps (Camino, 2000). Among women, anger is often viewed as turned inwards and used as a weapon against the self thereby contributing to depression (Craib, 1998). Men are believed to have as greater access to the expression of anger which is an emotion sanctioned by male gender socialisation (Lisak, 1997). Anger has been acknowledged as a common emotion to be felt by survivors of child sexual abuse (Lev-Wiesel, 2000) and identified as an important component of the 'avenger' strategy adopted by some young boys who have been sexually abused and have decided that someone must pay (Dorais, 2002; Valente, 2005). Anger and fear have also been recognised as going hand-in-hand in relation to childhood sexual abuse (Crittenden, 2002).

The consequences of experiencing the emotion of anger varied a great deal. For some participants who felt a lot of anger in childhood and adolescence, such as Hope, Karen,

Tina, and Belinda, this emotion may have led them to try to tell someone what was happening to them as children. When the adults in their lives failed to respond appropriately, much of this anger then became focused at the adult with whom they had sexual contact. In addition, Victoria, Sylvia, Hope, Heather, Jewels, Jane, Karen, Tina, and Belinda felt anger towards others for failing to protect them as children. For example, Sylvia said *I'm angry at Mum, I'm angry at my sister, for not protecting me (Sylvia,10,P70)*. Similarly Heather *couldn't understand the betrayal (Heather,16,P59)* by her mother when she told her what had happened to her as a child, since she had herself felt so loyal and protective towards her mother.

This was a more focused form of anger directed at specific people rather than the more diffuse form of anger experienced by Diana, Norm, Rod and Will. Their anger enabled them to feel a certain sense of power even as adolescents. For example, Diana described how *I came from a background of domestic violence ... I was not easily terrorized (Diana,2,P24)*. Even during her experience of being raped she managed to feel a sense of her own power. As young adults this anger often spilt out into aggressive and self-destructive behaviour. Diana described how she carried a knife and *used to stab men (Diana,2,P40)*. Norm felt *anger that nobody, nobody did anything (Norm,7,P73)*. Rod joined gangs in order to get into fights and Will ended up in jail.

Anger and disclosure seemed to be connected in a complicated and circular manner. Many participants described feeling angry as children about the situation they found themselves in. This made them more likely to try to tell someone. Five participants, Hope, Paulians, Karen, Tina, and Belinda, did try to tell a family member. Either they were not believed or nothing changed as a result of their disclosures. This may have fuelled their feelings of anger and betrayal, perhaps making them more likely to tell again in adulthood.

## **Disclosure as a process**

In this study seventeen out of twenty-two participants reported that they had not tried to tell anyone about their early sexual experiences as children. Victoria, Tess, and Norm could not tell anyone because their parents were involved. Other participants felt either

too afraid or ashamed to tell anyone. Many participants could not trust the adults in their lives to believe them. For example, Peter was told by his older cousin that they would both get into trouble if he told his parents. Peter also believed that his mother would not believe such a story about her own flesh and blood. *I don't think she would have wanted to believe that could happen, from within her own family (Peter,22,P67)*. He thought her attitude would be *'Let's forget about it and move on' (Peter,22,P67)*.

In the literature disclosure has been conceptualised as an interactive process with a pre- and post-disclosure stage (Staller & Nelson-Gardell, 2005) or as a dialogical process (Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005) normally between a child and a caregiver. Children will not disclose early sexual experiences without support, since it is difficult for a child to initiate a conversation about something that is distressing. The adult needs to provide scaffolding for the child, to enable this conversation to take place (Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005).

The process can be delayed because of the severity of traumatization experienced, mistrust of people, fear of social rejection, and fear of the criminal justice system (Sommer & Schwarzberg, 2001). It can also be delayed as a result of the consequences of previous attempts to tell someone. In this study, the unsupportive family context experienced by participants may also have delayed disclosure. Hope, Karen, Tina, and Paulians did try to tell their mothers and Belinda's step-mother reported the situation to the police. Hope, Tina, and Paulians were not believed by their mothers, which seemed to increase their sense of powerlessness and frustration. Tina was angry that, even when she was an adult, her family refused to listen to her and *just closed ranks (Tina,6,P19)*. Hope described how her mother was not coping with five children in *a very unsupportive extended family (Hope,3,P30)*, and had dismissed her sore vagina as a consequence of too much masturbation.

Karen and Belinda felt that no good came from telling. Belinda described how she told the police *the minimum of what they wanted to hear (Belinda,20,P49)* mainly because she *just didn't trust them anybody with that information (Belinda,20,P49)*. Both Karen and Belinda were asked by their mothers whether or not they wanted their victimisers to

leave the home. Karen described how: *I couldn't imagine me saying for him to go, because then Mum would have hated me (Karen,5,P64)*. As a result, they had to continue to live with their victimisers in an environment that was emotionally or physically abusive.

Disclosure was not easy for participants, even as adults. Not talking about it seemed to be a learned behaviour for some participants, particularly those telling narratives of silence or of transcendence. As Norm said, *I learned to just not talk about any of this stuff. I'm not really talking too much about it right now (Norm,7,P9)*. For others, the habit of protecting others seemed hard to break. For example, Jane still found it very difficult to talk to her twin sister about what had happened in their childhood. *I haven't told her half of even what I've just told you now, because I suppose it's a way of protecting her (Jane, 14,P51)*. Heather discovered that her instinct, as a child, not to tell her mother was right. Years later when her mother did eventually find out, she accused Heather of fabricating the whole story to bring shame on the family and of *being a deviant ... she wanted to put me in a bloody psych unit (Heather,16,P55)*.

Despite these obstacles, most participants did gradually move from not telling towards telling as adults. This supports the view that disclosure is a developmental process that is very difficult for young children (Kogan, 2004). Karen, Tina, and Jane decided to seek justice as they became less fearful and more able to recognise that they could gain some form of protection from the law. Some decided to seek therapy. Some decided to become therapists themselves. Some decided to participate in this research project. Over time, as the feelings of fear, shame or self-blame gradually diminished, it became possible for them to talk about their experiences to others and to make new decisions about how to view themselves and the part they played as children. As Karen said of her father as an adult, *he's done wrong. You've done nothing wrong' (Karen,5,P80)*.

The other developmental issue that led these participants from not telling to telling, or deciding to break off contact with their families, was the experience of having a child who was a similar age to themselves when the abuse began. This was often described as the point at which the participant decided to take a stand over the abuse in order to

protect their own children. It was as if they suddenly were able to develop an empathic connection with themselves at a younger age and to understand more fully how little opportunity they had had at that age to prevent what was happening to them. As Diana said of herself as a young girl, *I put my arms around her and console her and love her for what she went through (Diana,2,P59)*.

## **Avoidant coping**

Most participants, including Victoria, Tess, Hope, Emm, Karen, Tina, Jane, Diana, Belinda, Anthony, Jim, Peter, Colin, Rod, and Will claimed to be good at pushing away all thoughts of what was happening to them. Certainly those participants telling narratives of silence refused to dwell on their experiences and denied that they had any impact on their lives. Avoidant coping mechanisms, such as denial and disengagement, minimisation, and dissociation, have been described as risk factors associated with negative outcomes among child sexual abuse survivors (Kaplow, Dodge, Amaya-Jackson, & Saxe, 2005; Merrill, Guimondf, Thomsen, & Milner, 2003; Quina, Morokoff, Harlow, & Zurbriggen, 2004; Wright, Fopma-Lay, & Fischer, 2005). Unfortunately, this research does not discriminate between motivated forgetting, denial and disengagement, and minimisation as avoidant coping mechanisms. It is possible that avoidant coping mechanisms are more functional than dissociation, and less strongly correlated with adult psychopathology such as complex PTSD.

A minority of participants, namely Jewels, Heather, Sylvia, Paulians, and Norm, described using dissociation as a mechanism for coping in childhood which can be predictive of PTSD (Kaplow, Dodge, Amaya-Jackson, & Saxe, 2005), lead to risk-taking in sexual encounters (Zurbriggen & Freyd, 2004), or can be linked with dissociative identity disorder (Herckelbach, Devilly, & Rassin, 2002; Robertson, 2003) or somatisation (Etherington, 2003). This desire to push away all thoughts of early sexual experiences linked with all the main emotions experienced by participants. For those predominantly experiencing fear, it was necessary to behave in this way in order to feel safe. For those experiencing shame, there was a longing to be normal and to be seen as normal and to push away all thoughts of these events that could be described as abnormal or shameful.

## **The cost of telling or not telling**

Welldon argued that 'secrecy, particularly in paternal incest, is at the core of the situation; each member of the family is involved, whether 'knowing' or 'unknowing', but nobody talks about it' (Welldon, 1988:13). Only Peter and Bert referred to keeping their experiences secret, although some participants were told to do so by the adults involved. Instead they talked about 'not thinking about it,' 'not telling anyone,' and 'moving on with life.' As children, they recognised the danger to themselves and others of telling and most chose not to do so. A few participants had recently come to regret this decision and had felt guilty about failing to prevent further abuse. However, not telling was a lot safer for them than telling. In ingenious ways many participants had used this decision as the cornerstone of an emergent positive sense of self.

Did these participants need to tell their stories in order to make meaning out of them as children? Meares (2000) argued that traumatic experiences can only be processed through language and Billig (2003) agreed that language can be both expressive and repressive and we can only choose to repress knowledge once we have learned to express ourselves. On the other hand, did the participants need to withhold their stories because telling them might unleash their destructive power (Överlien & Hydén, 2003)? Certainly both Diana and Anthony feared that disclosure would lead their fathers to take violent action and Heather, Karen, and Jane feared violent reprisals if they told their stories as children. Ten out of twenty-two participants had felt severely suicidal in the past and seven of the female participants had cut off all contact with their mothers following disclosure.

Apfelbaum (2000) described the cost of choosing not to tell for survivors of traumatic events. She described how survivors of atrocities in Armenia remained silent because there was no safe forum in which they could speak about their experiences. Generations of Armenians became 'cultural orphans' (Apfelbaum, 2000:1010) who were unwilling to burden their children with their stories about the massacres, and yet were trapped in a form of 'personal and family mutism' (Apfelbaum, 2000:1011). It is possible that

participants in this study were trapped by a form of mutism as children, without being able to claim a strong identity or voice around their experiences.

In therapy sessions with ten children who were sexually abused it was observed that, ‘in the absence of explicit causal connections in their abuse narratives, the children struggled to find answers to important why questions’ (Mossige, Jensen, Gulbrandsen, Reichelt, & Tjersland, 2005:395). In other words, children did not have the words to explain what had happened to them and could not make sense or meaning out of these events. This fits with the social constructionist view of the act of telling the story itself as a process through which participants make meaning of their lives and construct an ‘agentic identity’ (Phillips & Daniluk, 2004:177). However, some participants were able to forge a sense of self as successful in the world for many years without ever telling their story. Other participants wove a story around their decision not to tell as children which gave them a relational sense of self as protecting others. In the next section, the ways in which participants constructed a sense of self will be explored in detail.

### **3) The construction of a sense of self throughout the lifespan**

One of the questions central to this research project was how do children who have had early sexual experiences with adults become well-adjusted adults and competent and loving parents? How do children protect themselves and develop positive self-esteem, a sense of mastery and agency in the world, an ability to keep themselves and others safe, and a capacity to trust and to be intimate with others (McCann & Pearlman, 1990)? These are some of the life challenges that are made more complicated and potentially problematic by early sexual experiences with adults.

Although some participants were still struggling with these difficulties (narratives of ongoing suffering), many participants appeared to have either passed through the eye of the storm (narratives of transformation or transcendence) or managed to avoid the full

force of the storm so far (narratives of silence). Most participants had managed to develop a sense of self that made sense to them and that made them feel good about themselves, despite their early sexual experiences. The process varied according to the four different main narratives which will be examined in turn in this section.

## **Narratives of silence**

Participants telling narratives of silence were remarkable in that they started the interview by describing how their early sexual experiences did not have a negative impact on their lives. They had not experienced severe adjustment difficulties as adolescents or young adults. Instead they seemed able to accept what had happened, decide not to dwell on it or talk about it, and move on with life. Until recently, remaining silent had been a pragmatic and non-problematic choice for them.

It is easy to interpret silence as meaningful and the silence of these participants did have meaning for them. Taken at face value, this narrative suggests either that there can be non-traumatic pathways through childhood maltreatment or that people can be resilient in the face of adversity. One alternative interpretation is that these participants had experienced a relational injury which they had hidden successfully from themselves and were in denial about the effect of their experiences. Another alternative explanation is that the changing social debate conducted through the media about the issue of child sexual abuse has caused these participants to question their own stories. Some of these participants had started to question whether they had, after all, been right to keep silent. They were also becoming increasingly concerned about their ability to sustain intimate connections with other people, as discussed below.

### **i) Deciding not to dwell on their experiences**

Participants who told narratives of silence either had no need to think about these events or had managed to put all thoughts of their early sexual experiences successfully out of their minds. For them, the tapestry of childhood had been reasonably colourful and bright with only a few dark patches.

For Greta and Bert their early sexual experiences had not been disturbing in any way. In fact they reported them as pleasurable. As Bert said, *it was physically pleasurable and it was interesting, like it was 'wow.' It was like a discovery (Bert, 13, P29)*. Even though Bert felt some guilt because of the homosexual nature of his experiences, and thought that he would be punished if his parents knew what had happened, he did not dwell on them and they did not appear to impact negatively on his sense of who he was or his emerging sexual identity as a bisexual man (Gill & Tutty, 1999). Greta and Bert had both decided not to tell their families and had gone on to lead successful and fulfilling lives, including sexual experiences with people of both sexes. Bert knew that *it's not an okay thing to say (Bert, 13, P99)* in today's climate of opinion that he had been sexually abused as a child and that he was okay. Theirs appeared to be a non-traumatic journey into adulthood.

Victoria, Anthony, Jim, and Peter admitted to some feelings of shame about their experiences but they had chosen not to think about them at the time or to talk about them to anyone. They had moved through life reasonably successfully, got married, had children, and developed successful careers for themselves. Perhaps the only clue that they were having any difficulty at all was that they were participating in the study. They had all reached a point in their lives where they were starting to question whether or not their early sexual experiences had affected them perhaps more than they had realised at the time, particularly within their intimate lives. In a sense they were starting to unravel the colourful tapestry of childhood and examine it in the light of day to see whether or not there was a connection between the darker threads.

## **ii) Non-traumatic pathway or relational injury**

The way in which these participants constructed a sense of self as children, adolescents, and young adults did not seem to have been greatly affected by their early sexual experiences. Despite having early sexual experiences that could have been thought of as traumatic, apart from Jim, these participants appeared to believe that they had not been traumatised in any way. Jim described himself as a young boy *at the edge of being a complete zombie (Jim, 15, P13)* following his experiences with a sadistic school teacher. However, other participants telling narratives of silence had not experienced emotional

difficulties, other than some feelings of shame, and had moved on successfully with their lives apparently without experiencing any form of posttraumatic response.

This lack of a posttraumatic response may partly be explained by the fact that, apart from Victoria, these participants all came from reasonably functional nuclear families and experienced relatively little physical or emotional abuse at home. Apart from Victoria, their early sexual experiences happened away from home and, apart from Peter, they began when they were over ten years old. For Greta, Bert, Anthony, and Jim, their early sexual experiences were not with family members and they ended when circumstances changed. These factors may have made it slightly easier for these participants to develop a sense of agency in the world because they had not all experienced the traumagenic dynamics of sexual abuse identified by Finkelhor: traumatic sexualization; betrayal; stigmatisation; and powerlessness or disempowerment (Finkelhor, 1988).

In many ways these narratives challenge the current conceptualisation of childhood sexual abuse as a series of traumatic events that leads to Complex PTSD or some other form of traumatic response (Briere, 1992, 1997; Briere & Scott, 2006; Courtois, 1988, 1997; Finkelhor, 1988; Freyd, 1996; Herman, 1992, 1995; Waites, 1993). Participants telling narratives of silence reported a non-traumatic pathway through their early sexual experiences even though some of these participants, like Victoria and Jim, had experienced events that amounted to a form of totalitarian control for a period of months or years (Herman, 1992). They used avoidant coping skills, refused to dwell on their experiences, and moved on successfully with their lives supported within a relatively well-functioning family environment. It is not known whether these participants went on to develop further concerns or posttraumatic responses to their childhood experiences (Herman, 1992).

On the other hand, some of these participants like Anthony, Jim, and Peter had serious concerns about their inability to create and sustain intimate relationships in their adult lives. They may have experienced a relational injury and successfully hidden it from

themselves for many years. This leads to a discussion of whether or not their behaviour represents a form of resilience or of denial.

### **iii) Resilience or denial**

Psychoanalytic theorists might speculate that these participants were in denial about the impact of their early sexual experiences and would need, at some time in the future, to re-experience these childhood events in order to achieve an abreaction (J. A. Chu, 1998; Terr, 2003) or in order to integrate the traumatic memories more fully (Courtois, 1996; Herman, 1994; Lynn, Pintar, Fite, Ecklund, & Stafford, 2004). They might also theorize that these participants would be more vulnerable to becoming victimisers themselves, through identification with the aggressor (Masson, 1992; Valente, 2005) coupled with dissociation (Freud & Breuer, 1895; Loewenstein, 2004; Vaillant, 1993).

A different way to look at the experiences of these participants is in terms of resilient behaviour. According to Rutter's definition of resilience as functioning well despite adversity (Rutter, Giller, & Hagell, 1998), resilient people would be those who had experienced childhood difficulties but due to a combination of personal, family, and social protective factors, had not been badly affected by these experiences. They would continue to function well despite their adversity. In this study, participants telling narratives of silence could be seen as resilient. These narratives have not been described previously in qualitative research studies into the issue of child sexual abuse. Most other studies have been based on clinical samples of survivors of child sexual abuse who, by definition, believed that they had been badly affected by their childhood maltreatment and were willing to be defined in relation to these experiences.

Up to 40% of children who experience child sexual abuse remain asymptomatic, possibly because their experiences were less severe, they were more resilient, or they have a coping style that hides their distress (Putnam, 2003). It is thought that about 10% to 20% of these asymptomatic children will experience a deterioration in mental health at a later stage in their development and this has been termed the sleeper effect (Briere, 1992; Finkelhor & Berliner, 1995). There is little research evidence about this phenomenon. However, the view that child sexual abuse may produce delayed

symptoms of distress among asymptomatic children persists in the literature (Faller, 2003).

#### **iv) Questioning their own narratives**

As adults, these participants looked back at what they believed to be their choice to maintain silence and felt that it had been the right decision at the time and had helped them to move on with their lives. They had developed coping strategies and a positive sense of self by successfully getting on with their lives. However, publicity about paedophilia had made the men start to question their own ideas in two ways. Firstly, they had started to question whether or not they had, after all, done the right thing by keeping quiet about their experiences or whether this decision had allowed other children to be hurt. Second, they had begun to question whether they had been affected by their early sexual experiences, particularly in terms of their ability to sustain intimate relationships with other people (Lew, 2004).

For example, Peter still felt reluctant to talk publicly about his experiences with his older cousin. He also knew that it was not acceptable to say publicly *I've been through all this and it hasn't really affected me* (Peter, 22, P107). Nevertheless he believed *what was done was wrong, perhaps enjoying it was wrong, but I've got on with my life* (Peter, 22, P107). However, he had started to ask himself difficult questions like: *Has he abused somebody else? Has somebody been seriously hurt?* (Peter, 22, P111). His recent separation from his wife and his extra-marital affair had made him question his ability to have satisfying intimate relationships.

Having had so many extra-marital affairs, Anthony had developed a sense of himself as successful with women. He had recently become depressed and suicidal as a result of the sexual difficulties that he was experiencing within his second marriage. He was starting to think, *maybe I'm gay. No I can't be. I'm not gay* (Anthony, 11, P15) and to attribute his problems to his early sexual experiences with women. He had also recognised that *I can only have sex with women I despise* (Anthony, 11, P30). Jim had started to worry that his B&D activities with women were not healthy and were a form of re-enactment of his early sexual experiences. He was also aware of his difficulty in

maintaining long-term relationships with women and his tendency to move on from one woman to the next. *I'm a bit of a bloody mongrel in that way ... I don't ever want a bloody permanent relationship (Jim, 15, P220).*

## **Narratives of ongoing suffering**

These narratives were told by five participants who were still working through the impact of their early sexual experiences. They were trying to make sense of these experiences and were involved in an ongoing process of reconstructing a sense of self in relation to others. In many ways they were still suffering the effects of their childhood experiences. They identified themselves as victims of child sexual abuse and were struggling to come to terms with the profound impact of their childhood experiences, as discussed in the following sections.

### **i) Ongoing process of reconstructing a sense of self**

Participants who told narratives of ongoing suffering were still in the process of developing a sense of self. The original tapestry of their childhood experiences was woven out of muted colours and, as a result of their recent realisations as adults, they were re-working it using the full palette of colours. This process was proving both painful and arduous.

This was particularly true for Sylvia, Tess, and Paulians who had only recently recovered memories or come to a realisation about the extent of their childhood abuse. They had used protective coping mechanisms during childhood such as active or purposeful forgetting (Kaplow, Dodge, Amaya-Jackson, & Saxe, 2005; Romans, Martin, & Morris, 1999) or unconscious mechanisms such as dissociation or amnesia for memories of traumatic events (Cameron, 2000; Westerhof, Woertman, van der Hart, & Nijenhuis, 2000). They had internalized messages from adults that they were to blame for what was happening to them (Filipas & Ullman, 2006; Lev-Wiesel, 2000) which, in turn, led them to shut down emotionally at the time and adopt a stigmatised identity (Courtois, 1988; Herman, 1994).

Paulians had been diagnosed with Dissociative Identity Disorder (Ross, 1997) and was attending therapy. He described the process of the fragmentation of his identity in great detail. He believed that he had been enmeshed with his mother who sexually abused him and *told me how I felt (Paulians, 12, P33)*. As a small child he was expected to *put on a happy face, pretend that things are wonderful, don't show them your real pain inside (Paulians, 12, P313)*. He had come to believe that he had created an 'alter' (Herckelbach, Devilly, & Rassin, 2002) called Grace at the age of seven when his dog had been killed and his mother had not allowed him to cry. *The one that carries all the horror and the pain, I create them and then I'll send them away (Paulians, 12, P45)*. He had identified numerous other alters including: Persecutor; Bully who was renamed Lionheart; Rebel; the Fire Fighters; the Managers; Saboteur; little Paulians; and so on. Living like a child protected him from feeling overwhelmed by *the massive shame. And it's huge, it's crippling (Paulians, 12, P305)*. This was connected to some form of ritual abuse that he believed he had experienced.

Dissociative Identity Disorder is a controversial diagnosis, accepted by some clinicians and questioned by others (Robertson, 2003). Some researchers see alters as metaphors for different emotional states whereas others see them as autonomous entities capable of independent action (Herckelbach, Devilly, & Rassin, 2002). Ross (1997) argued that whilst some people have Dissociative Identity Disorder that may be related to childhood maltreatment, others suffer from iatrogenic Dissociative Identity Disorder that may be related to poor therapy techniques. It can be very difficult for a clinician to determine whether or not the person is lying, giving misinformation, or is delusional. Some theorists have been concerned that this diagnosis can lead to a worsening of symptoms, a breakdown in relationships, and a tangled web of fantasies and memories (Lynn & Pintar, 1997). However, the diagnosis often makes sense of the experience of fragmentation and disruption to the sense of self.

A similar process of adopting a mask, or an adapted sense of self, occurred for Sylvia, Tess, Hope, and Colin, but in a less extreme manner. As children, they had internalized messages from their families that they were to blame for what was happening to them (Filipas & Ullman, 2006; Lev-Wiesel, 2000), and had buried their feelings and their

memories (Courtois, 1988; Herman, 1994). Sylvia described developing a confident exterior or *outside shell*. *The inside was this mash, this huge deep dark hole* (Sylvia, 10, P18). Hope knew that she was not developing normally and tried to fit in with her peers by *just going on raw instinct and intuition and what I thought was normal* (Hope, 3, P50). She explained that *people who've had interrupted childhoods are good at putting on façades* (Hope, 3, P54).

## ii) Realisation of victimhood

As adults, these participants had started to attribute some of their difficulties in adolescence and early adulthood to their early sexual experiences e.g. difficulties with self-esteem, an inability to trust others, and an inability to keep themselves safe and prevent re-victimisation. It had helped them to make sense of some of the chaos earlier in their lives to see it within the context of being victims of child sexual abuse. This helped them to make sense of many experiences of re-victimisation in adolescence and early adulthood. They all saw themselves as victims and believed that others had recognised this and had taken advantage of them as a result. As Paulians said: *I must have had victim written all over my face* (Paulians, 12, P37). Hope echoed this thought by describing how *other males picked up on it* (Hope, 3, P54).

As adolescents and young adults, these participants had difficulty maintaining relationships. Some like Paulians and Colin became involved with drug and alcohol use, which complicated their life experiences even further. Sylvia described how, in relationships with men, she had had to struggle *just to have a little corner of myself* (Sylvia, 10, P18). Colin still felt as if he was *having to play charades* (Colin, 17, P145) within his family which he disliked. He believed that his experiences had arrested his emotional development and he was still angry and spending *a lot of time punching doors and walls* (Colin, 17, P37). However, both he and Hope had found a purpose in their lives by becoming campaigners against child victimisation. As Hope put it, *I am not afraid to tell their dirty secret* (Hope, 3, P82).

Apart from Hope and Paulians, these participants were unable to tell anyone about their experiences during childhood. In different ways they all seemed to have gained from

telling their stories as adults. Sylvia, Tess, and Paulians had gained a better understanding of their previously chaotic lives, and Hope and Colin had gained a sense of agency and control. Sylvia, Paulians, and Colin still felt an intense anger as part of a maelstrom of strong emotions. Sylvia described feeling as if *the life had been raped out of me. My base chakra had been penetrated (Sylvia, 10, P38)*. To date, they had been unable to move out of this vortex of strong emotions or to develop a strong sense of self beyond that of victim.

It is hard to determine why some participants *really cling to that role* and believe *I'm safer being a victim (Jewels, 4, P113)* whereas others who have had similar experiences manage to move from victim to survivor and beyond (Phillips & Daniluk, 2004). It is possible that this is part of a developmental process and that, given time, they will be able to re-design the tapestry of childhood into a pattern that incorporates a symbol of hope for the future that seems to be missing from the current design.

### **iii) Contaminated, fragmented, or fragile sense of self**

Experiencing child sexual abuse can disrupt 'the social process through which identity is constructed' (Lynn & Pintar, 1997:487). This disruption can lead to a sense of self as evil. 'By developing a contaminated, stigmatized identity, the child victim takes the evil of the abuser into herself and thereby preserves her primary attachment to her parents' (Herman, 1994:105). This sense of self as contaminated was most evident for Paulians, who described how one of his alters *still believes he was a very, very bad person (Paulians, 12, P137)* who had done something that was unforgivable.

According to Read (2002), people experiencing child sexual abuse, particularly if it has been accompanied by violence from a young age, often have an extremely fragmented or distorted sense of self. Sometimes they may have no strong sense of self at all. There was a sense in which these participants were still caught up in the abuse, and either had a very fragile sense of self or held on to a sense of self as a victim who continued to suffer as a result of childhood injuries.

## Narratives of transformation

Six women who had early sexual experiences within the family told survivor narratives of transformation. They had overcome feelings of self-blame and had developed a relational sense of self out of their childhood experiences. These narratives were similar to the survivor narrative that is common in the literature. Both tend to link the participant's identity to their childhood experiences. A stronger sense of self evolved out of these childhood experiences and remains linked to them, as discussed below.

### i) Overcoming self-blame

Participants telling narratives of transformation were all women who had early sexual experiences within their families. All except Tina had grown up in abusive families and had experienced physical, emotional, and sexual abuse as children from a very young age. Even though their childhood tapestry was thin and threadbare, they had reworked it to incorporate symbols of safety, justice, and healing. They intended to provide a far better tapestry for their own children as they had the strong desire *to protect the children and to live a normal life (Jane, 14, P167)*.

Constructing a strong, positive sense of self in a childhood that is characterised by maltreatment is a difficult task. Most of these participants believed that they were responsible for what was happening to them as children and blamed themselves (Filipas & Ullman, 2006; Gladstone et al., 2004; Lev-Wiesel, 2000; Paivio, 2001), which has been shown to be more common among female survivors (Ullman & Filipas, 2005). As adults, they had gradually come to the realisation that *I'm not ashamed of it anymore and I don't think it was my fault (Tina, 6, P150)*. Like those telling narratives of ongoing suffering, they felt as if the child who has been sexually abused is *a lesser being because she's been, you know, tarnished (Heather, 16, P207)*. As a mother Heather described how she *really had to dig deep within myself to work out who I was (Heather, 16, P27)*.

A few participants were made to feel that they were in some way special as children even though these feelings were now understood to be created through manipulation by the adult involved (Fox, 2003). For example, Tina initially enjoyed the attention given

to her by her aunt's boyfriend initially. Emm described her disappointment and anguish when she discovered that her father had behaved in a sexual way with her sister. *It really means that there was nothing special about me in that event (Emm,8,P50)*. This is an example of the way in which the victimiser uses subtle tactics in order to manipulate the child (Warner, 2000). These tactics need to be made visible in order that the adult can begin to understand the ways in which they have been manipulated as children.

## **ii) Constructing a relational sense of self as a protector**

Given that these women mostly grew up in abusive families, they were not afforded sufficient protection by other family members including their mothers. Many went on to develop a relational sense of self as protectors of others and this was an important part of their belief system. Heather tried to protect her siblings and Jane tried to protect her twin, believing *if he was doing it to me, he wouldn't be doing it to her (Jane,14,P59)*. Jane was still protecting her twin from knowing the full horror of what happened to her and explained *we still can't really talk about what happened (Jane,14,P51)*. All these women were determined to protect their own children from the pattern being repeated down the generations. Karen, Tina, and Jane reported their sexual abuse to the police as adults and chose to break the cycle of abuse within their families, partly in order to protect other children. As Tina put it, *I didn't want him near my daughter (Tina,6,P19)*.

These participants had found a purpose in life as a result of their early sexual experiences (Bonanno, 2004). Jewels, Emm, and Heather had made a virtue out of the fact that they had not told anyone as children. They believed that they had made this choice in order to protect other family members, either a parent or siblings. This choice had enabled them to develop a strong sense of self as a protector or helper of others. They all worked in the helping professions and continued to see their role as protecting and helping others to heal. Jewels believed that she had *been given a purpose in life that I never had before (Jewels,4,P113)* to help other victims heal.

Karen, Tina, and Jane also felt good about themselves for trying to take on their victimisers through the court system, even though it had been at considerable personal expense in terms of their relationships with their families. They had chosen to tell the

police as adults and had developed a sense of self as seeking justice. Not being believed or being punished as children may have strengthened their resolve to tell the police as adults. They also wanted to break the cycle of abuse within their families and protect their own children from being maltreated, despite the fact that *the family's betrayal is actually more painful (Tina,6,P43)* than the sexual abuse.

From an attachment theory perspective, it has been suggested that 'children who experience adequate parental protection will internalize the roles of (a) an effective protector, (b) a safe child, and (c) a contained aggressor' whereas 'abused children will, in contrast, internalize the roles of (a) an ineffective protector, (b) an endangered child, and (c) an out-of-control aggressor' (P. M. Thomas, 2003:368). The child has no internal working model of herself or himself as an effective protector (Biringen, 1994), and this needs to be developed through therapy. These participants seemed to have understood the importance of their roles as protectors of others or as striving for justice and safety for future generations, and used this as the basis for the construction of a positive sense of self emerging from childhood adversity.

## **Narratives of transcendence**

These narratives have appeared less frequently in research studies conducted with clinical samples of child sexual abuse survivors who, by definition, accept the role of *survivor*. These participants were different from those normally studied in that half of them had never attended therapy and they did not identify themselves as victims or survivors of child sexual abuse. They rejected being stereotyped, and longed to be seen as normal. This was not an ethereal narrative of transcendence. It was an earthy and earthly narrative, told with an element of defiance by participants that concurrently believed that they had moved beyond their childhood experiences and longed to conform and to be seen as normal.

### **i) Longing to be normal**

Participants telling narratives of transcendence had thrown away most of the tapestry of childhood and had re-woven a new one. They had incorporated their childhood experiences as a small but inevitable part of life's rich tapestry into the new design, but

not as the main focus. They did not want to be reminded of their childhood experiences, refused to dwell on them, and would only refer back to them if they felt it would be helpful to other people. This was partly as a result of a strong desire not to be labelled in any way and partly as a result of *a determinedness to be normal* (Diana,2,P71). The youngest of these participants, Belinda, did not want people *to think any less of me, or to judge me, or to think that I might become a perpetrator* (Belinda,20,P185).

These participants also grew up in abusive environments and internalized negative messages about themselves, although they seemed more likely to express their anger outwardly through aggressive behaviour towards others. Diana still saw herself as in some ways responsible for being raped and described herself as *was just a silly little girl that got herself into some silly situations (chuckles) that could have cost her life* (Diana,2,P59). However, she also experienced her own sexual power during this incident and declared that *in that moment I didn't see myself as a victim. I saw myself as being in a position of power* (Diana,2,P24). As an adult she was able to feel empathy and forgiveness towards her rapists and to say: *I give thanks for those experiences ... it made me a strong woman* (Diana,2,P55).

These participants did not tell as children and rejected being labelled either as victims or survivors (Naples, 2003; Phillips & Daniluk, 2004; Warner, 2003). They wanted to be seen as normal, and had battled through difficulties in their adolescence and early adulthood. They had only told their stories as adults in therapy or in order to help other people. They believed that their spiritual beliefs had helped them to transcend their childhood adversity (Bryant-Davis, 2005; Carter & Parker, 1991; Etherington, 2000; Robinson, 2000), as discussed below.

## **ii) Resisting stereotyping and the dominant discourse**

These participants resisted the idea that *you've been dirtied by this, you've been broken by this* (Will, 21,P51). They fought against the system in adolescence and young adulthood and adopted a tough exterior. Norm lived with a group of hustlers, Rod joined a skinhead gang and then a bikie gang, Will went to jail, and Diana carried a knife. Some of this behaviour could be described as hypermasculine (Lisak, 1997;

Plummer, 1999). Rod believed that he *dealt with it as a man should* (Rod,9,P173), admitted that he *saw women as sexual objects, to be used and abused* (Rod,9,P16) and *vented all my anger and rage* (Rod,9,P24) on homosexuals.

These men and women had moved to a position where *I don't feel sort of trapped by it anymore, like it's not the only thing that defines who I am* (Belinda,20,P165) and some, like Belinda, achieved this in a relatively short time period. They had similar sorts of struggles to those experienced by other participants such as feelings of low self-esteem, an inability to trust others, difficulty in *expressing the real me* (Rod,9,P50), and difficulty in maintaining strong relationships and yet they transcended these problems, often by taking a spiritual path. They believed that both victim and survivor identities were limiting and potentially stigmatising (Phillips & Daniluk, 2004; Warner, 2003) and rejected both these discourses.

### **iii) Constructing a sense of self through spirituality**

A unifying theme in these narratives was that of spirituality, but of a robust nature. These participants had transcended the difficult experiences in their early lives by choosing to put their faith in a source of power beyond themselves. They believed that their healing had come through a relationship with their Higher Power (Glaister & Abel, 2001) and through increased empathy for the suffering of others (Frazier, Conlon, & Glaser, 2001).

There was a down-to-earth quality in these narratives of transcendence. For example, Diana, Belinda, and Will were all regular churchgoers and actively involved in ministry of various kinds. Diana had a strong faith and believed that *love heals all* (Diana,2,P151). She demonstrated a practical Christianity by working with drug addicts and alcoholics within her church community. She would invite people into her home to live if they needed somewhere to stay. Belinda described the loss of her relationship with her abusive step-father as *a bit of a hole in your soul* (Belinda,20,P9) which she had managed to fill through being active in her church community. She had gone out on a limb to help other people, including a young woman who had been raped in the small country town where she lived. The police had not believed this girl and Belinda had

been threatened and harassed as a result of being seen with this young woman at the local police station.

Will had no time for people who played the role of the victim and hated the focus that the media placed on the *so-called victim* (Will, 21, P107). He had experienced suffering and, as a result, did not want to cause suffering in others. After his conversion to Christianity, he had travelled around the country paying back the money that he had stolen from people. He put his beliefs into practice and expected others to do so.

*If you've been battered and bruised yourself, and if you've been betrayed, you know what it is to betray. And then you turn around and betray someone else? Don't tell me that you're not responsible (laughs), because you know better than people who've never been betrayed* (Will, 21, P51).

Rod and Norm both attributed the start of their journey through their childhood experiences to contact with Christian organisations. Rod had broken silence first with a member of a Christian motor cycle club and Norm had become a member of Alcoholics Anonymous as an important part of his recovery process. Hence the interwoven themes in narratives of transcendence were of experiencing great difficulty in childhood through to early adulthood, rebelling and conforming at the same time, refusing to be labelled as a victim or a survivor, and finding a sense of self through service to others.

These participants had an ability to create meaning for themselves even from the most extreme circumstances. A quotation from Diana illustrates this. She was raped by a gang of men when she was fourteen and described how the leaders took their turns first. As the rape continued, her feeling of panic and fear subsided slightly as the younger men raped her. Remarkably, Diana was able to empathise with these young men and make some sense for herself out of this horrendous experience.

*There were some boys, they didn't have erections at all. They looked me in the eye and the look said 'please don't expose me.' And my look said 'thank you for not raping me.' So it was a sort of a mutual agreement between us, just a visual*

*eye contact thing. The boys at the end part of the line, there were some of them that were repulsed by what they were doing but they were under peer pressure. And I knew that my response to them was helping them to get through this. They were being raped too you know.*

## **4) The impact of the social construction of gender**

There is a need to understand gender differences in relation to early sexual experiences and this study draws out some qualitative differences. One of the main differences is that men who have early sexual experiences are more likely than women to go on to become victimisers of others. In the following section the influence of the social construction of gender will be examined in detail. First, issues of intimacy and trust for both genders will be explored. Issues relating to the social construction of femininity and masculinity will then be examined, in an attempt to shed further light on gender differences in response to early sexual experiences.

### **Issues of trust and intimacy for both genders**

Qualitative studies have suggested that men and women who are survivors of child sexual abuse have difficulty forming and maintaining intimate and satisfying sexual relationships (Darlington, 1996; Denov, 2004; Dorais, 2002; Etherington, 2000; Fater & Mullaney, 2000; Gill & Tutty, 1999). Trust was a big issue for many participants (Frazier, Conlon, & Glaser, 2001; Valente, 2005). As Hope said, *I could never trust a male enough to marry (Hope, 3, P66)*. One of the most commonly reported ways in which participants in this study believed that they had been impacted by their early sexual experiences was in their intimate relationships. As adolescents and young adults many participants, including Anthony, Tess, Paulians, Hope, Colin, Jewels, Karen, Jane, Diana, Norm, and Rod, found themselves having non-committed sex with multiple partners.

Some participants had found themselves the object of someone else's sexual fantasy as children. They had learned to tolerate sexual behaviour for the adult's gratification. For most, this was not a mutual experience – hence the feeling of objectification (Dorais, 2002; Quina, Morokoff, Harlow, & Zurbriggen, 2004). For some this made it hard for them to say 'no' to the sexual demands of others as they grew into adulthood. Hope, Tess, Paulians, Colin, Jewels, Karen, Jane, and Norm all found themselves in situations where they felt that they were expected to have sex, whereas Diana, Anthony, and Rod saw themselves as actively seeking out sexual conquests.

A study of men and women with a substantiated history of childhood abuse or neglect suggested that those that had been sexually abused as children had higher rates of cohabitation, walking out, and divorce than the control group (Colman & Widom, 2004). However, participants in this study did not make a connection between their childhood experiences and the breakdown of their relationships with their long-term partners. Even though seventeen of twenty-two participants had separated from their partners or the parents of their children, only Peter overtly connected this recent event in his life to his early sexual experiences.

## **The social construction of femininity and victims**

Victimhood is a social construction that is closely entwined with the notion of hegemonic femininity. The victim of child sexual abuse has, until recently, been expected to be a girl and the victimiser a man. The way in which young girls are socialised to become sexually passive and to think of themselves as subordinate to men makes it easier for them to fall into or accept the role of victim. This may also partly explain why so many female participants described being sexually re-victimised in early adulthood or becoming sexually withdrawn, as in the classic split between Madonnas and whores (Welldon, 1988).

The social construction of victimhood as a feminine concept appears to have some positive aspects for women. Women seem to be more able than men to be transformed by their early sexual experiences in a positive manner. Perhaps because it is more socially acceptable for a woman to be a victim than a man, it is also easier for a woman

to talk about her experiences publicly and to mobilise social support. Paradoxically about half of the women in this study behaved non-stereotypically and rejected the view of women as subordinate to men. Overall these women were probably more successful than the men interviewed at moving on from their childhood experiences. They mobilised their anger, placed the blame where it belonged, reported their victimisers, or developed a strong relational sense of self as a protector of others.

### **i) Women as subordinate to men**

The social construction of femininity as a passive state of being in which women are subordinate to men (Tolman, Striepe, & Harmon, 2003) appeared to have had a profound effect on participants in this study. There was evidence of women choosing to subjugate their own needs and desires in order to maintain relationships with others (Gilligan, 1982). According to psychoanalytic theory ‘for women the central defence mechanism is introjection. Others’ needs are introjected as their own and the satisfaction of others’ needs is experienced as the satisfaction of their own needs: anger is tuned inwards and used against the self’ (Craib, 1998:95). This was demonstrated by those women who, at some stage in their lives, gained a sense of self as protectors or helpers of others. For example, women like Jewels, Emm, Heather, Jane, Karen, Tina, and Belinda, took on the role of protector of others by *looking after everybody else but yourself (Belinda, 20.P101)*, at the expense of their own relationship needs. These narratives were absent among male participants who volunteered for this study.

Feminist researchers have argued that women have great difficulty in developing a coherent identity in a culture that, in many ways, continues to condone men’s abusive behaviour towards them and places them in the subordinate role (Lynn, Pintar, Fite, Ecklund, & Stafford, 2004; Tolman, Striepe, & Harmon, 2003). In other words, women are seen as victims and men as victimisers (G. R. Holmes, Offen, & Waller, 1997). Women are socially conditioned to believe that they are somehow responsible for what has happened to them and to turn their anger inwards (Craib, 1998). There were many examples of women who would *take on the blame for everything (Jewels, 4, P93)* including what had happened to them as children. However, self-blame was not

restricted to female participants but was also experienced by many of the men in this study.

Although female participants described feeling inferior to men and to blaming themselves when they were younger, many had overcome this as adults. They had become powerful women in their own right. They believed that this had occurred partly as a result of working through their early sexual experiences, particularly the eight women telling narratives of transformation and transcendence.

There is a danger in research that we encourage people to produce an acceptable personal narrative that is also socially coherent (Harvey, Mishler, Koenen, & Harney, 2000). A narrative of transformation may be one such narrative for women in that the victim is healed and becomes a survivor. Carney (2004) is critical of the survivor discourse in that it presents a linear narrative of a heroic journey whereas most stories are fractured, fragmented, and unresolved. Some of this unresolved quality could be found in female participants' views of themselves as sexual beings.

## **ii) Madonnas and whores**

Feminists have argued that women have been stereotypically divided into Madonnas and whores (Welldon, 1988), good chaste girls or bad sexually active girls (Tolman, 2002). Within this study both these extremes of behaviour were evident, with female participants like Diana, Karen, Sylvia, Jane and Tess describing themselves in a derogatory manner because they had non-committed sex with men at certain stages of their lives. On the other hand Heather, Tina, and Belinda described themselves as *avoiding boys when I was growing up* (Tina, 6, P130) or as being sexually timid or withdrawn. However, this dichotomous view of women as 'sluts' or 'prudes' was an oversimplification, given the complexity of the situations that they had faced as young girls.

For some participants who had frequent non-committed sex with men there were serious consequences to their behaviour. Diana became pregnant at fifteen and had to leave school and have her child adopted, Karen had a termination at sixteen, and Sylvia had

several terminations. Hope, Jewels, Karen, and Jane all described themselves as being unable to say 'no' to men when they were younger. Even as an adult, Jewels described feeling that she had *no sense that I had any right or ability to say 'no'* (Jewels,4,P9). Jane continued to have affairs with married men and Karen described going through a period when *all I thought about was sex* (Karen,5,P64).

### iii) Non-stereotypical behaviour

The dominant cultural image of femininity is of a selfless woman who is subservient to men (Taylor, Gilligan, & Sullivan, 1995). Half of the women interviewed did not behave in stereotypically feminine ways or willingly accept male domination. For example, Greta saw herself as in control of her early sexual experiences and was *a bit proud* (Greta,1,P30) of how she handled herself. Hope, the anti-serial child rapist campaigner, and Diana and Belinda expressed a lot of anger during the interview. Diana defiantly declared that *I'd rather that people think I'm a tart than a victim* (Diana,2,P173). Karen, Tina, and Jane had all been forceful enough to report their victimisers to the police. In addition it is important to recognise that some of their female relatives had been physically or sexually abusive, such as the mothers of Victoria, Tess, Paulians, Emm, Jane, and Norm.

Some women were better at mobilising their anger and placing the blame on their victimisers than others (Lev-Wiesel, 2000). In particular women like Karen, Tina, and Jane used their own strengths and resources to seek justice without any support from their families. None of the men in the study had done this. Karen was proud of the fact that *I done the right thing, by myself* (Karen,5,P92). They demonstrated what Werner (2005) pointed out in her review of retrospective and prospective studies of resilience i.e. that women were better than men at finding strengths from within in order to overcome childhood adversity.

## The social construction of masculinity and victimisers

Male participants seemed to be strongly influenced by hegemonic masculinity, often becoming aggressive or stoical about their childhood experiences. They described

experiencing non-relational sex and rarely recognised this as a possible form of re-victimisation or re-enactment of their childhood experiences. They expressed concern that homosexuality could be the cause or effect of homosexual encounters in childhood and were also fearful of being labelled as homosexual. Hegemonic masculinity placed them in a double bind and posed difficulties for them whether or not their early sexual experiences were with men or with women.

The social construction of victimisers as a masculine concept and the concept of intergenerational patterns of abuse create difficulties for male victims. If men speak out about their experiences, they are often fearful that they will be labelled as victimisers themselves. This may make it harder for men to reach out for help, thereby increasing the danger that men move from victim to victimiser. These issues are discussed in this section.

### **i) Aggressive or stoical responses**

Masculinity can be viewed as a rejection of femininity (Craib, 1998) and the concept of dependence. 'For men, the central mechanisms are, arguably, projection and denial. Dependency needs and the associated feelings of rage and destructiveness are experienced as existing in, and are perhaps even elicited from, others' (Craib, 1998:95). As a result, society condones 'tough, forceful, and aggressively defensive' behaviour in the Australian male as typical and acceptable (Tacey, 1995:51). This stereotypical 'Aussie male' behaviour was demonstrated by Rod, who declared that *no one would get close to me (Rod, 9, P12)*. Other men like Paulians, Colin, Norm, Rod, and Will also expressed a lot of anger during the interviews and acted aggressively during their adolescence.

On the other hand, there were also men like Bert, Anthony, and Peter who did not behave in a stereotypically aggressive masculine manner. Rather they tended to demonstrate a masculine stoicism (Kia-Keating, Grossman, Sorsoli, & Epstein, 2005) often shown by survivors of childhood sexual abuse. The construction of 'real men' as independent, strong, active, and knowing how to avoid problems (Dorais, 2002) may

have fed into the need for these men to appear to be unaffected by their early sexual experiences.

## ii) Non-relational sex

The gender socialization process has been described as fostering the development of a form of 'defensive autonomy' and a focus on sexual conquest in men, often leading to problems with intimacy and non-relational sex (Good & Sherrod, 1997:181). This may be exacerbated in men who have had early sexual experiences. All of the male participants in this study, except for Bert, Norm, and Will, felt ashamed of what had happened to them and their loss of what Rod called *my manhood* (Rod,9,P4). These men had come to believe that they had been damaged sexually by their experiences as children. Many of them had experienced difficulties of one kind or another in their intimate lives.

Anthony, Jim, and Peter had recently come to the realisation that they were experiencing sexual difficulties or non-relational sex. As Anthony explained *I want to have love, and I can't have it and I've never had it* (Anthony,11,P31). Anthony, Paulians, Colin, Norm, and Rod had all had periods when they had had non-committed sex with either men or women or both. They believed that they had been active partners in these encounters and did not see them as a form of re-victimisation. Whether or not this was normal masculine behaviour, non-relational sex, re-victimisation, or a re-enactment of abuse was difficult to determine. However, it is possible that they experienced constraints on their ability to experience mutually satisfying and intimate experiences with women as a result of adopting traditionally masculine approach to relationships (J. Y. Chu, Porche, & Tolman, 2005).

Anthony, Jim, Peter, and Rod had all had extra-marital affairs. Lusterman described the repetitive seduction of women as a form of 'retaliation toward the woman who is its object. Don Juanism, then, is an example of gender role dysfunction, abetted by a male ideology that objectifies women, and probably compounded by early familial history' (Lusterman, 1997:96). This description fitted Anthony whose sexual behaviour with women troubled him a great deal.

### iii) Homophobia

Rencken argued that male survivors often had strong homophobic reactions and were frequently concerned that ‘homosexuality was either the cause or effect of the abuse’ (Rencken, 2000:96). It is important to draw out the difference between men being fearful that having sexual contact with a man might have happened because they themselves had homosexual tendencies (i.e. homosexuality was the cause of the event) and men being fearful that they would become homosexual because of the event (i.e. homosexuality was the effect of the event). There was also a third response from men being fearful that they would be seen or labelled as homosexual if others knew about the event (i.e. the stigma of the label of homosexuality was the effect of the event).

None of the heterosexual men in this study believed that their own hidden homosexuality was the cause of their early sexual experiences. This also applied to Bert who identified as bisexual. Rod, Anthony, Jim, Colin, Will, and Peter did not believe that they had become homosexual as a result of their experiences, since they identified as heterosexual. Will said *I certainly haven't been tempted* (Will,21,P79). Norm, Paulians and Bert were more open about their adolescent homosexual experiences but still did not believe that their sexuality had been affected by their childhood experiences. Bert said, *I've sort of got straighter as I've got older* (Bert,13,P151), whereas Norm was comfortable to admit that *I consider myself sexually ambivalent right now* (Norm,7,P65). They all rejected the notion that an early sexual experience could change their sexuality or cause homosexuality.

Rod, Anthony, Colin, and Peter admitted to being homophobic and to being fearful that, if people had found out about their early sexual experiences with men, they might have been labelled as homosexual. Colin had lived in a poor neighbourhood as a child and believed that *you'd be eaten alive if that sort of thing got out* (Colin,17,P167). They seemed to embrace behaviours that fitted in with hegemonic masculinity such as ‘toughness, emotional restraint and compulsory heterosexuality’ (Plummer, 1999:220) and demonstrated some level of homophobia. There was a great reluctance within these men when young to disclose any information about their early sexual experiences, partly for fear of this stigma (Gill & Tutty, 1997). Of the men interviewed, only

Paulians had tried to tell anyone as a child and only Norm, Rod, Colin, and Will had told people, other than their partners, as adults. Anthony, Bert, Jim, and Peter had not disclosed their experiences to anyone other than their partners before the interview.

#### **iv) Difficulties exacerbated by hegemonic masculinity**

It can be seen that the condoned discourse around masculinity presented challenges for these men who experienced difficulties in their intimate and sexual relationships. If they had sexual contact with older men, this often created shame or fear of being stigmatised and labelled as homosexual. If they had sexual contact with older women, this created confusion and conflict in a society and culture that believes that men are the victimisers and that women are the victims.

The popular ‘Mrs Robinson’ story of the seduction of a young boy by an older woman in the movie *The Graduate* can be seen as supporting stereotypical masculine constructs. ‘The male victim, having been programmed by movies and other media, may regard a sexual relationship with an older woman as a male fantasy come true’ (Rencken, 2000:95). In this study only three men, Norm, Anthony, and Paulians, were sexually assaulted by women. None described these relationships as anything like a fantasy, but Anthony certainly feared that other men might say *you’re lucky, you hit the lottery* (Anthony, 11, P39), thereby minimising his experiences.

The whore-Madonna complex has been described as a condition in which men ‘split off partners whom they will value and care about from devalued objects with whom they engage in sex’ (Good & Sherrod, 1997:185). The three men who had been sexually abused by women certainly had difficulties in their sexual interactions with women. Anthony fitted the description of the whore-Madonna complex, whereas Norm and Paulians described enmeshed relationships with their abusive mothers and complicated sexual relationships with both men and women.

Perhaps these men were pushed to the extreme of their gender repertoire. Some became ultra-masculine and aggressive, whereas others were determined to be ‘normal’ according to the cultural script in Australia (Tacey, 1995). That meant that they became

strong, silent, and inviolable. They withdrew from intimacy in relationships and suppressed all memories of abuse, choosing to get on with life rather than to dwell on the past. This could be related to a fearful or avoidant attachment style, with a negative view of self and others such as that held by Rod, Anthony, Jim, and Peter. If their experiences were homosexual in nature, the homophobia that they internalised from the culture may have become exaggerated and impacted on their relationships with other men. They may have found it difficult to move away from this stance, becoming frozen in a cultural stereotype, and may have needed to wait until middle-age before moving towards other people in a more meaningful way.

#### **v) From victim to victimiser**

This was not a research study of victimisers. However, data emerged that related to the possibility that four of the male participants recognised that they had had the potential to become victimisers had things been slightly different. For example, Anthony found himself becoming attracted to teenage girls as a middle-aged man, Paulians described his attraction to young children as an adult as *such an incredible sense of longing* (Paulians, 12, P325), and Peter described trying to have *penetrating sex* (Peter, 22, P3) with boys his age when he was an adolescent. The potentially sexually abusive behaviour described by Anthony, Paulians, and Peter resonated with the description of child sexual abuse survivors being unable to feel empathy for the distress of the victim (Lisak, 1997), whereas the behaviour described by Jim resonated more with the concept of a survivor turning his own distress into anger and sexual violence (Lisak, 1997), in his case in the form of bondage and discipline experiences with adult women.

There is an important gender difference in that men are more likely than women to move from victim to victimiser. This has been linked to patriarchy and issues of male power over women and children (Herman, 1981, 1992, 1994), when a history of child maltreatment is combined with a position of power. However, the relational difficulties experienced by survivors of child sexual abuse ‘look startlingly like traditional, stereotypical machismo’ (Robb, 2006:301). Coupled with the idea that relational skills are not valued by men (Gilligan, 1982), it is possible to argue that men are more vulnerable to moving from victim to victimiser in part because of the restraints placed

on them by hegemonic masculinity (Lisak, 1997). Perhaps they do not make healing empathic connections with others as easily as women.

One important question that remains to be answered is why these participants did not move from victim to victimiser. According to Paulians, it was his concern not to damage others in the way that he had been damaged that prevented him from becoming a victimiser. As he said, *I know what it's like to be hurt as a child and I don't want that to happen to any other kid on my behalf (Paulians, 12, P317)*. This view was echoed by other participants in this study who wanted to protect children from suffering in any way.

## **5) The impact of the child sexual abuse discourse over time**

In this final section, the way in which the discourse around child sexual abuse has influenced participants' construction of a sense of self is examined. This discourse has changed and developed over time and has influenced the social acceptability or otherwise of certain narratives. In Australia, the national saying for honouring soldiers who are killed in action is *lest we forget*. There is a powerful social discourse around the need to remember, which is often finely balanced against the individual's need to forget.

Having been a hidden discourse for many years, it is now socially acceptable to discuss being a victim or, preferably, a survivor of child sexual abuse. The survivor discourse has become popularised, particularly for use by women although less so by men. Some participants were comfortable adopting the mantle of the victim or the survivor whereas others vehemently rejected what they saw as a stigmatising discourse, as discussed in the following section.

## Changes in discourse over time

Most of the early sexual experiences described by participants happened a long time ago, in the 1960s, 1970s and 1980s, at a time when child sexual abuse was a little discussed phenomenon. In an analysis of the British media Kitzinger (2004) argued that it was not until the mid 1980s that the media, acting as a conduit for social change, ‘invented’ child sexual abuse as it is understood today as an act of violence. This extensive media coverage from the 80s onwards ‘had profound implications for what people could imagine, what they could say and what they felt they could do’ (Kitzinger, 2004:46), since it broke through the cultural vacuum and enabled people to speak out about their experiences. A subject as complex as sexuality is particularly sensitive to social influences and has been a ‘conductor of the subtlest of changes in social mores and power relations’ (Weeks, 1992:393). Similarly, narratives that participants told in this study about their early sexual experiences were subject to the influence of changing social mores connected to the issue of child sexual abuse.

Participants telling narratives of silence were successful in suppressing thoughts of what had happened to them and in getting on with their lives. However, the social context was rapidly changing. Driven initially by the feminist agenda in the 1970s and 1980s, child sexual abuse was being named publicly as a crime against women and children (Finkelhor & Williams, 1988; Herman, 1996; P. Jenkins, 1998; Ward, 1984). Paedophiles were being exposed by their victims and sent to jail. Incest was also being discussed more openly, although fear of paedophilia and sensationalised stories were the main focus for the Australian media (Foster, 2005; Mendes, 2000). Paedophiles were being identified as monsters who therefore needed to ‘be defeated, captured, and killed’ (P. Jenkins, 1998:237). According to Plummer, ‘the late twentieth-century preoccupation with paedophilia shows every sign of being the next metamorphosis in the crusade against “otherness”’ (Plummer, 1999:298).

Although the increased media attention enabled people to speak out about abuse, it also had some negative aspects with victim and survivor stories becoming appropriated and exploited by the media (Kitzinger, 2004). As more and more celebrities and public

figures such as Oprah Winfrey acknowledged that they had experienced child sexual abuse (Trotter, 2004), and discussed the terrible impact that it had had on their lives, it became harder for participants telling narratives of silence to maintain that they had not been affected in any way by their experiences. Bert described being reluctant to talk to close friends about his experiences because *I'm afraid of their reaction because I don't think that I've been traumatized by this event (Bert, 13, P95)*. He knew that his narrative of silence had become socially unacceptable and difficult to discuss publicly for fear of being labelled a child abuser, homosexual, or even a paedophile. Whilst maintaining these narratives in private, participants were silenced publicly by their socially dysfunctional narratives.

The current media coverage of this topic reinforces the stereotypical view that men are victimisers and women are victims. For example, I conducted an analysis of news stories in *The Sydney Morning Herald* in the month leading up to 14<sup>th</sup> October 2006, and discovered that there had been a total of twenty-two news stories about paedophiles, three about child sexual abuse, and one about incest (*The Sydney Morning Herald*, 2006). In the present study Hope and Peter both used the words *paedophile* and *homosexual* interchangeably.

## **The need to remember and the need to forget**

Following trauma there is often a tension between needing to remember and needing to forget (P. Thompson, 1999). This can be seen particularly in the literature relating to human atrocities. The need to remember and to find a collective voice is often linked to the need to bear witness and to prevent similar occurrences from happening in the future (Apfelbaum, 2000; Stuhlmiller, 2001). Speaking out about horrific events such as the Holocaust helps survivors to develop a shared cultural history and to achieve a collective acceptance of the reality of events (Scott, 1996). However, the need to forget is also very strong and people can be silenced at the individual, familial, or societal level. The need to forget can be linked to need to move forward in life or the desire to protect the next generation from the pain and anguish that has been endured (Apfelbaum, 2000). This tension is also found in the grief literature between theorists that advocate the importance of maintaining a *continuing bond* with the deceased, and

those that advocate *letting go* or saying goodbye in order to move on with life (Hedtke, 2003; Rosenblatt, 1996).

Early sexual experiences with an adult may differ from atrocities that affect a particular cultural group, in that talking about the experiences is often met with denial rather than validation within the family (Scott, 1996). In cases of severe trauma, individuals can also be silenced through amnesia (Herman, 1996). This may go some way towards explaining the popularity of group therapy among some survivors who may yearn for the validation of their experiences and the recognition afforded by membership of a group (Peleikis & Dahl, 2005; Worrell, 2003).

Different participants dealt with the tension between the need to remember and the need to forget in different ways and there may be an underlying development process in operation. Those participants that chose to tell narratives of silence for many years privileged the need to forget over the need to remember. As time went by and the media discussion of the impact of child sexual abuse on its victims increased, these participants slowly began to question their own narratives. Peter started to question *why are all these people getting so upset about this?* (Peter, 22, P107) when he was not upset himself, and Jim came to the realisation that *I've never really put it down* (Jim, 15, P128). They began to see possible connections between their early sexual experiences and ongoing difficulties in their intimate lives.

Whilst they believed that they made the right choice in remaining silent, they came to realise that there was a cost associated with this choice. They had to withstand the increasing pressure placed on them in the current social climate to tell their stories in the form of a moral tale (Crossley, 2000). Participants knew that *people say it's always good to talk about things that troubled you* (Peter, 22, P207). They also questioned whether or not they should have told someone about their experiences in order to protect other children. For example, Peter asked himself *has he abused somebody else because I didn't spill the beans?* (Peter, 22, P111) and experienced feelings of guilt as a result.

Those participants telling narratives of ongoing suffering and of transformation had been silenced as children and adolescents, sometimes through a process of amnesia. Paulians explained that *the beauty of dissociation is that it keeps me totally safe* (Paulians, 12, P229). They had all found a voice in adulthood, sometimes through the painful process of recovering memories of childhood maltreatment. There was a sense in which some of these participants felt silenced whereas other participants believed that they had chosen silence in order to protect others. Karen described the relief of telling the police *this secret that's been held in for so long. I've told somebody that's going to do something about it* (Karen, 5, P80) whereas Emm knew that *it would have been devastating as a child to put this together* (Emm, 8, P118) and that keeping quiet had been a mechanism of self-protection. Some accepted a sense of self as a victim, whereas others were moving towards seeing themselves as survivors. Either way, the process involved speaking about what had happened to them as children in therapy and elsewhere.

For those telling narratives of transcendence, the balance between the need to remember and the need to forget seemed to be different. Because of their reluctance to adopt the identity as a victim or a survivor, these participants were less keen to talk about their experiences publicly or to risk being categorised by others in any way. As Will said: *I just won't let it be an influence on me* (Will, 21, P23). However, they were perfectly willing to talk about their experiences if they believed that it would be helpful to others. The context appeared to dictate their behaviour, rather than a need within them to remember or to forget. Diana explained that *if it didn't have a purpose, then there was no reason to talk about it* (Diana, 2, P143).

## **Movement from victim to survivor narratives**

The victim narrative described by those participants experiencing the ongoing suffering of their early sexual experiences can be seen as a personally and socially coherent narrative. Courtois argued that 'the individual has been so conditioned to the victim role and her self-concept so eroded that she continues the process even after the original victimization has ceased' (Courtois, 1988:301). This is a regressive narrative or a progressive-regressive narrative or tragedy (K. J. Gergen & Gergen, 1986) in which

things initially go well for the narrator and then suddenly take a dramatic turn for the worse.

In the last twenty years victim narratives have, to a large extent, been replaced by survivor narratives (Phillips & Daniluk, 2004; Warner & Feltey, 1999). The survivor narrative is now the preferred cultural narrative in the sense that it portrays a young person, usually a woman, who has overcome childhood adversity and been transformed in the process into a better person. It can be described as a regressive-progressive narrative or melodrama (K. J. Gergen & Gergen, 1986) in which things initially go badly and then take a dramatic turn for the better. It can also be described as an heroic quest narrative, in the course of which the phoenix rises from the ashes. In this study, it could be seen as the missing narrative of the heroine as opposed to the hero (M. Gergen, 2004), since participants telling narratives of transformation were all women.

## **Rejection of victim and survivor narratives**

There is evidence in this study that some participants rejected being labelled as victims or, indeed, survivors of child sexual abuse. They felt that these labels carried with them a great deal of stigma. They preferred to believe either that they had not been affected by their experiences or that they had overcome them and were greater than the sum of those experiences. They disliked that way in which the victim and survivor discourses inextricably linked identity to sexual abuse, particularly male participants who did not want others to know about their early sexual experiences because of the additional stigma attached to homosexual experiences.

For those who were willing to accept the identity of victim or survivor, it became possible to develop a narrative of being transformed by their experiences into a better person. People either accepted the victim or survivor discourse and found ways to transcend it or rejected it, either by denying the experience at all or by denying the label.

Finally, those participants telling narratives of transcendence had rejected both the role as a victim or as a survivor as forms of a stigmatising identity (Phillips & Daniluk,

2004; Warner, 2003). These participants may have recognised ‘the matrix of domination’ and the dynamics of gender, race, culture, and sexuality that were embedded in the survivor discourse (Naples, 2003:1151). They may also have been reacting to the way in which both these narratives bound people to heteropatriarchy (Worrell, 2003), by viewing the woman as the survivor and the male as the victimiser (G. R. Holmes, Offen, & Waller, 1997). They were defiant in their rejection of both these narratives.

In many subtle ways our society continues to give support to the gendered victim and survivor discourses (Kaye, 2005) and fails to intervene to prevent ‘patriarchal corruption’ (Ross, 1997:88). Until these societal norms change, the issue of child sexual abuse will remain prevalent in our community and both female and male victims will battle against the social constructions of femininity, victims, masculinity, and victimisers in order to find a sense of self that helps them to feel good about themselves despite their early sexual experiences.

## Summary

In this chapter I have drawn together the threads of the stories told by all participants. By examining each of the four main narratives told, I have reconstructed the differing ways in which participants have constructed a sense of self in relationship to the adults with whom they had sexual contact, their families, their peers, and later in their intimate relationships. I have explored the impact of the family environment on these constructions of a sense of self. I have discussed the issue of disclosure in terms of the main inhibitors that prevent disclosure at a young age, and the costs involved in telling or not telling. I have also explored the issue of gender differences and the impact of the social construction of femininity, masculinity, victims, and victimisers. Finally I have examined the impact of changing social constructions around the victim, survivor, and child maltreatment discourses on these narratives. In the following chapter I will discuss the implications of these findings for working with people who have had early sexual experiences and some recommendations for future research in this field.

## **Chapter 9 – Implications and recommendations**

Both the way in which this research project was conducted and the findings that emerged challenge some of the conventional views held about child sexual abuse. By interviewing a broader range of men and women and by inviting them to tell their stories about their early sexual experiences with adults, a wider range of narratives emerged. These narratives go beyond the victim and survivor discourses and have implications for theory and practice. They can be used to inform the ways in which clinicians work with adults who have experienced this form of child maltreatment. In particular, they give guidance to health professionals on the management of adults who disclose that they have had early sexual experiences with adults when they were children.

It is important to note that two participants (Greta and Bert) believed that their early sexual experiences were a natural part of their sexual development. One participant (Greta) believed that she was in no way traumatised by her experiences, which she did not consider to be abusive. She believed that she was in control of the situation and perceived that there were no negative repercussions for her. Indeed she felt proud of her handling of her first experience of sexual intercourse with a much older man. Apart from this participant, all the others had come to view their early sexual experiences as abusive, although they did not all report them as traumatic. Their views have formed the basis on which the implications of this research have been based.

### **Implications for contribution to knowledge**

This section covers the implications of the present study in terms of new knowledge that has emerged about how people cope with their early sexual experiences. These contributions to knowledge are wide ranging and cover the issues of: the relational injuries caused; the developmental difficulties associated with disclosure in childhood; the wide range of functional narratives used; the importance of gender differences; and the limitations of current socially acceptable narratives.

## Early sexual experiences lead to relational injury

The present study challenges the focus on trauma in this field and places it, instead, on one component of the process: *relational injury*. The word *trauma* derives from the Greek word meaning *wound*. Herman's (1992) proposed seven diagnostic criteria for Complex PTSD include being subjected to totalitarian control for a period of months or years and alterations in the following: affect regulation; consciousness; self-perception; perception of the victimiser; relations with others; and systems of meaning. This research suggests that, of all those criteria, the most crucial one in developing a strong sense of self is the extent to which participants experienced alterations in relationships with others or relational injury.

A common thread that wove between narratives told by participants was that they had difficulty in making and maintaining intimate connections with other people in adulthood. They believed that this difficulty stemmed from their interactions with adults in childhood, where trust was broken and they were left feeling responsible and to blame for what happened (Lieb & Kanofsky, 2003). This affected their ability to trust other people, to confide in them, to see themselves through the eyes of others, and to form caring relationships. Many participants also experienced the fracturing of relationships within their families, and a sense of betrayal by members of the family. This left them vulnerable to re-victimisation and they experienced further relational difficulties in adolescence and early adulthood, often exacerbated by their own behaviour. Even those telling narratives of silence who believed that their early sexual experiences had not affected them were beginning to question whether or not they had, after all, been affected in terms of their ability to experience intimate connections with others.

It is possible to conceptualise the issue of child sexual abuse in terms of relational injury. From this perspective, the central difficulty for the child is that they experience a *deep wound within a close relationship*. This wound is often sexual, physical, and psychological. This wound destroys the child's trust in others and creates difficulties in other close bonds. Of course, this relational injury may inform the level of trauma

experienced by the child or adolescent, who may or may not go on to develop symptoms of posttraumatic stress disorder. However, the core issue here is not the traumatic experience but the damage done to the child's ability to connect closely with others (Erickson, 1963). For example, all those telling narratives of silence (apart from Jim) did not describe their experiences as traumatic but now believe that they did sustain relational injuries of some kind.

The severity of the relational injury caused by early sexual experience with an adult may be the crucial factor, rather than the level of trauma experienced by the child or adolescent. The level of trauma experienced may be influenced by the level of relational injury experienced, rather than the other way round. This helps to explain why those participants telling narratives of silence were able to demonstrate resilience, which has a relational aspect, in the face of adversity. Their early sexual experiences were slightly less severe and more likely to be with non-family members, started slightly later into adolescence, and their family relationships were slightly less dysfunctional than for other participants. As a result, they were able to avoid severe relational injuries and were therefore able to maintain a stronger sense of self, despite their early sexual experiences. They also continue to view their experiences as non-traumatic.

This is not a new idea and was embedded in Erickson's (1963) work of psychosocial stages of development and Bowlby's (1977) work on affectional bonds. Finkelhor's (1988) four traumagenic dynamics of sexual abuse (traumatic sexualization, betrayal, stigmatization, and powerlessness) can all be seen as causing difficulties in the formation of new relationships. The early sexualisation of the child leads to further non-relational sexual acts that can lead to re-victimisation, thereby perpetuating relational injuries. Betrayal, stigmatization, and powerlessness all cause relational problems. Herman (1992) saw disempowerment and disconnection as central issues in trauma work, recognised the primary importance of the damage done to relational life in the construction of a sense of self and attachment, and argued that the recovery process takes place in the context of a healing relationship. Robb (2006) argued that trauma is a relational injury.

The concept of trauma has become such a dominant theoretical concept in this field that it has overshadowed the concept of relational injury. Flemming and Mullen (1998) focused more on relationship issues when they developed a social and developmental model for child sexual abuse. They saw the mental health problems associated with child sexual abuse as second-order effects and proposed that the primary damage, especially in less severe cases, was to the child's development of trust, a sense of agency, a relational ability to be intimate with others, and to their sexuality. This research supports a model of relational injury, particularly in less severe cases, which has implications for professional practice discussed later.

### **The developmental difficulty of disclosure in childhood**

Disclosure is seen as vital by health professionals and by those involved in criminal justice, for obvious reasons. If the child or adult does not tell anyone then the abuse will continue, the victimiser cannot be held responsible for her or his actions, and the recovery process cannot begin. However, disclosure is a difficult process (Staller & Nelson-Gardell, 2005) and is developmentally demanding for children. There are so many hurdles for the child to overcome in order to make a disclosure. The barriers to disclosure that emerged in this study included: the family context; the experience of fear, shame, or self-blame; the likelihood of not being believed; and the likelihood of negative consequences for the child or for other family members. There were additional barriers of stigma and prejudice to be overcome when the experience was homosexual in nature.

This study adds to the evidence that disclosure is a difficult process for children and adults to go through (Staller & Nelson-Gardell, 2005) and that it has the potential to create problems within families (Skinner, 2000). Most participants did not tell as children and often delayed telling until adulthood. They believed that they had made the right decision not to tell and would do the same again. Many had made a strength out of this decision and developed a positive sense of themselves as protecting other family members by their actions. It was only recently that those telling narratives of silence had started to question whether their decision not to tell might have resulted in other children being harmed, even though it protected their own families from distress. Some

participants were still choosing to protect family members by not telling them what happened, even well into adulthood.

Even though participants believed that they had made the right decision within their particular family context not to tell, they also believed that it was better for other children if they could tell someone. In other words, they believed that children should live in a loving environment where disclosure would be possible. However, this was not the environment that most of them had experienced as children and, for the five participants that had tried to tell, the situation did not significantly improve afterwards. The preconditions for disclosure simply did not exist for most participants. These preconditions were a high level of trust within the family, the expectation that the adult would believe that child's version of events, and the belief that no one in the family would be harmed as a result of the disclosure.

## **Many different narratives can be functional**

Most participants found functional narratives to help them to view and live with their experiences. One group told narratives of silence, believing for many years that they had not been negatively affected by their childhood experiences. This could be seen as an avoidant coping mechanism of some kind. This study suggests that avoidant coping works well in situations where the relational injury is less severe and where the child has reasonably good relationships within the family and is, therefore, resilient. This is supported by the way in which avoidant coping mechanisms used by these participants did not indicate serious psychopathology.

Narrative therapy (A. Jenkins, Hall, & Joy, 2002; Kamsler, 1990; Monk, Winslade, Crocket, & Epston, 1997; Nicholson, 1995; Payne, 2000; White, 2003b) offers a way to view such coping mechanisms as an act of resistance by the child when faced with challenging circumstances. The therapist and the client deconstruct the oppressive narrative and examine the social, cultural, and historical context that influenced the original creation of the narrative, and co-construct an alternative narrative that is emancipatory (J. McLeod, 1997). For example, one participant (Peter) kept silent about his early sexual experiences with an older cousin because he accepted the oppressive

narrative that it was his fault and that *they* would get into trouble if anyone knew. As an adult, a therapist could help him to understand that his cousin encouraged him to believe this and that his fear of his father's violent reaction, his concern that his mother would not believe him, and his own internalised homophobia also influenced his decision not to tell anyone as a child. Together they would work out the influence of the social restraints at the time and re-interpret his decision not to tell.

The challenge with taking a narrative approach is that both the therapist and the client may come to see narratives in a dichotomous way, as either 'bad' or 'good' (Fine, Weis, Weseen, & Wong, 2003). Some therapists and clients might view a narrative of silence as a 'bad' narrative because it enabled the person telling it to deny the reality of their childhood experiences and the victimiser to escape the consequences. Others might view a narrative of ongoing suffering as a 'bad' narrative similar to that of the damaged victim, and narratives of transformation or transcendence as 'good' because of their similarities to the socially acceptable, heroic, survivor narrative (Carney, 2004). The central thrust of this research is that all these narratives appeared to be helpful to the participant telling them at the time of the interview.

The issue of whether or not avoidant coping is adaptive or dysfunctional is intertwined with the issue of disclosure, and closely related to gender issues. Although there is some evidence in the literature that avoidant coping mechanisms and non-disclosure are both potentially problematic, the evidence from this study suggests that avoidant coping and non-disclosure can be adaptive and functional for some people and may also be influenced by issues of gender socialisation.

## **Gender differences can be viewed in terms of relational injury**

This study adds evidence about the importance of gender differences in child sexual abuse. The study design was unusual in that it invited men and women to talk about their *early sexual experiences*, rather than asking a clinical sample of *survivors* to talk about *child sexual* abuse. This enabled people to come forward who had not been

traumatised by their experiences and had not had years of therapy. This also meant that they were more likely to talk about their awareness of the possibility of moving from being a victim to becoming a victimiser.

Seeing the issue as one of relational injury goes some way to explaining the important gender differences in this field. Boys are far less likely than girls to disclose their early sexual experiences with adults and are far more likely to go on to become victimisers of others, even though most do not. If the injury is a relational one, the damage may be more severe for boys than for girls. Given that boys do not value relationships in the same way that girls do, have fewer relational skills, and are restricted emotionally, they may find it even harder than girls to recover from damaging early sexual experiences and experience more psychiatric symptoms in adulthood (Gold, Lucenko, Elhai, Swingle, & Sellers, 1999). Given their reluctance to disclose their experiences, they have fewer options available to them than girls and are generally less likely to seek help.

Gender differences in response to early sexual experiences need to be better understood by health professionals, as well as the impact of the social construction of gender. Men who have had early sexual experiences can be torn between their desire to accept traditional masculine roles, and the risk they take of being labelled as effeminate if they reveal their victim status (Kia-Keating, Grossman, Sorsoli, & Epstein, 2005). Men may go on to experience even greater difficulties than women with intimate relationships, non-relational sex, aggressive behaviour, and fear of being labelled as homosexual. However, it should be noted that this research does not speak to the issue of girls having homosexual experiences because the sample did not include any female participants who had early sexual experiences with women.

In general, men are stereotypically viewed as victimisers and women as victims. In some ways this positioning has helped women to be more open about their experiences and to move out of the victim role and into the survivor role. It may have exacerbated the difficulties for men who want to avoid being labelled as weak and emasculated, homosexual, or as potential paedophiles. Whether or not their early sexual experiences

were with men or women, men have greater difficulty in finding a socially acceptable narrative.

### **Socially available narratives can be limiting**

This study adds evidence to the growing body of knowledge about the potentially limiting impact of the victim and survivor discourses. Half the participants in this study did not relate to either of these discourses, in particular the men interviewed. Those participants telling narratives of transcendence did not want their identity to be inextricably linked with their childhood experiences (Worrell, 2003). They viewed both the victim and the survivor discourses as stigmatising and rejected these identities (Phillips & Daniluk, 2004; Warner, 2003). Those telling narratives of silence also did not want to be seen as victims or survivors since they upheld, until relatively recently, that they had not been affected by their childhood experiences.

The other half of the participants did relate to the victim or survivor discourses. For those telling narratives of ongoing suffering or transformation, these discourses underpinned their thinking about their experiences and appeared to have helped them to come to terms with them. They felt a sense of solidarity with other victims or survivors (Phillips & Daniluk, 2004). Through this study, it becomes apparent that these discourses can be seen as helpful and empowering for some people who have had early sexual experiences and off-putting and disempowering to others. This, and the other implications discussed above, contributes to the knowledge base for professional practice.

### **Implications for professional practice**

To date, child protection policy and research has been balanced between the needs of the criminal justice system and the need for child protection and family support services (Tilbury, 2005). Much of the focus has been placed on child sexual abuse rather than on the continuum of family violence and dysfunction (M. James, 2000). However, this policy and research focus has not led to a substantial reduction in child sexual abuse.

Indeed, between 1999-2000 and 2003-2004 notifications in Australia have doubled and substantiations have increased significantly (Australian Institute of Health and Welfare, 2005). This does not necessarily mean an increase of such incidents since there have been changes in the mandatory reporting system for child abuse and neglect.

Unfortunately, increased notifications have not led to improved outcomes for families (Tilbury, 2005). A broader framework that positions early sexual experiences with adults as a social health issue is required, as argued by Corby (2006).

The findings of this research provide evidence of the need for better provision of treatment services for adults when they make a disclosure, for men as well as for women, and for those living in rural areas. The nature of the treatment services to be provided is discussed in this section which covers the need for clinicians to: 1) focus on relational injuries; 2) avoid labelling and pathologising people; 3) frame the discussion around early sexual experiences not abuse; 4) customise the approach to gender and sexual orientation; and 5) help create meaning through narrative development. Implications for policy changes and my personal learning have also been examined.

## **Focus on relational injuries rather than abusive events**

The road to recovery from early sexual experiences with an adult can be achieved through creating healthy relationships with others. There is no need to privilege the therapeutic relationship with clinicians because other relationships are just as, if not more, valuable in this process. The focus in therapy needs to be on the relational injuries caused by these events and how they were brought about, not on the events themselves (Warner, 2003; Warner & Feltey, 1999). Helping people to develop and maintain healthy, loving, life-sustaining relationships with others would be the main priority. In terms of attachment theory this is the equivalent of developing a secure adult attachment relationship, through repairing the disruption to the attachment system caused in childhood (Bowlby, 1988).

Attachment theory predicts that, as a child, participants would have formed internal working models of themselves as both victims and victimisers (P. M. Thomas, 2003). These internalised concepts would have affected the ways in which they behaved in

their relationships with other adults and left them unable to protect themselves and, therefore, vulnerable to revictimisation. Clinicians need to provide a secure and protective attachment relationship, in order to teach adults to internalise working models of how to be an effective self-protector and a contained aggressor.

Perhaps the core issue is that people who have experienced relational injuries need to develop empathy, firstly for themselves as children and secondly for others. The person needs to begin to see herself or himself empathically, as a victim of circumstances beyond her or his control rather than as the cause of the problem. They need to recognise that the adult was in control and responsible for what happened. They then need to develop empathy for others, in order to be able to develop healthy relationships. Such an approach does not need to include developing a relationship with the victimiser, since the need for forgiveness can be experienced as either spiritually uplifting or oppressive (A. Jenkins, Hall, & Joy, 2002).

It is important to recognise the danger of re-traumatization involved in therapeutic work of this kind (Dale, Allen, & Measor, 1998). Holocaust survivors have described their difficulties in creating an integrative narrative in therapy and their choice to place their traumatic experiences in a capsule separate from other aspects of their lives (Shamai & Levin-Megged, 2006). Health professionals need to avoid the temptation to persuade clients to confront traumatic material against the client's better judgement (Gold, 2000).

Talking about the sexual contact itself may not always be necessary or beneficial (Warner, 2003). Clients who are recovering memories may be particularly vulnerable to what could be described as self-harm sanctioned by therapy. Therapy can become a repetitive process of recovering memories and result in the re-victimisation of the client, through obliging her or him to re-experience the 'trauma vortex' repeatedly (Etherington, 2003:32). In cases of chronic child sexual abuse, Herman (1992:187) recommended basing therapy on a few 'paradigmatic incidents, with the understanding that one episode stands for many.'

## **Avoid labelling, pathologising, and making assumptions**

Some participants in this study telling narratives of silence did not describe their experiences as abusive or traumatic for many years. This suggests that clinicians should avoid making assumptions and labelling the client's experiences in this way since such a decision is best made by the client. About half the participants in this study rejected the imposition of such a label on their experiences, either preferring to see them as not having impacted on them as in a narrative of silence, or as being an unhelpful and potentially stigmatising label as in a narrative of transcendence.

Many therapists advocate naming the abuse as unacceptable in situations of ongoing risk to the child (Cousins, 2005), and when adults recall previously unrecognised sexually abusive incidents from childhood (Payne, 2000). It is important at this point to differentiate between working with a family, in which child maltreatment is currently taking place, and working with an adult who had early sexual experiences with an adult many years previously. In the former situation, it is important for the clinician to confront the issue of sexual abuse with family members and to name the abuse, in order to oblige the victimiser to take responsibility for her or his own actions. However, this research suggests that the adult who has had early sexual experiences should be allowed to come to her or his own conclusions about the issue of abuse, rather than have their experiences named or labelled by someone else.

Having said that, for some participants there was a sense of relief when they realised that they had been the victim of a crime and were not responsible for what had happened to them. This was particularly true for participants telling narratives of ongoing suffering or of transformation. For them, the realisation of victimhood was often an important step in the process towards an evolving sense of self as someone who broke the cycle of abuse and held the victimiser responsible for the crime.

Labelling all early sexual experiences with an adult as traumatic is not advisable, as demonstrated by those telling narratives of silence. Although child sexual abuse is

frequently a highly traumatic and distressing experience for a child or an adolescent and can cause symptoms of posttraumatic stress disorder, this is not inevitably the case. Some experiences may be less traumatic and some children may display more resilience in the face of adversity than others. It has been suggested that less than 20% go on to experience serious psychopathology in adulthood (Oellerich, 2000).

## **Frame discussion around early sexual experiences, not abuse**

A recommendation from this study is that people struggling with relational difficulties should be asked about their early sexual experiences, rather than about their experiences of child sexual abuse. Framing the question in this way will give those who do not view their early sexual experiences with adults as abusive a forum in which to discuss them and is more likely to generate a dialogue. It is also recommended to ask both women and men about these experiences, rather than failing to ask boys or men (Kia-Keating, Grossman, Sorsoli, & Epstein, 2005) or failing to provide abuse-focused treatment for men once a disclosure has been made (Agar & Read, 2002).

When the men in this study were asked to describe their early sexual experiences, they were open and described the events of childhood freely. If they had been asked whether or not they had been sexually abused as children, some participants would have answered the question. However, those men telling narratives of silence would have denied this description of their experiences and would have been unlikely to describe their childhood sexual experiences. Those men telling narratives of transcendence might have answered but would have balked at any description that covertly placed them in the role of a victim.

## **Adopt a gender-sensitive approach to treatment**

This research reinforces the importance of gender differences in this field. The lack of a theoretical approach that satisfactorily explains these significant gender differences has led to a one-size-fits-all approach to service delivery for girls and boys, women and men. As suggested by this study, men are more reluctant than women to disclose their

experiences, to have them labelled as abusive, or to be labelled themselves as victims or survivors. They are more likely than women to use avoidant coping strategies (Kaplow, Dodge, Amaya-Jackson, & Saxe, 2005), less likely to seek help (Englar-Carlson, 2006), and may experience greater relational difficulties than women. Finally, men are also more likely than women to move from victim to victimiser.

Men do not embrace therapy easily for any psychological problem, let alone for such a complex and personal issue as child sexual abuse. This creates a dilemma for clinicians since 'the very qualities that are called for in psychotherapy (emotional vulnerability and availability, capacity to ask for help, the ability to articulate feeling states, openness to being affected by others) are discouraged in men' (Jordan, 1998:xii). This research suggests that clinicians need to take into account these gender differences and actively provide more gender-sensitive therapy. The findings suggest that it would be advisable to approach this issue tangentially with men – perhaps through a discussion of their early sexual experiences as discussed above. Men need to know that they will not be judged or seen as weak, effeminate, homosexual, or as a potential paedophile. The language used to describe childhood experiences needs to derive from the man himself. The adaptive value of emotional inexpressiveness also needs to be acknowledged (Wong & Rochlen, 2005), and the environment for therapy needs to be welcoming and user-friendly for men.

## **Create meaning through narratives over time**

There are many ways in which participants were transformed by or transcended their childhood experiences. Their ability to develop a coherent narrative about these experiences and, eventually, to position themselves as not responsible for what happened was remarkable. As adults, most participants had been able to cast their own behaviour as understandable given the difficult circumstances that they faced as children. They were able to reject the notion that they were to blame for what happened and to place responsibility in the hands of their victimiser. Some did this through narratives that were similar to the victim and survivor discourses, whereas others rejected these discourses as irrelevant, limiting, or stigmatising. Nevertheless, they found a way to heal by taking a spiritual path. Some did this through therapy but many

came to these conclusions with the help of friends and loved ones. This ability to create meaning from adversity gives a message of hope for all people who have had early sexual experiences with adults (Frankl, 1992).

## **Suggestions for policy changes**

Policy tends to be based on early intervention and the ideal that children will tell someone when they are being sexually abused, or that their situation will be reported to child protection agencies (NSW Government, 2006). However, it is likely that most cases of child abuse are not reported in Australia; of those that are, only about one in twelve reach the courts (M. James, 2000). Changes are needed to the law and to policy in order to encourage disclosure in childhood, given that the child is often aware of the potential consequences for the family.

One approach that might increase the likelihood of disclosure would be to remove the offender, rather than the child, from the home in cases of intrafamilial abuse (Schlunke, 2003). This would reduce the potential distress experienced by the child, as a result of being removed from the family and placed into foster care with a resultant loss of attachment figures (Crittenden, 2002). It might potentially make disclosure easier for the child who would be reassured that she or he would no longer have to live with the victimiser. It might also make disclosure more likely by other adults such as neighbours, friends, or even other family members. This is similar to the approach currently taken by some service providers who encourage victimisers, on a voluntary basis, to move out of the family home and to establish an exclusion zone (NSW Health, 2006). This may be seen as more of an organisational issue than a policy problem.

Another approach would be to adopt a family systems or narrative therapy approach and to treat the issue as a mental health problem, rather than as a social justice issue (Brooks, 1999). This approach would lead to greater emphasis on treatment of victimisers, rather than jail sentences (Sullivan, Mullen, & Pathe, 2005). When combined with the previous alternative of removing the victimiser from the home in order to ensure the future safety of the child, this might also encourage greater levels of disclosure. It would certainly reduce the difficulty for the child who knows that if they

tell on a family member, there is a possibility that the family member will be jailed as a result.

This issue of disclosure is particularly difficult for Indigenous children and for children living in rural or remote communities. Many Aboriginal and Torres Strait Islander people have a deep distrust of government departments, as a result of impact of the history of colonialism in Australia, and the forcible removal of children from their families and placement in missions, in white families, or as apprentices or domestic servants between the 1860s and the 1960s (Department of Aboriginal Affairs, 2006). This is a powerful disincentive to disclosure. Despite this, Indigenous children continue to be over-represented in the child protection system (Australian Institute of Health and Welfare, 2005; Foster, 2005).

New policy is needed that takes a holistic approach to healing in Indigenous communities, rather than an individualistic approach (Libesman, 2004). This will require the involvement and empowerment of each local Indigenous community and a focus on community strengths. One program that could be expanded is the restorative justice program, provided that the emphasis is placed on justice for the victim before any rehabilitation of the offender takes place (Daly, 2002; Jülich, 2006).

In addition, it would make sense for policy makers to acknowledge that disclosure is developmentally more likely to happen in adulthood. Current policy documents focus on child protection and disclosure in childhood, with minimal acknowledgement that this is the tip of the iceberg in terms of child abuse and neglect disclosures. There is an opportunity to prevent future child abuse by strengthening policy relating to adult disclosures of child maltreatment in health settings. This policy would need to recognise the difference between a disclosure of child abuse that has been made previously, and for which the victim has had effective treatment, and a disclosure of child abuse that has been kept secret for many years (Agar & Read, 2002).

I would envisage additional policy guidelines being added to the NSW Health Policy Directive (NSW Health, 2003), the NSW Government Interagency Guidelines (NSW

Government, 2006), and to policy documents for individual health settings such as community health centres, mental health services, counselling organisations, and so on. The proposed policy guidelines would include procedures to follow when an adult discloses child abuse or neglect including: documentation of the disclosure and whether or not it is the first time this disclosure has been made; details of any previous abuse-focussed treatment received and the perceived successfulness of this treatment; a discussion of the advantages and disadvantages of reporting the alleged crime to authorities; documentation of any future abuse-related treatment plan or referrals; and specific training for staff including how to ask about child abuse and neglect, how to respond to disclosures, and how to develop a treatment plan for clients with a history of child abuse (Agar & Read, 2002).

Current policy does not recognise the implications of gender differences in this field or the particular difficulties faced by men when disclosing their early sexual experiences with an adult. There needs to be more provision of services for adults who make a disclosure, particularly for men living in rural Australia. Currently the services operating in rural areas are mainly sexual assault counselling services, which were originally set up to counsel women. Additional services designed specifically for men in rural areas need to be provided, particularly given that a history of child abuse is a better predictor of past and current suicidality than a current diagnosis of depression (J. Read, Agar, Barker-Collo, Davies, & Moskowitz, 2001). These services need to be user-friendly and specifically designed with rural male clients in mind. Telehealth technologies need to be developed to enhance the clinical skills of rural clinicians through accessible consultancy arrangements (Paul, Gray, Elhai, Massad, & Stamm, 2006).

Training programs need to be provided for mental health nurses, sexual assault and other counsellors, the police, and the legal profession for working with adult males who have been sexually abused as children. This training needs to be designed to give service providers a greater understanding of the particular difficulties facing men who disclose that they were sexually abused as children. The training would be designed specifically for each of the target audiences and would cover issues such as: how to ask

about previous child abuse; how to react to a disclosure; best practice abuse-focussed treatment; how to discuss the issue of reporting of the alleged crime; and issues related to referrals.

## **Personal learning**

On a personal level, my own experience of loss and grief forced me to embark on a particular journey which involved building a new sense of self as a helper of others who have experienced losses of one kind or another. My experience as a bereaved mother, and my connection to my daughter, remain central to my sense of self. In this way, my experience differed from the experiences of many of the participants in this study who created a sense of self as either moving on from, or moving beyond, their experiences.

Conducting this research project has opened my eyes to the ways in which I have been affected by my clients (Kottler & Carlson, 2006; Kottler & Smart, 2006), and by the social construction of masculinity and femininity. Echoes of prejudice against paedophiles can be found in my own views of victimisers before starting this project. In 2002 I wrote ‘not all victims of abuse become offenders and not all offenders are victims. Therefore these men make a conscious choice to offend. Offenders are often callous, feel no remorse, and use denial to protect themselves from guilt.’ In 2007, having read the literature and interviewed nine men, I now feel somewhat differently. I would argue that men who have damaging early sexual experiences with adults are constrained by the dictates of traditional masculinity not to show weakness or vulnerability or to talk about their experiences, partly for fear of being labelled as homosexual. If their relational injuries are too severe, they may go on to victimise others and some will feel great shame about their behaviour.

As a result of this study, I am much more open to the idea that early sexual experiences happen to people of both genders. I believe that I am more effective at drawing out the story of their early sexual experiences, particularly from men. I now understand the difficulties of disclosure and how it links to so-called avoidant coping mechanisms and gender socialisation. I feel much more hopeful about people’s abilities to transcend their childhood experiences and I am less likely to dwell on the experiences themselves in

therapy. I am much more selective in my language in relation to this issue and will wait for my clients to name their experiences and develop their own narrative for themselves. My tapestry is all the richer for this experience.

## **Recommendations for future research**

Researchers have frequently called for universal definitions to be used in research into child sexual abuse and child maltreatment (Gorey & Leslie, 2001; Haugaard, 2000; Rind, Tromovitch, & Bausermen, 1998). However, there is mounting evidence that there is a gap between the operational definitions used by researchers and those used by the general population (Stander, Olson, & Merrill, 2002; Stanley, Bartholomew, & Oram, 2004; Tomeo, Templer, Anderson, & Kotler, 2001). Future research needs to be conducted which is not based on imposed definitions of child sexual abuse or maltreatment but which generates an accurate snapshot of early sexual experiences, which can then be examined to see whether or not they would need to be classified as abusive.

Over ten years ago Finkelhor called for more research into asymptomatic children and the so-called 'sleeper effect' in his review of treatment modalities (Finkelhor & Berliner, 1995) and yet there is still a lack of research in both of these areas (Putnam, 2003). Asymptomatic children and adults could either be resilient or could be highly effective at using avoidant coping mechanisms and it is difficult to know what their treatment needs are. Calls for additional research in these areas are based on the belief that 'dysfunction cannot be fully understood without a deeper understanding of health and resilience' (Bonanno, 2004:26). The focus on resilience demands a paradigm shift in thinking and challenges researchers to focus on strengths, and on family and community competencies and resources (Leadbeater, Dodgen, & Solarz, 2005).

The issue of asymptomatic children and adults links to the issue of adaptive coping mechanisms. Given the widespread belief among clinicians in the 'sleeper effect' (Finkelhor & Berliner, 1995), avoidant coping tends to be viewed as a form of

unhealthy denial that could lead to problems that might arise in the future. It has been identified as one of the pathways to posttraumatic stress disorder, along with dissociation and anxiety (Kaplow, Dodge, Amaya-Jackson, & Saxe, 2005). Research is needed to understand whether or not there are situations in which avoidant or repressive coping can be functional (Bonanno, 2004; Kaplow, Dodge, Amaya-Jackson, & Saxe, 2005; Quina, Morokoff, Harlow, & Zurbriggen, 2004). Connected to this issue, more research is needed to understand whether or not there are non-traumatic pathways through early sexual experiences, just as there are non-traumatic pathways to dissociative identity disorder (Graybar & Boutilier, 2002; Ross, 1997).

In Australia substantiated cases of child maltreatment are significantly higher amongst the Indigenous population than among the mainstream population (Australian Institute of Health and Welfare, 2001). Those people living in remote Aboriginal communities have poor access to health services in general (Suchting, 1999) and the services that are provided are not always culturally sensitive (Kennedy, 1999). Given the history of the removal of Aboriginal children, known as the Stolen Generation (Bird, 1998; Human Rights and Equal Opportunities Commission, 1997) and the injustices experienced by Aboriginal and Torres Strait Islanders (Cook & Bessant, 1997), there is an acknowledged need to train both mainstream service providers in Aboriginal culture and values (NSW Health, 1997) and Indigenous service providers. Indigenous authors are starting to write about Indigenous healing practices (Vicary & Andrews, 2001) although Indigenous knowledge has historically been undervalued (Thorpe, Minter, Lui-Chivizhe, & Smith, 2004).

Future research in the Australian context needs to focus on the cultural aspects of this issue. There has been a certain amount of research conducted in the United States and the United Kingdom from different cultural perspectives (Cecil & Matson, 2001; Coid et al., 2001; Okazaki, 2002). Culture is recognised to ‘bring with it both risk and protective factors’ (Korbin, 2002:641). Some cultures were found to offer ‘stronger social fabric that reduce child maltreatment risks for individuals living in those neighborhoods’ (Korbin, 2002:641). However, little research has been conducted into

the experiences of migrant Australians or Aboriginal and Torres Strait Islander people. Preferably this research would be conducted by members of these cultural groups.

The discourse relating to child sexual abuse is highly gendered. The social construction of masculinity and femininity influences this discourse and affects the cognitive processes and attribution of meaning by researchers and participants alike. However, many of the theories about the topic have stemmed from early research into female incest victims. More research is needed into gender differences (Spataro, Moss, & Wells, 2001; Werner, 2005) in order to inform future development of theory to explain these gender differences. It may be necessary to ‘remove one’s politically-correct glasses and begin to see differently. Only then will creative thinking flourish’ (Wileman, 2000:17). There is also a need for more research that examines the socio-economic, cultural, and religious discourses surrounding this issue, in addition to the gender discourse, in order to promote respectful practice in this field.

Many studies in this field are retrospective and conceptualise child sexual abuse as important in its own right, rather than as a series of events embedded in a context with compounding factors such as poor family environment and low socio-economic status on the micro-systemic level, and cultural and social beliefs at the macro-systemic level (Horwitz, Widom, McLaughlin, & White, 2001; National Research Council, 1993). More research into positive family environments (Riley & Masten, 2005) will help to develop an understanding of what is helpful to children in overcoming adverse childhood experiences. Similarly, research into those families that enable their children to disclose their early sexual experiences and break the intergenerational patterns of behaviour would have a lot to teach us about how to educate parents.

## **Limitations of the research methodology**

All qualitative research methodologies have a similar limitation in relation to quantitative methodologies, in that the data is collected from a relatively small number of participants who are not necessarily representative of a particular population. The

narrative inquiry methodology used had four additional limitations: 1) the participants were recruited through the media and were ‘volunteers’; 2) the findings did not represent the ‘truth’ but a reconstruction of events; 3) the findings were limited to a particular historical, social, and cultural reference point; and 4) the researcher’s behaviour inevitably influenced the narratives that were told by participants. These limitations will be discussed in turn.

As a qualitative study the project was intended to be exploratory in nature. It would have been impossible to determine what would comprise a representative sample of people who have had early sexual experiences, at the age of fifteen or under with someone over the age of eighteen. Indeed the definition of what constitutes an ‘early’ sexual experience would differ from culture to culture and even between states. For example, the most common age of consent in the United States is either sixteen or eighteen, but in two states the age of consent is fourteen and fifteen (Findholt & Robrecht, 2002). In half the jurisdictions in Europe, the age of consent is fourteen and nowhere lower than twelve, often with a higher age of consent for sexual contact in relationships of authority (Graupner, 2000). In Australia the age of consent is sixteen in most states, and seventeen in South Australia and Tasmania.

Most of the available data relates to the prevalence of child sexual abuse, rather than to early sexual experiences. A further complication is the discrepancy between the operational definitions used for child sexual abuse in research and people’s own definitions of child sexual abuse. In a study of American Navy recruits only 39% of those men and women who had had a childhood sexual experience (prior to the age of eighteen with someone at least five years older than themselves) believed that they had been sexually abused (Stander, Olson, & Merrill, 2002). Hence research based on samples of survivors of child sexual abuse omit a large proportion of people who have technically been sexually abused as children, but who do not experience the sexual contact as abusive or do not chose, for whatever reason, to define themselves as victims or survivors of child sexual abuse.

The other difficulty with generating a representative sample of adults who have had early sexual experiences is that not all people are as willing as others to admit to having had such an experience, or to talk about such an experience in a research interview. In the same study of American Navy recruits (Stander, Olson, & Merrill, 2002), the characteristics of the childhood sexual experiences that were most likely to be defined as abusive were those that involved threats or force, incestuous experiences, and those occurring at a younger age. Women were more likely to identify as victims if the sexual experiences had involved penetration, and men were more likely to identify as victims if the experience had been homosexual in nature. It is likely that samples of child sexual abuse survivors are therefore more likely to include adults who have had experiences with these characteristics, although these people are not necessarily going to be willing to come forward and talk about their experiences in depth in a research interview.

In practice, this qualitative research project was based on a convenience sample of people who volunteered to be interviewed about their early sexual experiences. Inevitably this did leave gaps within the sample. For example, no women volunteered to be interviewed who had early sexual experiences with women. Similarly, no men volunteered who had early sexual experiences with their fathers or step-fathers.

It might be assumed that these volunteers might perhaps be somewhat exhibitionist in nature, or even have fabricated their stories in order to gain attention. Of course it is impossible to know the veracity of the stories told. However, I agree with Dorais who stated 'I have never received that impression (exhibitionist) from the people I have interviewed. On the contrary, in many cases, I was one of the first in whom they confided' (Dorais, 2002:179). People willingly volunteered because they wanted to help others. They found the interview a useful and satisfying experience, which helped them to realise how far they had already travelled in terms of overcoming their childhood experiences and, in some cases, recognise the road still left to travel.

The study did not set out to find out the 'truth' about early sexual experiences and the findings were based on the reconstruction of memories of events that took place at least a decade before. Participants reconstructed the events of childhood, in a topic area for

which memories have been scrutinised and found to be unreliable (American Psychological Association, 1996; Australian Psychological Society, 2004; British Psychological Society, 1996; Knapp & VandeCreek, 2000). Given the social construction of the narratives told by participants, this represented the ‘narrative truth’ (Crossley, 2000; J. McLeod, 1997) for these particular participants.

The findings were limited to a particular historical, social, and cultural reference point. The participants all lived in cities, small towns or rural areas of New South Wales, Australia. A few were from European migrant backgrounds but none were from Asian migrant backgrounds, first generation migrants, or Indigenous Australians. Hence the sample was limited to adult members of mainstream Australian society. All of the early sexual experiences described had taken place between the 1950s and the 1990s but were being examined from the perspective of Australians living in the post-Millennium period. How similar these experiences are to those of people living in Los Angeles, Jerusalem, Bangkok or rural areas of Nepal is for the reader to decide.

My intention in interviewing twenty-two participants in depth was to gain a thorough understanding of the ways in which they constructed a sense of self following their early sexual experiences. I wanted to understand how their family context influenced this process and how they saw themselves as children in relation to other family members. I wanted to explore the ways in which their beliefs about themselves changed over time and evolved as they grew through adolescence into early adulthood. I wanted to understand which events in their lives they attributed to their early sexual experiences and which they took responsibility for themselves. I wanted to see their childhood world through their eyes and understand something about the decisions that they made. I then hoped to communicate this understanding to the reader, in order to honour their stories and to help to explain the process of emerging from the shadows of early sexual experiences. My ultimate aim was to help other people manage this process less painfully.

Poststructural or narrative qualitative researchers have replaced the positivist requirements for ‘objectivity’, ‘validity’ and ‘generalisability’ with the need for

'reflexive subjectivity' (Grbich, 1999:64) as a method of validating qualitative research. This entails a process of self-awareness and the clarification of 'how one's beliefs have been socially constructed and how these values are impacting on interaction and interpretation in research settings' (Grbich, 1999:65). Hence it became important that I demonstrated a willingness to be self-reflexive and to analyse the ways in which my presence influenced the data collected. I have attempted to do this in the earlier discussion in the methodology chapter of my non-survivor status, my embedded assumption that people would try to make sense of their experiences, and my declaration of the need to report any ongoing child maltreatment that I was told about.

## Summary

In this study, a wide variety of participants have been interviewed about their early sexual experiences. For many, but not all, these experiences were damaging to their early relationships with family members. Some participants were still coming to terms with their experiences and described their ongoing suffering. However, most participants had managed to construct a positive sense of self in relation to others despite their experiences. Many women had been transformed by their experiences, often through relational means, and had constructed a sense of self as a protector of others or as a seeker of justice. Both men and women had transcended their experiences, not without some difficulty, by developing a relationship with a Higher Power and empathy for others who had suffered in a similar way. Some claimed not to have been affected by their experiences, although they were beginning to be concerned about the impact on their ability to create and maintain intimate relationships with others.

Participants became involved in this research study because they hoped that, by coming forward and telling their stories, they might be able to help other people – either by preventing children from being harmed or by helping adults to come to term with their own childhood experiences. I, too, hope that the reader will be affected by these stories of stoicism, protectiveness, bravery, and defiance, and will continue to work towards the eradication of child maltreatment in our society.

## Appendix 1

### Researcher's foreknowledge and beliefs about CSA

The views below represent the researcher's foreknowledge before starting the research project and have not been edited since 2002. Many of these views have since modified.

- CSA has a devastating effect on women and can lead to trust issues, self-harm, sexual problems, and dissociation.
- Women find it easier to talk about CSA than men, but feel shame in doing so.
- Some women feel the need to confront their abuser, others do not.
- Healing from the effects of CSA takes a long time.
- When working with victims it takes a long time to build trust.
- Memories that emerge in therapy are real to the victim.
- Some victims need to re-live traumatic events before they can move on from them.
- Victims have poor boundaries. They need to be in control of therapy.
- Sexual abuse of men is relatively rare.
- Boys are usually sexually abused by paedophiles or unknown men, whereas girls are abused by their fathers, brothers, stepfathers or men they know.
- Sexual abuse of boys by their mothers or sisters is extremely rare.
- Not all victims of abuse become offenders and not all offenders were victims.
- Therefore these men make a conscious choice to offend.
- Offenders are callous, feel no remorse, and use denial to protect themselves from guilt.
- Offenders are extremely difficult to treat.
- Naïve therapists invite men to take responsibility for their crimes. They do not.

## **Appendix 2**

### **Press release**

#### ***Early Sexual Experiences with an Adult?***

Did you have any sexual experiences with an adult before you were sixteen? The experience may have had a major impact on your subsequent life, or little or no impact. It may have happened once, on several occasions, or over a period of years.

Whatever your experiences, if you are aged between eighteen and forty-five and have sought therapy at least once in your life (with a counsellor, psychologist, psychotherapist, social worker, or psychiatrist) you may be eligible to participate in a survey.

Sally Hunter, a researcher from the University of New England, is conducting a study about the role of therapy for people who have had early sexual experiences of some kind with an adult. She will be interviewing a range of people, both men and women, some of whom will have happy or neutral memories of their early sexual experiences with adults, and some of whom will have unhappy, confusing, or disturbing memories. She is interested in interviewing people who have found therapy helpful, unhelpful or distressing.

The results of this study will help therapists to offer better services in this field. People interested in participating are invited to telephone Sally Hunter on 02 9948 0140 or 0412 677 322. Participation would involve being interviewed in person at a convenient location, for about ninety minutes to two hours, and filling in a subsequent questionnaire. The researcher will do everything possible to preserve the anonymity of participants.

#### **Schedule of media used**

Local Press including Armidale Express, Coffs Harbour

Local Radio including Tamworth Radio, Newcastle Radio

## Information sheet for participants



School of Health  
Armidale, NSW 2351  
Australia

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*The adjustment process following early sexual experiences with an adult:*

*The role of therapy*

*Supervisors : Dr Annmaree Wilson*

*Professor Jeffrey Kottler*

*Researcher : Sally Hunter Tel No : 02 6773 3670*

*Mobile: 0412 677 322*

Many thanks for your interest in this research study. The aim of the study is to explore experiences of people who have had sexual experiences with an adult before the age of sixteen. I am conducting this research project for my PhD at the University of New England. My supervisors are Dr Annmaree Wilson and Professor Jeffrey Kottler of the University of New England.

To participate in this study, you must:

- be between eighteen and seventy years old;
- have had a sexual experience before the age of sixteen with an adult; and
- not currently be under the care of a psychiatrist.

If you agree to participate in this study, I will conduct an individual interview with you about your early sexual experiences and relationships, the significance of these experiences to you, how you have made meaning of them over time, and the role of therapy in this process. The interview will last for about 90 minutes and will be audio-taped. It will be conducted at a time and place convenient to you. You are under no pressure to participate and you can either stop the interview or withdraw your consent at any time, without being penalized in any way.

## Appendices

At the end of the interview, I will give you a questionnaire to complete and another supplementary questionnaire to complete at home. I will also give you a stamped addressed envelope in which to return the completed questionnaire to me. You are under no obligation to complete the questionnaire.

I would like to make it clear that the session will be an interview, not a counselling session. If you become distressed during the interview, I will be able to suggest a referral to a local counselling agency for you. Alternatively you may wish to contact your local Community Health Centre or a telephone counselling service such as Lifeline (13 11 14).

All information will be kept confidential by me and my supervisors, and complete anonymity will be maintained in research reports and any other publications arising from the study, by using a pseudonym chosen by you. The audiotapes will be erased as soon as they have been transcribed and the transcripts will be kept in a locked filing cabinet at my office for five years and then destroyed. Please feel free to request a summary of the findings of the study at any time.

Please do not tell me about criminal activity in which you may have participated, or in which you are currently participating, because it potentially exposes me to criminal prosecution if I do not report it to the police. I am a mandatory reporter under the Children and Young Persons (Care and Protection Act) 1998. If you reveal during the interview process that a child is currently being abused or neglected by an adult, I will be obliged to inform Department of Community Services.

This project has been approved by the Human Research Ethics Committee of the University of New England (Approval No. HE03/125 Valid to 31/12/2005). If you have any questions or concerns about the project, at any time, please call me on 02 6773 3670 or email [sally.hunter@une.edu.au](mailto:sally.hunter@une.edu.au). Alternatively, you can contact my supervisor Dr Annmaree Wilson by email on [awilson4@une.edu.au](mailto:awilson4@une.edu.au).

Should you have any complaints concerning the manner in which this research is conducted, please contact the Human Research Ethics Committee Secretary at the following address:

Human Research Ethics Committee Secretary  
Research Services  
University of New England  
Armidale, NSW 2351  
Telephone: (02) 6773 3449 Fax: (02) 6773 3543  
Email: [ethics@metz.une.edu.au](mailto:ethics@metz.une.edu.au)

Yours sincerely,  
Sally Hunter

## Consent form for interviewing



School of Health  
 Armidale, NSW 2351  
 Australia

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*The adjustment process following early sexual experiences with an adult:*

*The role of therapy*

*Supervisors : Dr Annmaree Wilson*

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*Mobile : 0412 677 322*

I, ....., have read the information contained in the Information Sheet for Participants and any questions I have asked have been answered to my satisfaction.

I agree to participate in this activity, realizing that I may withdraw at any time.

I understand that if I disclose any illegal activity in which I have been involved as an adult, that the researcher will be obliged to report this information to the police or face criminal prosecution herself.

I understand that if I reveal that a child is currently being sexually, physically or emotionally abused or neglected by an adult, that the researcher will report this information to Department of Community Services.

I agree that research data gathered for the study may be published, provided my name is not used and that only my pseudonym is used.

I agree to the interview being audio-taped.

I am over 18 years old.

.....  
 Participant Date

.....  
 Investigator Date

### Appendix 3 – Demographic characteristics

**Table 3 Demographic characteristics by narratives told**

<b>Characteristics</b>	<b>Total number</b>	<b>Silence</b>	<b>Ongoing suffering</b>	<b>Transformation</b>	<b>Transcendence</b>
<b>Sex</b>					
Female	13	2	3	6	2
Male	9	4	2	0	3
<b>Age</b>					
25-35	4	1	2	0	1
36-45	7	0	2	5	0
46-55	9	4	1	1	3
55-70	2	1	0	0	1
<b>Sexual orientation</b>					
Heterosexual	20	5	5	6	4
Homo/Lesbian/ Bisexual	2	1	0	0	1
<b>Adult involved</b>					
Father, step-father or relative	11	2	2	6	1
Other male	7	2	2	0	3
Adults of both sexes	3	1	1	0	1
Other female	1	1	0	0	0
<b>Nature of ESE</b>					
Heterosexual experiences	14	3	3	6	2
Homosexual experiences	5	2	1	0	2
Heterosexual and homosexual	3	1	1	0	1
<b>Therapy attended</b>					
None	6	3	1	0	2
1-2 sessions	4	2	1	1	0
11+ sessions	12	1	3	5	3
<b>Total</b>	<b>22</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>5</b>

## Appendix 4 – Example of life history

16) The core that's you – Heather was sexually abused by her violent father.

I'm one of six children, number five, three boys and then three girls within ten years. And all of my brothers and sisters are blond, blue eyed except for one. The middle boy and myself are both really dark like my mother's side of the family. And um, yeah we grew up with a father who was abusive, violent, always in debt, gambling, you know, inflicted horrific injuries on my mother, like she had a broken leg when I was born, etcetera, etcetera. And we stayed there I suppose till I was about nine I think. We were always having to hide cut throat razor blades, and bullets and things like that, and being shoved out windows as a small child to ring the police and things like that. So within that context, you can imagine all sorts of things. We were living in a country town, in a tiny house. Because I was his favourite, you know, you always sort of push forward to get favours for the others. You knew what was going to happen, but you'd protect your sisters as well, because if he wasn't doing it with me, he was going to do it with them.

It was never talked about, ever, ever, ever, in my family. Nothing's ever talked about in my family, everything's always under the mat. Even the domestic violence to an extent. It was just bizarre. My mother actually decided to leave that relationship. She'd be dead if we didn't, I have no doubt about that. My brothers used to sleep with steel bars under their pillows. We used to move around a lot, which was typical I think having read a few things about abuse and violence. So I went to something like, gosh, nine schools between kindergarten and year twelve. So my mother decided to leave and I was so relieved. I think she knew about the whole situation. I've no doubt about that.

You just don't cope with it as a kid. You get out of that environment, you're so grateful to be out of it, you don't sort of worry about it too much. In my teenage years I sort of avoided relationships to a certain extent, particularly intimate relationships. I threw myself into sport in a big way. I was talented at sport. I just got to the point as an older teenager, sixteen or seventeen, I just thought that I was an academic, that sex didn't interest me. Having grown up in this heterosexual world as well, and never been exposed to any other forms of sexuality whatsoever. There was heterosexual sex, which could be abusive or not abusive. That was my framework probably.

Then my mother decided to get remarried. My mother did it tough, I must say. You know, she was a resilient woman herself. And I always suspected that she was abused as a child. I think out of the six of us, I was the only one that said 'that that was not okay that he used to beat you.' So we were extremely close and my biggest goal, I suppose, as a teenager was to protect her. And so her new marriage was good. I didn't like him particularly but he was good to her, so that's what was important. And there was certainly no hint of any violence.

I got involved with one of my teachers when I was fifteen probably. He was early thirties. And because of that situation it was all hidden I suppose, it was always cloak and dagger stuff, and it was never acknowledged. I ended up marrying this guy. It was like just a going through the motions. It was bizarre. Even with children, when I had my

first child it was like 'okay, well I'm off to the races now.' It was very unaffectionate type relationship in that sense. So there was never a big focus on sex or anything like that so that suited me. My first child had a disability so I was thrust into the world of health care unfortunately. And that was a very difficult time, because a lot of stuff came up. And having had a child, you want to protect them. So I found that very difficult, and really had to dig deep within myself to work out who I was for the first time in my life.

Then when I had my second child, I had a really severe bout of depression. I didn't know why. I had a lot of depression when he was little and he was failure to thrive. He was ten pounds and he was quite neglected as a baby. When I fell pregnant with my third child, it was not a good experience. I didn't want the baby, I didn't want the dad, I had to have all these tests because of the disability, and fly to the city. And then I nearly lost the baby, I was about eight weeks pregnant, nearly lost the baby, it was just tumultuous. And still with that kid, she's fifteen now, it's always been this problem. It was like this embryo knew that it wasn't wanted and I've paid for it ever since.

You learn to disassociate, that's a really weird thing. And I did that in my marriage as well you know. We'd be in bed having sex and I'd be miles away. It was just like a sex worker. It wasn't really until I went to university (again) that I even had my eyes open to what gay was. I didn't even know it existed. So that was probably the major time I had lots of counselling, to deal with that. Because being gay would change all the expectations I had for my children, would change all the expectations I had for myself, the risk of my family, which as it transpired was very real. And so I got to the point where by the time I had finished my degree, I had no doubt that I was a lesbian.

When they found out I was involved with a woman, it was just (blows out air), the whole shit bang. I ended up disclosing or saying to my husband about my father's abuse. And so he sort of goes off and tells my mother. So it was, 'I must have been imagining it' and 'that's why I was gay' because you know I was sick or I had a mental health problem, or something like that, or I was just queer or weird.

Suicide the whole thing, been there, done that. Particularly as a teenager, looking at, thinking that that bastard's blood ran through my veins in terms of abuse, and God, I used to drink myself to death practically. I was paralytic, bloody ninety five per cent of the time. Thank God syringes and stuff weren't around because I would have done it.

I think the protectionist stuff that I used to do that, I suppose what I think is 'look I sacrificed myself for you bastards, for you, and this is the thanks I get.' And my mother was very interesting because I was so loyal to her. And then the one time that I needed her, she told me she'd prefer it if I was dead. I couldn't understand that betrayal. It's very complex, or intricate unravelling of this dynamic between this child who was the mother's protector, and the mother actually manipulating this child that way. I still can't sort of put all the pieces together, about how that actually worked. It's manipulation by the rejection or something like that. It's like a sick type of engagement. But the only thing that people can't attack is what's inside. It's like you are having this steel rod, I suppose, that's surrounded by things that no one can touch. There's always something in you that is your own, and you're your own person so, despite what anyone does to you, you still have this core that's you.

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