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# **Breaking another Silence**

## **The Long-term Impacts of Child Sexual Abuse on Committed Lesbian Couples**

A thesis presented in partial fulfilment of the requirements for the degree of  
Doctor of Philosophy in Social Work at Massey University, Auckland, New Zealand.

Sue Hanna  
2005

## **Breaking another Silence**

### **Abstract**

This qualitative research enquiry sought to develop an understanding from forty-four women, comprising twenty-two couples in committed lesbian partnerships, of how they managed the long-term impacts of child sexual abuse, both on themselves and on their relationships. This is an area that is under- theorised in the literature.

A number of key findings emerged from the analysis.

- The sexual abuse that women had experienced had impacted their adult lives in various ways. Of these the personal aspect featured most highly, with feelings of self-blame, shame and low self esteem commonly reported.
- Those women who reported physically invasive sexual abuse also reported a wider variety of effects, and in proportionately greater numbers, than women whose abusive experience had not encompassed that particular dimension.
- Just as the survivors were impacted in a variety of ways by their abuse, so too were their partners, although the effects upon the partner varied over time and in intensity depending on the length of the relationship and the degree of resolution experienced by the survivor. Despite challenges the over all view of couple relationships was positive, and couples were able to articulate coping strategies they felt would be useful to others in similar circumstances.
- Partners were able to identify with many of the relationship issues outlined by heterosexual male partners of female survivors, although lesbian partners had more a positive view of counselling. The emotional support and commitment of a caring partner was clearly valued although in these partnerships both women wanted their relationship to be based on more than the reparative needs of one member.

- Finally, being lesbian was no barrier to seeking counselling assistance. A large proportion of the participants had used counselling as a way of working through their experiences of child sexual abuse and had found this to be valuable.

These findings have implications for social work practice with child and adult female survivors. They emphasise the long term impacts of sexual abuse, the important contributions made by partners and counsellors in supporting women sexually abused as children and the levels of inter-sibling sexual abuse perpetrated by brothers. The research findings also contain information from the women themselves on what facilitated their ability to cope with the effects of child sexual abuse from the varying perspectives of survivor, partner and couple. This will be essential information for counsellors and social workers wishing to employ strengths and evidence-based approaches in their work with this client group and others, particularly heterosexual women and heterosexual couples.

## Preface

Much has been written about the personal effects of child sexual abuse but less is known about the secondary effects of such abuse on intimate partners of people sexually abused as children, in particular partner populations comprising gay men and lesbian or heterosexual women. This enquiry sought to develop an understanding of how lesbian women managed the impacts of child sexual abuse, both on themselves and on their relationships, in respect of five research questions.

- What are the personal and flow on effects of child sexual abuse in adult life?
- What are the effects of physically invasive child sexual abuse on intimate relationships?
- How important is the ongoing emotional support of a committed partner in the process of healing from child sexual abuse?
- What are the effects of child sexual abuse on lesbian relationships given the value that lesbian couples attach to communication, equality and emotional intimacy in their relationships?
- What is the relationship between being lesbian and accessing professional help? Does being lesbian compound the effects of child sexual abuse, and present a barrier to seeking professional help?

This is a non random qualitative research project which through the use of face-to-face interviews with participants acquired information about the impacts of child sexual abuse on mutually committed lesbian couple relationships of at least one years duration, where one or both partners had experienced contact child sexual abuse before the age of sixteen. A qualitative research methodology was used which also sought to express the principles and values of feminist research and social work in the construction and implementation of the project.

Couples were recruited through advertisements and word of mouth. The researcher conducted a semi structured in depth interview with each couple and the data collected was later transcribed and analysed through a process of content and thematic analysis. This enabled a focus on the richness of individual experience within a research paradigm that has a commitment to reporting experiences of groups about whom relatively little is known, yet it contained sufficient structure to enable comparison between the responses of different participants.

While information was sought specifically from women around the broad areas of interest outlined above, other aspects of women's experience were also explored and valuable information acquired as a result. These concerned relationships with families, and experiences and decisions made in respect of disclosure. The relative frequency of serious sexual abuse perpetrated by male siblings and the complex, multi faceted and individual process that constitutes "recovery" or "healing" from the experience of child sexual abuse were also addressed.

So, consistent with my own private question of the data, is love the answer to facilitating healing from this type of childhood trauma? The scope of this thesis will provide an appreciation of not only the impacts of child sexual abuse for both survivors and partners but also what informs and supports the process of "healing" and what couples have learnt about themselves and each other, as a result.

## Acknowledgements

This undertaking would not have been possible without the support and encouragement of many people.

First and most importantly I should like to extend my thanks and gratitude to the women who participated in this research project. Quite simply without them this thesis could not have happened and there would be no new information. Their stories inspired and have sustained this project from start to finish.

Thanks and much more to my partner Janet for feeding me and coping with the clutter in our small house for such a long time. My sincere thanks to my sisters, my Mum who really wanted this for me, and to friends, for their continued support.

Grateful thanks also to my thesis supervisors Mike O'Brien and Jill Worrall who stayed with this project despite their own heavy workloads. Thank you both for your commitment. I would also like to acknowledge the contribution of several work colleagues.

Quite apart from the bravery of survivors it has taken the efforts of other researchers and practitioners to bring the abuse of power and the injustice that represents child sexual abuse to public attention. I have benefited greatly from the valuable work of others.

Finally, a year ago Jill returned a draft to me with the words "Someone has already had a go at this, someone who calls you 'Suey'. Their comments are pretty good too." For all the editing, the proof reading, and the encouragement, for all those things and much more, thanks Dad.





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\* All percentages stated in these tables have been swedish rounded

## Breaking another Silence

### Introduction

*"Silence is deeply woven into the fabric of the female experience"*

(Simmons, R. 2002. "Odd Girl Out: The Hidden Culture of Aggression in Girls".p. 3)

The prevalence of child sexual abuse as reflected in results from large, randomly sampled populations in North America, Canada, Europe, Australia and New Zealand is disturbing. These show that between 20-30% of women experience at least one unwanted incident of sexual contact involving genital touching prior to the ages of 17 or 18 years (Bagley, 1996; Bolen, 2001; Gibbons, 1999; Mullen, Martin, Anderson, Herbison, 1993). By comparison official statistics as notified to statutory child protection agencies are less substantial but are said by some writers to reflect only a small proportion of the child sexual abuse that actually occurs (Anderson, Martin, Mullen, Romans, Herbison, 1993; Wyatt, Loeb, Solis, Carmona, 1999).

The last twenty years have seen a dramatic increase in knowledge and public awareness about child sexual abuse, facilitated in good part by those so abused breaking through the silence and social stigma surrounding the issue to talk openly about their experiences. Considerable research and clinical attention has been directed to the short and long-term effects suffered by the individual as a result of this type of child maltreatment, and to appropriate therapeutic interventions. However, by comparison substantial areas of obscurity remain in respect of the roles performed in the resolution and recovery from such childhood trauma by the survivors' intimate partners, and friends (Compton, 1998; Bacon & Lein, 1996; Dilillo & Long, 1999).

My interest in this subject has been motivated by a concern with the impacts of child sexual abuse on lesbian women, particularly with the impact of sexual abuse on their intimate adult partnerships. Again this is an area that has received relatively little attention in the empirical and clinical literature on child sexual abuse (Chauncey, 1994; Maltas & Shay, 1995). Specifically I wanted to explore with lesbian couples where one

or both partners had experienced child sexual abuse, the impacts they felt this had on them, both as individuals and as a couple. I was also interested in the extent and ways in which the women sexually abused as children believed their current relationship may have provided a vehicle by which they could move forward from past trauma and, conversely, how these efforts may have contributed to strengthening the couple relationship and providing opportunities for personal growth.

Consider the following story, which is true except for changed names.

John, a close family friend, sexually abused Kate when she was a young and vulnerable adolescent and he a much older married man. The abuse began in her early teens with special attention and flattery, which made her feel special, and before she reached the age of 16 it had progressed to include sexual intercourse. Kate spent growing amounts of time with John and his family, increasingly alienated from her own as her behaviour became distant and secretive. Superficially he was very loving but he was also exploited Kate. He abused her feelings for him in ways which made her feel confused and ashamed yet all the while wanting to please him and continue their association. Kate never disclosed her experiences to her parents because she so desperately wanted to preserve her contact with the perpetrator, and this continued deception became yet another source of shame and self-blame.

The connection continued over many years. She was a highly intelligent and capable young woman but deeply troubled and very unhappy. She tried many times to sever her ties but John was emotionally manipulative and she always relented, a situation that further increased her feelings of responsibility and dependency. Even when she was finally able to terminate her sexual connection with John she felt incapable of having a healthy intimate relationship with another person and resigned herself to always being on her own.

In her late twenties she met Donna and began what she described to me as

*“the first decent relationship, where I felt..... where I felt loved and yes, it felt normal, even though to my parents it wasn’t normal.”*

However the abuse that Kate had experienced also impacted on Donna, who became especially protective of Kate and very focussed on supporting her to overcome the effects of what had happened. As the relationship matured, and Kate became stronger and more confident Donna found it hard to share her own vulnerabilities.

There were other impacts on the relationship. Donna felt very angry that John had not been held to account for his actions and was concerned at the continued threat he posed to other young women. She also felt increasingly complicit and angry at ongoing social contacts with people who had known of the abuse at the time but done nothing to intercede, and at the continued ignorance of Kate's own parents. These were both issues Kate felt unable to confront at that time as, like many women who were sexually abused as children, she held herself responsible for what happened and for ensuring that her family were not hurt by her secret.

It was an impasse that eventually the implacable Donna could no longer tolerate, and later Kate would say to me

*"Why I didn't expect her to do something like that, I just don't know!"*

I am prevented by undertakings of confidentiality from revealing the nature of Donna's retribution against the offender, but what I can say is that she exposed and humiliated him in a public way. However, there also occurred "collateral damage", to use the popular phrase, as a result of Donna's action and this affected the lives of other people.

My point here is not whether Donna should or shouldn't have taken matters into her own hands, but rather to illustrate that acts of sexual abuse against children can have long lasting and damaging consequences. Not only tragically for the Kate's of this world, nor by way of reckoning for the iniquitous John's, but also by impacting on the relationships and life paths of others, not least those most intimately involved with the victims who have borne witness to the pain and damage experienced by her.

The costs of child sexual abuse are incalculable on a personal level, however a recent dollar value of some \$2,465,000,000 which includes both tangible and intangible costs,

has been estimated as the total annual cost of child sexual abuse in New Zealand (Julich, 2001). It is a cost, which as nation we can ill afford.

The areas relevant to this thesis are both complex and multifaceted which explains the breadth of the subsequent coverage required to show their relevance to this topic. However in making the links between the profession of social work and this research project I acknowledge my professional responsibilities to undertake research activity as part of the profession's commitment to building and evaluating knowledge (Aotearoa New Zealand Association of Social Code of Ethics, 1993). Gibbons (1999) argues that in order to advance social justice for groups such as survivors of child sexual abuse it is imperative that social workers adopt a critical and systematic approach to the empirical literature. In addition, lesbian women have been identified as particularly at risk of being ignored by the social work profession because of their invisible status (Tully, 2000). To have available, accurate data is therefore key to the development of comprehensive and effective social, health and justice services, to prevent this and indeed any form of child abuse from occurring, and to assist survivors ameliorate the effects in the best way possible (Vogeltanz, Wilsnack, Harris, Wilsnack, Wonderlich, Kristjanson, 1999). A focus on individuals in their social situation where individual circumstances crisscross with broader social forces is a primary orientation of social work activity (Thompson, 2000; Tully, 2000) and social work has an important role when engaging with lesbian clients to work with and for them to achieve positive change at both of these levels (Messing, Schoenberg, Stephens, 1984). Social workers therefore have an important role in counselling, where they are involved in this capacity with lesbian clients sexually abused as children and/or young people, to challenge discrimination and ignorance and contribute positively to the knowledge base informing the social and health services delivered to this particular group of women and their partners (Messing et al., 1984).

It is my hope that the personal accounts and information I have gathered in the course of my research will honour my professional commitments to this particular community by enabling the voices and stories of lesbian women who have survived child sexual abuse and those of their partners to reach a wider public audience, as theirs remains a story that has been largely untold. For as Payne (1997) writes, those with whom social workers engage are not passive recipients of services, the worlds of experience and

stories that they bring with them to our work also changes the nature of social work and the worker themselves, in an activity which is ultimately a reflexive process.

### **The Focus of This Inquiry**

This inquiry sought primarily to investigate what are the long-term effects of child sexual abuse on committed lesbian partnerships where one or both partners experienced child sexual abuse prior to the age of sixteen years. An understanding of how lesbian women managed the impacts of child sexual abuse, both on themselves and on their relationships, was developed in respect of five research questions. These questions were intended to provide a framework for the investigation, and a basis for discussion and exploration with participants.

As noted the following questions are explored in this research. Each question is accompanied with a rationale for study.

What are the personal and flow on effects of child sexual abuse in adulthood for both survivors, and their intimate partners?

The impacts of child sexual abuse have been recognised by professionals working in this area and there is now a large literature focussing on the long-term repercussions for survivors of this form of child abuse (Chauncey, 1994; Finklehor & Berliner, 1995; Maltas & Shay, 1995). These are impacts, which can include mental health problems, low self-esteem, anxiety and stress disorders, sexual problems and difficulties establishing and/or maintaining intimate relationships (Briere, 1992; Kellog, 1997). The individual's recovery from these effects remains still, despite the obvious public implications of this issue a largely private matter assisted on a day-to-day basis by partners, family and friends (Maltas & Shay 1995).

Survivors of child sexual abuse, as do most other women and men, go on to form intimate relationships with others when they reach adulthood (Davis, 1991; Mullen et al, 1994). The prevalence of child sexual abuse experiences in the general population would seem to indicate there are partners of child sexual abuse everywhere. Partners who also live with the effects of the survivor's abuse and the associated problems with



trust, sexual interaction, emotional intimacy and commitment this can bring to a relationship (Davis, 1991). There is a small clinical literature, which specifically addresses the experiences of intimate partners of sexual abuse survivors (Maltas & Shay, 1995), however this has focussed almost exclusively on the situation of the male partner and female survivor (Gibbons, 1999). It is rare to find attention directed to other partner populations such as lesbian women and as such, lesbian women sexually abused as children and their partners provide the focus of this research.

#### What are the effects of physically invasive child sexual abuse on intimate relationships?

Child sexual abuse, particularly physically invasive abuse (ie attempted and or completed intercourse) is associated with increased long term negative impact in adult life even when allowing for other potentially confounding factors such as family stability, poor quality parent-child relationships and parental functioning (Fergusson, Horwood, Lynskey, 1997; Mullen, Martin, Anderson & Herbison, 1993; Mullen, Martin, Anderson, Romans, Herbison, 1994; Mullen & Fleming, 1998; Fleming, Mullen, Sibthorpe & Bammer, 1999).

The experience of child sexual abuse has been shown to negatively affected the survivors' perception of couple functioning (Dilillo & Long 1999; Fleming et al., 1999; Mullen et al., 1994), specifically, they record survivors as reporting lower overall relationship satisfaction, poorer communication and less trust in their partners than the non-abused comparison samples. Reports of this nature have been observed most among women who experienced penetrative sexual abuse and / or sexual intercourse (Fleming et al.1999; Mullen et al, 1994).

#### How important is the ongoing emotional support of a committed partner in the process of healing from child sexual abuse?

Successful relationships meet human needs for intimacy as well as offering emotional support that can mediate against the negative psychological impacts of stress and adversity (Howe, 1995). Intimate relationships can provide a place of healing from the effects of child sexual abuse, and the emotional support of an intimate partner in this undertaking, is often very important, as has been noted by various writers (Adams-

Westcott & Isenbart, 1996; Feinauer, 1996; Miller & Sutherland, 1999). Conversely however a history of child sexual abuse is reported to be associated with insecure adult attachment (Alexander, 1993), lower levels of relationship satisfaction and higher rates of intimate relationship breakdown (Mullen & Fleming, 1998). This contradictory picture of the support provided by intimate partners was one that I was interested to explore with a sample of lesbian couples.

What are the effects of child sexual abuse on lesbian relationships given the value that lesbian couples attach to communication, equality and emotional intimacy in their relationships?

Although intimacy and companionship are important to all couple relationships regardless of sexual orientation (Papillia & Olds, 1998), emotional attraction (Henrickson, Neville, Donaghey, Jordan, 2004) and the qualities of emotional intimacy and expressiveness are very highly valued by women in lesbian relationships (Cauldwell & Peplau, 1988), (cited Klinger, 2002). I wanted to ascertain whether the difficulties with trust, communication and emotional intimacy reported by survivors of child sexual abuse (Mullen et al 1994; Mullen & Fleming, 1998), would prove problematic in the context of a lesbian relationship where those qualities are held in very high regard.

What is the relationship between being lesbian and accessing professional help? Does being lesbian compound the effects of child sexual abuse, and present a barrier to seeking professional help?

It has been suggested that efforts to establish a link between lesbianism and child sexual abuse have been impacted by an underlying assumption that lesbianism develops as a result of failed heterosexuality (Davis & Petretic-Jackson, 2000). In addition, lesbian help seeking behaviour has been found to differ from that of heterosexual woman, a factor that has been attributed to the social stigma of being lesbian and the stress of interacting with mainstream health and social services.

I was interested to explore with the women in the sample whether these assumptions and attributions may have influenced their own help seeking behaviour in relation to the experience of child sexual abuse.

### **The Framework for this Thesis**

This thesis is presented in six sections each with associated chapters, and investigates and explores the impact of child sexual abuse on committed intimate lesbian relationships of a year or more in duration. To this end I interviewed, in depth, forty-four women, comprising twenty-two couples where either one or both partners had experienced child sexual abuse.

**Section One** introduces and backgrounds the major areas the thesis will traverse. This will include a description of how child sexual abuse has been constructed socially over time and the dominant theoretical explanations, which have influenced the development and the application of the professional response to this issue. The implications of sexual abuse for future relationships and the professional responses to the relationship status of women who have experienced it, is followed by material which explores the help-seeking behaviours of lesbian women through an examination of the broader socio-cultural context in which they live their lives.

**Section Two** provides a detailed review of the literature relevant to this study and comprises the following topics:

- Methodological problems associated with studies focussing on child sexual abuse;
- A consideration of how these impact the way the prevalence of child sexual abuse is measured and reported;
- The long-term correlates of child sexual abuse;
- A summary of theoretical explanations of the effects of child sexual abuse;
- Current conceptualisations of intimate partners of women who have experienced child sexual abuse;
- The long-term implications of the experience of child sexual abuse for intimate adult partnerships and the potential benefits of partnership.

- A review of literature focussing on intimate lesbian partnerships and the implications of child sexual abuse for relationships of this nature;
- Characteristics that can impact on the development of the therapeutic relationship between the therapist, and the client who has experienced child sexual abuse.
- An overview of theories and models underlying therapeutic strategies to assist survivors of child sexual abuse including a section specifically focussed on the therapeutic experiences of lesbian couples working with issues of child sexual abuse.

**Section Three** sets out methodological issues relevant to the study, including the questions underlying the research, contextual issues impacting upon the study, selection of participants, the use of a semi-structured interview, and the validity and reliability of the study. Reference is also made to ethical issues as well as the strengths and limitations of the research design.

**Sections Four and Five** present and discuss the research findings arising from the interviews with the participants. The major dimensions included are the experience of sexual abuse in childhood; the historical and ongoing impact of sexual abuse on self and on intimate relationships including that with the current partner. What factors have been helpful in assisting to mediate these effects, the experiences of partners in dealing with the effects of the sexual abuse experienced by survivors, what couples value about their relationship, and how they have approached abuse related challenges. Finally the participant's experiences of professional help and support will be documented.

**Section Six** examines the implications of the study for social work practice and social work research and suggests areas in which further investigation would be opportune and useful.

## **Terminology**

The confidentiality of information and identity were common concerns expressed by the women who participated in my research, and these apprehensions are understandable given the sensitive nature of the research topic. The lesbian community is a small

minority group in New Zealand and consequently I decided against attaching either numerical or alphabetical codes to the quotes made by research participants in order to minimise the risk of individual women being identified by a composite picture of codes and quotes.

The terms “victim” and “survivor” are often used to refer to the women in the sample who were sexually abused as children. Both terms are often used in the sexual abuse literature; the latter was advocated and used to avoid the negative connections attached to the word “victim” (Baker, 2002; Davis, 1991). In fact the women who participated in the study often used either or both terms to refer to themselves or to feelings behaviours or cognitions that they attributed to the experience of child sexual abuse. Nevertheless it is acknowledged that the use of these labels can imply that the salient characteristic of people who were sexually abused is the childhood maltreatment that they experienced (Darlington, 1993; Gold, 2000; Baker, 2002).

For these reasons wherever possible the female survivors who participated in the study are referred to collectively as “the women who were sexually abused as children”. This is an approach used by other qualitative researchers (Darlington, 1993) and has been done in order to differentiate the experience of child sexual abuse from other life experiences. Women in their role as partners are referred to as “the partners”. There are also times during the thesis when non-sexually abused partners are distinguished from those partnerships where both women were sexually abused as children.

This study focuses on the long-term effects of child sexual abuse as distinct from initial or short term effects of child sexual abuse, which are those reactions that occur within two years of the cessation of the abuse (Browne & Finkelhor, 1986).

The terms “counselling” and “therapy” are abbreviations for “psychotherapy” and “counsellor” and “therapist” are used interchangeably at times in this thesis. Traditionally the former has been associated with educational and social work settings and the latter with medical and psychiatric settings however there is little agreement on definitions, and whether or not there is any real difference between counselling and psychotherapy (Sharf, 2004). The women themselves used either or both terms, often interchangeably.

## Section One - The Context of Child Sexual Abuse

### Introduction

Definitions of child sexual abuse are diverse and vary across the literature (Bolen, 2001; Briere, 1992; Browne & Finklehor 1986; Gold, Hughes, Swindle, 1996) and opinions differ as to how it's meaning should be stated (Goddard & Saunders, 2001). For legal purposes the term is generally, but not exclusively, used to refer to a variety of legally unacceptable actions and relationships of a sexual nature with children and young people below the age of legal sexual consent. In New Zealand legal definitions of child sexual abuse can be located in the 1961 Crimes Act. The relevant sections of the act that concern the sexual abuse of girls are detailed as follows:

- S.130 incest; sexual intercourse between parent and child, brother and sister, grandparent and child;
- S.131; Sexual intercourse with a girl (up to age 20) under care and protection;
- S.132 sexual intercourse with a girl under 12;
- S.133 indecency with a girl under 12;
- S.134 sexual intercourse/indecent assault on a girl 12-16

A wide range of behaviours constituting child sexual abuse are involved. These have often been categorized into two general groupings. One grouping refers to non-contact abuse, which encompasses situations involving exhibitionism or the public exposure of genitals, voyeurism, suggestive behaviour or comments, and exposure to pornographic material. The second grouping called contact abuse also involves a range of behaviours and situations typically sexual touching of breasts and/or buttocks, genital fondling, masturbation, oral sex, and digital, object and/or penile penetration or attempted penetration of the vagina and anus. Other situations that come into this latter category include encouraging or coercing the child or young person to perform acts on the perpetrator and involving children or young people in activities related to prostitution or the production of pornographic material (Breaking the Cycle, 2000).

As well as a pattern of behaviours child sexual abuse also involves the intentional misuse of a position of power by a perpetrator (Cattanach 2000), whether through the

use of authority, age difference, physical size, force, trust or coercion (Saphira, 1987). For these reasons the consent of the child or young person involved is considered by law to be irrelevant, except where sexual activities involve same or near age siblings or peers. In those situations the issue of consent is somewhat controversial, as increasingly writers in the field are recognising the regularity, seriousness and adverse long-term effects of inter-sibling sexual abuse (O'Brien, 1991; Rudd & Herzberger, 1999; Tsuan, 1999).

The definition of child sexual abuse I adopted as an appropriate basis for this study is detailed as follows, and was adapted from that in the publication produced in 1998 by the New Zealand Department of Child Youth and Family Services entitled "An Interagency Guide to Breaking the Cycle: Lets Stop Child Abuse Together":

*"Sexual abuse is any act or acts which may result in the exploitation and involvement of a child or young person up to the age of sixteen, whether consensual or not, in activities for the sexual gratification of any other adult, child or young person. Sexual abuse refers to a range of behaviours, but for the purposes of this study must include genital contact."*

The age limit of 16 years was established because that is the legal age of sexual consent in New Zealand. However in special circumstances I extended the age limit to 20 years to include young women up to that age where their experience of child sexual abuse conformed to that set out in Section 131 of the Crimes Act (1961) entitled "Sexual Intercourse With A Girl Under Care Or Protection".

One of the most common methodological difficulties in assessing the prevalence and impact of child sexual abuse is that definitions of child sexual abuse are not consistent across the literature (Bolen, 2001; Briere, 1992). This inconsistency and variation coalesces around the following factors.

- What behaviour is defined as abusive,
- Whether definitions include contact and non-contact abuse,
- The age difference between victim and offender,
- Where is the cut off age for adolescent victims, and
- The differentiation between intra familial and extra familial abuse (Bolen. 2001).

All of these factors will be explored in the review of the literature, which follows in Section Two.

The following three chapters provide a backdrop to this thesis with first a discussion of how child sexual abuse has been socially constructed over time and second an explanation of the dominant theoretical explanations. Both these factors have been significant in the development and application of professional response to child sexual abuse. In Chapter Three the implications of sexual abuse for intimate relationships and the professional responses to the relationship status of women so abused are presented briefly, in addition to a consideration of the help-seeking behaviours of lesbian women, through an examination of the broader socio-cultural context in which they live their lives.



## **Chapter 1**

### **The Social and Theoretical Constructions of Child Abuse**

#### **Introduction**

Helley & Clarke (1991), (cited Thompson, 2000), explain that social problems are often socially constructed, and what is deemed to constitute a social problem depends to a large extent upon the values, structures and power relations of that particular society at a given time. The following commentary, which includes a socio-historical overview, will show that the definition and recognition of child sexual abuse as a social problem is no exception to this premise.

#### **A Socio-Historical Overview of Child Sexual Abuse**

Historical analyses confirm that since antiquity children and young people have been subjected to various forms of maltreatment, including sexual exploitation (Corby 2000; Lascaratos & Poulakou-Rebelakou, 2000; Summit 1983). Historical accounts also suggest that efforts to legislate for the protection of children from sexual maltreatment are not confined to modern times. These efforts, however, seem to have been inconsistent, with the periodic social recognition and acknowledgement of child sexual abuse alternating with long periods of suppression and denial (Olafson, 2002) as various perspectives and definitions of child abuse lost and gained ascendancy over time (Scott, 2001). These battles for dominion have played a major role in determining the nature and level of both public and professional responses to child abuse and its various sub categories of sexual, physical, and emotional abuse and/or neglect.

Given this, cultural, historical and sociological contexts are recognised to influence the development of individual and societal views on childhood, parenting and what is considered acceptable or abusive behaviour toward children (Bolen 2001; Brandon, Schofield, Trinder, 1998; Corby 2000; Franklyn, 2002; Scott, 2001), consequently there is often a lack of clarity about what actually constitutes child sexual abuse (Ashenden, 2004). This lack of clarity affects not only the basic definitions of a “child”, and the sexual behaviours judged to be normal or abusive toward him/her, but also how harmful the effects for child victims are considered to be (Wyatt & Johnson Powell, 1988).

Knowledge and values are never neutral (Cosis-Brown, 1998), and Scott (2001) suggests that every way of representing social reality suits something, the corollary being for what purpose and whose interests are served by these representations? How abusive behaviour is labelled and who does the labelling affects society's responses to children's rights, and victims of child abuse (Bolen, 2001; Parton, et al., 1997) as various explanations about the cause, extent and appropriate solutions for the problem gain acceptance and currency at different times.

As an example of this Olafson (2002, p.78) emphasises what she refers to as "*timeless attitudes toward victimisation*" in particular female victims of sexual assault and (Learner 1980), (cited Hewstone & Stroebe, 2001) proposes a view of victims that is based on a belief in a "just world", that suggests that the notion of an innocent victim does not exist. The powerful shaming and stigmatising impact of such attitudes on both child and adult victims is not to be underestimated (Summit 1988), (cited Olafson, 2002). The power to influence processes of social definition and response is also dependent on the ability to be heard and the willingness of others to hear, and the exercise of minimisation and trivialisation contribute to the discourse of denial around child sexual abuse which allows children to continue to be abused (Summit, 1987).

The ability of children as a group to influence the social construction of child abuse discourse is limited because they lack political and economic power and are among the most vulnerable members in society (Lansdowne, 1995). On a personal level this is evidenced by the shame and secrecy earlier mentioned, and by the absence of children's voices from public debate about sexual abuse (Fox, 2001; Scott, 2001; Summit, 1983).

As historical evidence records the occurrence of child sexual abuse over time and the ways in which it has been recognised and acknowledged by society, an appreciation of the socio-historical context which has influenced and framed our understanding of both the definition and the scope of such abuse provides an important backdrop to this research project.

Recent analyses of original texts from The Byzantium empire (324-1453 A.D.) reveal the existence of child rape resulting from premature marriage, child prostitution, pederasty, and incest. Despite social and legal prohibitions documented evidence exists

to demonstrate that families sanctioned these offences against children (Lascaratos & Poulakou-Rebelakou, 2000). Likewise the socially condoned pederasty of boys and premature marriage involving girls was reportedly often practised in Greek and Roman societies (De Mause 1976; Wiedeman 1989), (cited Corby 2000).

Professor Ambroise Auguste Tardieu (1818-1879) examined medico legal records in 18th century France and reviewed the frequency of sexual assaults on children from 1858–1869. His analysis revealed that 9,125 men were accused of the rape or attempted rape of girls aged between 4-14 years (McGregor, 1994). An investigation of child cruelty reports in the British newspaper “The Times” between 1785-1860 found 385 tried cases of child abuse, including sexual abuse, of which only 7% were found guilty (Pollock, 1983), (cited Corby, 2000) and records in colonial America also indicate the widespread existence of child sexual abuse (Bolen, 2001).

This cumulative documentation indicates child sexual abuse has long been a problem, and Corby (2000) and Lascaratos & Poulakou-Rebelakou (2000) dispute the assumption that it is only recently that publicly sanctioned steps have been taken to deal with it. They argue that in earlier societies, as in our own, state legislation and church prohibitions attempted to protect children from sexual abuse. However, in those societies, again, as in our own, these efforts have often proved ineffectual, as the sexual exploitation of children continued then, as it does now.

More recently, concern regarding child abuse, including child sexual abuse, has been expressed at several major periods of time during the last 150 years (Bolen, 2001; Corby, 2000; Darlington, 1993) and the purpose of the following sections is to describe briefly the incidence and development of modern knowledge about child sexual abuse in particular.

### **The Late Nineteenth and Early Twentieth Century**

From the late 19th century New Zealand shared with other countries a concern and interest in the welfare of children, which has continued to this day, and which has at times pushed our nation to the forefront of child welfare policy and practice (Dalley, 1998). From the late 1860s extensive legislative provisions were enacted to protect neglected children, to ensure their access to education, and to restrict working hours

(Dalley, 1998). While the primary objective of much of this activity, in New Zealand as elsewhere, was to protect vulnerable children the institutionalisation of child welfare policies paradoxically bought about the development of the converse view of the child as a potential juvenile delinquent. As a result many of the welfare policies and arrangements that emerged to protect children also involved a reformative and control function (Dalley, 1998).

Through the work of the Society for the Prevention of Cruelty to Children and the National Vigilance Society incest was recognised as a crime in Britain in 1908, but it did not command public attention in the same way as other forms of child abuse, a factor that Corby (2000) attributes to silence and denial. Intra familial child sexual abuse he suggests was also associated in the public mind with low socio economic status, and overcrowded living conditions (Corby, 2000).

In America the impact of Doctor Sigmund Freud over the last 100 years has been significant and his theory of the Oedipus complex had a substantial impact on how professional knowledge and responses to child sexual abuse were constructed. The Oedipus complex, so called, defined as both normal and universal the view that girls have precocious sexual desires for their father's sexual attention and meet these needs through development of elaborate incestuous fantasies (Rycroft, 1995; Bolen, 2001). These views served to de-emphasise the occurrence of intra familial child sexual abuse by reframing women's reports of incest as fantasy, and blaming the victim for anything that may have happened.

### **The Period Between the 1920s and the Early 1970s**

By the 1920s sexual abuse had become associated with activities perpetrated by strangers, with the victim seen to behave in a way that invited molestation, and concerns about incest were receding not to emerge again as an issue of major social concern until the 1980's (Tomison, 1995), (Gordon, 1980), (cited Darlington, 1993). The improvement in the material conditions in which children lived, in combination with lower birth rates and lower child mortality, led to a belief that child abuse had been reduced and the emphasis moved from child abuse to a focus on neglect, which dominated the child protection agenda until the 1970s (Scott, 2001).

Relatively little mention was made of sexual abuse in the media or on the child protective agenda, despite the publication of three major studies by Landis, 1940; Kinsey, 1953 and Gagnon, 1965 where 17-22% of respondents reported experiencing child sexual abuse, (Bolen, 2001). The Kinsey Report attracted considerable attention for the discussion of topics such as masturbation and homosexuality, but despite the significant level of report, child sexual abuse was not acknowledged as abusive behaviour and its potential significance for the victim was minimised (Scott, 2001).

The influence of the psychoanalytic model (see page 25) on professional social work interventions in the area of child sexual abuse remained dominant during this period (Reder Duncan, Grey, 1993) more particularly in the United States (Yelloly, 1980), (cited Corby 2000). Psychoanalytic assumptions proposing that sexual fantasies about an opposite sex parent were both a common and a normal part of sexual development did much to undermine reports of childhood sexual trauma. They also contributed to the creation of an environment, which ignored sexual abuse and blamed the victim (Darlington, 1993; Bolen, 2001).

In 1944 Doctor John Bowlby published his research undertaken with a group of forty-four juvenile offenders. Here he argued that emotional trauma connected with the early experience of loss and separation from significant caregivers and parents could result in the development of subsequent troubled behaviour. He was also of the view that children's early experiences of mothering played a fundamental role in their later development (Brisch, 2002). Later research undertaken by Doctor Bowlby and colleagues Doctor Mary Ainsworth and James Robertson, a social worker, and subsequently others, on infant attachment and bonding in 1950s and 1960s provided the basis for the development of a social work approach to work with families, characterised by support and advice giving (Brisch, 2002; Corby, 2000). Concerns about child sexual abuse do not appear to have received a high priority on this agenda (Corby, 2000).

To conclude, the dominant views toward child sexual abuse, which distinguished this specific time period contributed to an environment, which emphasised the incidence of stranger abuse and blamed the victim (Darlington, 1993; Bolen, 2001). Social work

attention was directed to issues of child neglect and family support and incest was regarded as either rare, or pathological (Corby, 2000).

### **The Rediscovery of Child Abuse as an Issue of Public and Political Concern in the Late Twentieth Century.**

The so termed “rediscovery of child abuse” in the United States is often credited to paediatrician Doctor Henry Kemp and his work in the area of non-accidental injuries in children, in the early 1960’s and to advances in paediatric radiology in the mid 1940s and 1950s. Kemp reported research on child physical abuse to the American Paediatric Association in 1962 in an article entitled “The Battered Baby Syndrome” (Reder et al., 1993; Corby, 2000). Most contemporary social work accounts of child protection practice begin from this point (Corby, 2000).

Parton, Thorpe and Wattam (1997) note that sexual abuse is a challenging area of child protection work because it is so often characterised by a lack of specific physical signs and symptoms. Although there was a general increase in awareness of child physical abuse, child sexual abuse was still considered rare and little published material focussing on the subject was available even into the 1970s (Bolen, 2001). That which was available tended to blame children and their mothers, and to minimise its detrimental impact (Scott, 2001). By the mid 1980s however increasing research attention and public alarm had elevated concern about child sexual abuse to a place where “*it all but eclipsed deprivation, neglect, cruelty and physical assault*” (Scott, 2001 p.11). A number of more specific factors can be credited to this transformation.

The political and social environment of the late 1960s and 1970s for example was a period characterised by rebellion and consciousness raising where the status quo was often challenged, and thus the socio/cultural/political context of this time made the reality of child sexual abuse more difficult to suppress (Bolen, 2001; Darlington, 1993). More specifically in the early 1970s the feminist movement first gave a voice to the female survivors of child sexual abuse and to feminist writers who regarded it as a consequence of institutionalised male violence, gender inequalities and the sexual division of labour central to the continuation of a patriarchal society (Scott, 2001; Bolen, 2001; Olafson, 2002). For the first time sexual abuse was recognised as a public

issue which affected the lives of many different women, and which was connected to male power and social definitions of masculinity (Scott, 2001).

In addition to the catalytic impact of the women's liberation movement in bringing issues of intra-familial child sexual abuse in particular to public attention, the work of various child welfare professionals across a number of disciplines also made a contribution, (Finklehor, 1994), (cited Goddard & Saunders, 2001), (Olafson 2002). The work of psychiatrist Roland Summit and the contributions of researchers and clinicians such as David Finklehor, and Christine Courtois in the early and mid 1980s was important in challenging existing professional beliefs concerning child sexual abuse based on denial, minimisation and victim blaming and to drawing academic and clinical attention to it (Olafson, 2001; Baker, 2002).

The role of empirical research was also significant, in particular, the work of Diana Russell (1978) and Gail Wyatt (1985), both of whom conducted random, methodologically rigorous community prevalence studies, the results of which demonstrated the extent of child sexual abuse for the first time. From there the knowledge base grew rapidly and by the conclusion of the 1980s a clearer picture of the scope and nature of the problem was available (Bolen, 2001).

In New Zealand, the discussion of child sexual abuse in a public arena has not been without controversy. Hood (2001) argues false estimates about the prevalence of child sexual abuse in the community in the late seventies "*fuelled a child sexual abuse panic*" (p.70) which was officially sanctioned in the 1980s when considerable resources were invested into the detection and treatment of child sexual abuse. She attributes the responsibility for bringing child sexual abuse to a wider New Zealand audience to a questionnaire developed by psychologist Doctor Miriam Jackson, (subsequently known as Doctor Miriam Saphira) entitled "*Can you help? Your answers to this questionnaire will aid research into a shocking social ill – the sexual abuse of children*" (p.50). This was distributed in 220,000 copies of the New Zealand Woman's weekly. The response rate was 0.14% and the number of returned questionnaires was 315. Doctor Saphira's findings subsequently published in The New Zealand Woman's Weekly claimed the incidence of child molestation, particularly incest, was more widespread than thought

and young girls were the most vulnerable. “*Small Girls are Most at Risk from Family*”, New Zealand Woman’s Weekly, 24 March 1980 (cited Hood, 2001 p.51).

In 1981 Dr Saphira published “The Sexual Abuse of Children” based on the results of this research. One of the major claims of this publication was that one in four girls would be sexually molested by the time she was 18 years of age. Hood (2001) claims this statistic was fallacious and not derived from Saphira’s own research, but from a selective interpretation of Dr Alfred Kinsey’s research conducted in the 1950s with over 4,000 white American female respondents. The original figure posited by Kinsey related to sexual contacts rather than abuse and referred to exposure to a wide range of sexual behaviour from seeing male genitals through to oral genital contact and sexual intercourse. Another view offered in Saphira’s defence by Julich (2001) suggests that both academics and the media have misunderstood Saphira, and that her early pioneering study was intended to provide information about the experiences of women sexually abused as children, rather than indicate the incidence or prevalence of child sexual abuse in New Zealand.

In any event Doctor Saphira was undoubtedly successful in bringing the issue of child sexual abuse to a wider audience. Shortly afterwards the development of the “Keeping Ourselves Safe Programme” for school children was commenced and later introduced into primary schools. Incest survivor groups began and the first Child Abuse Prevention Conference was held in 1982. Later in the 1980s as a result of co-operation between police and the Department of Child Welfare, child sexual abuse teams were developed with the intention of educating workers, developing joint guidelines and forming evidential interviewing units to deal with child sexual abuse referrals (McGregor, 1996).

“*Recovered memories*”, “*false memory syndrome*” and “*backlash*” were phrases that assumed prominence in the early 1990s both in New Zealand and overseas. These were as a result of controversy concerning allegedly false accusations of sexual abuse by adult survivors, and argument about the types of interventions utilised by clinicians and child protection workers in clinical work with child and adult survivors (Baker, 2002; Bolen, 2001; Julich, 2001; Tomison, 1995). In particular, the role of memory has been central to recent debates about child sexual abuse and it has been alleged that many therapists and professionals used aggressive, suggestive and inflammatory interview



techniques placing the efficacy of children's disclosures in doubt and causing adult clients to falsely recall and disclose histories of child sexual abuse (Deacon, Fenton & Bryman, 1999), (cited Goddard & Saunders, 2001).

Two significant reasons have been cited as contributing to this situation of backlash. First, that the knowledge base about child sexual abuse, while expanding, was still relatively unsophisticated and in particular the empirical and clinical base relating to direct practice with children was not highly developed. This meant that those working with children were often involved in making decisions about interventions and treatment that were beyond the scope of the knowledge available at that time (Bolen, 2001). The recent controversy over the 1993 conviction of Peter Ellis a childcare worker at the Christchurch Civic Crèche for sexual abuse offences against several children attending the crèche is an example of this, as the associations between age and certain child behaviours with child sexual abuse made at that time have since been challenged (Hubbard, 2003).

The second reason concerns ideology, and Olafson (2002) suggests the forces contributing to the current backlash against child sexual abuse are the same as those which for centuries suppressed this issue. An in-depth consideration of these factors is beyond the scope of this thesis; however, it has been suggested a number of factors have contributed. These include the rigidity and inherent conservatism of professional knowledge, the patriarchal family; historically negative attitudes toward victims of interpersonal violence and abuse; the inconsistency in public commitments towards children and the fragmentation of the women's movement which failed to respond to the diversity of extra-familial child sexual abuse (Scott, 2001). Olafson, (2002) has stated that the role of twentieth century sexual modernism may also have contributed to the current backlash, and had earlier commented that:

*"Proponents of sexual modernism with their progressive and optimistic outlook regarding individual liberation and sexual self-expression, could well find the new research findings about coercive, compulsive, and cruel aspects of human sexuality especially difficult to accept"*

(Olafson et al., 1993 *Modern History of Child Sexual Abuse Awareness: Cycles of discovery and suppression.* p.19).

Goddard & Saunders (2001) comment on the role of the media in influencing public perceptions of child abuse, a role they suggest is unlikely to diminish. The media have performed an important task in bringing child sexual abuse to public attention, although aspects of their coverage such as recovered memories and ritual sexual abuse have been treated in a sensationalised manner (Goddard & Saunders, 2001). Other commentators have criticised the media for failing to report more fully on the gender biases in sexual abuse and the rights of children (Franklin & Parton, 1991), (cited Goddard & Saunders 2001). Baker (2002) also comments on the dangers of media representations focussing on the most extreme cases and offering arbitrary definitions of abuse and its consequences. If issues are to be responsibly debated and the complexities of child sexual abuse well understood a more active partnership between those involved in child welfare and journalists is required (Baker, 2002; Goddard & Saunders, 2001).

Paradoxically, while the 1990s were beset with controversy and cast doubt on the efficacy of survivor accounts, previously unacknowledged forms of sexual abuse began to dominate the child protection agenda. The 1990s and the years of the early twenty first century have seen the situation of intra-familial sexual abuse relegated to a position of lesser prominence as new configurations of “stranger danger”, once again, monopolise the child protection agenda and capture public attention (Bolen, 2001; Corby, 2000).

Currently the debates about child sexual abuse are dominated by concerns about the international child sex trade, the sexual exploitation and solicitation of children via the Internet, the activities of paedophiles and the institutional sexual abuse of children (Bolen, 2001; Stanley, 2001). This latter is exemplified by the increasing number of allegations of child sexual abuse levelled at charitable organisations and at members of the clergy both in New Zealand and overseas, which suggest that the social institution of the family has not been the only one to accommodate the sexual abuse of children (Scott, 2001).

Over the last ten years a coalescence of diverse factors at a number of levels has broadened the appreciation of the many possible relationships and locations that constitute the varied forms which child sexual abuse may take. Social workers who previously were more focussed on intra familial child sexual abuse, have, as a result of

increased dialogue and collaboration in child protection matters, been exposed to police concerns about indecent publications and prostitution involving juveniles and the activities of paedophiles. Internationally, the alarm of child welfare organisations at the levels of sexual exploitation and trafficking in children has provided a global insight of the magnitude and diverse presentation of the issue and highlights the importance of improving the protection of children internationally (Ridley, 2002).

## Summary

A review of the historical material available suggests that child sexual abuse is a problem of long standing and the manifestations of this abuse evident in much earlier societies are not too dissimilar to those of contemporary concern. However, historically as now, public concern and state intervention have never prevented children from being sexually abused. What is apparent is that the acknowledgement of child sexual abuse as a matter of public concern has been the subject of a cycle of suppression, denial and rediscovery between the state, the social structures involved in the care-taking and rearing of children, and professional practitioners (Bolen, 2001), which, in the past twenty years in particular, has been compounded by the reactions in the media (Goddard & Saunders, 2001). Taken together these factors have tended to marginalize the voices of adult survivors, and to silence those of child victims (Fox, 2001; Scott, 2001). Indeed Scott aptly describes this situation thus:

*“However there are still those who rarely get heard amid the clamour, those who are much discussed but rarely speak, child victims and adult survivors who are located at the point of origin of all child abuse discourse but whose contribution to identifying the problem and its solution have been quickly overtaken by a new category of experts speaking on their behalf. Experts who are in turn interrogated by other experts challenging the truth status of their testimonies”*

(Scott, S. 2001. “The Politics and Experiences of Ritual Sexual Abuse: Beyond belief”, p. 5).

## **The Theoretical Construction of Child Sexual Abuse**

Now equipped with a preparatory knowledge of the socio historic context of the sexual abuse of children we can pursue an understanding of how sexual abuse has been constructed theoretically, an area critical to this study.

The empirical and clinical knowledge base operates as a feed back loop to frame professional thinking and responses to child sexual abuse, whether they are investigative or therapeutic (Bolen, 2001; Darlington, 1993). Due to constraints of space it is not possible to cover all the possible theoretical approaches concerning the causation of child sexual abuse. Consequently this chapter will attempt to outline four major theoretical perspectives that have directly and indirectly influenced professional thinking and action in respect of child sexual abuse over the last approximately one hundred years.

### **The Psychoanalytic Approach**

Sigmund Freud was the first to develop a formally articulated theory of child sexual abuse and his contribution to the knowledge base of this field has been described as more significant than that of any other single person (Bolen, 2001). Early in his career Freud developed his Theory of Seduction in which he posited that all neuroses were the result of childhood sexual violation, usually father/daughter incest. This followed from his initial clinical work, where he observed that his female patients had been the subjects of a surprisingly high level of child sexual abuse by male caregivers, leading, he surmised, to the development of psychopathological conditions in later life. Although initially Freud accepted his patients' accounts of child sexual abuse he subsequently experienced a change of heart (Olafson, Corwin, Summit, 1993). The reasons for this are unclear (Olafson et al, 1993) although it has been suggested that fearing professional censure and isolation (Masson, 1994), (cited Rycroft, 1995) and unable to accept the scope of the problem suggested by his clinical work, Freud withdrew from this early position (Bolen, 2001). He developed instead, his theory of the Oedipal complex that offered an internal aetiology of child sexual development, which became a central tenet in the theory and practice of psychoanalysis and psychiatry (Bolen, 2001; Rycroft, 1995).

It is a fundamental precept of the Oedipal complex that, as a result of naturally occurring and largely unconscious ideas and feelings, children experience a sexual desire for their opposite-sex parent. Freud regarded this process of sexual attraction as both universal and a normal step toward psychosexual maturity and indeed, one which, if not resolved, could predispose an individual to later psychological problems such as same gender sexual attraction (Rycroft, 1995; Van Wormer, Well, Boes, 2000). The effect of the Oedipal complex was to reframe reports of abuse as those of incestuous fantasies. In the event that acts of sexual abuse were seen to have occurred, daughters were held substantially responsible. This approach collectively denied, blamed and minimised the impact of abuse on the victim but also failed to take account of the contextual dynamics related to gender and power inherent in the abusive situation. All of these factors contributed to a powerful discourse of denial and blame, which has impacted throughout the health, legal and welfare systems in the treatment offered to the survivors of childsexual abuse (Bolen, 2001; Dale 1999; Darlington, 1993). This legacy still remains. Bolen (2001) cites examples of recent literature intimating the culpability of daughters in episodes of incestuous abuse (Lacey 1990; Larson 1993). She also reports a high percentage of medical professionals (Eisenberg et al., 1987), and mental health personnel (Reidy & Hochstadt, 1993), police and child protection workers (Wilk & McCarthy, 1986), attributing the responsibility for child sexual abuse to victims.

To summarise, it is a fundamental assumption of the psychoanalytic approach to child sexual abuse that the victims are at least in part to blame for their experiences. Little attention is paid to the contextual patterns of gender or power in which abuse occurs, or to the victim's experience of this. Thus, by its dual focus on whether or not the incident occurred and whether or not the victim drew some enjoyment from it, the culture of denial concerning child sexual abuse has been reinforced at both individual and structural levels.

### **Family Systems Theory: Intra-Familial Child Sexual Abuse as an Indicator of Family Dysfunction**

Child sexual abuse has also been conceptualised as a family problem (Bolen, 2001). Theories that viewed disturbed behaviour in children in the context of wider family dynamics rather than as a direct consequence of the child's own internalised dysfunction were particularly influential in the 1970s and the 1980s (Dale, 1999). The premise of

these approaches is that a combination of individual motive and patterns of familial interaction contribute to the occurrence of incest (Dale, 1999) and is subsequently maintained by a conspiracy of silence between family members (Bolen, 2001). Several reasons have been advanced to account for this situation. One concerns a desire within families for balance in relationships between different members, as the family system, like any other, seeks to achieve and function in an internal equilibrium, described as “homeostasis”. It is suggested that unhealthy patterns, such as intra-familial child sexual abuse, can be seen as a response to the loss of the balance where the equilibrium of “normal” family relationships is disrupted (Bole, 2001), (Giaretto, 1976; Levang, 1989; Furniss, 1984), (cited Darlington 1993).

Central to situations of prolonged intra-familial child sexual abuse is the mother because of her supposed failure in her maternal role, to protect the child victim, while fathers are typically seen in the role of perpetrator (Bolen, 2001; Dale, 1999; Scott, 2001). Failure to protect has the mother portrayed as abdicating her role as the father’s sexual partner and deliberately colluding with a situation where a daughter assumes the role of substitute sexual partner (Schechter & Roberge, 1979), (cited Scott 2001), (Kadushin & Martin 1988), (cited Bolen, 2001). Other conceptualisations suggest that the acquisition of more domestic responsibilities by the eldest daughter contribute to role confusion from which sexual abuse by the father may follow (Jefferies 1982), (cited Scott, 2001), (Summit & Kryso 1978), (cited Scott, 2001).

This approach emphasises such behaviour, particularly that characterised by father/daughter incest, as symptomatic of other underlying problems within the family system and all parts of the system are seen as responsible for a failure in function. The differences in internal power weightings within the family are consequently ignored (Bolen, 2001).

In summary, underlying the view that child sexual abuse is an example of family pathology is the perception that all parts of the family system are responsible for any dysfunction. Power inequalities are not taken into account, with the result that all family members are considered a part of the continuance of an abusive regime.

### **The Feminist Perspective**

The activism of an emerging women's movement in the 1970s provided a vehicle for many women to speak publicly for the first time about the sexual abuse to which they had been subjected as children (Olafson, 2002). Feminist authors writing in the late 1970s and early 1980s (Rush 1977, 1981; Herman, 1981) also began to examine the relationship between child sexual abuse and socially institutionalised male dominance (Bolen, 2001; Dale 1999; Scott 2001).

The essence of the feminist paradigm in which the relationship between power and gender plays a central role, is the proposition that a systemic patriarchy enmeshed in the fabric of society maintains an unequal distribution of power between men and women. This in turn sustains a regime of various interconnected forms of physical and sexual violence, which are perpetrated by males against females and children (Ashenden, 2004). This analysis facilitated an understanding of the role of intra-familial violence and abuse as being a part of this broader social pattern which is consistent with the feminist argument that the sexual abuse of women and children must be viewed and analysed in the context of the institutions and mores of society as a whole (Bolen, 2001; Dale, 1999; Orme, 2002; Scott, 2001).

This is not to say that feminists regard individual relationships as of little importance, rather they suggest that such relationships cannot be examined meaningfully in isolation from the societal and cultural context of their occurrence (Bolen, 2001; Sharf, 2004). Many statistics suggest that approximately 95-97% of perpetrators are male, and conservatively 70% of victims are female, and between 20-30% of girls experience contact sexual abuse prior to their 18<sup>th</sup> birthday; (Bolen, 2001; Gibbons, 1999, Mullen et al, 1993). Such figures give credence to the feminist argument that sexual abuse is one of a number of ways in which men maintain power and control over women and children (Bolen, 2001). However the association of abusive sexuality with masculinity in the feminist analysis has proved problematic (Ashenden, 2004) because women and adolescent girls are said to perpetrate between 2-5% of child sexual abuse (Davis & Leitchiberg, 1987; Groth, 1979; McCarty, 1986; O'Conner, 1987; Song, Leib & Donnelly, 1993), (cited Robson, 1996). Although a high percentage, 71-93% of women sexual offenders themselves report a history of sexual abuse, and physically abusive relationships as adults (Matthews, 1989; Allen, 1991; Ryan, 1993), (cited Robson,

1996) and often sexually abuse children on the instigation or encouragement of male co-offenders (Adams-Tucker, 1982), (cited Tomison, 1995). It has also been suggested that sexually abusing others is a way in which women perpetrators gain control over their own experiences of maltreatment and degradation (Faller, 1987; Fehrenbach, 1988; Matthews, 1989; Miller et al., 1995) (cited Robson, 1996). However as with male sexual offenders, whatever the explanation there is no excuse for this behaviour.

The feminist perspective is closely sympathetic to and validating of the victim's experience and perspective (Dale, 1999) and emphasises that the perpetrator is entirely responsible for the abuse that occurred (Bolen, 2001). Empowerment of the victim and her adoption of the identity of a survivor (Dale, 1999) as opposed to that of a victim (Davis, 1991) is also a part of the reparative experience.

Mothers of sexually abused children are often perceived collectively as having been complicit in perpetrating intra-familial child sexual abuse (Alaggia, 2002). The Feminist perspective presents mothers as either powerless to prevent the abuse (McIntyre, 1981; Wattenburg 1985; Dominelli, 1989), (cited, Darlington 1993), (Herman 1981) (cited, Scott 2001), or efforts made by mothers to protect their children are emphasised, as are efforts by the child to escape or manage abuse (Johnston 1985; Wattenburg 1985; Mulligan 1986), (cited Darlington, 1993).

Some argue the feminist paradigm with its emphasis on father daughter incest has failed to keep pace with the emerging diversity of child sexual abuse and increased reports of sexual abuse perpetrated by women and young people themselves (Dale, 1999; Scott, 2001). This is because these manifestations are not easily accommodated within a paradigm, which gives emphasis to the ascendancy of male power and entitlement as the basis for the sexual abuse of women and children.

To summarise, the feminist view of child sexual abuse claims that such behaviour is part of a pattern of interconnected male violence against women and children vested in social systems such as the family, which provide the basis for socially institutionalised male dominance. The feminist view is supportive of the victim and emphasises the sole culpability of the perpetrator. Recently, criticisms have been levelled at the feminist perspective for its failure to articulate an analysis that has kept pace with the emerging



diversity of child sexual abuse, including sexual abuse perpetrated by women, that has become apparent over the last decade (Ashenden, 2004; Scott, 2001).

### **The Child's Rights Perspective**

Children's rights are a construct that has been debated for centuries (Clark, 2000; Smith, 2000), although the subject has received increasing amounts of attention over the last thirty years (Franklin, 2002). Although it is an ambiguous term, the child's rights perspective essentially presents a view of children as an oppressed group, discriminated against on the basis of their age and traditionally denied basic civil rights such as freedom of expression, and the right to participate in the decisions made affecting their welfare (Landsdown, 1995). At its simplest it involves an acknowledgment that children have rights that should be respected and observed (Clark 2000). The academic terrain of this subject has traversed a number of areas which include the legitimacy of special rights for children (Alderson, 2000; Franklin, 1995; Freeman, 1985; Harris, 1996), (cited Franklin, 2002) schemes for classifying what form such rights might take (Hart, 1992; Rogers & Wrightsman, 1978; Wald, 1979), (cited Franklin, 2002) and ways of examining whether children are competent or not to make decisions for themselves (Hutchby & Moran-Ellis, Mortier, 1999), (cited Franklin, 2002). More radical approaches have explored the possibility of extending children's political rights (Franklin, 1986 & 1992; Harris, 1984; Holt, 1975) (cited Franklin, 2002), and practice literature is increasingly examining the ways in which welfare workers can demonstrate a commitment to children's rights in their work with children and young people (Cunningham, 1999), (cited, Franklin, 2002).

In 1989 The United Nations Convention on the Rights of the Child (1989) (UNCROC) established a set of standards for the protection of children up to age 18. This action was taken in an effort to progress an international commitment to the rights and well being of children from all over the world (Brandon, Schofield & Trinder., 1998; Hiatt et al., 1998) and signalled international acceptance for the first time of the principle that children have civil rights and the same intrinsic value and worth as adults (McMenamin, 2001). The Convention extends to children a range of rights to welfare, protection and participation, which includes protection from sexual abuse, and exploitation (Franklin 2002). New Zealand ratified UNCROC in 1993 and it remains one of the most widely endorsed human rights conventions (Clark 2000).

Sadly although UNCROC has provided a new perspective and framework with which to view children and has done much to advance public awareness of children's rights (Franklin, 2002), ratification has not necessarily meant a change in the status and lives of the world's children (McMenamin, 2001; Smith, 2000). It seems that in practice the realisation of the rights extended to children may be beyond the resources of many individual countries to honour (Alderson, 2000) (cited Franklin, 2000).

The major strength of the children's rights perspective lies in its encouragement of adults to consider experiences and events from the child's point of view, as opposed to defining the child only in relation to the other significant people and family members in his/her life. The case for children's rights is, however, controversial since debate about the rights of the family to determine how best to care for children are reported by many countries as a factor impeding the prevention of child abuse and neglect (Hiatt, 1998).

The New Zealand response to this dilemma is apparent in statutory child protective legislation and services, and emphasises the responsibility of both the family and the social worker to protect the welfare of the child (Connolly, 2001). The Children Young Persons and Their Families Act 1989 assumes both the obligation and capacity of family to care for their own (O'Brien, 2001), and is premised on a family strengths perspective which stresses the importance of family participation and family based solutions to child protection situations (Connolly, 2001). While these are values and assumptions to which child protection social workers in New Zealand now subscribe these must be balanced with an awareness of the real risks posed by poverty and unemployment to families and their capacity to undertake the obligations expected of them by the state O'Brien (2001). This is as true at a global level as it is locally (Rizzini, 2000).

## **Summary**

This review of the socio-historical and theoretical context of the subject illustrates that child sexual abuse is not a static concept. In fact it has been a problem of long standing, although it has been constructed differently at different times and thus has been affected by varying social responses. A review of the major theoretical approaches to the subject

demonstrates the complexity of child sexual abuse, and how differently it may be viewed depending upon the perspective adopted. In addition, and importantly in terms of professional practice, there would seem to be a reciprocal relationship between (i) the societal context from which theoretical perspectives emerge, (ii) the influence of the theories themselves on the development of the knowledge base of sexual abuse and (iii) how professionals view and construct their interventions with survivors and their significant others.

## **Chapter 2**

### **The Relational Implications of Child Sexual Abuse, the Broader Social Context of Lesbian Relationships and the Professional Response of Social Work.**

#### **Introduction**

In recognition of the complex and inter connected nature of the areas under examination in this thesis, this chapter will briefly consider the impacts the experience of child sexual abuse can have on intimate relationships in adulthood. Since lesbian relationships are the particular focus of this research, this chapter also considers their social context together with information concerning the response of the social work profession to issues of sexual orientation. These areas are fundamental to my research and the ensuing discussions attempt to set the scene for the more detailed exploration that will follow in the review of the literature.

#### **Abuse and Intimate Relationships**

Intimate partners can be a major source of support for adult survivors as they attempt to recover from and resolve the effects of child sexual abuse (Davis, 1991; Lew, 1988; Maltas & Shay, 1995). Several studies suggest that a supportive partner increases resiliency (Glaister & Abel, 2001; Valentine & Feinauer, 1993) and decreases the likelihood of patterns of inter generational abuse (Herrenkohl et al., 1993; Egeland et al., 1988; Rutter, 1989; Pianta et al., 1989; Caliso & Milner, 1992), (cited Langeland & Dijkstra 1995). Those women sexually abused as children who are able as adults to establish a satisfactory and stable intimate relationship also have significantly better outcomes (Cole & Putnam, 1992; Mullen & Fleming, 1998).

Despite reports by adult survivors of interpersonal and relational difficulties associated with trust, intimacy and sexual functioning the experiences of relationship partners and the potential for healing within intimate relationships have been relatively under examined in the total research and literature on child sexual abuse (Chauncey 1994; Davis, 1991; Davis & Pretretic, Johnson, 2000; Feinauer, 1996; Firth, 1997; Lew, 1988; Maltas & Shay 1995) It is also uncommon to find attention directed to same sex partner populations (Chauncey, 1994; Maltas & Shay, 1995), and direct references to lesbian

couples in this situation are uncommon, although where they do occur they indicate that the experience of child sexual abuse also poses challenges to such intimate relationships (Groves & Schondel, 1996; Kerewsky & Miller, 1996; Loulan, 1987; Parkes, Cutt, Woodham, Flarity-White, 2001).

Much of the early research on child sexual abuse was concerned with defining the nature and scope of the problem (Bolen, 2001), and the focus of the clinical literature on therapeutic interventions with survivors of child sexual abuse may also have contributed to this preoccupation. The motivation for therapy tends to come from adult survivors when they as individuals seek help irrespective of their relationship status (Darlington, 1996). Reid, Taylor & Wampler (1995) suggest, that in practice those who have been sexually abused, as children often tend to view their experiences as an “individual” issue. Consequently although the subject of their relationships with others is often an important focus in therapy (Adams-Westcott & Isenbart, 1996; Dale, 1999), current treatment modalities have tended to be individualistic in nature (Adams-Westcott & Isenbart, 1996; Bacon & Lein, 1996; Pistorello & Follette, 1998; Reid, Wampler, Taylor, 1996), and have not included partners, initially at least (Maltz, 1988).

In short, the emphasis on understanding the experience of child sexual abuse from the survivor’s perspective has tended to de-emphasise their current relationship status (Ried et al., 1996). Arguably, it has also detracted from relational difficulties (Bacon & Lein, 1996), from the role of a partner in the recovery process (Pistorello & Follette, 1998) and from sexual issues, which have either been ignored or left until the latter stages of therapy (Maltz, 1988). As a group those partnered with survivors of child sexual abuse, whether they be lesbian heterosexual or gay male, have often been overlooked (Chauncey, 1994; Davis, 1991; Lew, 1988).

### **The Social Context of Lesbian Relationships**

The social context of client’s lives is an important part of what social workers encounter and are expected to respond to in the course of their practice (Thompson, 2000). For lesbian women and gay men this social context is such that they share the common cultural experience of being socially defined and symbolically labelled as deviant (Bilton, Stanyer & Stephens. 2002; Schur, 1984). This may be evidenced in prejudicial

attitudes and behaviours, physical assault or harassment, discriminatory legislation, marginalisation, social labelling and stigmatisation (Cosis Brown, 1998). Although more empirical literature is now available about lesbian women it is often difficult to obtain a representative sample as the various levels of prejudice described above can mean that women are reluctant to disclose their sexual orientation (Klinger, 2002).

The terms homophobia and heterosexism, refer to the prejudice and hostility encountered by gay men and lesbian women, and describe the constellation of fears, perceptions, beliefs, actions, policies and legislation, which constitute the oppression of lesbians and gay men (Ben Ari, 2001; Cosis Brown, 1998). Homophobia has been defined as a culturally constructed and oppressive fear of gay men and lesbians, which operates to limit the behaviour of all people regardless of their sexual orientation (Bilton et al., 2002) and which supports negative myths beliefs, and stereotypes derogatory of gay men, and lesbian women (Stewart 1995), (cited Cosis Brown 1998); (Ben Ari, 2001; Van Wormer et al, 2000).

Heterosexism a term originally drawn from feminist literature has been described as “a belief in the moral superiority of the institutions and practices associated with heterosexuality” (Greenberg, 1988 p. 120), (cited Ben Ari 2001); (Andermahr, Lovell & Wolkowitz, 1997; Cosis Brown, 1998). This is also known as “heterosexual privilege” a term referring to institutional arrangements which confer a range of entitlements such as socially validated relationships, legal marriage and access to socially accepted role models in respect of children, purely on the basis of heterosexuality (Van Wormer et al., 2000).

In considering the New Zealand social context, Rankine (2001) highlights a survey investigating discrimination conducted with 261 lesbian and bisexual women in 1992. The study revealed comparable rates of workplace discrimination and public harassment to those reported in other surveys in similar countries. Lesbian and bisexual women reported higher levels of assault in public places than a random sample of New Zealand women, with Maori women, and lesbian and bisexual women reporting the highest rates of all. Lesbian and bisexual women often experienced a hostile reaction to public demonstrations of affection with other women and to the rejection of men’s public

sexual advances. They also reported hostile educational environments and experiences of peer harassment.

Legislation has been recognized as a way in which prejudice is realised and reinforced (Cosis Brown, 1998). New Zealand has decriminalised homosexual behaviour between consenting adults and although discrimination on the grounds of sexual orientation is illegal under the Human Rights Act (1993) and the New Zealand Bill of Rights (1993), neither overrides other legislation. People who identify as gay and lesbian in New Zealand are clearly not accorded the same legal rights in respect of their relationships and support for their families, as is the heterosexual community.

The introduction of “The Civil Union Bill”, “The Care of Children Bill” and “The Recognition of Relationships Bill” will when / if passed, give gay male and lesbian couples the opportunity to legally register their relationships, and give same sex partners who are non-biological parents the right to make guardianship applications in respect of their partner’s children. A “civil union” however does not equal marriage and people pursuing this option do not have the same rights in respect of the adoption of children, and of citizenship that married couples enjoy. This legislation is also controversial, 90% of the submissions to the select committee after the first reading were opposed to the passage of the Civil Union Bill (Berry, 2004) and as Clifton, 2003 observes

*“there is no getting away from the fact that the ground is shifting under mum and dad parents, who are also voters and who might not like their new neutral legal status”* (Clifton, 26 June-4 July 2003, p.14).

Public antipathy to the legal recognition of gay families in New Zealand was also evident on a Television One “Insight” programme broadcast in September 2004 where 66% of the over 8,000 respondents to a telephone poll conducted during the live show did not think a gay family was a real family.

In conclusion, the “First report on the State of Human Rights in New Zealand” issued on September 1<sup>st</sup> 2004 suggests that homosexual, transsexual and inter sex people continue to be marginalized and discriminated against in New Zealand Society because the stigma of a minority sexual identity can result in harassment and exclusion. A lack of official data is also cited as a major problem to gaining an accurate picture of the

extent of this problem (Human Rights Commission press release 2004, [www.scoop.co.nz](http://www.scoop.co.nz)).

### **The Social Work Context in which Practice with Lesbian Women Takes Place**

Social work practice with lesbian women does not then occur in a vacuum. It takes place within a political and social context, which will have implications for the quality of service delivered to lesbian clients. Social work as a professional entity of ideas, organisations and practitioners is very diverse and reflects many of the contradictions inherent in the various social contexts where its practice takes place (Cosis Brown, 1998; Tully, 2000). Consequently social workers are exposed to the influence of broader social attitudes and values. Historically, social work has failed to recognise that many of its major thinkers and activists were in fact lesbian (Tully, 2000) indeed, as a profession social work has compounded and propagated ideas pathologising homosexuality (Cosis Brown, 1998). Internationally a recent American study of 187 practising social workers found that while only 10% could be defined as openly homophobic, a large number were of the view that heterosexuality was natural and superior to homosexuality (Zinberg, 1997), (cited Van Wormer et al 2000). A study of social work educators conducted in Israel showed evidence of low grade homophobic attitudes, with social work educators being less homophobic than their colleagues from the Department of Education but more homophobic than psychology educators (Ben-Ari, 2001).

Social work research as a tradition has also been criticized for exhibiting a historical bias against gay men and lesbian women. These criticisms are summarised as follows as follows: the practice of minimising and discounting the effects of institutional discrimination, inappropriate or judgemental questions, the use of biased measures, undue influence by stereotypes, ignoring community traditions and lack of accountability to the communities studied (Sohng, 1994), (cited Mark, 1996).

New Zealand research on social work attitudes toward gay men and lesbian women has been difficult to locate. However my personal experience as a social work educator for ten years has made clear to me that the acceptance of gay male and lesbian lifestyles and partnerships remains an area of considerable ignorance and challenge for a substantial minority of students in the social work programme on which I teach.



### **The Help Seeking Behaviour of Lesbian Women**

Historically the actions of medical and health care professionals toward gay men and lesbian women have often been pathologising and harmful (Eliason 1996) (cited Denborough 2002). Research undertaken in America has found lesbian women to have a poorer perception of the medical care system than heterosexual women (O'Hanlan 1995b; Rankow 1995; Trippet and Bain 1992; Stevens & Hall 1988; Fobair 2002), (cited Fobair, Koopman, Dimiceli, O'Hanlan, Butler, Classen, Drooker, Davids, Loulan, Wallsten, Spiegel, 2002), and they develop ways to deal with the potential stress of being a member of a marginalized group when accessing health and social services (Cosis Brown 1998), (Pagelow 1976; Sophie 1987), (cited Fobair et al., 2002). The results of a recent New Zealand lesbian health survey found lesbian women have poorer health, and delay seeking health care even from alternative health professionals. These results support overseas studies suggesting that lesbian women access health services in a different way from random samples of women (Saphira & Glover, 2000). A consideration of the impact of attitudes and behaviours in the interaction between health and social service professionals with lesbian women is therefore essential to properly and effectively deliver social services to any lesbian client group.

### **Summary**

The impact of a partner's experience of child sexual abuse on the other partner in an intimate relationship has received relatively limited attention. Therapeutic interventions are directed in the main to work with the survivor, with relatively little consideration of either the adverse relational impacts that such abuse can have on the other person or of the potential for healing or recovery that a positive intimate relationship can provide.

In considering how best to respond to the needs of lesbian women in this situation the challenges inherent in the broader social context in which they live their lives must be acknowledged. To their credit, it is a social context to which the vast majority have found ways to manage effectively (Van Wormer et al., 2000). Nevertheless the potential for homophobia and heterosexism to bias the attitudes and behaviour of professionals toward lesbian women and to impact on the perception which lesbian women have of service providers, can affect the success or otherwise of any intervention with this client group.

## **Conclusion of Section One**

This section has attempted to introduce and place in context the issues deemed central to my thesis. I have observed that randomly sampled populations in a range of countries demonstrate that child sexual abuse affects a significant number of women today, while historical evidence also suggests that this form of exploitation has existed since antiquity. Social responses have varied from active complicity to denial depending on how the issues of child sexual abuse have been socially constructed and the extent to which its scope has been acknowledged. The major influences in this process of social definition have encompassed issues of power, gender, status and professionalism and it has been rare for the voices of those whom child sexual abuse has most directly affected, to be heard, although many other parties have sought to explain and interpret their experience. This has in turn impacted upon public perceptions concerning child sexual abuse and has influenced the ways professionals have interacted with survivors. Not least it has affected the way survivors view their experience and make meaning out of what happened to them.

As society has arguably not been prepared to hear, nor survivors to readily tell, of their experiences, the silence which has for so long characterised social responses to child sexual abuse has also extended to other areas pertinent to this thesis.

The following literature review is intended to provide a more detailed background to issues relating to the impact of child sexual abuse on lesbian women and their intimate partnerships, which is the focus of particular interest to this present research undertaking. To place this in context attention will also be given to the reported prevalence of child sexual abuse and the methodological difficulties associated with undertaking research in the area. This will be followed by a discussion of the long-term effects of child sexual abuse on women, factors identified as mediating the experience, the major theoretical models which have attempted to explain the effects on victims the impacts on partnerships and the role they play in facilitating recovery. It is true that the focus of much of this material is on heterosexual women survivors, but wherever possible links with lesbian women and their relationships will be made.

## Section Two - Traversing the Issues: A Review of Relevant Literature

### Introduction

*“Just how widespread is child sexual abuse, and just how serious are the consequences? (Or to put it another way: what exactly does the research say, and what exactly does it mean?)”* (Hood. L. 2001. “A City Possessed: The Christchurch Civic Crèche Case” p.34).

The empirical literature considering child sexual abuse is now substantial (Bolen 2001; Julich 2001) but paradoxically a situation where more information is available has also created confusion since results from similar studies are often discrepant (Bolen 2001; Julich 2001). In addition there are claims that, *“every emotional vicissitude, personal disappointment, career shortcoming and nameless dread”* (Hood, 2001 p.117) has been attributed to child sexual abuse.

For these reasons in this area, as in any other where the experiences of survivors are vulnerable to invalidation and misrepresentation, both researchers and professionals have an ethical responsibility to think critically and progress the knowledge base on the basis of sound evidential material that conforms to high standards of rigour (Bolen, 2001).

This section provides a detailed review of the literature relevant to this study focussing on the following topics:

- Common methodological problems apparent in studies investigating child sexual abuse.
- The long term correlates of child sexual abuse.
- A summary of theoretical explanations seeking to explain the effects of child sexual abuse.
- The long-term implications of the experience of child sexual abuse for intimate adult partnerships.

- Conceptualisations in the literature of the intimate partners of women who have experienced child sexual abuse. A consideration of theoretical conceptualisations has been included because of their significance for social work intervention.
- A review of literature focussing on intimate lesbian partnerships and the implications of child sexual abuse for such relationships.
- A review of the characteristics, which impact the development of the therapeutic relationship between the therapist and the client who has experienced child sexual abuse.
- An overview of theories and models underlying therapeutic strategies to assist survivors of child sexual abuse. This will include a section focussing specifically on work with couples and intimate partners of survivors of child sexual abuse.

## **Chapter 3**

### **The Definition and Measurement of Child Sexual Abuse**

#### **Introduction**

As previously noted the number of studies undertaken in the area of child sexual abuse has given rise to a variety of methodological problems. These include disagreements concerning the definition of child sexual abuse, the scope of the problem, theories of causation, the classification of perpetrators, and the effects on victims (Bolen, 2001; Goddard & Saunders, 2001; Hood, 2001; Oaksford & Frude, 2001).

The following is a summary of the methodological issues, which have been identified as impacting on the reporting and interpretation of empirical data related to child sexual abuse. This discussion includes issues related to how definitions of child sexual abuse are constructed and implemented, and the way studies are conducted, designed and measured.

#### **Definitions of Child Sexual Abuse – Operational Issues.**

Definitions of child sexual abuse often vary from one study to another (Gold et al., 1996; Oaksford & Frude, 2001; Vogeltanz et al., 1999). The type of definition utilised can affect both the outcome of a research project and its capacity to compare outcomes across studies (Finklehor, 1994). Broad definitions may be too all encompassing, and narrow definitions risk excluding legitimate experiences of child sexual abuse. The definition used may be influenced by the researcher's beliefs about what actions constitute sexual abuse and/or may also depend on what the study hopes to achieve. Studies exploring prevalence and scope often adopt a more inclusive definition while those assessing the effects of child sexual abuse on later functioning may opt for a more restrictive definition to avoid the additional complications posed by confounding factors, which may also have their own potential for adverse outcome (Bolen, 2001).

### **The Inclusion of Different Types of Sexual Behaviour**

The inclusion in research studies of both contact and non-contact forms of sexual abuse may also affect results. For example, including non-contact sexual abuse can raise issues of credibility because of the difficulty of inferring effects from this category of abuse. While including only penetrative abuse can be very restrictive and may account for only a relatively small percentage of the total population of abused individuals (Bolen, 2001).

### **The Age Difference between Victim and Perpetrator.**

It has been estimated that adolescent males perpetrate 25 % of all alleged child sexual abuse (Masson & Erooga, 1999), (cited Evans, 2003), (McCarthy, 1995). However a five-year age differential between perpetrator and victim is commonly imposed in research studies. Consequently the extent and seriousness of sexual abuse between near age siblings continues to be underestimated, despite studies which suggest that this form of incestuous behaviour is the most commonly occurring form of intra-familial child sexual abuse (O'Brien, 1991; Owen, 1998; Rudd & Herzberger, 1999; Tsuan, 1999).

### **The Cut-off Age for Adolescent Victims?**

This criterion involves two issues, first the upper age limit of adolescent victims and second, the point at which a sexual event involving an adolescent is to be considered abusive. The issues of age and age differentials have important implications where adolescents are concerned as these criteria risk excluding legitimate cases of child abuse and invalidating the experience of date rape or sexual abuse that can occur in romantic sexual relationships (Bolen, 2001).

### **The Differentiation between Intra-familial and Extra-familial Sexual Abuse**

Although it has been standard practice to include extra-familial abuse in studies determining prevalence (Gibbons, 1999) many studies have focussed solely on the investigation of intra-familial child sexual abuse (Bolen, 2001; Scott, 2001). As a result many of the current assessment and treatment approaches are biased in favour of work

with victims of intra-family incest, particularly father-daughter incest (Bolen 2001; Scott 2001). Bolen (2001) has questioned the efficacy of generalisations made about the initial and long-term effects of all child sexual abuse based on a clinical knowledge derived largely from research with intra-familial and particularly father-daughter incest victims.

### **Methodological Considerations**

A number of methodological considerations have been found to impact on the rate of disclosure and the quality of information gained from research participants in studies investigating child sexual abuse (Bolen, 2001).

These include the following:

- The number of screen questions asked.
- The wording of questions.
- The mode of administration.
- The characteristics and training of the interviewer.
- Response rates.

### **Wording and Number of Questions**

The wording and number of questions (Bolen 2001; Finklehor, 1990; Gibbons, 1999) can impact on the quality and amount of information received from research participants. Questions can take the form of either broad funnel or inverted funnel questions; the latter are known as screen questions (Bolen, 2001). The number of screen questions asked would seem to be an important predictor of prevalence (Peters 1986), (cited Julich 2001), (Bolen 2001). A broad funnel question asks the participant a general question followed by a series of narrower and more restrictive closed questions. This more focussed form of questioning is thought to trigger and facilitate memories about what happened by clarifying the specific nature of the incident. Inverted funnel questions operate on the reverse principle and this type of questioning has proved a effective method with victims of adult sexual assault (Koss, 1993) and child sexual abuse (Martin, 1993; Wyatt & Peters, 1986) - it is particularly helpful where specific

information about what occurred during abusive episodes is required, (cited Bolen 2001). Studies utilising inverted funnel questions that are specific about the nature of the relationship, the age difference between perpetrator and victim, and what activity was involved tend to elicit a higher prevalence rate than studies utilising a broad general question format, (Peers et al., 1986), (cited Julich 2001). Using terms such as “rape” or “molestation” when establishing the nature of the abuse experience also introduces a risk that participants may not recognise their experience as corresponding to this type of action (Russell, 1986), (cited Gibbons, 1999).

Non-disclosure also remains a significant issue even with the use of multiple screen questions. In addition there are ethical issues associated with the continued use of screen questions facilitating recall and encouraging responses from participants who for their own reasons remain unwilling to provide required information (Bolen, 2001).

### **Mode of Administration and the Characteristics and Training of the Interviewer**

Early studies investigating child sexual abuse, (Peters, Wyatt & Finklehor, 1986), indicated that the training and characteristics of interviewers had important methodological implications. Finklehor (1994) in his review of 19 prevalence studies found that studies utilising a face-to-face interview format with trained interviewers seemed to elicit a higher disclosure rate. It has been suggested that the extent and nature of training in enquiring about sensitive material received by interviewers may have had an impact on the higher prevalence rates of child sexual abuse reported in both Russell's (1983) and Wyatt's (1995) large random community based studies (cited, Bolen, 2001).

With regard to cross-cultural issues, matching on the basis of ethnicity has also been found to positively influence the quality of information received from Asian women, as a result Bolen (2001) comments that interviewer characteristics may contribute to participant inhibition amongst certain demographic cohorts.



## **Response Rate**

Studies on the impact of response rate have drawn different conclusions about the influence of this factor in investigations of the prevalence of child sexual abuse. The response rate to studies, (which refers to the actual number of people who participate), is often defined differently and in order to undertake comparisons between different studies definitions of response rate need to be defined similarly otherwise this can have an impact on the integrity of findings (Bolen, 2001). Rubin and Barbbie (1993), (cited Gibbons, 1999), comment on the desirability of response rates of at least 70% in survey research. However with subject areas involving sensitivity, response rates can be lower as participants may choose to self-select out of the survey (Bolen, 2001; Julich, 2001).

## **An Overview of Methodological Considerations**

The definition and implementation of research studies are fundamental to their integrity and can impact on the interpretation and treatment of results and the ability to compare outcomes across different studies. A detailed discussion of all these factors is not within the scope of this thesis; however, the preceding review has attempted to explicate some of these significant methodological considerations.

As Bolen (2001) in “Child Sexual Abuse: Its scope and our failure”. p.63 writes, *“research methodology profoundly affects results and shapes our view of the scope of child sexual abuse”* and the lack of rigour evident in many methodologies has played a significant role in influencing and distorting current thinking and responses to this social problem, while impeding the development of an informed, rigorous and reliable knowledge base. This affects not only the basis on which social policy is formed, but the way in which professionals such as social workers intervene with survivors of child sexual abuse and their families, and how people who experienced sexual abuse as children construct their own personal meaning about what happened.

## **Studies Investigating the Scope, Nature, and Impacts of Child Sexual Abuse**

Studies fall into different and varied categories and sample different populations of people. They may be large random community studies drawn either from local, regional or national populations intended to provide information about the scope and prevalence of sexual abuse, or studies of particular populations. The issue of child sexual abuse has

been investigated using a variety of methods ranging from random mixed method community based studies, to qualitative research, clinical case studies and autobiographical accounts from survivors (Darlington, 1993; Gibbons, 1999).

### **Studies Investigating the Prevalence of Child Sexual Abuse**

Prevalence studies retrospectively survey populations of adults or adolescents to gauge the proportion of that sample of people who can recall experiencing sexual abuse (Bolen, 2001; Masson & Davies, 2003). Incidence studies estimate the number of child abuse cases within a set time period usually on the basis of notifications to child protection agencies (Bolen, 2001; Darlington, 1993). Although both are critical to clarifying the nature and scope of child sexual abuse, both contain limitations for incidence studies are based only on reported cases of sexual abuse while prevalence studies rely on the recall of events that may have happened years previously (Bolen, 2001).

### **National Prevalence Studies:**

#### **The United States of America**

Early studies conducted in the United States of America by Russell, (1983), Wyatt, (1985) and Finklehor, (1990) were very influential in bringing the issue of child sexual abuse to public attention (Bolen, 2001).

A meta analysis conducted by Bolen & Scannapieco, (1999) cited Bolen (2001), surveyed 22 of the known studies of large national, state and community samples in the United States. Their results suggest that estimates of the prevalence of child sexual abuse in studies exercising a moderate degree of methodological rigour (that is to say with between 8-14 screen questions) were 30-40%. However, the range of prevalence was only 23-29% for women in those studies where no more than four screen questions were asked.

Two non-random studies have obtained information about the prevalence and long-term effects of child sexual abuse in lesbian women, although in neither was that the primary focus of investigation. The National Lesbian Health Survey conducted across the United

States in 1985 sought information about victimisation, and various aspects of health and economic welfare. This was a self-administered questionnaire completed by 1925 participants who were asked for information about child sexual abuse in response to two questions: “did any of your relatives have sex with you while you were growing up”? or “were you ever raped or sexually attacked while growing up”? The age limit for the definition of a child was left unspecified. The prevalence rate for both categories of question was 32%. Caucasian women and women of working age made up most of the women in the survey. Ninety-eight percent of the offenders were identified as male (Hyman, 1993), (cited Julich, 2001).

A second non-random self-administered questionnaire completed by 1566 lesbian women was conducted throughout 134 towns and cities across the Canada and the United States by Joann Loulan, a well-known American lesbian writer based in California. Respondents were mainly Caucasian and aged between 25 and 49. The questionnaire was distributed through women’s resources centres, at seminars and work shops delivered by Loulan herself on the subject of lesbian sexuality, by women who had attended those sessions and through advertisement in women’s news letters. Thirty-eight percent of participants reported child sexual abuse (Loulan, 1987).

The question of sample bias with this survey has to be acknowledged, as the questionnaire would have been more likely to be completed by lesbian women interested in the issue of lesbian sexuality. However Loulan (1987) argued that given the very diverse and invisible and relatively stigmatised nature of the lesbian community a random sample was difficult to achieve.

### **Great Britain**

Baker & Duncan (1985) (cited Darlington, 1993) in a nationally representative study investigating sexual experiences in childhood, found 12% of females and 8% of males reported child sexual abuse. Face-to-face interviews were conducted but only one screening question specifically addressed experiences of child sexual abuse and this was within the context of a larger study surveying sexual attitudes. This is a prevalence rate similar to 13.14% reported by Oakford & Frude (2001) in their more recent survey by questionnaire of 213 female undergraduate psychology students.

In a recent random community sample of 2869 young people aged between 18 to 24 years conducted by the National Society for the Prevention of Cruelty to Children, one in ten respondents reported experiencing unwanted sexual contact before the age of sixteen from people who were known to them (Corby, 2000). Involvement in a larger study on Child Abuse and Neglect and the exclusion of reports of abuse by people not known to the young person may have impacted on the overall results. A five-year age differential between victim and perpetrator was also applied and the self assessments of research participants were at variance with researchers who identified 11% of the sample as meeting the studies definition of sexual abuse, while only 6% of the sample themselves agreed with this assessment (Fish, 2001).

### **Australia**

Data on the prevalence of child sexual abuse in a community sample of 6,000 women in Australia was gathered in 1994 as part of a larger two-stage case control investigation into the relationship between child sexual abuse and alcohol (Fleming, 1997; Fleming et al., 1999). The response rate was 66% and the study was conducted entirely by way of postal questionnaire. This was the first national study undertaken in Australia to ascertain the prevalence of child sexual abuse amongst Australian resident women (Fleming, 1997)

Thirty-five per cent of women reported sexual abuse or a sexual experience that was unwanted or distressing during childhood. Twenty per cent of women reported experiencing child sexual abuse that involved at least genital contact with an adult and of that group 10% reported experiencing abuse that involved either vaginal or anal intercourse. From the data the figure of 2% of Australian women experiencing child sexual abuse involving intercourse was extrapolated. Only 10% of all sexual abuse experiences were reported to either the police, helping agencies or a doctor (Fleming, 1997).

The rate of 20% of child sexual abuse involving genital contact is similar to New Zealand studies (Anderson et al, 1993). Criticisms of the study were that the sample size was too small to enable the sensitivity of multivariate statistical analysis to provide the depth of information hoped for, a factor that may have led to more conservative outcomes (Fleming, Mullen, Sibthorpe, Bammer, 1999). Questionnaires utilising a face-

to-face format when investigating sensitive issues such as child sexual abuse have also been found to elicit a greater quality of disclosure (Finklehor, 1994).

### **New Zealand**

The prevalence and effects of child sexual abuse in New Zealand women have been assessed in two studies, which applied rigorous methodologies and were published in peer reviewed scientific journals (Masson & Davies, 2003). The 1988 Otago Women's Health Survey (a geographically limited two stage random sample community study of 2000 women) intended to assess rates of psychiatric symptomatology yielded a response rate of 73.9%. It involved a postal questionnaire and a further face-to-face semi structured interview with those 13.1% of women who identified themselves as having been sexually abused (Mullen, Romans, Clarkson, Walton, & Herbison, 1988). Subsequent methodological criticisms of this study which may have impacted on the reported prevalence rate included the limited use of screening questions, the restrictive definition of sexual abuse, and the low age cut off of twelve years of age (Anderson et al., 1993).

Subsequently another Dunedin based random community sample of women study utilising a similar stage two methodology was conducted to further investigate women's mental health, obtain additional information on the prevalence of child sexual abuse and the familial and social risk factors that may predispose an individual to this experience. The sample of 3000 women under the age of 65 returned a response rate of 73% (Anderson et al., 1993). Efforts were made to remedy the methodological criticisms of the first 1988 Otago study. Two groups of women were selected from those who had returned questionnaires, those who had experienced some form of sexual contact prior to the age of 16, a group of 474 women in total, and a control group randomly selected from the 716 respondents who reported no abuse (Romans, Martin & Mullen, 1996). Data was also gathered on sexual histories, sexual problems and levels of sexual satisfaction (Mullen, Martin, Anderson, Romans, Herbison, 1994). The abuse reported was grouped according to three categories of intrusiveness, (i) abuse that did not involve genital touching, (ii) genital contact and finally, (iii) attempted or completed penile penetration (Romans et al., 1996). The interview phase included a series of eight screen questions and was conducted by trained interviewers and consistency was checked through the use of audiotapes (Anderson et al 1993). Thirty-two percent reported at least

one unwanted sexual experience before the age of 16 years and 26% reported abuse before the age of 12 (Anderson et al., 1993). The rates of contact abuse were 16% for girls less than 12 and 25% for girls under 16 (Romans et al., 1996) or 20% overall and 12.5% reported attempted intercourse or intercourse (Anderson et al., 1993), a total of 24.5 % of all sexual abuse reported.

As part of the Christchurch Health and Development study a longitudinal birth cohort of 1019 children born in 1977 were studied at regular intervals from birth to the age of 18. At the age of 18 retrospective reports of exposure to sexual abuse or unwanted sexual attention from 0-16 years were gathered from participants. Interviews were conducted with the participants by trained interviewers. Of the sample 17.3% disclosed unwanted sexual experiences before the age of 16. 4.7% reported non-contact abuse, 7.5% reported sexual fondling, sexual touching and attempts to undress the respondent and 5.6% reported attempted or completed vaginal, oral or anal penetration (Lynskey & Fergusson, 1997; Masson & Davies, 2003). Age may have had an impact on these results as some of the 18 year olds in the Christchurch study may not have been ready to disclose their abuse and many may still have been living in dependent relationships with sexually abusive adults. Despite this potential for under-reporting one in twenty young women disclosed, attempted or completed oral, vaginal or anal intercourse (Masson & Davies, 2003).

While these studies do not reveal prevalence rates as high as some of the American studies quoted, the results indicate child sexual abuse in New Zealand occurs at generally comparable levels to the other countries discussed. Interestingly a recent national incidence study conducted by the Hamilton Evidential Interview Unit of 1132 children alleging sexual abuse in the year June 1997 to July 1998 found that 335 of those children alleged sexual violation. The most common forms of sexual violation reported were vaginal/penile (30%), Vaginal/digital (28.5%), and oral (22%) (Basher, 1999).

## **Summary**

The purpose of this section has been to provide an international overview of the scope of child sexual abuse. The results of research findings are often confusing and the prevalence of child sexual abuse varies enormously with rates of sexual abuse of

females, including non-contact ranging from 2-62%. Some estimates of the prevalence of sexual abuse of females is 30-40% in those studies exercising a moderate degree of rigour and 23-29% for studies employing four screening questions or less. New Zealand prevalence figures are not dissimilar to those suggested in other countries.

A number of factors have been found to have methodological implications for research results. These include how definitions of child sexual abuse are constructed and implemented, the mode of administration utilised and the number of screening questions (Bolen, 2001; Gibbons, 1999). Reliable prevalence study figures will be difficult to establish until studies demonstrate more consistency in the utilisation of definitions and methodologies (Gibbons, 1999).

The reluctance of people who have experienced child sexual abuse to discuss their experiences is also a factor impacting reported prevalence (Bolen, 2001), as is the potential for distortions with memory and recall (Anderson et al., 1993; Gibbons, 1999). Likewise populations known to have a high incidence of child sexual abuse are often excluded from random community samples (Dale, 1999). However because child sexual abuse so often goes unreported studies based on retrospective adult recall (despite their chronicled shortcomings) still provide the best estimates available (Anderson et al 1993; Vogeltanz et al., 1999).

Community studies conducted around the world suggest child sexual abuse sexual abuse is an international public health problem (Bouvier, Rey, Jaffe, Laederach, Mounoud, & Pawlack, 1999; Fleming, 1997) and researchers using a variety of methodologies have proved its existence at levels high enough to be detected through surveys of a few hundred adults in the general population (Finklehor, 1994).

The prevalence of child sexual abuse in our own communities is but one issue to address. Another concerns the long-term effects on those who have been so victimised. Empirical data reveals that the effects can be significant and take many forms. This combined with information now available about the prevalence of this form of abuse suggests it to be a serious public issue. The following chapter will present the major conclusions that have been currently reached with regard to the long-term effects of child sexual abuse on victims.

## Chapter 4

### The Long-Term Correlates of Child Sexual Abuse

#### Introduction

*“Child sexual abuse is both a conceptual construct and a reality; it has effects”.*  
(Ashenden, S. 2004. “Governing Child Sexual Abuse; Negotiating The Boundaries of Public and Private, Law and Science”. p.7.)

Over the last twenty years considerable research attention and debate has been devoted to exploring the long-term symptomology of child sexual abuse and assessing whether this can be linked with a variety of adverse outcomes in adult life (Dale, 1999; Mullen, Martin, Jesse, Anderson, & Herbison, 1993; Mullen & Fleming, 1998 Spaccarelli & Kim, 1995). To date the impact of such abuse has been investigated in studies using a variety of methodologies, and different samples and has been reported in two different bodies of literature. The first explores the presence and prevalence of symptoms in specific populations of people (Dale, 1999; Darlington, 1993). The second refers to clinical accounts derived from the experiences of professional people working with survivors of child sexual abuse (Dale, 1999).

Despite the level of research activity it remains unclear how different types of child abuse, that is to say physical, sexual and emotional abuse, interact (Briere, 1992). There are also considerable methodological difficulties in establishing that the abuse reported actually causes the effects described (Cahill, 1991), (cited Dale 1999).

The problems associated with the methodologies utilised by research studies investigating the long term effects of child sexual abuse and the difficulties of inferring abuse related effects with subsequent problems are detailed in the following sections.

#### Methodological Concerns

The concerns relevant to studies investigating the prevalence of child sexual abuse discussed above also appertain to studies investigating outcomes and long-term



consequences. Studies investigating the long-term correlates of child sexual abuse can fall into one of five broad methodological categories:

- Cohort or longitudinal design,
- Case control studies,
- Cross sectional studies also known as prevalence studies
- Studies using a qualitative methodology, and
- Meta analyses and studies examining the impact of child sexual abuse on treatment outcomes for other conditions.

Gibbons (1999) identifies several methodological problems evident in prevalence studies. For instance she could locate only two cross sectional studies, (Mullen et al., 1994; Mullen et al., 1996) a New Zealand study, and Bagley & Thurston (1994), that confirmed to the following criterion of rigour: a minimum size of sample 100 participants, random selection procedures, a minimum response rate of 60% and use of a control or comparison group, a clear definition of child sexual abuse, demonstrated scales of reliability and validity, trained staff to conduct interviews and appropriate testing to control for confounding variables.

### **Qualitative as Compared with Quantitative Studies**

Qualitative studies, of which mine is an example, are intended to provide more depth and understanding about a particular population. The nature of qualitative work is to explore in depth the experiences of participants. This research design is not intended to be representative and findings cannot be generalised to a wider population. Usually as in the case of Darlington (1993), Glasiter & Abel, (2001) and Fraser, (2001), a small sample of women who have experienced child sexual abuse are interviewed in depth, the data collected is analysed using a systematic content analysis to ensure methodological rigour and themes common to the participants' experiences are identified and analysed. Software programmes can be used to assist with the analysis of qualitative data.

### **The Inevitability of Harm?**

The experience of long-term negative effects from child sexual abuse should not be assumed (Feinauer, 1995; Kendall-Tackett, Williams, Finklehor, 1993; Mullen et al., 1994; Sinclair, 1999). Efforts to establish a post sexual abuse syndrome have proved unsuccessful because a reliable measure for isolating child sexual abuse as a specific cause of problems in adulthood could not be established, and there is no clear set of symptoms arising solely from sexual abuse (Dale, 1999; Finklehor & Berliner, 1995; Gutman, 1997).

The effects of child sexual abuse may vary amongst survivors (Hyde, 2001), many factors mediate its impact and contribute to it being a unique experience - not least of these is the perspective of the victim (Conte, 1991). Common coping strategies such as denial, minimisation and avoidance may contribute to the under-reporting of negative effects (Varia, 1999) and adverse reactions to previous attempts to disclose may also exacerbate problems with reporting (Wilson & James, 1992). The effects of sexual abuse may also be delayed and only become apparent to people as they mature (Browne & Finklehor, 1986).

### **Confounding Factors in the Home Environment**

Child abuse often occurs concomitantly as abused children are commonly exposed to more than one type of psychologically damaging experience and abusive behaviour in their family or care giving environment (Brayden, Dietrich-Maclean, Dietrich, Sherrod & 1995; Fergusson, Horwood & Lynskey, 1997; Mullen et al., 1994; Mullen & Fleming, 1998). Women with histories of child sexual abuse often report significantly higher levels of physical abuse (Fleming, 1997; Mullen et al., 1994) and moderately higher levels of emotional abuse as children (Moeller & Bachmann, 1993; Mullen et al., 1994; Mullen & Fleming, 1998) than their non-abused counterparts.

Child sexual abuse can happen to any child but seems often to occur in family backgrounds characterised by parental separation and conflict, (Fleming et al., 1999; Mullen et al., 1996; Lynskey & Fergusson, 1997; Romans, 1997), domestic violence (Hiller & Goddard, 1993), (cited Tomison, 1995), mental health problems, substance

abuse and poor quality parent-child attachments and/or disturbances in family functioning (Brayden et al., 1995; Mullen et al., 1993; Draucker, 1996). Consequently there are difficulties in determining the specific impact of child sexual abuse as distinct from the other impacts of a disturbed home environment as those too are associated with similar negative adult outcomes (Browne & Finklehor, 1986; Beitchman, Zucker, Hood, DaCosta, Akman, Cassavia, 1992; Heath, Bean & Feinauer, 1996; Mullen et al., 1996). The effects of child sexual abuse can therefore be difficult to differentiate from those of other forms of child abuse (Briere 1992; Draucker, 1996; Mullen & Fleming, 1998).

Although the extent to which sexual, physical and emotional abuse each generates either common or specific problems is difficult to determine (Mullen et al., 1996: Alexander 1992, Briere, 1992), Briere (1992) comments that each form of child abuse, while sharing common effects with other types of child maltreatment can produce its own unique constellation of adverse effects. Briere & Runtz (1990) cited Draucker, (1996) produced evidence linking physical abuse with aggression, sexual abuse with maladaptive sexual behaviour and emotional abuse with low self-esteem. Gold (2000) records that what generally seems to distinguish the different types of abuse concerns specific aspects of functioning such as physical aggression, or aspects of sexual functioning. Finklehor (1986) and Brayden et al., (1995) argue that the differentiation of child sexual abuse from other forms of abuse is a result of collective psychological experiences of exploitation, physical violation and premature sexualisation that are unique to it.

Whatever the debate, the relationship between child sexual abuse involving attempted or completed penetration and later adult difficulties have been found to persist even when all other potentially confounding influences associated with family and social variables are controlled (Fergusson, Horwood & Lynskey, 1997; Fleming, 1999; Mullen et al., 1993; Mullen et al., 1994; Mullen & Fleming, 1998)

## **Summary**

To conclude, long-term negative effects consequent to the experience of child sexual abuse should not be assumed. There are methodological issues associated with both cross-sectional and qualitative studies that can hinder the capacity to infer results, and

survivors themselves do not necessarily attach significance to the experience nor believe its effects to be lasting or unmanageable.

The power to draw definitive conclusions about the long-term effect of child sexual abuse is also complicated by the tendency for it to occur concurrently with other forms of abuse, and other detrimental family factors which may negatively influence later adult functioning and adjustment in ways that are similar to child sexual abuse (Browne & Finkelhor, 1986; Fergusson et al., 1996; 1997; Mullen & Fleming, 1998). However correlations between a history of sexual abuse and a range of adverse outcomes relating to psychological, social and sexual factors have been found to remain even when the presence of other confounding factors were accounted for, particularly when the abuse experienced by subjects involved attempted or completed penetration (Mullen et al., 1993; Mullen et al., 1994; Fergusson et al., 1997; Fleming, 1999).

## **Chapter 5**

### **The Impact of Child Sexual Abuse on Interpersonal, Sexual, Psychological, Physical Functioning, Socio-economic Status and Lesbianism**

#### **Introduction**

This research was premised on a question as to whether women who experience sexual abuse as children may continue to live with the effects of this experience in adulthood. Consequently I have explored these personal effects comprehensively as they form part of the information sought from my research participants.

#### **Relationships and Intimacy**

A considerable body of literature now exists to demonstrate that women sexually abused as children experience more problems in their interpersonal and social functioning than women without this type of history. Survivors of child sexual abuse are often reported to experience significant difficulties in interpersonal relationships (Browne & Finklehor, 1986; Mullen et al., 1994; Rittenhouse, 1997), such as problems trusting others (Browne & Finklehor, 1986; Mullen et al., 1994; Mullen & Fleming, 1998), insecure and disorganised attachments (Alexander 1993; Briere & Runtz 1988), Jehu, (1989) cited Mullen & Fleming (1998), conflict in close interpersonal relationships with parents, peers and romantic partners (Browne & Finklehor, 1986), (Meiselman, 1978; De Young, 1982; Briere & Runtz, 1988), (cited Ruscio 2001) increased rates of relationship difficulties and breakdown (Beitchman, 1992; Mullen & Fleming 1998; Fleming, 1999; Mullen et al., 1994; Gibbons, 1999 ). Subsequent sexual revictimisation and domestic violence are also reported at higher rates than non abused populations (Browne & Finklehor, 1986; Beitchman, 1992; Fleming et al., 1999).

Although as likely to be in intimate relationships as non-abused women, women sexually abused as children are more likely to report relationship problems, and experience significantly lower levels of relationship satisfaction). In a random New Zealand community sample intimate partners were evaluated more negatively with half of the sample of sexually abused women feeling unable to confide in their partners and almost one quarter of respondents reporting an absence of meaningful communication

in the relationship (Mullen et al., 1994, Mullen & Fleming, 1998). These results were particularly apparent in the sub sample of women who had experienced sexual abuse that was penetrative in nature. Likewise Fleming, (1997) results supported these findings.

It has been suggested that the experience of child sexual abuse has an impact that is developmental in that it impacts most heavily on the child's developing sense of self-esteem and the ability to interact with confidence in the areas of trust development, intimacy and sexuality (Mullen et al., 1994; Mullen & Fleming, 1998). Close relationships can therefore be characterised by fear and ambivalence, which represent the basis of the problems with intimacy that survivors of childhood sexual abuse commonly experience (Davis & Petretic-Jackson, 2000). As a result of sexual abuse children may learn to associate intimacy and closeness in relationships with vulnerability, exploitation and abuse particularly when the perpetrator was in a position of trust or had a close emotional relationship and connection with the victim (Mullen & Fleming, 1998).

A variety of behavioural patterns in the interpersonal styles of survivors of childhood sexual abuse have been related to problems with trust. Finklehor (1994) posits that the traumatic dynamic of betrayal and loss impacts most significantly on the way survivors function interpersonally as adults and can involve a number of patterns: (a) a continuous search for an intimate relationship that will compensate for childhood experiences of abuse, (b) avoiding intimate relationships on the grounds that they are too challenging and (c) becoming involved in relationships which are either casual or transient in nature. Davis & Petretic-Jackson (2000) comment additionally that the conceptualisation of a survivors intimate interpersonal relating would appear to take several forms, although no formal typology has been developed. One describes a pattern where the survivor's fears of intimacy and consequent difficulties with trust mean she may respond to the development of intimacy by terminating the relationship early for fear of re-experiencing historical feelings of betrayal, hurt and loss. For these reasons sexual relationships may be functional but not necessarily committed. Another involves actively avoiding relationships that contain both intimacy and sexuality out of fear. The third describes a pattern of behaviour where the need to be in a relationship subsumes fears of intimacy and sexuality and results in the survivor becoming involved in

relationships that are abusive. This outcome relates to feelings of low self-esteem and self-worth and an associated lack of discrimination about potential partners. The need to find a redeeming relationship, combined with low self esteem can increase the vulnerability of survivors to partner abuse (Davis & Petretic-Jackson 2000). Writers on this issue indicate however that the patterns outlined are not mutually exclusive (Blum, 1988), (cited Davis & Petretic-Jackson, 2000), nor indeed, permanent. Although little is known about the ways in which survivors transform and recreate intimacy and sexual patterns over time except that women do achieve these changes (Glasiter & Abel, 2001; Westerlund, 1992).

To conclude there is evidence to suggest that child sexual abuse can have serious and long-term impacts on the intimate relationships of women who experienced sexual abuse as children and their adult experience of sexual intimacy. Again, studies exhibiting a high degree of methodological rigour (Mullen et al, 1994; Fleming et al, 1999) (cited Gibbons, 1999) identify the group of adult survivors most impacted as being those who have experienced child sexual abuse that was penetrative in nature.

Importantly, potentially damaging forms of intimacy function are not necessarily permanent.

## **Effects on Sexuality and Sexual Problems**

### **Sexuality**

Child sexual abuse has the capacity to confuse issues of power, violence, intimacy and sex for the survivor (Adams–Westcott & Isenbart, 1996) and has been associated with greater risk of contracting sexually transmitted diseases, teenage pregnancy, early child bearing (Stevens–Simon & Reichert, 1994), multiple sexual partnerships (Courtois, 1979; De Young, 1982; Herman, 1981; Meiselman, 1978), (cited Browne & Finklehor, 1986) (Bryant, 2001) and sexual re-victimisation (Bryant, 2001), (Polusny & Follette 1995; Gorcey et al., 1986; Russell, 1986; Spring & Fredrich, 1992; Nagey et al., 1995), (cited Mullen & Fleming 1998).

A review of earlier studies conducted by Browne & Finklehor, (1986), and Beitchman, (1992), found that many (Meiselman, 1978; Briere, 1984; Gold, 1986; Finklehor, 1979;

Tsai et al., 1979) report early sexual abuse as having an effect on later sexual functioning. Finklehor (1989) observed lowered sexual esteem amongst survivors of child sexual abuse and reported that those who experienced abuse involving sexual intercourse were more likely to report dissatisfaction in their adult sexual relationships.

More recently Mullen et al., (1994) in a large random community sample that included a control group gathered information from women who had experienced child sexual abuse about levels of sexual satisfaction and sexual problems. Those with histories of child sexual abuse generally reported a higher level of current sexual problems, 48%, compared with 27% of the control group. Seventy percent of women who experienced penetrative sexual abuse were more likely than the other women in the sample to report earlier onset experiences of consensual intercourse with peers prior to the age of sixteen years, greater dissatisfaction with their sex lives and current sexual problems. Participants who had experienced child sexual abuse were significantly more likely to believe their attitudes and feelings about sex caused problems or interfered with their ability to achieve satisfaction in their sexual relationships. This was most common in those reporting penetrative sexual abuse. They were also more likely to perceive as negative and disruptive, attitudes from their partners that they felt caused difficulties.

In a general population longitudinal birth cohort in New Zealand, Fergusson et al (1997) found young women who reported sexual abuse involving intercourse described significantly higher rates of early onset consensual sexual activity, teenage pregnancy, multiple sexual partners, unprotected intercourse, sexually transmitted disease and sexual assault after the age of sixteen years. They suggest the relationship between child sexual abuse and sexual outcomes happens in two ways. First, family factors including instability, disadvantage, poor parental adjustment and impaired parent child relationships were also associated with greater sexual vulnerability in adolescence. Second, the experience of child sexual abuse may encourage early onset of sexual behaviour, which increases the risk of poor sexual outcomes during adolescence. In a recent Australian cross sectional study 25% of the sample of 710 women sexually abused in childhood reported experiencing sexual problems that they attributed to child sexual abuse. Those reporting sexual intercourse and sexual abuse lasting a year or more in duration were more likely to report experiencing sexual difficulties (Fleming et al., 1999), although what these were was not specified.



### **Sexual Problems**

A wide range of problems affecting sexual performance and sexual satisfaction have been reported by survivors of child sexual abuse (Briere, 1992), (Polusny & Follette, 1995) (cited Pistorello & Follette 1998), although it should be noted that sexual problems are not exclusive to women who have experienced child sexual abuse nor are they uncommon in the general adult population (Masters & Johnson, 1970), (cited Davis & Petretic-Jackson, 2000). However survivor reports of sexual dissatisfaction have received more attention than any other component of sexual functioning although information about this is still limited and has often been explored in studies through the use of only a single question and small or clinical samples (Barker, 2002; Davis & Petretic-Jackson, 2000).

### **Effects on Sexual Functioning**

With regard to specific of sexual function survivors of child sexual abuse can experience a wide variety of sexual difficulties (Sprei & Courtois, 1988), (cited Barnes 1995). Although the sexual problems they report often fall into four categories, (Barnes, 1995; Gazen, 1986; Maltz, 1988) and these are discussed as follows:

#### **Sexual Desire**

Survivors of child sexual abuse often report problems with achieving feelings of sexual desire (Becker et al., 1982; Feldman & Edgar, 1979) (cited Gazen, 1986), (Barnes, 1995). Although the extent to which women report this difficulty varies with clinical samples often reporting higher levels of inhibited or conflicted feelings about sexual desire (Becker, Skinner, Abel & Cichon, 1986; Jehu, 1988) than samples of university students (Fromuth, 1986; Jackson et al., 1990) or community samples (Greenwald et al., 1990) cited Davis & Petrenic-Jackson, (2000).

The causes for this have been attributed to the following feelings, a generalised lack of concern about sex; feelings of guilt and depression about lack of sexual desire, avoidance of sexual activity for fear of precipitating feelings of confusion anxiety, intimacy, injury and/or anger. (Kaplan, 1979; Beck, 1995), (cited Davis & Petretic-Jackson, 2000) (Barnes, 1995), and a learned aversion to sexual activity, as a result of sexual abuse Gazen (1986). Westerlund, (1992) identified several patterns of sexual

desire in a sample of 43 female survivors of incestuous child sexual abuse. These included disinterest in sex, shame and guilt about experiencing feelings of desire sexually because of the association with incest and fears that these feelings meant that they had wanted the sexual abuse to happen.

### **Physical Problems Associated with Sexual Activity**

Vaginismus is a physical condition that involves contraction of the vaginal muscles in response to penetration and Dyspareunia refers to the experience of pain during intercourse (Barnes, 1995; Maltz, 1988). Women with a history of child sexual abuse have reported both these problems in clinical and college samples at higher rates than non-abused counterparts. Jehu (1988), (cited Davis & Petretic-Jackson, 2000), has offered an explanation of the former and suggests it may be a learned avoidance response to painful penetrative sexual experiences in childhood.

### **Phobias and Flashbacks**

Phobic reactions as a result of the experience of child sexual abuse are not uncommon among survivors (Anderson & Foy, 1993; Brown & Finklehor, 1986). Sexual phobias typically work to inhibit and reduce the range and frequency of sexual behaviour by promoting feelings related to fear of or aversion of sexual activity (Davis & Petretic-Jackson, 2000). Women have also reported painful intrusive memories associated with the experience of child sexual abuse and these are described as flashbacks (Elliot & Briere, 1995; Rudd & Herzberger, 1999). These can occur during sex (Meiselman, 1978; Tsai & Wagner, 1979) (cited Gazen, 1986) and can impact negatively on the survivor's adult sexual relationships (Gazen, 1986; Maltas & Shay, 1995; Pistorello & Follette 1998).

### **Sexual Arousal and Achieving Orgasm**

Difficulties in achieving orgasm and a sense of sexual excitement has been reported in samples of women who have experienced child sexual abuse, although results are equivocal and differ across clinical, non-clinical and community studies (Meiselman, 1978; Tsai et al., 1979; Tsai & Wagner, 1979) (cited Gazen, 1986), (Briere, 1992; Maltz, 1988). The inability to experience these feelings may be linked to the process of dissociation, a strategy children use to cope with sexual abuse and which may become habituated into adulthood. This type of emotional absenteeism could account for

difficulties in experiencing sexual excitement during sexual activity (Briere 1992; Jehu, 1985), (cited Davis Petretic-Jackson, 2000). Other affective and cognitive dimensions have also been found to have an impact on sexual function. In the Westerlund (1992) study of 43 women incestuously abused as children difficulties distinguishing between sexual feelings and affection were reported, the latter being associated with connotations of power and control as opposed to warmth and nurturance. Eighty-four percent of the women reported difficulties with achieving sexual excitement and 26% reported problems with achieving orgasm. An additional six percent reported being able to achieve orgasm but not deriving any pleasure from the experience. The difficulties associated with these issues involved a combination of control, shame and fear in addition to fears of humiliation, feelings of physical vulnerability and emotional disconnection during sexual activity.

### **An Overview of Sexual Difficulties**

As noted sexual difficulties are not uncommon in the general population. However despite generalised methodological concerns that affect the research literature on this particular aspect of survivor interpersonal relating, the relationship between child sexual abuse and later difficulties with the expression of sexuality and sexual functioning has been consistently reported at higher levels than for women in control groups who have not experienced child sexual abuse. These issues as the preceding discussion suggests comprise physical, emotional and behavioural dimensions which could account for the greater risk experienced by women sexually abused as children of later sexual re-victimisation or domestic violence.

### **Physiological, Mental and Physical Health Issues**

#### **Impacts on the Survivors Sense of Self**

Stigmatisation and isolation (Courtois, 1979; Herman, 1981), (cited Browne & Finklehor, 1986), difference from others (Hartner et al., 1988), self-blame (Coffey et al., 1996; Lange, de Beurs, Dolan, Lachnit, Sjollemma & Hanewald, 1999; McMillan & Zuravin, 1998; Owens & Chard, 2001; Peters & Range, 1996) and powerlessness (Bryant, 2001), are all feelings that have been associated with a history of child sexual abuse. Disproportionate guilt, shame, and hopelessness have also been identified by

those engaged in clinical group work with female survivors of child sexual abuse (Gorey, Richter, Snider, 2001).

Classen et al., (1998) suggests cognitive representations of self are an important indicator of adjustment in survivors of child sexual abuse. Peters & Range (1996) found, in two diverse samples of sexually abused women, that those exhibiting a high level of self-blame experienced more depression, suicidal ideation and had weaker survival and coping beliefs than those others who were low on scores of self-blame. In their clinical sample the women exhibiting high levels of self-blame were more inclined to self-mutilating behaviours. Coffey, Leitenberg, Henning, Turner, Bennett, (1996), a community sample of 192 women reporting a history of child sexual abuse, found levels of psychological distress were mediated by the survivor's current perceptions of self-blame, and stigma associated with that experience. These feelings, had often lingered well into adulthood. However McMillan & Zuravin (1998) found in a sample of 154 women, personal reports of self-blame diminished with time depending on the age of the victim at first abuse, the nature of the abuse experienced and the degree of support the woman perceived she had received from her mother and others.

In a literature review of studies undertaken in the Northern Hemisphere (Beitchman et al., 1992) suggests that self-esteem is adversely affected by child sexual abuse and this is confirmed by a number of Australasian studies. Fleming et al., (1999) found the most common long-term effect attributed to child sexual abuse by her sample of Australian resident women was lowered self-esteem (Fleming, 1999). In two studies of 3,000 New Zealand women a clear relationship was found between lowered self-esteem and a history of child sexual abuse involving penetration (Romans, 1996 & 1997). Those aspects of self-esteem most affected involved increased expectations that unpleasant events would occur and feelings that the survivors were unable to influence external events, as opposed to feeling unattractive or unable to relate to others.

Brayden et al., (1995) were unable to establish an independent association between overall self-concept and sexual abuse after the removal of demographic and family factors, but found that once other explanatory variables were controlled, physical self-esteem was lower in sexually abused women when compared with those non-abused. They suggest the nature of sexual abuse influences physical self-esteem in ways

different from other forms of child abuse because of the sexual violation involved and the social taboos and negative labels attached to early female sexual behaviour.

### **Mental Health Disorders**

The impact of child sexual abuse as a contributor to mental health disorders in adulthood has been widely recognised (Mullen & Fleming, 1998). Women reporting child sexual abuse have an increased risk of psychiatric disorder even when allowance was made for the presence of other confounding factors such as impaired parenting and/or poor parent-child relationships (Mullen et al., 1988; Mullen et al., 1993). Specifically a history of child sexual abuse has also been linked with higher rates of depression (Freshwater Leach & Aldridge, 2001), anxiety symptoms, substance abuse, eating disorders, and post-traumatic stress disorders (Gorey et al., 2001; Mullen 1988; Johnson et al., 2001; Mullen et al., 1993; Fergusson et al., 1996; Fleming, 1998). Suicidal ideation and suicide, both attempted and completed, have also been associated with child sexual abuse (Gorey et al., 2001) particularly where force was a factor (Beitchman et al., 1992).

The occurrence of attempted or completed vaginal, oral or anal intercourse, and in particular repeated attempts have been found to cause the most impacts on the mental health of women sexually abused as children (Fergusson et al., 1996; Mullen et al., 1996; Fleming 1999).

Analyses extrapolated by (Hyman, 1993), (cited Julich, 2001) from material collected in The National Lesbian Health Survey (1985) conducted across the United States of America found that the women reporting child sexual abuse experienced more current and past problems with their mental health, specifically anxiety and depression, than did non-sexually abused respondents. The figures reported were 28% compared with 18% for anxiety, and 46% compared with 37% for a period of long depression, and 27% compared with 13% for a suicide attempt. Women who experienced intra-familial abuse where coercion was not considered a factor reported higher levels of hospital admission than other survivors, who were no more likely to have been hospitalised than non-sexually abused women.

To summarise, an established body of knowledge clearly links the experience of child sexual abuse with a variety of mental health problems and increased rates of psychiatric admission. This has also been noted by one study (Hyman 1993), (cited Julich, 2001) of a lesbian population of women who have experienced child sexual abuse with specific regard to depression, anxiety and suicide attempt. The nature of the abuse experienced appears to be a factor with increased impact associated with contact and abuse involving force or conversely a lack of coercion.

### **Substance Abuse**

A review of 12 studies undertaken prior to 1995 found rates of child sexual abuse amongst those receiving treatment for alcohol abuse varied from 20-84% (Fleming, 1998). More recently a number of other studies have reported typically strong associations between a history of child sexual abuse and alcohol, illicit drug abuse, and eating disorders (Fiering et al., 1996; Gibson & Hartshorne, 1996; Andrews, 1997; Weille, 1997; Millan & Zuravin, 1997; Gladstone et al., 1998; Sanftner & Crowther, 1998; Kessler & Bieschke, 1998 & 1999; Veltning, 1999), (cited Gorey et al., 2001). In situations of dual diagnosis women reporting a history of child sexual abuse and receiving assistance with mental health issues have also been found to display higher rates of alcohol abuse (Pribor & Dinwiddie, 1992; Swett & Halpert, 1994), (cited Mullen & Fleming, 1998).

A causal relationship between alcohol abuse and child sexual abuse has, however, been questioned by findings from other studies (Fergusson et al 1996), (Peters, 1988; Bushnel et al., 1992) (cited Mullen & Fleming, 1998). A recent Australian study of 710 women examined the relationship between a history of child sexual abuse and the development of alcohol abuse. The author concluded that the abusive use of alcohol can represent a complex interplay between child sexual abuse and a number of other factors present in the woman's life, with a highly controlling mother being seen to increase the risk of alcohol abuse in those who had been sexually abused whereas the perception of having a kind, loving and caring mother was seen as having a protective effect (Fleming, 1999).

Rates of both legal and illicit substance use have been reported as higher among gay men and lesbian women than amongst heterosexuals (Chernin & Johnson, 2003).

However for women, whatever their sexual orientation, sexual abuse can be identified as an exacerbating factor as shown by Hughes, Johnson & Wilsnack, (2001) who compared lesbian and heterosexual women's experiences of child sexual abuse and investigated the relationship between these and alcohol abuse. Child sexual abuse was found to be associated with lifetime alcohol abuse to a similar and significant degree in both their lesbian and heterosexual woman samples. They comment that this finding supports studies of women in alcohol cessation and treatment programmes (Kovach, 1986; Rohsenow et al., 1988; Prior & Dinwiddie, 1992; Miller et al., 1993; Maubaum, 1997) and results of studies in the general population (McCauley et al., 1997; Wilsnack et al., 1997) (cited Hughes et al., 2001).

### **Eating Problems**

Eating disorders have likewise been associated with a history of child sexual abuse by a number of researchers (Oppenheimer et al 1985 & 1990) (cited Wurr & Partridge, 1996), (Goldfarb, 1987; Hall et al., 1989), (cited Darlington, 1993). Fleming et al., (1999) found a significant association between excessive eating and child sexual abuse involving intercourse. No significant associations between child sexual abuse and reported levels of anorexia were found. Other studies however have found that women with a history of child sexual abuse, particularly where vaginal penetration is involved, report eating disorders which meet criteria for anorexia or bulimia at much higher rates than non-abused controls (Mullen et al., 1993; Romans et al., 1997).

### **Physical Illness**

In a cross sectional study using a sample of 80 women Finestone, Stenn, Davis, Fry & Komanis, (2000) investigated the relationship between chronic pain, health care utilization and a history of child sexual abuse. The women sexually abused in childhood were more likely than others to report a current chronic painful condition of more than three months in duration. They also reported more distress, more surgical interventions, more hospitalisations and visits to the family doctor, than the two control groups. Worry and depression about health issues was also more common. Findings from the National Lesbian Health Survey cited earlier found those respondents reporting a history of child sexual abuse described more gynaecological complaints, (3% versus 2.5%), gastrointestinal complaints, (14% compared with 7%) and past problems with migraine headaches, (19% versus 12%) than non-sexually abused women. Those women

reporting the experience of intra-familial sexual abuse where coercion was a factor reported the most physical health problems.

### **Socio-economic Status**

The impact of child sexual abuse on later socio economic status has received little attention (Mullen & Fleming, 1998) although the economic costs of sexual abuse to survivors can be considerable. These have been calculated to include medical and legal costs, loss of earnings, relocation costs (Snively 1994) (cited Julich, 2001), and counselling costs (Julich, 2001).

Bagley & Thurston (1996) found women reporting intra-familial child sexual abuse are often in lower paid and lower status employment. A random community sample of New Zealand women established those reporting a history of child sexual abuse were more likely to have work histories placing them in the lowest socio economic groups and to have experienced a significant decline in socio economic status from that of their family of origin. They are also more likely to have partners whose occupations fell into lower socio economic groups (Mullen et al., 1994). This finding was particularly apparent in those who reported the more physically intrusive forms of sexual abuse. Decline in socio economic status amongst survivors is attributable not just to school failure or lack of educational attainment, but also involved low self-esteem and lack of agency which affects women's beliefs in their abilities to translate training and opportunity to their own advantage in the work place Mullen et al (1994).

Lower levels of educational attainment have been found among lesbian women reporting child sexual abuse than those who do not (Hyman, 1993) (cited Julich, 2001). On three measures of economic status comprising labour force participation, status of chosen occupation and annual income Hyman (1993) found that lesbian women reporting child sexual abuse were more likely to be unemployed or to work part-time, and to be employed as clerical or service workers rather than professional workers or managers, and to earn less than non-abused women.

To summarise, the socio-economic status of women reporting child sexual abuse has received little attention although the economic costs to survivors are many and varied. Lower socio-economic status has been reported among both heterosexual and lesbian



women who experience sexual abuse in childhood. The reasons for this are complex and involve interplay between physical and mental health, educational attainment, occupational choice, income and self-perceptual problems which can impact the ability of survivors to fulfil their potential in the work place. It seems, therefore, that the psychological and physical effects of child sexual abuse can have a serious and prolonged trickle-down effect on socio economic status.

### **Implications for the Development of Lesbian Behaviour and Identity**

Studies investigating the prevalence of child sexual abuse in samples of lesbian women are subject to the same similar problematic methodological issues that have been discussed earlier in this thesis. This is important to consider when inferring results and making generalisations about lesbian survivors of child sexual abuse, as indeed it is about any other population of people with this experience. Furthermore, Purdie (2000) questions research assumptions investigating the link between child sexual abuse and lesbianism, suggesting it is a product of the relationship in the public mind between minority sexual orientation and early sexual trauma.

In recent studies similar rates of child sexual abuse have been reported between lesbian women and heterosexual women in the general population (Brannock & Chapman, 1990; Peters & Cantrell, 1991; Bradford et al., 1994; Rankow et al., 1998), (cited Hughes et al (2001), although conversely others have recorded an increased incidence among lesbian women (Gundlach & Riess, 1967; Cameron, Proctor, Coburn, Forde & Cameron, 1986), (cited Davis & Petretic-Jackson (2000). Data from the National Lesbian Health Care Survey gathered in 1985 on both victimisation and health, social and economic status of lesbian women in the United States found that of the 1,925 participants, 612 reported having experienced sexual abuse when they were growing up, a prevalence rate over the total sample of 32% (Hyman, 1993) cited Julich (2001). Loulan (1987) in her survey of 1566 lesbian women found that 38% of her sample had experienced child sexual abuse prior to the age of 18 years, a figure comparable to the figures for contact sexual abuse in Russell's (1983) community based random sample of women. Loulan (1987) claims that the similarity of these statistics refutes the mythology that women become lesbians because they have had negative experiences with men. Fear has been expressed by female survivors of incest that their sexual

orientation, whatever it may be, would be viewed as having been directly related to their experience of sexual abuse (Westerlund, 1992), (cited Davis & Pretetic-Johnson, 2000). In a similar vein it has been argued that studies which have attempted to establish a link between lesbianism and child sexual abuse have been influenced by an underlying assumption that lesbianism develops as a result of failed heterosexuality rather than as a result of what feels right or natural for the individual woman concerned (Davis & Pretetic-Jackson, 2000).

Findings indicating higher degrees of child sexual abuse in lesbian samples may be the result of a greater willingness both to disclose and to discuss these issues (Duncan, 1990), (cited Hughes et al 2001). This may be because feelings of same sex attraction in a culture where that is not the norm often involves a level of self-reflection about issues of sexuality, thus making it easier to talk about these feelings openly (Davis, 1991). Hughes et al (2001) cite research, which indicates that most lesbian women have received counselling at some stage in their lives (Bradford et al., 1994; Sorenson & Roberts, 1997), (cited Hughes et al., 2001) this they suggest may increase the ease with which lesbian women acknowledge and discuss potentially stigmatising identities like same sex attraction and child sexual abuse (Hughes et al., 2001).

To summarise, some studies report higher rate of child sexual abuse amongst lesbian women while others record rates similar to those of heterosexual women. The methodological difficulties encountered in studies of child sexual abuse in the general population also need to be considered when inferring results and drawing conclusions about lesbian women and it has been suggested that lesbian women are more willing to discuss issues related to child sexual abuse. Studies do not appear to have established a direct causal relationship between subsequent lesbian behaviour or identity on the one hand and a history of child sexual abuse on the other (Blume, 1990), (cited Davis Pretetic-Jackson, 2000) (Purdie, 2000).

## **Summary**

This chapter has sought to review the impact of child sexual abuse on the interpersonal, sexual, and psychological, health and socio-economic status of survivors and the relationship of child sexual abuse to lesbianism.

To conclude, the capacity of investigators to isolate child sexual abuse as a specific cause of later problems in adulthood has been weakened by methodological concerns, the ways survivors construct their experience of abuse and other confounding factors, such as concomitant abuse and the impact of other adverse family factors with the potential to present long-term difficulties for victims. This raises questions as to whether resultant damage is inevitable or indeed widely experienced (Kendall-Tackett, 1997; Russell, 1986; Varia, 1999). These findings give reassurance to victims that long-term effects are not inevitable or irrevocable (Mullen, 1994), but nonetheless the risk of adverse long-term effects should be taken very seriously (Browne & Finklehor, 1986).

Despite differences and inconsistencies in the use of methodologies, child sexual abuse still appears to present a generalised risk factor for the presence of a number of later adverse effects on aspects of individual, interpersonal, sexual and social functions. Concomitant physical and emotional abuse, other adverse factors apparent in the family background and characteristics associated with the abuse itself also seem to have an influence on the effects and level of influence experienced. However, as previously noted survivors often display considerable variation in the degree and range of impacts they report while a proportion of them report no impact at all. Particular sexual abuse characteristics however have been more consistently linked with adverse long impacts irrespective of other confounding factors. These characteristics particularly concern attempted or completed penetration, and sexual abuse involving the use of force.

Studies to date have not established a causal link between child sexual abuse and a lesbian sexual orientation. However what research is available suggests that the experience of child sexual abuse may adversely affect the physical and mental health, levels of educational attainment and economic status (Hyman, 1993) (cited Julich 2001) of lesbian women as has been observed in heterosexual women.

The following chapter will examine the variety of characteristics associated with child sexual abuse and the extent to which these have been associated with increased trauma and adverse long-term impact on the survivor.

## **Chapter 6**

### **Factors Secondary to the Occurrence of Child Sexual Abuse.**

#### **Introduction**

The characteristics of sexual abuse and the contextual factors associated with environment in which the abuse occurs can also affect the degree of impact experienced by the survivor. How the effects of child sexual abuse are mediated by contextual factors associated with social and family background, and levels of support has been subject to considerable research attention. A variety of abuse characteristics and contextual factors have been particularly associated with subsequent negative effects (Beitchman et al., 1992; Bleiberg, 2000; Browne & Finklehor 1986; Fleming et al., 1999; Mullen et al., 1994), (Elliot & Briere, 1992), (cited, Briere, 1992). These are identified and discussed as follows.

#### **The Nature and Severity of Abuse and the Use of Force**

Child sexual abuse involving penetration or intercourse, either attempted or completed, is an abuse characteristic widely noted to exacerbate negative long-term effects on the victim (Browne & Finklehor, 1986; Fergusson et al 1996, Fleming et al., 1999; Mullen et al., 1994; Romans, 1996; Russell, 1986). Russell (1986) reports that those women in her randomly selected community sample who had experienced the most intrusive forms of incestuous child sexual abuse, including oral genital contact, consistently reported experiencing higher levels of trauma (54%) than those less seriously abused. Mullen et al (1994) report that the women in their sample who had experienced sexual abuse involving intercourse were more likely to report lower socio economic status in adulthood, earlier age at first pregnancy and first cohabitation, lower levels of current partner relationship satisfaction and greater discomfort with their sexuality. Fleming et al (1999) supported the finding that associated sexual abuse involving penetration as increasing the risk of adult sexual assault and domestic violence.

The use of force in child sexual abuse has also been recognised as a factor which exacerbates the risk of negative long-term effect to the victim (Browne & Finklehor 1986), (Finklehor 1979; Fromuth 1986; Russell 1986), (cited Beitchman et al., 1992),

(Fromuth, 1986; Russell, 1986; Herman & Schatzow 1987; Briere & Runtz 1988), (cited Darlington, 1993). A current longitudinal study of a birth cohort of 1025 New Zealand children has found that of the 47.7% of the 107 subjects reporting child sexual abuse recounted that the sexual abuse they experienced involved physical restraint or violence (Lynskey & Fergusson, 1997).

Despite the strong association between force and trauma, specific long-term emotional effects associated with force remain unclear, although it has been speculated that levels of self-blame will be lower while feelings of anxiety and fear may be elevated (Beitchman et al., 1992). Johnson, Pike & Chard, (2001) however report in their study of 89 women survivors of child sexual abuse that those who experienced penetrative abuse where they were either injured or believed that they, or another life would be killed reported the most severe forms of traumatic dissociation.

### **Age at Onset of Abuse**

The age of the child has been associated with vulnerability to the onset of sexual abuse. Child victims of intra-familial abuse are often aged between 6-11 years with adolescents being more vulnerable to extra-familial abusers (Tourrigny & Lavergne, 1995), (cited Bouvier et al., 1999), (Corby, 2000). A nation-wide New Zealand project gathering statistical information on children seen at specialist video interviewing units in relation to allegations of child sexual abuse found that 55% of children interviewed were aged between 5-10 years (Basher, 1999).

More severe symptoms of depression and dissociation in adulthood have been associated with an earlier age onset of child sexual abuse (Rodriguez, Ryan, Anderson & Foy, 1996; Epstein et al., 1997; Johnson et al., 2001). In combination with other abuse characteristics earlier age has also been associated with increased levels of dissociation (Kirby et al 1993) (cited Johnson, 2001) and other problems in adulthood (Finklehor, 1994) (cited Vogeltanz et al., 1999). Finklehor (1994) (cited Wurr & Partridge 1996) comments on the potential damage to the younger child's developing sexuality posed by the experience of child sexual abuse

## **Duration and Frequency of Sexual Abuse**

Longer duration and increased frequency of sexual abuse has been associated with greater negative impact (Elliot & Briere, 1992) cited Briere (1992), Russell (1984) cited Conte & Schuerman, (1987), (Fleming et al., 1999), while these same characteristics have been noted by (Bagley Wood & Young, 1994; McClellan, 1995) (cited Bouvier et al., 1999). Johnson et al (2001) in their investigation of depressive and dissociative severity in adulthood cite studies linking greater severity of sexual abuse, earlier age onset, multiple perpetrators and longer duration with increased dissociation and chronic depression in adulthood (Kirby, Chu & Dill, 1993: Briere & Runtz, 1988) cited Johnson et al (2001).

## **Multiple Perpetrators**

Research investigating the impacts on individual victims of multiple perpetrators over time has been minimal (Kellog & Hoffman, 1997), notwithstanding that this type of sexual re-victimisation is not uncommon (Gold et al., 1996), (Huston 1995), (cited Kellog & Hoffman, 1997).

A significant association between elevated levels of trauma and sexual abuse by multiple perpetrators has been noted (Peters 1988; Briere & Runtz, 1988) cited Briere (1992), (Browne & Finklehor, 1986). Ross, (1991) cited Darlington (1993) found a relationship between the development of personality disorder and number of perpetrators, although (Zanarinin, 1997) cited Zlotnick, Mattia & Zimmerman, (2001) caution that the development of borderline personality is complex and usually originates from a combination of traumatic childhood experiences. Multiple perpetrators have also been significantly related to increased levels of dissociative symptoms in adult survivors (Roseler & McKensie, 1994; Zlontnik et al., 1994) (cited Johnson et al., 2001) and chronic depression and anxiety (Briere & Runtz 1988), (cited Briere, 1992).

Other studies have found that victims of multiple perpetrators were more likely to be younger at the onset of the abuse than those abused by a single perpetrator and more likely to suffer other impacts associated with avoidant and self-defeating symptoms (Alexander & Schaeffer, 1994; Jackson, 1991), (cited Kellog & Hoffman, 1997),

(Johnson et al., 2001) and greater levels of shame and self-blame (Kellog & Hoffman, 1997).

A comparison of abuse characteristics among female survivors found that the more invasive the abuse perpetrated by the initial perpetrator, the more likely it was that re-victimisation by additional perpetrators would occur (Gold et al., 1996). Johnson et al., (2001) found an association between an increase of symptoms of Post Traumatic Stress Disorder (PTSD) and multiple perpetrators.

### **Offender Characteristics and Nature of the Relationship with the Victim**

Interviews at Evidential Interviewing Units in New Zealand record the most commonly reported relationship of the offender to the child victim of sexual abuse is that of family friend, (25%) with the most common intra-familial offender being an uncle (10.5%) followed by father (9.5%), stepfather (9%) and brother (5.5%), (Basher, 1999). Similarly Lynskey & Fergusson (1997) reported that of their subgroup of 107 New Zealand subjects disclosing child sexual abuse, (15%) reported sexual abuse perpetrated by a parent or sibling and (13.1%) by other relatives.

Increased trauma has been associated with sexual abuse perpetrated by a father, stepfather or father figure (Browne & Finklehor, 1986), (Finklehor, 1979; Russell, 1986; Herman et al., 1986; Tsai et al., 1979), (cited Beitchman et al., 1992). Specifically incest perpetrated by a father or stepfather has been associated with sexual dissatisfaction or sexual difficulties in adulthood (Finklehor, 1979; Gold, 1986; Tsai et al., 1979) (cited Beitchman et al., 1992).

Sibling incest has also been associated with trauma and force (Rudd & Herzberger, 1999) equal to or higher than that occurring in father-daughter incest (Rudd & Herzberger, 1999, Russell 1986). Inter sibling abuse also involves a high incidence of oral and penetrative acts (Adler 1995), (Wattam et al., 2000), (cited Fish, 2001) and can be lengthy, secret and repetitious with a clear male aggressor acting out a need for power, retribution and control, (Loredo 1982), (cited Rudd & Herzberger, 1999), Adler et al (1995). Recent studies have found that children sexually abused by siblings experience similar levels of emotional and behavioural problems to those abused by

fathers (Rudd, 1999;) and more attention has been paid to sexual abuse as a consequence of the abuse of power and control in sibling relationships (Caffaro & Conn Caffaro, 1998).

An age differential of criterion of five years between victim and offender has often been included in research studies (Tsuan, 1999), which may have minimised an appreciation of the extent of child sexual abuse occurring between near age siblings (Laviola, 1992). In fact the effects of inter sibling sexual abuse have been found ~~to be~~ to be no less damaging and long-term than other intra-familial forms of incest (Laviola, 1992), even when age differences between siblings are small (Laviola 1992; Owen, 1998, Rudd & Herzberger, 1999)

Although relational proximity is a factor regarded as a major cause of severe impact Johnson et al., (2001) found this factor did not account for the severity of specific symptoms in their sample of 89 female survivors. Ruggiero et al., (2000) reported that when characteristics relating to force and duration were controlled, participants who had experienced intra-familial child sexual abuse displayed higher scores of global functioning and less avoidant behaviour than those subjected to extra-familial sexual abuse. Mennen & Meadow (1994), (cited Ruggiero et al., 2000) found lower levels of depression once the use of force was controlled among survivors subjected to abuse by father figures as compared with those abused by non-father figures.

These conflicting findings suggest that the relationship between survivor pathology and perpetrator characteristics, particularly assumptions concerning the difference in age between perpetrator and victim and impact of father-daughter incest, may be more complex than previously understood (Ruggiero et al., 2000). Although the occurrence and adverse impact of inter sibling sexual abuse clearly requires further investigation.

### **Support Following Disclosure**

The level of support a child receives following disclosure has also been associated with outcome. A positive accepting reaction to disclosure may not protect a child from the traumatic effects of sexual abuse, however a negative response has been found to exacerbate the severity of impact (Harvey & Kenward, 1980; Tufts, 1984) (cited Lamb & Edgar Smith, 1994), (Bleiberg, 2000). Reasons for non-disclosure have been



attributed to embarrassment and shame, fears of blame or that assistance would not be forthcoming (Fleming, 1997).

The effects of child sexual abuse are likely to be mediated by the level of support children receive and the presence of a secure and supportive family (Conte & Schuerman 1987; Fleming 1999). Bouvier et al., (1999) also report that the circumstances surrounding the child's disclosure of abuse provide an important determinant of later results, with the most favourable consequence for the child comprising credence and an effective intervention by the parent (Finklehor, Asdigian & Dziuba-Leathermann, 1995), (cited Bouvier et al., 1999).

Further to this (Everson et al., 1989) cited Darlington, (1993) reported that levels of maternal support were a stronger indicator of the child's initial psychological functioning than other abuse characteristics relating to either frequency or the offender. The level of distress exhibited by the parental or primary carer to a child's disclosure has been related to the quality of the outcome of treatment in pre-school children (Cohen & Mannarino, 1996), cited Cohen & Mannarino (2000). With adolescents, it is the combination of parental support, particularly paternal, together with positive peer associations, which is associated with fewer adjustment difficulties (Lynskey & Fergusson, 1997). As an aside, I note that Alaggia (2002) cautions that post disclosure professional interventions with the families of children who have been sexually abused should be regarded as crisis interventions in which family members are under considerable stress.

### **Abuse Related Attributions and Perceptions**

Attribution Theory describes how individuals seek to explain or assign causes for their own behaviour or the behaviour of others (Fincham & Hewstone, 2001). Women's accounts of resilience following child sexual abuse suggest it is the meaning that they impute to the experience of sexual abuse that influences outcomes (Davis 2001).

Cohen (2000) reports that abuse related attributions are an important predictor of treatment outcome in sexually abused children, particularly self-blame, which has been associated with subsequent emotional and behavioural difficulties (Peters & Range, 1996; Spaccarelli & Kim, 1995). The feelings of powerlessness, betrayal and/or stigma

that victims experience at the time have also been found to have an adverse impact in the longer term (Henschel et al., 1990), (cited Briere, 1992). In their sample of 396 children subjected to sexual abuse Conte & Schuerman (1987) found that decreased impact was associated with passive resistance, avoidance or active resistance. Increased levels of shame and self-blame have also been reported by women sexually as children who felt that they had been actively complicit (Darlington 1996), (Jehu 1989), (cited Peters & Range 1996).

Cohen & Mannarino (2000) in their sample of 49 sexually abused children and young people aged between seven and fourteen years found the psychological impacts on the older age children were influenced by their abuse related cognitions such as self-blame, impaired trust, feelings of difference and anger, rather than by the emotional reaction of their parents or other factors relating to family predictability and stability. This underlines the importance of understanding the child's or young person's experience of what had happened to them (Conte & Schuerman 1987).

## **Summary**

This chapter has explored various characteristics of child sexual abuse, and context specific factors that have been identified as associated with negative long-term outcomes for the survivor.

Although research results describing the relationship between the characteristics of sexual abuse perpetrated and subsequent outcome are by no means definitive, and despite the difficulties comparing studies utilising different methodologies, certain factors and combinations of factors of child sexual abuse have been related to worse outcomes for the victim. As discussed these concern;

- The duration and frequency of the sexual abuse;
- Sexual abuse by a father figure;
- More severe sexual abuse involving attempted or completed penetration;
- Use of force;
- Multiple perpetrators;
- A negative response to the disclosure of child sexual abuse.
- Abuse related attributions such as the degree of shame and self-blame experienced by the victim;

Of these, abuse involving penetration or intercourse and force is the most widely documented although this should not minimise the impact of the other abuse characteristics as discussed nor detract from the importance of understanding the meaning the child or young person has herself attached to the experience.

The next chapter will consider the major theoretical and conceptual models developed to understand the effects of child sexual abuse on children and adult survivors. Many of these have had a significant influence on the way professional therapeutic interventions with survivors have been constructed and as such they form an integral part of the existing knowledge base in this area.

## **Chapter 7**

### **Theoretical Conceptualisations of the Effects of Child Sexual Abuse**

#### **Introduction**

An array of theoretical orientations and conceptual models has been proposed to understand the effects of child sexual abuse on both children and adult survivors. (Cole & Putnam 1992; Conte 1990; Spaccarelli & Kim 1995) These perspectives would seem to form five major approaches, which are detailed as follows. While some are gender neutral in their terminology Cole and Putman's (1992) developmental model and feminist explanations focus specifically on child sexual abuse occurring between a female child victim and a male perpetrator.

#### **The Traumagenic Model**

The Traumagenic Model developed by David Finklehor (1987) conceptualises child sexual abuse as being associated with traumatic sexualisation. A traumagenic dynamic is described as one that alters a child's cognitive and emotional orientation to the world and creates trauma by distorting self-concept, worldview and affective capacities. Four different traumagenic dynamics - stigmatisation, betrayal, powerlessness and traumatic sexualisation describe the range of trauma and later effects on survivors of child sexual abuse experience.

- Stigmatisation refers to the negative connotations about sexual abuse communicated to children, which affects their self-esteem as they subsequently internalise a sense of themselves as bad, unworthy and shameful.
- Betrayal describes the process by which children come to realise that a person in whom they placed their trust has betrayed that confidence.
- Powerlessness refers to the feelings children have that their needs, agency and efficacy are constantly exploited and subject to the will of a more powerful person.
- Traumatic sexualisation describes the developmental implications for the child of inappropriate premature and exploitative sexualisation (Finklehor & Browne, 1985), (cited Coffey et al 1996), (Finklehor 1987).

The model recognises that sexual abuse is a process that often occurs over time and involves socialising or grooming children by instilling in them a sense of fear should the abuse be discovered, in addition to a belief that they are responsible or to blame for what is happening to them (Summit 1983). The notion of gradual cognitive and emotional distortion, which alters the child's perception of the world, differentiates this model from the Post Traumatic Stress Disorder (PTSD) model, which by contrast presupposes that an overwhelming event or series of events operates to shatter a child's assumptions about the world (Gibbons, 1999).

Although based on his extensive work in the area of child sexual abuse Finkelhor's model has not met with much uptake among social workers in the field (Gibbons 1999). It is said to lack flexibility since clinical practice suggests there is considerable variance in the extent to which survivors experience the traumagenic dynamics, if indeed they experience them at all (Conte, 1990). Nonetheless the Coffey et al. (1996) study of 192 female survivors found that feelings of stigma and self-blame acted as mediators for the degree of distress survivors experienced (cited Baker, 2002). Other criticisms of the Traumagenic model are that it does not consider the psychological impacts of child sexual abuse within a developmental perspective, (Mullen & Fleming, 1998) and risks emphasising the theoretical framework rather than what is significant about the experience for the victim (Conte, 1990).

However the recognition that children's ways of coping are adaptive and commensurate with a situation over which they have no control, and the model's sociological orientation, which acknowledges child sexual abuse as embedded in culture, and indicative of broader social values, beliefs and attitudes are its two major strengths. Both give it a useful application in social work practice (Gibbons, 1999).

### **Post Traumatic Stress Disorder (PTSD)**

PTSD is a common framework for conceptualising the effects of serious trauma on victims, and with reference to child sexual abuse attempts to integrate the damage inflicted on victims' psychological capacities with interpersonal mental health and sexual adjustment problems manifesting in later life (Mullen & Fleming 1998). PTSD

can be acute, chronic or delayed and can occur in children as well as adults and adolescents (Sable, 1995).

The salient features of PTSD are: the existence of a stressor such as sexual abuse that causes victims to experience symptoms of distress: the onset of recurring, intrusive thoughts and images that contribute to a re-experiencing of the event; feelings of reduced involvement with and disengagement from people and everyday life that begin some time after the event. Additionally, at least two of the following symptoms need to be present: sleep disturbance, hyper-alertness, and guilt about surviving, memory impairment, concentration problems and avoidance of events, which either trigger memories of the event or intensify their recall (Conte 1990; Elliot & Briere 1995; Maddison 1996).

Some sexually abused children exhibit PTSD symptoms, but many do not and major criticisms of this model and its application to work with adult survivors of child sexual abuse are examined later in this thesis. It has found its strongest support amongst clinicians working with individuals reporting histories of severe, prolonged and repeated abuse (Mullen & Fleming 1998).

### **Attachment Theory**

Attachment theory can be used to explain the impacts of family environment on people who experience child abuse and (Alexander, 1993) suggests that sexual abuse is often preceded by insecure familial attachments, and this may be an important risk factor for child sexual abuse (Bolen, 2001).

Attachment theory theorises about the importance of close interpersonal relationships (Rolfe, 2004; Shemmings, 2004) and proposes that early childhood experiences with caregivers are pivotal to a child's developing sense of self and provide the foundation for the individual's capacity to form relationships based on trust throughout life (Stubenbort, Greeno, Mannarino & Cohen, 2002; Rolfe, 2004). Based on caregiver's reactions and availability, children form an internal working model of relationships or conceptual frameworks by which the securely attached child forms a view of him/herself as competent and worthy, and of others as responsive and supportive, in

contrast to the insecurely attached child who does not (Bacon & Richardson 2001). Secure attachment in children is said to evidence a sense of being lovable, (Shemmings, 2004) less anxiety and more confidence in seeking help (Collins & Feeney 2000) cited (Stubenbort et al., 2002) predict social competence in later childhood, (Howe, 1995), and subsequent quality of relationships formed later in life with adult partners and children (Main & Goldwyn, 1984), (cited Cole & Putnam, 1992).

Situations of child abuse are said to be significant in contributing to the development of insecure attachments in children (Morton & Browne, 1998), (Crittenden & Ainsworth, 1989; Cicchetti & Toth, 1995; Styron & Janoff-Bulman, 1997), (cited Bacon & Richardson, 2001), and can be an indicator for subsequent social and emotional problems (Lewis et al., 1984), (cited Bacon & Richardson, 2001). Conversely attachment has been found to mediate the relationship between child sexual abuse and trauma related symptoms and interpersonal problems reported in adult female survivors (Roache, 2000).

There have been attempts to demonstrate the continuity of attachment patterns and behaviour throughout the life span, and adult attachment categories have been derived from these efforts. These categories are comparable to those observed in children (Hazen & Shaver 1987; Main & Goldwyn 1984; Bartholomew & Horowitz 1991), (cited Alexander, 1993), (Glachan & Ney, 1995), (Bartholomew, 1997), (Kney, 1998).

To conclude, attachment theory with its emphasis on relationships provides a useful conceptual tool for thinking about how significant familial relationships affect the behaviours manifested by adults who experienced sexual abuse as children (Alexander, 1993). Paradoxically the power of attachment is such that it can either cause, or alleviate emotional trauma. Although it poses a risk factor for child abuse and neglect conversely this process can also provide an important ingredient in encouraging resilience and healing (Witten-Hannah, 2001).

### **The Developmental Model**

Mullen et al., (1994) contend that the severity and significant features of individual abuse experiences are affected by the age and developmental stage of the child at the

time the abuse occurs. The fundamental damage inflicted by child sexual abuse is to the child's developing capacities for trust, agency, self-esteem, sexuality and intimacy. The potential for child sexual abuse, particularly penetrative abuse, to damage these capacities is considered one of its most serious long-term effects (Mullen et al., 1994; Mullen & Fleming, 1998).

Cole and Putman (1992) have also written about the risks child sexual abuse can pose at different stages of a child's development. They comment that the formation of future healthy intimate adult relationships is compromised where the capacities relating to trust and a secure sense of self have been so undermined.

### **A Feminist Explanation**

Feminist writer Chodorow (1978) and feminist psychologist Carole Gilligan (1982) have highlighted the important role relationships play in the social development of girls, and Gilligan's research with girls and boys found that the primacy for girls of relationships and their fear of isolation and abandonment were an important point of difference between the two sexes (Sharf, 2004; Simmons 2002). In making the link between the development of girls and the psychology of women, Gilligan (1982) found that women tended to view themselves in terms of their attachments and connections with others, compared with men, whose accounts of themselves focussed more on their own achievements (cited Darlington 1993). More recent research conducted by Simmons (2002) has also identified the fears girls have of solitude and loneliness as a common and overwhelming theme (Simmons, 2002).

The importance of relationships to women has been understood for some time (Simmons 2002; Orme, 2002) and shared confidences and the importance of emotional support have been identified as critical and enduring characteristics of female friendships (Blyth & Foster-Clark; Bukowski & Kramer, 1986), (cited Papilia & Olds, 1998). Given the central place of relationships in women's psychological development (Chodorow 1978; Gilligan, 1982; Miller, 1976) (cited Tosone, 2002) it may be that relationship disturbances consequent upon child sexual abuse are particularly debilitating to women's sense of self and place in the world, irrespective of whether the abuser is a woman or a man.



In arguing for a psychology of women, which recognises the context of attachment and affiliation with others in which women's development takes place, Gilligan (1982) and Miller (1976), (cited Rittenhouse, 1997) emphasise the potentially damaging developmental impact for women of the disruption of relationships. They argue that the development and maintenance of relationships are of such primary importance to women that the threat of disruption of an affiliation is not just the loss of a relationship but experienced as something closer to a of a "woman's total loss of self" cited Simmons, (2002 p.83). Darlington (1993) suggests that feminist accounts of women's early development may go some way to explaining the enormous sense of betrayal, and consequent loss of trust and damage to self-concept experienced by female victims of child sexual abuse. It is possible that girls' connectedness and lesser degree of differentiation from trusted others render them particularly vulnerable to betrayal of that trust. Consequently the burden on women recovering from child sexual abuse is in learning to redevelop the ability to trust others (Faller, 1988), (cited Rittenhouse, 1997).

To conclude, feminist analyses of women's psychological development provide a useful way to explain the intensity and nature of the long-term impact of child sexual abuse on women and to acknowledging that it takes place within an overall context of female development in which connection, emotional intimacy, affiliation and trust are paramount processes.

## **Summary**

This chapter has attempted to outline the major theoretical perspectives that frame our understanding of how child sexual abuse impacts on victims psychologically in both the short and the long-term. Although the traumagenic, attachment, developmental, and feminist perspectives stress the impact that child sexual abuse has on the child's developing sense of self, each perspective has a different emphasis, and very probably provides only a partial explanation of the wide-ranging effects that accompany this form of abuse. As the preceding discussion has shown effects are not straightforward and can be exacerbated or mediated depending on a number of factors relating to the child's environment, levels of support, perception of the event(s) and the characteristics of the abuse.

An understanding of these theoretical explanations is important however because they have influenced both professional understanding of how child sexual abuse impacts on behaviour and therapeutic responses to assist women to overcome the effects of early sexual victimisation.

The next chapter summarises some of the implications of child sexual abuse for intimate relationships and identifies the major conceptualisations of intimate partners as they are presented in the empirical, clinical and self-help personal development literature.

## **Chapter 8**

### **The Intimate Partners of those who Experienced Child Sexual Abuse**

#### **Introduction**

The emotional experiences of intimate partners of survivors of child sexual abuse and the meaning for them of involvement with a survivor have not been deeply explored (Chauncey 1994; Maltas & Shay, 1995), and the limitations and possibilities of these types of often-supportive relationships are often overlooked (Lew, 1988; Firth, 1997; Wiersma, 1998). Much of the information gathered in this area has been derived from anecdotal accounts exploring the experiences of male partners of female survivors, or from small-uncontrolled samples exploring the efficacy of involving heterosexual partners in therapy with survivors, or from clinical case studies (Gibbons 1999).

This chapter will explore how survivors perceive the people with whom they are partnered. As little of the literature focuses directly on women living in lesbian relationships it is necessary to draw on wider material to then provide a basis for extrapolating to lesbian relationships.

#### **Documented Difficulties**

The experience of child sexual abuse has been shown to negatively affected the survivors' perception of couple functioning (Dilillo & Long 1999; Fleming et al., 1999; Mullen et al., 1994), specifically, they record survivors as reporting lower overall relationship satisfaction, poorer communication and less trust in their partners than the non-abused comparison samples. Survivors were more inclined to believe partners would break promises, fail to honour emotional commitments, and experience difficulties confiding and believing others to be honest and credible (Dilillo & Long, 1999). These results were consistent even when the demographic variables of age, marital status and socio-economic status were controlled. Pistorello & Follette (1998) examined relationship difficulties in a study of 55 married, partnered, single, divorced or separated women who had experienced child sexual abuse. Overall findings confirmed current views that survivors experience a high level of difficulty and dissatisfaction in their intimate relationships. The difficulties reported were categorised

into themes and the most frequently and widely reported were problems with communication and intimacy, and characteristics related to an excess or lack of control within the relationship. Likewise Maltz (1988) reported that couples where the female partner had experienced child sexual abuse were more likely to report problems communicating emotional issues, and couple interactions exhibited lower levels of emotional expression than non-abused controls. Difficulties of this nature have been particularly marked in participants reporting abuse involving attempted or completed penetration, a lower onset age of abuse and abuse of a longer duration, suggesting that the sexual abuse may have had impacts on women's psychosocial development (Cole & Putnam, 1992; Fleming, 1999; Mullen et al., 1994).

Given this picture of difficulty, what of the partner? What are their responses and roles in assisting survivors to cope with the effects of child sexual abuse and what of their own needs, hopes and expectations for an intimate relationship?

Adams Westcott & Isenbart, (1996), Davis (1991), and Maltas & Shay (1995) clinicians and writers in this field, comment that although there are partners whose lives have not been particularly affected by their partner's childhood trauma, many others are, and the impacts of past abuse on intimate couple relationships are often the cause of confusion, strain and unhappiness. The repercussions of child sexual abuse for intimate partners of victims are rarely considered and the survivors often portray them in uncomplimentary terms (Firth, 1997). As indicated in the preceding discussion, research investigating survivors' experiences of intimate partnerships variously portrays partners as abusive, uncaring or controlling. This picture is at odds with the limited research focussing on the needs and emotional reality of partners themselves, which conversely often conveys confusion, helplessness lack of knowledge and frustration as partners attempt to balance their own emotional needs and expectations with a desire to be emotionally supportive (Chauncy, 1994; Champion de Crespigny, 1998; Maltas & Shay, 1995). Although the potentially problematic and negative implications of child sexual abuse for both partners in an intimate relationship has been acknowledged, the benefits of an intimate relationship as a potential place of healing have received relatively little attention (Champion de Crespigny, 1998; Firth, 1997; Reid et al, 1996).

The information contained in the self-help literature has usually derived from the writer's often-extensive experience of working therapeutically with survivors and their partners, for example (Bass & Davis, 1993; Davis, 1991; Lew, 1988). The ways in which the partner has been commonly conceptualised or portrayed in the empirical, clinical and self-help literature would seem to take four major forms, and a discussion of these is set out under the following headings:

- The abusive partner.
- The partner who experiences secondary trauma.
- The partner as ancillary support.
- The self-help ideal.

To the above conceptualisations I have added another category that I think important;

- The struggling partner.

### **The Abusive Partner**

Women who have a history of child sexual abuse often report higher levels of partner violence than non-abused counterparts (Dilillo & Long, 1999; Fleming et al., 1999; Russell, 1986).

Studies documenting intimate partner violence in the lesbian community in the United States of America have reported incidence rates ranging from 17-52% (Poorman, 2001), (cited McLeod, 2003), (Ristock, 2001). Inconsistencies in how the term "partner violence" has been applied (Machen, 1999), (cited McLeod, 2003) and the absence of random prevalence studies are the reasons suggested to account for this wide variation in reported rates (Renzetti 1998; Machen 1999), (cited McLeod 2003).

A recent study using a sample of 256 lesbian women attempted to account for the emotional and psychological meaning of violence in the context of a lesbian relationship. Measures of emotional abuse were therefore included which incorporated threats to expose the relationship. Seventeen percent of participants reported physical

abuse at some point in their current or most recent relationship while 31% reported experiencing emotional abuse (Scherzer 1998), (cited Ristock, 2002).

The experience of childhood sexual abuse has been associated with higher rates of lesbian partner violence (Hughes, Hass, Avery, 1997; Ristock 2002).

### **The Partner who Experiences Secondary Trauma**

This conceptualisation is derived from work with the families of survivors of trauma (Danieli, 1988; Donaldson & Gardner, 1986; Hemdon & Law, 1986; Scurfield, 1986; Silver & Iacono, 1986), (cited Maltas & Shay, 1995) who displayed trauma and feelings of anxiety, denial, depression, social isolation and suspicion similar to those of the primary victim. Maltz (1988) also comments that the intimate partner of a survivor can be viewed as a secondary victim with a unique set of emotional and sexual concerns; a conceptualisation she suggests can be applied to heterosexual and same-sex couples.

Child sexual abuse has been described as shared trauma for couples because of its collateral effects (Wiersma, 1998), and Maltas & Shay (1995) developed the term “trauma contagion” to describe the experiences of the partners of individual survivors. They suggest that intimate partners may be particularly susceptible to the process of secondary traumatisation because their shared life and identity as a couple implies interpersonal boundaries that are more permeable than those in other significant relationships. Jehu (1988) (cited, Barnett, 1993) has also commented that partners can become vicarious victims when increased intimacy and commitment in the relationship trigger abuse related associations for the survivor in ways that are distressing for both partners

### **The Partner as Ancillary Support**

Here the partner has been viewed primarily as a source of “ancillary emotional support” (Chauncey, 1995) or a “benevolent helper” (Miehls, 1997) who can best assist the sexually abused partner by being both understanding and compassionate. Again, this view was developed primarily from work with heterosexual male partners of female survivors who wanted to be emotionally supportive to their partners in recovery and felt

compelled to be the strong one in the relationship (Chauncey 1995; Maltas & Shay 1995).

The role of the “strong one” has also been reported in work with lesbian couples where the survivor expressed concern that her partner, as the strong stable member of the relationship, would not continue to cope and that role reversal would be required. Conversely the other partner felt unable to express her own fears and anxiety because she felt required to present as strong and in control at all times (Groves & Schondel, 1996). The role of the strong one is not without contradiction and the flip side of this presentation is the lesbian partner who occupies this role as a way of ensuring her partner’s continued emotional dependence. As Loulan (1987 p.167), writes of lesbian partnerships where one or both partners have a history of child sexual abuse “*often our silent contract with our partner is “I will take care of you if I get to feel superior”*”.

The dynamic of “benevolent blame” has been identified in relationships where the survivor and her partner assume that the latter’s history of abuse is responsible for the couple’s relationship difficulties. This dynamic contributes to further stigmatisation of the survivor and can create a situation where the couple focuses on past events involving one member of the relationship rather than exploring current areas of mutual difficulty and responsibility (Miehls 1997; Pistorello & Follette 1998).

### **The Self-Help Ideal**

Various authors of self-help books have addressed the issue of being a partner in an intimate relationship with an adult survivor of child sexual abuse (Davis, 1991; Lew, 1988; Maltz, 1988 McGregor, 1994) and made suggestions about how to manage the role, particularly when survivor partners are in crisis or very focussed on their own process of healing. Gil (1992), comments that intimate partnerships require trust, dependency, cooperation and an equitable distribution of power and this can cause survivors of child sexual abuse to feel uncertain and fearful. Partners who are able to be compassionate, create a sense of safety and communicate their feelings clearly assist survivors to experience a sense of hope and optimism about the future. Other authors also advocate the importance of acknowledging and learning about abuse related effects, being compassionate, self-aware, maintaining clear boundaries, obtaining support and

attending to personal needs (Davis, 1991; Loulan, 1987; Mc Gregor, 1994). Lew (1988) a well known American therapist and writer who has written specifically on the experience of partners of male survivors, suggests that due to the sexual nature of the original abuse, mixed emotions about sexual relating and intimacy are an inevitable part of the adult survivor's recovery. He counsels against the partners joining the survivor in his pain, a situation that can create two victims. He stresses by contrast the importance of a partner providing a picture of life beyond the abuse, familiarising him/herself with the effects of sexual abuse, maintaining clear sexual boundaries, acknowledging the potential of blame and inconsistent behaviour and attending to issues of self-care.

Maltz (1988) suggests that, ideally, couples in recovery whatever their sexual orientation need to possess the following characteristics: commitment to each other and the time involved in recovering from the effects of child sexual abuse, a mutual desire for change, general lifestyle compatibility and shared comfort with non-sexual touch. Gil (1992) draws attention to the opportunities that the recovery process can provide to learn from each other and develop new skills in communication, conflict resolution and goal setting, which in turn create the potential for a healthier and stronger relationship.

### **The Struggling Partner**

The previous partner conceptualisations variously depict partners as abusive, secondary victims, ancillary supporters, the strong silent type, the kind compassionate type or the benevolent blamer. The ideal model suggests a way of being and behaving that would seem to steer a course through the pitfalls presented by other conceptualisations. This involves being supportive, self-aware and realistic, having clear personal boundaries and a broader long-term picture of the relationship.

Sensible as this may be however, this is an ideal portrait and the reality portrayed by the limited collection of studies undertaken in this area suggests a picture of male heterosexual partners who often genuinely wish to render practical and emotional support but who struggle in a number of areas. These concern difficulties balancing a desire to be emotionally supportive with their own personal needs for attention and affection; sexual issues; feelings of guilt, shame and anger; stress associated with the therapy the survivor partner is receiving, and managing personal reactions to the survivors family in the case of an intra-familial perpetrator (Chauncey 1994; Courtois,



1988; Firth 1997). Other problematic areas reported concern coping with unpredictable behaviour, physical and emotional intimacy, changes in the relationship during and following therapy, issues of self-harm, parenting, control, and managing anger and conflict (Brittain & Merriman, 1988).

Groves & Schondel, (1996 p.97) in reporting their therapeutic group work with lesbian couples where one partner had experienced child sexual abuse and the other had not, describe the non-sexually abused partner as wishing to be emotionally supportive and empathetic but “*clueless about how to handle the situation at hand.*” This they reported often resulted in miscommunication where the partner would become confused if the survivor expressed fear or anxiety and would withdraw to avoid being perceived as intrusive. In turn this behaviour was subsequently interpreted by the survivor as a lack of caring which then contributed to a situation of emotional distance within the relationship (Groves & Schondel, 1996).

### **Summary**

As noted, although the potentially problematic and negative implications of the experience of child sexual abuse for intimate relationships have been acknowledged in the empirical, clinical and self-help literature, the experiences of relational partners as they attempt to construct their role in relation to the survivors experience of and recovery from child sexual abuse have received relatively little attention. This chapter has attempted to record some of the common ways in which the role of the intimate partner of survivors of child sexual abuse have been conceptualised. Indeed as the above conceptualisations indicate the information available is very prescriptive and ignores the changing and dynamic changes in this role that are consequent upon the survivors own healing journey and also occur in response to the partner’s own personal growth and development.

Although there are many and various ways in which the role of partner is constructed, there is also evidence to suggest that the quality of close relationships can be very beneficial in coping with the adverse long-term effects of child sexual abuse. The following chapter will explore the connection between close relationships and resilience by increasing the survivor’s capacity to deal with adverse life experiences including child sexual abuse.

## **Chapter 9**

### **The Potential Benefits of Partnership**

#### **Introduction**

Recovery from the effects of child sexual abuse can be a period of crisis where the survivor is very focussed on his or her own healing. This can prove a testing time for intimate relationships (Engle, 1991; Lew, 1988). The potential however, for intimate relationships to be a place of healing from child sexual abuse and the important contribution of emotional support from an intimate partner in this undertaking has been noted by researchers and writers (Adams-Westcott & Isenbart, 1996; Miller & Sutherland, 1999; Snyder, 1996). The resolution of the relational impacts of child sexual abuse and possibility for this to be transformational for both partners resulting in increased levels of understanding and resilience has also been observed (Champion de Crespigny, 1998).

The quality of interpersonal relationships has been acknowledged as a crucial factor in either exacerbating or reducing the impact of sexual abuse trauma (Herman, 1992), (cited Pistorello & Follette, 1998). The potential for positive intimate relationships to contribute to resilience and make a constructive contribution to the individual's recovery from adverse effects related to child sexual abuse will now be explored.

#### **Relationships as a Source of Emotional Support**

Successful relationships meet human needs for intimacy as well as offering emotional support that can mediate against the negative psychological impacts of stress and adversity (Howe, 1995). Social support has been found to assist with mediating stress (Heller, Swindel & Dusenbury, 1986; Kessler, Price & Woetman, 1985; Pearlin, Lieberman, Menagham & Mullan, 1981), (cited Runtz & Schallow, 1997) and to have a positive effect on feelings of social adjustment and sense of well being (Heller et al., 1986; House, 1981; Turner, 1983 Turner, 1992), (cited Saranson, Saranson & Gurung, 1997). Health professionals have recognised the link between good social support and positive mental and physical health outcomes (Saranson et al., 1997).

Social support (Conte & Schuerman, 1987; Lynskey & Fergusson, 1997) and the support of at least one caring adult (Higgins, 1994; Rutter, 1987, Werner, 1990, 1993), (cited Muller & Lemeieux, 2000) has also been shown to be an important factor in the positive adjustment of sexually abused children. In adults sexually abused as children (Gold, 1986; Gold et al, 1994; Testa et al., 1992; Wyatt & Mickey, 1987), (cited Runtz & Schallow, 1997), such support appears to have a buffering effect against the negative effects of abuse related stress (Runtz & Schallow, 1997).

In women sexually abused as children the quality of a relationship with a partner has been associated with a positive outcome (Romans et al., 1995) and those who have been able to form supportive and intimate interpersonal relationships function more effectively and experience fewer long-term effects than those who do not (Alexander, 1993; Feinauer, 1989; Gold, 1994; Herman, 1992; Lebowitz et al., 1993; Valentine & Feinauer, 1993; Waltz et al., 1988) cited Feinauer et al (1996), (Romans et al, 1997). Feinauer et al., (1996) investigated the relationship between adjustment in intimate relationships, depression and severity of child sexual abuse in 737 randomly selected women. They reported that depression scores increased with the severity of abuse, specifically penetrative abuse. They also found that the greater the level of relationship adjustment experienced by participants the lower the levels of depression reported and concluded that a satisfying intimate relationship appeared to alleviate depression in women who experienced child sexual abuse. Supportive relationships particularly those with therapists, family members, intimate partners and friends have been identified as significant by survivors to the process of healing from child sexual abuse (Valentine & Feinauer 1993), (cited Feinauer 1996), (Glasiter & Abel, 2001).

### **The Nature and Meaning of Resilience**

Evidence suggests that abused children often demonstrate considerable psychological resilience in spite of the difficulties posed by adverse environments and poor quality relationships (Howe, 1995; Belsky & Pensky, 1988), (cited Howe (1995). Resilience has been defined as *“the power of recovery and the ability to return once again to those patterns of adaption and competence that characterised rhea individual prior to the pre stress period”* (Garmezy, 1993 p.129) and as *“a dynamic process encompassing positive adaption within the context of significant adversity”* (Luthar et al., 2000a.2000b

cited Kalil, 2003 p.8). The terms competence and resilience however have been criticized on several grounds as the following discussion demonstrates.

Anderson (1997) observes that the notion of competency in the face of adversity has been a dominant construct in recent research on resiliency and she argues this is simplistic, as children often do not consistently display competence in major areas of their functioning. The term resilience has also been criticised for comparing the behaviour of individuals with an external standard of what is good coping in difficult circumstances (McDowell, 1995). Luthar & Zigler (1991) comments that the ability of the individual to adapt and achieve a return to a level of pre stress functioning can vary over the course of their lifetime.

Studies examining the effects of continued abuse in the home on children's behaviours suggest that the cumulative nature of stressful experiences will eventually impact negatively on the functioning of even the most resilient children (Fleming et al., 1999; McDowell, 1995). Resilience is therefore an interactive process between the individual and their environment and as circumstances change this can affect outcomes (Kumfer, 1993; Luther, 1991; Richardson et al., 1990; Rutter, 1990), (cited Norman et al., 2000). Likewise, the greater the number of stressors over time the less likelihood a resilient outcome will result (Cowan et al., 1990; Garmzey 1985; Masten Best & Garzey 1990; Rutter 1979; Werner 1990), (cited Norman et al., 2000). Behavioural competence however does not necessarily imply a similar adjustment in other areas of functioning and while children may be behaviourally competent this does not exempt them from feelings of anxiety, distress or other forms of emotional distress (Garmsey, 1993; Luthar & Zigler 1991), which can continue into adulthood, (Luther, 1991; Moskowitz, 1983), (cited Norman 2000), (Weiner & Kupermintz, 2001). These issues, notwithstanding the overall intention of the term "resilience" is to describe the behaviour of individuals who adapt to adverse conditions, and cope well in spite of situational difficulties.

### **The Role of Caring Relationships as a Protective Factor and the Link to Resilience**

Resiliency can be seen to be determined by two sets of interacting factors: risk factors or the stressors that increases the individual's vulnerability, and the presence of various personal, familial, social and community factors that serve a buffering function and act

as a protective factor in mediating the harmful effects posed to individuals by the risk factors present in their environment (Rutter & Quinton, 1984; Norman et al., 2000).

Various researchers have looked at the role of relational and situational factors during childhood in assisting recovery from child sexual abuse, factors such as positive parent-child relationships (Lynsky & Fergusson, 1997; Romans et al., 1995), social and positive peer support (Lynsky & Fergusson, 1997), family functioning support and belief from the non offending parent, (Everson et al., 1989; Koverola et al., 1996; Nash et al., 1999), (cited, Spaccarelli & Kim, 1995). These in addition to the way the experience is processed at a cognitive level, causal attributions (Gold 1986; Wyatt & Mickey 1987) feelings of stigma and self-blame, (Coffey et al., 1996; Peters & Range, 1996), and the search to find meaning, (Roth & Newman, 1993; Silver et al., 1983) (cited Runtz & Schallow, 1997) have also been found to influence the recovery from child sexual abuse.

Wolen & Wolen (1993) (cited Anderson 1997) have attempted to broaden the definition of resilience to acknowledge not just the various competencies possessed by children who have been sexually abused, but also, and importantly, how they manage their abusive experience. For example, the establishment of supportive relationships within or outside of the family is very important to this process with resilient children in adverse home environments actively recruiting surrogates such as grandparents, teachers, other relatives and parents of friends when caring concerned parents or caregivers were not available to them (Higgins, 1998), (cited Norman et al., 2000). The themes of resilience they identify are developed during childhood, adolescence and adulthood and include insight, initiative, relationships, morality, creativity and humour. These represent clusters of individual and interacting strengths that combine to assist the individual to survive adversity such as child sexual abuse (Anderson, 1997). This is consistent with recent researchers who are moving away from a conceptual view of resilience as one of invulnerability which encompasses a series of characteristics or traits to one which conceives of it as a process acknowledging that certain attributes may facilitate resilience in one setting and not in another (Kalil, 2003).

## Summary

The importance of significant relationships and social support to individual resilience and the capacity to recover from adverse life experiences, including child sexual abuse, has been noted. Emotional support and belief have been factors identified by survivors as being helpful to them in developing the resilience to overcome the effects of sexual abuse (Davis, 2001; Feinauer et al., 1996; Glaister & Abel, 2001). Relationships giving survivors a sense of connection, acceptance and support provide such abused women with an emotional context where they can process their emotions and experiences. Although intimate partnerships provide a place in which the problematic effects of the abuse can be exaggerated and played out, these relationships can also provide a source of healing and support for the survivor (Champion de Crespigny, 1998; Miller & Sutherland, 1999; Snyder, 1996).

Although the empirical research on the impact of child sexual abuse is somewhat limited evidence suggests that child sexual abuse can also present challenges in lesbian relationships. The next section will build on the material already discussed and will review research findings in respect of lesbian couple relationships.

## **Chapter 10**

### **The Implications of Child Sexual Abuse for Lesbian Couple Relationships**

#### **Introduction**

The following chapter is intended to provide a focus on lesbian women and the implications of child sexual abuse for their relationships. To provide a context in which to view this topic I will discuss relationship areas that have been identified as being impacted by a history of child sexual abuse, as they connect to lesbian couples. A section on social support validation and recognition has been included because social support has been found to mediate adverse psychological effects of child sexual abuse. I will then consider documented impacts of child sexual abuse where one or both partners have been abused. I have confined comment to lesbian couples where possible, except where findings report comparisons with gay men and heterosexual couples, or with heterosexual women.

Material is presented in the following order:

- Relationship Satisfaction and Commitment
- Emotional Intimacy
- Sexual Activity
- Social Support, Recognition and Validation
- Impacts of Child Sexual Abuse
- Conclusion

#### **Relationship Satisfaction and Commitment**

Same sex relationships can take many forms however the majority of lesbian women (as do most heterosexual women) seek intimacy, companionship and sexual fulfilment in a stable relationship with one other person (Papalia & Olds 1998). The components for long-term satisfaction in an intimate relationship have been found to be similar both in heterosexual and same sex relationships (Patterson 1995), (cited Papalia & Olds 1998), (Klinger, 2002). Researchers investigating relationship satisfaction in lesbian, gay male

and heterosexual couples have found more similarities than differences (Blumstein & Swartz 1983).

Couple adjustment has been defined as mutual accommodation and the ability to enjoy and find comfort, happiness and satisfaction with each other (Feinauer et al 1996). No significant differences in couple adjustment between lesbian and heterosexual women have been reported (Hart, 1995) although where differences have been found; greater relationship satisfaction in lesbian couples has been reported (Kurdeck, 1998; Zacks, Green & Marrow, 1988). Kurdeck et al (1994) found, in comparison with heterosexual and gay male couples, lesbian women expressed significantly higher levels of relationship satisfaction. Even more than in heterosexual relationships equality of power, reciprocity and decision-making are highly valued (Blumstein & Schwartz, 1983; Reilly & Lynch, 1990) and these qualities contribute to the experience of greater satisfaction in lesbian relationships (Scheurs & Buunk 1996).

Higher partner regard, trust and shared decision-making were reported in lesbian couples. These factors, Kurdeck (1998) speculates, relate to the differences in the way men and women are socialised, which place greater emphasis on qualities of nurturing and emotional expressiveness in women's behaviour. Gender rather than sexual orientation has been found to account for the similarities and differences in attitudes toward emotional commitment between lesbian, gay male and heterosexual couples. Women, whatever their sexual orientation, place greater emphasis than men on the emotional characteristics of an intimate relationship (Carr, 2004; Hart, 1995; Zak & McDoanald, 1997) and report greater investment and commitment to maintaining their intimate relationships than men (Duffy & Rusbult, 1986).

### **Emotional Intimacy**

Intimacy provides an emotional quality to interpersonal relationships distinguishable by closeness, self-disclosure, feelings of warmth, connection, and trust, and may include sexual contact (Rosenbluth & Steel, 1995; Collins & Miller, 1994; Sternberg & Grajek, 1984), (cited Papailia & Oldes 1998). Schaefer and Olsen (1981), (cited Shreurs & Buunk, 1996) conceptualise intimacy as the sharing of a variety of experiences, such as pursuing joint activities and the mutual exchange of personal feelings. Intimacy can be



seen to be multifaceted in that it can encompass a number of areas within the relationship involving sharing personal feelings and information, pursuing leisure activities together, having mutual friends as a couple, sexual intimacy and feelings of mutual security.

In a recent New Zealand study emotional attraction has been found to be more important to lesbian women than gay men (Henrickson, Neville, Donaghey, Jordan, 2004). Lesbians have been reported as more likely to have stable monogamous relationships, which often demonstrate higher levels of emotional intimacy and bonding than relationships between gay men or heterosexual couples (Berger 1984; Berger & Kelly 1986; King 1996; Patterson 1995; Rosenbluth & Steil 1995), (cited Papalia & Olds (1998), (Decker 1984; Schrag 1984; Peterson & Stewart 1985), (cited Groves & Schondel 1996). Lesbian relationships also demonstrate a more egalitarian balance of power and sharing of everyday domestic chores than is usually seen in most heterosexual relationships (Kirkpatrick, 1982; Golombok, 1983 Patterson, 1995b; Rosenbluth & Steil, 1995) (cited Papalia & Olds, 1998), (Klinger, 2002).

Gender has been found to affect what people want and how they construct emotional intimacy in their relationships (Elise, 1986; Carl, 1990), (cited Van Wormer et al., 2000); (Chernin & Johnson, 2003). It is argued that gender determines what people expect from partners, and that gender-linked expectations about behaviour provide the context for how people interact together and construct their intimate relationships (Blumstein & Schwartz, 1983; Carr, 2004).

Qualities of emotional intimacy, expressiveness, and commitment to equality are highly regarded in lesbian relationships (Cauldwell & Peplau, 1988), (cited Klinger, 2002), (Reilly & Lynch, 1990; Rosenbluth, 1997; Schreurs & Buunk, 1996). Klinger, (2002) suggests the reasons for this can be found in the way women generally, are socialised. Lesbian relationships however have often been characterised as more emotionally enmeshed, or merged (Douglas, 1990; Krestan & Bepko 1980; Pearlman, 1989; Peplau Cochran, Rook & Padesky, 1978; Zacks, Green & Mrow, 1988), (cited Causeby, Lockhart, White & Greene, 1995) than heterosexual couples (Igatua, 1998). The term "fusion" is often used to describe this tendency and has typically depicted a psychological state characterised by lack of individuation and differentiation in the

relationship (Appleby & Anastas, 1998; Laird & Green, 1996; Markowitz, 1991) (cited Van Wormer et al., 2000). Various explanations for the fusion observed in lesbian relationships suggest it is a defence against homophobia (Causeby, 1995). Or a consequence of the psychological and social development of women to focus on relationships (Chernin & Johnson 2003), thus intimate relationships are illustrative of and critically important to a women's identity (Chodorow 1978), (cited Scheurs & Buunk, 1996). Levels of fusion observed in non clinical populations of lesbian couples however have not been reported as excessive (Causeby et al., 1995) and more recently fusion has been reformulated as a healthy relationship dynamic that have been misinterpreted by mainstream heterosexual norms and values (Carroll, Hoenigman-Stoval, Turner & Gilroy, 1999).

### **Sexual Relating**

There is considerable variety in lesbian couples' experiences of sex and this is an area that merits more research activity (Bepko & Johnson 2000). Attention has been paid to research findings that lesbian couples have less frequency of sexual relating at all stages of their relationships than other couples (Blumstein & Schwartz, 1983; Barret & Logan, 2002). A number of researchers have offered explanations for this by emphasising the part gender role socialisation has to play in defining women's approach to and expectations of sexual activity (Blumstein & Schwartz, 1983) (Jeffreys, 1986, Loulan, 1984, Moses & Hawkins, 1982, Riddle & Sang, 1978, Toder, 1978), (cited Reilly & Lynch 1990). It has also been argued that major surveys such as the one undertaken by Blumstein & Schwartz (1983), investigating money, sex and work in American heterosexual, lesbian and gay male couples confine notions of sexual activity to those involving genital contact and fail to appreciate the importance of intimate non-genital physical contact in lesbian relationships (Hall, 1996; Bepko & Johnson, 2000). This argument is supported by (Ossana, 2000), (cited Barret & Logan, 2002) who reports that while studies indicate lesbian women may experience less frequency in their sexual activity, they spend longer in each occasion. Many lesbian women receiving therapy report satisfying sexual experiences (Bepko & Johnson, 2000), and other studies found that lesbian couples report a sexual frequency similar to that of women in committed heterosexual relationships (Loulan 1987; Matthews, Tartaro & Hughes, 2003).

### **Social Support, Recognition and Validation**

Lesbian relationships are often not acknowledged or accepted in a woman's family of origin, and lesbian women quite legitimately express concern about behaving as a couple in public because of the threat to them of physical or sexual assault if their identity becomes apparent to others (Bepko & Johnson, 2000). Decreased social support, validation, and lack of legal recognition can impact negatively on couple relationships (Cosis-Brown, 1998; Bepko & Johnson 2000). In order to compensate for this, gay people commonly develop a close network of gay friends, heterosexual allies and ex-lovers who comprise an alternative community where support, validation and social recognition can be relied upon (Bepko & Johnson 2000). Lesbians receive the most social support and validation from other gay friends, but they have also been reported to receive support from family members, more particularly female siblings, and mothers (Bryant & Demain, 1990), (cited Papilia & Olds 1998), (Chernin & Johnson, 2003).

In most other ways, with this exception and the practice of locating gay/lesbian supportive environments, the behaviours used by committed same sex couples to maintain and sustain their relationships are similar to those utilised by committed heterosexual couples (Hass & Stafford, 1998: Julien, Chartrand & Begin, 1999).

### **Impacts of Child Sexual Abuse**

The statistics of child sexual abuse among the female population suggest the probability that at least one member of a lesbian couple has experienced child sexual abuse is higher in lesbian relationships than other couple formations simply because both partners are women (Clunis & Green, 1993; Loulan, 1987).

Butke (1995), (cited Parkes, Cutt, Woodson & Flarity-White, 2001) found adult lesbian survivors commonly reported experiencing a distorted body image, and the higher incidence of a history of child sexual abuse in lesbian couples has been speculated to be a significant reason for sexual problems in lesbian relationships (Bepko & Johnson, 2000). The impacts of sexual abuse on a relationship are, however, never just confined to the couple's sexual relationship. The association of child sexual abuse with feelings

of violation, betrayal and rejection and the consequent effects on the survivor's capacity to trust and feel emotionally safe are important to consider given the value lesbians attach to communication and emotional intimacy in their relationships (Clunis & Green, 1993).

Finally little information is written for or about the experiences of lesbian partners of adult survivors of child sexual abuse (Chauncey, 1994; Davis 199, Maltas & Shay 1995) but that which is available conveys that this situation, as with heterosexual couples, can cause personal stress and relational dissatisfaction (Bass & Davis, 1993; Loulan, 1987; Schondel & Groves, 1995).

Practitioners working with lesbian couples impacted by the experience of child sexual abuse have identified recurring issues relating to sexual intimacy, trust, social isolation, shame and secrecy. Other concerns involve care taking dynamics where the non survivor partner is placed in a care-taking role, and triangulation where a metaphorical presence is used by the couple to perpetuate modes of interaction that have become static (Kerewsky & Miller 1996; Parkes et al 2001). Hall's (1999) exploration of the sexual relationship experiences of lesbian survivors found increased sexual assault, negotiated sex and a lack of sexual spontaneity where both partners are survivors of sexual abuse. In addition she comments on a perception by many partners that their relationship holds a double secret, that of child sexual abuse and lesbianism. On a positive note however lesbian women sexually abused as children have reported higher levels of relationship satisfaction than their heterosexual counterparts (Weingourt, 1999).

## **Summary**

Research findings indicate that lesbian women express a considerable degree of satisfaction in their intimate relationships and value emotional intimacy and equality highly, and that their expectations and behaviour in their intimate relationships have been associated with gender-linked expectations. These provide the primary guide to the interaction and construction of intimate lesbian partnerships.

Levels of sexual activity in lesbian relationships vary and while sexual frequency has been reported as lower than that of other couples some writers have suggested this is because lesbian sexual relating has been judged by mainstream heterosexual norms. Other researchers have reported levels of sexual activity in lesbian relationships to be similar to those of married couples.

Lesbian couples are less likely to enjoy the same validation and support of their relationship that heterosexual couples receive and are more likely to express concern about negative repercussions from others to their lesbian identity. Other research findings indicate that lesbian women compensate for environmental difficulties by developing alternate social networks.

The potential for the experience of child sexual abuse to impact on a lesbian relationship would seem to be greater, not because abuse has been found to predispose sexual orientation but simply because a lesbian relationship involves two women and the prevalence of sexual abuse is higher for women than men (Loulan, 1987). The limited material available outlining the impacts of child sexual abuse suggests problems for lesbian couples associated with emotional disconnection, lack of communication between partners within the relationship, sexual difficulties, partner violence and social isolation. The impact of issues that undermine qualities of communication and emotional intimacy can be particularly problematic for lesbian couples because of the high value that is attached to these qualities in a relationship.

The following chapter will deal with a number of issues associated with counselling survivors of child sexual abuse individually and as partners in a relationship and as lesbian women.

## **Chapter 11**

### **A Review of Counselling Strategies for Therapeutic Intervention with Survivors of Child Sexual Abuse**

#### **Introduction**

A number of writers have addressed the issue of therapeutic engagement with intimate partners or couples struggling with issues concerning the impact of child sexual abuse (Adams-Westcott & Isenbart, 1996; Bacon & Lein, 1996; Barnes, 1995; Barnett, 1993; Brittain & Merriam, 1988; Chauncey, 1994; Compton, 1998; Davis & Petretic-Jackson, 2000; Firth, 1997; Maltz & Shay, 1995; Mennen & Pearlmutter, 1993; Miehl, 1997; Pistorello & Follette, 1998; Reid, Wampler & Taylor, 1995; Reid, Wampler & Taylor, 1996; Wilson & James, 1992). However, the major focus of this literature has been directed toward heterosexual populations where the partner is male and the survivor is female (Gibbons, 1999).

It has been difficult to establish a logical progression to this chapter and after some thought I have structured it under the following headings from the general to the particular as being the easiest sequence for the reader to follow. It considers these points in the following order:

- Relationship counselling with survivors and their partners;
- A review of therapeutic models and strategies used with survivors of child sexual abuse;
- Sexual orientation as therapeutic factor in counselling with lesbian women;
- Therapeutic models that have been developed for use with lesbian women who experience sexual abuse as children, and their partners.

#### **Relationship Counselling with Survivors and their Partners**

Despite the acknowledged implications of child sexual abuse on intimate interpersonal functioning and the difficulties reported by survivors, the emphasis of therapeutic intervention with survivors has been focussed primarily upon the individual survivor (Bacon & Liem, 1996; Reid et al., 1995), and has somewhat overlooked her current

relationship status (Reid et al., 1996). Ironically Gibbons (1999) found that 89% the survivors in her sample considered working with current relationships essential to their treatment as compared with 66% of the social workers and 67% of psychologists from whom they were receiving services. Some writers suggest that couples therapy is effective only after long-term individual therapy (Heiman 1986; Busby et al., 1993), (cited Miehl 1997). However the inclusion of partners has been recognised as important particularly by those working in the area of sexual functioning (Gazen, 1986, Maltz, 1988) and the therapeutic benefits of working with relationship issues, partner awareness of the effects of child sexual abuse and the maintenance of partner support have been highlighted by others (Adams-Westcott & Isenbart, 1996; Pistorello & Follette 1998; Ried et al., 1995; 1996).

Both survivors and partners often articulate a desire for a more developed couple focus and more partner involvement (Jehu, 1988), (cited Dale, 1999), (Reid et al., 1995). Maltz (1988) developed a couple's approach which addresses sexual issues following the experience of childhood incest, but other references to couple approaches or models are relatively rare. A more direct approach to sexual issues in the relationship has been recommended by some (Reid 1995), however while this may be an important issue for the partner it may be one of the last areas that the survivor feels able to address (Davis 1991; Maltz, 1988; Maltas & Shay 1995).

Problems in relationships are also commonly associated with decreased emotional expression and distancing behaviours (Wilson & James 1992), (cited Firth 1997; Compton, 1998), conflict management, and communication issues (Dilillo & Long 1999). A review of how roles and interactions have been constructed and maintained in a relationship suggests partners may wish to receive more attention and nurturing in the relationship but find it difficult to give up the role of helping the victim (Chauncey 1995; Maltas & Shay 1995; Menan & Pearlmutter 1993; Wilson & James 1992). Gibbons, (1999) comments that the merits of concurrent couple or partner work over providing services for survivors of child sexual abuse alone have yet to be explored.

Anger is a common issue in partnerships (Oz, 2001) with some partners resenting the contact survivors have with their families if the abuser is an intra-familial perpetrator or even blaming the survivor for being abused (Brittian & Merriman 1988). Partners may

feel excluded from therapy or angry and resentful that their needs in the relationships are not being met (Chauncey 1994; Pistorello & Follette, 1998) or they may feel they are the targets for misplaced anger meant for the perpetrator (Davis 1991; Reid et al., 1996).

Work to date suggests that the issues addressed in conjoint work with partners could usefully include initial partner consultation to explain the course of therapy and what issues may arise as it is common for partners to feel resentful or excluded (Ried, 1993), (cited Bacon & Leim, 1996). Symptoms may increase before they improve (Courtois, 1988; Reid, 1995) and partners need information and education about the long-term impacts of child sexual abuse (Bacon & Leim, 1996; Chauncey, 1994; Follette & Pistorello, 1995; Maltas & Shay, 1995).

### **A Review of Therapeutic Models and Strategies with Survivors**

The following is a brief summary of the major approaches utilised in therapeutic work with female survivors of child sexual abuse, whether lesbian or heterosexual. The next sub-section discusses therapeutic models used in work with lesbian couples where one or both partners experienced sexual abuse as children.

#### **Psychoanalytic/Psychodynamic Tradition**

The Psychoanalytic/Psychodynamic Tradition is associated with Sigmund Freud the founder of psychoanalysis (Dale, 1999; Gerald & Gerald, 2001) and has been traversed earlier in this thesis. However, some concepts in this approach have had a significant impact on psychotherapy with survivors of child sexual abuse. One such relates to the repression of traumatic events, which need to be recovered as part of the process of psychological healing (Gerald & Gerald, 2001). Another is “transference” where feelings of hostility or attachment toward the therapist are understood as a projection of the client’s often-unconscious feelings about other significant people in their lives rather than as a reflection of the therapeutic relationship (Dale 1999; Gerald & Gerald 2001).

More recent theoretical developments in the area of attachment have been critical in developing a new understanding of the reparative implications of the therapeutic relationship as a counter to previous unsatisfactory attachment relationships, particularly



those with parents. This emphasis has contributed to a more involved and conversational style (Cashdan, 1988; Hobson, 1985; Lomas, 1987, 1994; Mair, 1989), (cited Dale 1999) and an increasing flexibility, humanity and openness in the therapist/client relationship (Dale, 1999). It has accommodated an increasing eclecticism in this area with the incorporation of other theoretical paradigms, most notably feminism and trauma theory (Davis & Frawley, 1994; Haaken & Schlaps, 1991, Kearney-Cooke & Striegel-Moore, 1994; McCann & Pearlman, 1990; McElroy & McElroy, 1991; Rose, 1991), (cited Gibbons, 1999). Criticisms of this model concern the lack of focus on the victim's social context, and the assumption that insight alone is enough to precipitate change and healing (Payne, 1991), (cited Gibbons, 1999).

### **Traumatic Stress Models**

Traumatic stress models, which developed from research undertaken with survivors from concentration camps and war combatants, have provided a socio-biological paradigm for understanding the impact of extreme stress and trauma on a variety of victims including survivors of childhood maltreatment (Briere, 1992; Briere 1997; Dale, 1999).

Treatment strategies have focussed on stabilisation, desensitisation, cognitive restructuring and the attribution of meaning, and these have also been found to be useful in work with survivors of childhood maltreatment where flashbacks, panic attacks and feelings of numbness are reported (Briere 1997) (Briere 1989, 1992; Lindberg & Distad 1985) (cited Dale 1999). Here again criticisms have been levelled at the application of this approach to survivors of child sexual abuse whose experiences of trauma, in contrast with other victims, often takes place over a longer period and within the context of a close ongoing relationship (Mendal, 1995), (cited Dale, 1999).

The PTSD model has limited application with this group, particularly with in regard to interpersonal and sexual difficulties and perceptions of self (Dale, 1999). Gibbons (1999) and Mullen and Fleming (1998) echo these criticisms commenting that this model fails to take into account the impact of familial, social and developmental influences on the development of effects related to child sexual abuse.

### **The Cognitive Behavioural Tradition**

This perspective is a combination of cognitive and behavioural traditions. This combination emphasises how thought patterns are learned and influence the attribution of meaning and how the individual subsequently makes sense of their experience (Sharf, 2004). Difficulties arise when distorted thinking causes individuals to attribute negative meaning to their life experience. The Cognitive Behavioural approach applies principles of social learning to specific problems and has reported success with the resolution of specific anxieties and aversions. A range of therapeutic techniques emphasise problem solving, communication skills, anger management, cognitive restructuring to prevent the client from continually seeing her experience in an unhelpful way, and relaxation skills (Dale 1999; Gibbons 1999). Criticisms directed at this approach suggest that it ignores the centrality of the abuse experience (Clarke & Llewelyn 1994), (cited Gibbons 1999).

### **Feminist Models**

As discussed earlier in this thesis the Feminist paradigm provides the basis for the array of what has been termed “survivor models”, which achieved prominence in the 1980s and 1990s (Dale 1999). The treatment approaches encapsulated in these various models are based around self-help principles and empowerment as a primary treatment goal (Berlin & Kravetz 1981; Dominelli 1989; Dinsmore, 1991; Palmer, 1991; Scott McCarthy et al., 1991; Sheinberg 1992; Rummery 1996), (cited Gibbons 1999). Therapy is conceptualised as a journey of recovery following a series of pre-determined steps that women begin as victims and from which they emerge as survivors. The solidarity and mutual support generated in survivor peer groups is often considered one of the strengths of the approach (Dale 1999; Gibbons 1999).

Survivor models have been accused of a simplistic approach based on stereotypical ideas about how victims are supposed to react to what happened to them. Criticisms concern the limited usefulness for women whose experience of abuse occurred within the context of an affectionate care-taking relationship, and who gained pleasure from the experience or grieved the loss of the relationship with the abuser (Dale, 1999). The feelings of ambivalence, anger and betrayal many victims experience toward their mothers is also difficult to accommodate within a theoretical paradigm, which regards mothers also as victims (Gibbons 1999).

### **The Humanist Tradition.**

This diverse school, to which Carl Rogers and his approach (latterly known as “Person Centred Therapy”) is a major contributor, emphasises optimism and the belief in the capacity of the individual to grow and heal (Gerald & Gerald 2001). It argues that the role of therapy is to provide the environment to assist this growth and the tenets of person centred therapy emphasise empathy, genuineness, unconditional positive regard for the client and congruence as the core conditions of the therapeutic relationship. These therapeutic techniques have included psychodrama or action processes such as empty chair work, role-plays and utilising the client’s creative abilities by encouraging artwork and written expression as a way of facilitating personal development (Dale 1999).

### **Narrative Approaches**

A narrative is a story (Elliot, Mulroney & O’Neil, 2000; Gerald & Gerald 2001). This therapeutic approach focuses on the personal stories and language people use to understand and organise their experiences and make meaning of their lives (White & Epston 1990), (cited Adams Westcott & Isenbart 1996), (Gibbons 1999). Narrative therapy acknowledges the presence of many stories and stresses that personal constructions of meaning are influenced by gender, family values and socio-economic position (Gerald & Gerald, 2001). The more dominant stories often carry a bias of blame or guilt and cause people to view negative experiences such as child sexual abuse as evidence of their own failings or weaknesses (Elliot et al., 2000). Narrative therapy encourages the survivors to create new stories or ways of constructing meaning about their experience and supports them in the development of preferred stories based on previously unacknowledged strengths (Elliot et al., 2000). Criticisms directed toward this approach concern its limited application in times of crisis and a jargon and use of language that can be difficult for clients to understand (Vinsen 1992), (cited Gibbons 1999).

### **The Eclectic and Integrative Paradigm**

Some writers have drawn on a range of models and theories in constructing their approaches to therapy with survivors of childhood maltreatment (Friedrich, 1995), (Courtois, 1988; Briere, 1989; Conte, 1990; Kirschner et al., 1993; Meiselman, 1994; Sanderson, 1995), (cited Gibbons, 1999). In psychotherapeutic practice there has been a

move away from unitary approaches based on a single broad theoretical perspective, as these are considered inadequate to explain complex client situations (Dale, 1999) and approaches that enable an integrated and flexible response to client needs have been developed (Sharf, 2004). This direction is also reflected in therapeutic work with survivors of childhood abuse where combinations of approaches are being utilised in response to specific issues such as trauma (Blake-White & Kline, 1985; Ochberg, 1991), loss (Courtois, 1988); cognitions (Jehu, 1988; Salter, 1995); memories (Courtois, 1992; Olio, 1989; Sanderson, 1990); family issues (Gelinas, 1983; Giaretto, 1982 a & b); attachment issues (Davis & Frawley, 1994; Gardiner, 1990); affect (Cornell & Olio, 1991 Gil, 1988); unconscious processes (Briere, 1989; Hakken & Schlaps, 1991) and sexual issues ( Maltz & Holman, 1987) cited Dale, (1999).

### **The Relationship between Characteristics of the Therapist and Sexual Orientation and Therapeutic Issues in Work with Lesbian Couples**

While the preceding sections have sought to outline and review the major therapeutic strategies utilised with survivors of child sexual abuse, those following focus more specifically on sexual orientation as an issue in therapeutic work and on the models utilised with lesbian couples where one or both partners experienced child sexual abuse.

The juxtaposition of therapeutic relationship versus therapeutic technique has provided an ongoing central debate in psychotherapy research and discussion (Dale, 1999; Duncan, Miller & Sparkes, 2004). The now considerable research on therapist related variables demonstrates that the therapist's personal attributes (Beutler 1994), cited Dale 1999) and skills, the client therapist relationship, and expectations of the client combine to contribute more to the effectiveness of the therapeutic outcome than theoretical orientations or techniques (Duncan et al., 2004).

It is estimated that lesbian women and gay men seek counselling at two to four times the rate of the general population (Bell & Wineberg, 1978; Jay & Young, 1980; Rudolpf, 1988) (cited Barret & Logan, 2002). It has been suggested that openly gay therapists can facilitate effective counselling for gay clients and the use of appropriate self-disclosure can be validating of the clients experience (Gonsiorek 1985). Although many gay male and lesbian couples seek an openly gay therapist to work with (McDermott, Tyndall &

Lichtenberg, 1989) (cited Tully, 2000) this is not necessarily a guarantee of success, as openness, acceptance and a non-judgemental attitude are more important (Cabaj, 1996). Many of the basic tools and themes that relate to couple work in general can be transferred to work with lesbian couples, although the gender and sex role biases of therapists can impact on the ability to respond to both gay male and lesbian couples without stereotyping them. In addition the external socio cultural context which often marginalizes lesbian relationships and the meaning, value and interpretation attached to important aspects of a couple's life together for example sexual relating, relationships with family, friends and ex-partners can differ. Similarities with heterosexual relationships should not be assumed (Bepko & Johnson, 2000; Chernin & Johnson, 2003).

Van Wormer et al., (2000) comment that lesbian women have to cope with the usual crises associated with everyday life in addition to issues related to their uniqueness as a minority group. These issues include identity formation, coming out, (Rutter & Schwartz, 1996) and the effects of social prejudice and discrimination (Brown, 1995; Perez & De Bord, 2002; Ritter & Terndrup, 2002), the lack of rituals and role models, the role of secrecy (Perez & De Bord, 2000) and other unique issues related to drug and alcohol dependency and partner violence (Cabaj, 1996). A recent review of the psychoanalytic literature on lesbianism and bisexuality in women identified issues associated with coming out, feeling different, relationships, and decisions about parenting as common in therapeutic work with lesbians (Reed, 2002).

### **Therapeutic Work with Lesbian Couples Where One or Both Women Experienced Child Sexual Abuse.**

Literature directly relevant to this topic has been difficult to locate. Nonetheless this section will review therapeutic interventions and issues evident in therapeutic work where either or both women were sexually abused as children.

Groves & Schondel (1996), detail their experience of facilitating a group based on mutual aid and feminist principles for lesbian couples where one or both partners had experienced intra-familial child sexual abuse. Feminist principals emphasising power sharing, the importance of process, and validating and renaming experiences were

believed to provide an environment that encouraged the empowerment of group members. The facilitators were themselves lesbian survivors of child sexual abuse. Their professional background was in social work and the feminist orientation to the group was believed to be consistent with their professional code of ethics.

Couples in their group were divided into three categories, those where both partners clearly identified as survivors of child sexual abuse, those where one partner clearly identified as a survivor and the other felt she may have been so abused but did not have concrete memories, and those where one partner identified as a survivor of child sexual abuse and the other did not. Couples exhibiting evidence of partner violence, anger, infidelity, drug or alcohol abuse or who were in the process of separation were excluded. The group met weekly for five sets of eight-week sessions or forty weeks in total. The facilitators conceptualised their roles as maintaining safety within the group, preserving the boundaries of group discussion and facilitating interaction. They encouraged group members to make decisions about how the group should operate but there were no predefined topics and group members were able to raise topics themselves that were discussed on a weekly basis. The benefits for couples involved in this programme included mutual support, a sense of validation and belonging, reduction in feelings of isolation, and the establishment of a support network that continued after the group ended (Groves & Schondel, 1996).

Parkes et al., (2001) identified problematic issues in couple work with lesbian African-American survivors of child sexual abuse as concerning gender roles, acknowledging their lesbian identity to others as well as personally, couple issues and the expression of lesbian sexuality. They advocate the use of a multi-cultural feminist perspective that emphasises the promotion of a worldview that is non-Eurocentric in content and methodology, and which draws on the phenomenological experiences of culturally and ethnically diverse people. It also advocates social change in the form of the equitable redistribution of power and privilege to people of varying ethnicities, socio economic backgrounds and sexual orientation identities. The feminist aspect of the paradigm is seen to accommodate the reality of triple stigma of racism, sexism and heterosexism that Afro-American clients confront as part of their day-to-day lives.

Kerewsky & Miller (1996) identified several recurring issues in their work with lesbian couples who have experienced child sexual abuse. The treatment approach they advocate conceptualises the multiplicity and multifaceted issues confronting these couples as a series of three concentric circles. The outer circle comprises collecting information about rules, myths and beliefs inherent in the couple's family of origin, which impact their capacity to function. The middle focuses on problematic behaviours and reconnection of clients with resources that will assist in the practical resolution of these and finally the inner circle focuses on reframing the client's internalised view of themselves and others.

### **Summary**

This chapter has reviewed a number of issues associated with counselling of survivors of child sexual abuse and their partners. In structuring this discussion from the general to the particular the scene was set by looking at some of the broader issues that are apparent in work with couples. This was followed by a review of various therapeutic strategies utilised with survivors of child sexual abuse. The characteristics associated with the counsellor and the quality of the therapeutic relationship between client and counsellor have been shown to be more influential for a positive result for the client than the therapeutic technique utilised in the course of treatment.

Gay men and lesbian women utilise counselling services at higher rates than do heterosexual men and women. Although the sexual orientation of the therapist does not necessarily improve the outcome of counselling for them and many of the skills utilised in work with heterosexual couples can also be used with lesbian couples (Bepko & Johnson, 2000), an appreciation by the therapist of the unique issues confronting lesbian women as an invisible and stigmatised minority is important to therapeutic effectiveness (Barret & Logan, 2002; Bepko & Johnson, 2000; Tully, 2003). Further to this, three therapeutic models, which have been utilised with lesbian couples working through issues of child sexual abuse, have been examined here (Groves & Schondel 1996; Kerewsky & Miller 1996, Parkes et al., 2001)

## **An Overall Summary of the Literature Review**

As demonstrated in this review of the literature, child sexual abuse is a problem affecting a significant minority of women in the general population. While there is certainly evidence to suggest that the long-term psychosocial, emotional and interpersonal effects of child sexual abuse can be minimal, a substantial literature also exists to suggest that they are, in fact, comprehensive and costly in terms of limiting human potential and quality of life. These effects can be compounded by a number of factors associated with the child's familial background, the characteristics of sexual abuse experienced and other forms of concomitant abuse suffered. The child or young person's perception and the meaning she ascribes to the abusive experience is also important and can be even more detrimental if she blames herself for what happened.

This literature review has detailed the impact on the interpersonal context of those so abused and on those individuals with whom survivors form intimate relationships. It tells us that women who have been sexually abused are just as likely to be in a current relationship as non-abused women, but they report more and different problems in their intimate relationships than non-abused female populations. Despite the fact that the majority of studies investigating this aspect of interpersonal experience have been directed toward heterosexuals there is every reason to suppose that many, but not all, similar considerations also apply in respect of lesbian women.

In a woman-to-woman pairing the likelihood of one or other or both women to have been sexually abused is higher. This is because the reported prevalence of child sexual abuse is higher in women than it is in men. The characteristics of emotional intimacy and equality in intimate relationships have been identified as significantly important and highly valued by lesbian women. Therefore, interpersonal impacts would seem to have particular potential implications for satisfaction and adjustment in lesbian couple relationships. The lack of controlled studies and clinical reports makes this difficult to establish with any degree of certainty although these problems have been reported in the clinical practice literature, which also suggests it to be one of the major reasons behind the reporting of sexual difficulties in lesbian relationships.



In the course of recovering from the effects of child sexual abuse women often seek the assistance and help of therapists and counsellors, who may be social workers, as they endeavour to move forward with their lives. Often the therapeutic strategies available to assist female survivors accomplish this aim are individualistic in orientation and underrate the importance of the survivors interpersonal context, the experiences of partners and the potential for couple relationships to provide a place of healing and resolution. Attention however has been given to three models that have been utilised therapeutically with lesbian couples.

Section Three, which follows, comprises a discussion of the nature of this research project and its development and implementation.

## **Section Three - The Methodology for This Research**

### **Introduction**

This was a non random qualitative research project which through the use of face-to-face interviews acquired information about the impacts of child sexual abuse on mutually committed lesbian couple relationships of at least one years duration, where one or both partners had experienced child sexual abuse before the age of sixteen. The focus of this study was concerned with exploring with the participants the effects of child sexual abuse on them and their relationships, and in particular their current relationship. Research participants had to have acknowledged the sexual abuse they experienced and its extent in order to participate and this was done by way of the information sheet, which set out the studies operational definition of child sexual abuse as well as the other criterion for participation. A subsequent in-depth interview with me explored couples' experiences in detail.

I hoped this research would elicit a picture of the strengths, challenges and learning opportunities posed to these relationships, since little knowledge is currently available. I also hoped that the results would be beneficial to women in this situation, and would extend the research and professional knowledge base concerning the interpersonal implications of child sexual abuse in this population, in order to assist professionals in working with lesbian women to better respond to their needs.

## **Chapter 12**

### **The Development and Implementation of this Enquiry**

#### **Introduction**

My study utilised a qualitative research approach as a way to build knowledge about the population of women who formed the basis of this research. This following chapter sets out the means by which this knowledge was built and contains information relevant to the methodology of this study. This includes the epistemology of the study, setting up the research, recruitment of participants, the interview process, analysing and processing the data, key ethical issues and the reflexive and reflective nature of the research.

#### **The Epistemological Dimension of Qualitative Research**

My research was qualitative in structure, a method that is derived from several different traditions (Miller & Crabtree 1992), (cited Darlington & Scott, 2002) however qualitative research is typified, by a number of features, which are characteristic of this particular study, namely:

- An emphasis on conducting research in the participant's natural social environment (Royse, 1999).
- Samples sizes that are often small with less concern given to obtaining large representative random samples; control groups are rarely used (Royse 1999).
- In-depth interviewing and observation with individuals and small groups are used as the primary means of eliciting information from research participants (Darlington & Scott, 2002).
- Part of the researcher's role is to gain an overview of the whole context under study (Shaw & Gould, 2001) and to attempt to see the world from the perspective of those participating in the research (Royse, 1999).
- The systematic observation of behaviour and the careful analysis of field data is emphasised (Darlington & Scott, 2002).

Qualitative researchers explore situations and phenomena about which little may be known (Royse, 1999). The emphasis is on appreciating that “small facts speak to large issues” (Geertz 1973 p.21), (cited Shaw & Gould 2001 p.7) and on encouraging researchers and their participants to work collaboratively to explore meaning and understandings (Cardino, 2003).

The emphasis in qualitative research is concerned with how the social world is interpreted, perceived and organised and with the often-multifaceted meaning of that construction for the people concerned (Mason, 1996). As a consequence results are described as complex and rich (Mark, 1996; Royse 1999), and based on the words participants use to describe their life experiences (Royse, 1999) thereby assisting the reader to appreciate the multi-layered dimensions and depth of the issues under study (Cresswell, 1998). Central to this endeavour is also the recognition by the researcher that the very act of being studied affects research participants (Mark, 1996). Indeed the reverse is also true, as the position of the researcher in the qualitative tradition has been described as that of a learner rather than a specialist or expert (Royse, 1999). Acknowledging the impact of the researcher by providing information, which details how s/he experienced the research before, during and after the process is likewise emphasised (Darlington & Scott 2002).

### **The Development of this Enquiry**

Personal insight and awareness form an essential part of the social work research role (Mc Dermott, 1999), (cited Gibbons, 1999). When considering what I as the social work researcher brought with me to this undertaking I identified that the major influences on the epistemology, underlying agenda, theory, research design, methods and ethics of this study derive from the values of:

- Qualitative research,
- Feminist research methodology, and
- Social work practice

Padgett (1998) discusses the similarities between qualitative research and social work practice. Likewise the use feminist research often makes of qualitative research methods

have been examined by Yegidis, (2002). Gibbs (2001) also comments that the feminist position on knowledge has enabled social work research to take account of sexist institutional practices and has contributed to a deconstruction of knowledge, structures, systems, and agency contexts in social work, which disadvantage women.

Qualitative research methods and social work practice are not synonymous and, while there are many similarities between the two there are elements of difference in areas such as assumptions, goals, education and training, disciplinary influences, client/participant relationship and criteria for success (Padgett, 1998). Similarly, the feminist research tradition is not inherently qualitative (Yegidis, 2002). However the three areas nominated do share many similar values and have influenced the methodology used in this study. This is explored in more detail in the following sections.

### **The Application of Qualitative Research Values**

Royse (1999) has noted that a desire to explore and represent the life experiences and views of those people or groups whose stories are often not heard or well understood is frequently a motivation for those engaged in qualitative research. For myself, I hoped that this investigation would more clearly define the research problem and generate questions for future study. I was motivated in this by a desire to build knowledge about this particular group of women, their unique experiences and their relationships with helping professionals such as counsellors and social workers working in a therapeutic role with women sexually abused as children. For these reasons, and because of the sensitivity of the topic, I believe that a qualitative research design was the most appropriate for this topic.

The research produced a considerable amount of data and, consistent with qualitative research principles, the meaning extracted from the stories and explanations that the participants offered took account of the complexity and context of their lived experiences (Mason, 1996). The research was deductive, in that my professional knowledge from the field of child sexual abuse and the literature summarised earlier in the thesis have been applied against the narratives of women from my sample.

### **The Role of Feminist Research and Methodology in this Study**

Yegidis (2002) comments that “*feminist research should be regarded as research for and about women*” (p.144), “*designed to build knowledge about women, their unique problems and the social institutions that affect them*” (p.144), and feminist research, similarly to qualitative research approaches, stresses knowledge building which takes account of the individual situation and broader context of women’s lives (Yegidis, 2002). Which also take account of the diverse and dynamic contribution of class, ethnicity and sexuality to expression of women’s identity and lived experience (Olesen, 2000).

Feminist research methodology does not comprise one unified method (Olesen, 2000). However it can be characterised by a number of common underlying principles, which distinguish it from other approaches. Gender is a central focus of that research process, which aims to give a voice to women’s experiences (Habermans 1978), (cited Darlington 1993), (Mark 1996), particularly the views and personal stories of those women who have not often been represented in research studies (Mark, 1996). Feminist research entails a commitment to consider broader policy implications and to advancing the position of the women whose lives they research (Darlington, 1993; Mark, 1996). As opposed to the assumption of objectivity, it is said that feminist researchers acknowledge their background and the worldview of their own ethnicity, cultural identity, social class and/or sexual orientation as an influence on the attitudes and values they bring to the research endeavour. There is an emphasis on collaboration with research participants who may take a role in the process of selection, creation of the research instrument, data collection and in the writing and presenting of the research results. Finally feminist researchers do not adopt the demeanour of expert and there is a commitment to social change and sharing of personal information and motivations with their samples (Alston & Bowles, 2003).

The primary aim of my research has been to represent the views of a group of women about whose experiences little is known. Such a project requires that the voices and feelings of the women be heard, that the structural and cultural conditions affecting

them are captured and that women themselves have the opportunity to contribute to change.

### **The Practice of Social Work**

An argument has been advanced that the qualitative research approach is the preferred approach in social work research because it has a natural synergy with the processes of practice. Jane Gilgun (1996) (cited Padgett, 1998) originally advanced this argument although she was actually referring to grounded theory. Subsequently, however, her comments have been extrapolated to apply to the general field of qualitative research (Padgett, 1998). The characteristics that social work practice and qualitative research are seen to share are;

- A focus on how informants construe their world congruent with social work's commitment to starting where the client is.
- The contextualisation of data fits with the emphasis in social work on understanding the person within their environment.
- The detailed descriptions of individual case studies are parallel to the social work individualisation of social work processes of assessment and intervention.
- The use of both deductive and inductive reasoning in the same way that social work synthesises research based knowledge and practice wisdom.
- The skills necessary to engage and work with the client are similar to those required for good qualitative interviewing (Worrall, 1996).

Padgett (1998) acknowledged the value of qualitative research but drew out a number of distinctions between social work practice and research, which concern the following points.

- That the goals of both differ. Social work practice has a series of mandates established between legal duties, the agency and service user that may be contested or in conflict but are presumed to be contributing to a notion of helping. The goals of research by contrast are concerned primarily with the development of knowledge and scholarship, and

- That unlike the social work practitioner, the real work for the researcher begins when the engagement with the participant is completed and the task of transcribing, analysing and writing up the data commences.

While the latter task is very challenging, the skills involved in effective and sensitive interviewing should not be underestimated or considered as work any less real than any other part of the research task.

The practice of social work includes many tasks, roles and responsibilities and has been described by Thompson (2000) as a contested entity as it means many things to different people. The value of social justice however has been a rallying call of the profession (O'Connor, 1999) while a primary focus of practice is with the person in his or her unique situation (Fook, 1993). This approach draws links between the individual's private troubles and the public social issues that form part of the structure of society. As Thompson (2000) notes "*social work operates at the intersection of personal circumstances and broader social forces*" (p.7), a stance which acknowledges that people's lives are shaped by a variety of factors having to do with personal and interpersonal experiences as well as structural factors such as gender, ethnicity, class and sexual orientation.

Research can play an important role in challenging societal myths and misinformation (Mark, 1996). McDermott (1996), (cited Gibbons, 1999) emphasises the role of the social work researcher as congruent with the profession's values of social justice and social change, and with its skill sets and approach. The International Code of Social Work Ethics outlines the onus on the profession of social work to undertake research as part of its commitment to evaluating and building knowledge (Royse, 1999). This commitment is included and outlined in New Zealand's own Social Work Code of Ethics (ANZASW, 1993 p. 14).

To conclude, there are many parallels between qualitative research, feminist research methodology and social work which share a similar focus and commitment to the importance and richness of individual experience, particularly where the experiences of subjects are not well known or understood. Likewise the values of these three heritages share a commitment to achieving social change for women at both individual and structural levels.



## **Methodological Implications of the Operational Definition of Child Sexual Abuse**

For the purposes of this study there was a stipulation that the sexual abuse experienced must include sexual touching and/or genital contact. This stipulation was made primarily because I wanted to establish some commonality around the abuse experience in order to assess and compare long-term effects more readily.

There were, however, other reasons to exclude those women whose experience of sexual abuse as children involved no more than the non-contact level. The difficulty in establishing a link between child sexual abuse and subsequent adverse effects has been the issue of confounding factors and this has been addressed earlier in the thesis. However in situations where child victims have been found to experience physically invasive or penetrative forms of sexual abuse, statistically significant associations between such abuse and significant elevations in later psychopathology have been found, even when other adverse influences in the familial context and social background are taken into consideration (Fleming et al., 1999; Mullen et al., 1994; Mullen & Fleming 1998). Consequently I made the decision to include only those women who had experienced contact abuse because I felt it would assist the robustness of the research findings.

Perpetrators of inter-sibling abuse can be similar in age to the abused sibling. For this reason this research study did not include an age differential between victim and perpetrator. That is to say, self-identified sexual abuse was accepted provided it conformed to the study's definitions, regardless of the ages of those involved.

## **Preparation of the Research**

### **Development of the Research Questionnaire**

It was hoped that interviews would be conducted at a conversational level however it was also recognised that such conversations had to be purposive in order to obtain specific information in relation to certain predetermined areas. Several factors relating to the impact of methodology on the construction of questions in research with women

who experienced sexual abuse as children were considered in the construction of my questionnaire. These concerned the following issues.

### **The Type of Question**

The type of questions used to gain information about the possibility of abuse has also been found to have an impact on research results and these too have been examined earlier in the thesis. Screen questions are typically used to draw out information about abuse and are constructed in two ways, and are referred to as “broad funnel” or “inverted funnel” questions. Much use was made of this latter technique in this questionnaire because of its documented effectiveness in research interviewing with survivors of child sexual abuse (Martin et al., 1993; Wyatt & Peters, 1986), (cited Bolen 2001).

This questionnaire was designed to encourage in-depth narrative responses from participants as well as responses to specific prescriptive data. This enabled the women to respond with as much or as little of the detail as they desired. Most of the participants replied to both types of question and gave a comprehensive perspective of their experiences.

In addition to needing to obtain the information to explore the research questions set out earlier in the thesis I was concerned that the interview did no harm to either partner or the couple. In order to develop rapport and hear the story of their relationship I commenced each interview with biographical details and questions focussing on the how the couple met and how they knew when their relationship became a committed one.

Sensitive areas of the interview such as those concerning specific details of the sexual abuse experienced, or areas where participants were asked to review their experience in a comprehensive way were investigated using checklists, as consistent with the inverted funnel screen questions. The distribution of a checklist early in the interview enabled me to gain a comprehensive picture of personal, interpersonal effects and effects on health, and also proved to be useful in encouraging women to reflect on a difficult and fraught experience while giving them a focus with which to initiate this process. Subsequently when I was collating and analysing my data the use of the checklists enabled me to undertake frequency counts of participant’s responses. Questions

concerning interpersonal impacts were structured to occur at several points in the interview in the hope that as women warmed to the topic they would share insights that were missed earlier in the interview.

### **The Questionnaire**

A semi-structured questionnaire was felt to provide a format that would allow optimum interaction and exploration to take place, but still provide sufficient structure to keep the interview focussed and to ensure that the requisite areas of interest were canvassed with all participants. It was developed over a period of months and contains an initial focus on collecting from participants that small amount of demographic and biographic detail felt to be relevant to the study. The focus then moves to the survivor partner, then to the non-abused partner and concludes with a return to a focus on the couple. In the case where both partners were abused all areas were canvassed.

The questionnaire was designed to explore with participants areas pertinent to the research questions outlined on pages 5-7 of this dissertation. After a brief introductory focus on the couple, the effects of child sexual abuse were explored comprehensively with the women who had been sexually abused. These included effects that related to personal feelings and reactions, interpersonal effects, impacts on health, employment, and place of residence, life style, sexual orientation and perceived social attitudes. The specific emotional contribution of intimate partners was also discussed in this first section in addition to compiling data about the variety of people, and resources that women felt had assisted them in coping with the effects of child sexual abuse, including counselling. In order to place this in context and gain an appreciation of how concomitant abuse, and abuse characteristics such as degree of violation and frequency impact personal reactions it was necessary to explore with women the nature of the abuse they had experienced and their experiences of disclosure.

The section of the interview that focussed on the partner attempted to explore the flow on effects of child sexual abuse and gain a comprehensive picture of the partner's subjective experience of any secondary effects of child sexual abuse. The use of third checklist summarising the major effects reported by male partners of female survivors enable a basis for comparison, and further analysis with what is known about eh

relationship dynamics in lesbian partnerships and on this basis what might be some unique issues for lesbian couples. It has been suggested that the couple relationship is important a place of potential healing and consequently the section of the questionnaire sought to explore this notion with couples and elicit their views on how child sexual abuse had strengthened and challenged their relationship. The concept of a “double secret” (Hall, 1996) that of lesbian orientation and sexual abuse has been posited as a unique challenge for lesbian women and this also was explored with couples. The final section of the interview was designed to explore individual and couple experiences of counselling and whether not being lesbian had been a barrier in accessing services or affected women’s choice of therapist, and if so in what way.

The research questionnaire (attached as Appendix IV) covered some areas similar to other studies investigating the long-term impact of child sexual abuse on those women who have experienced it (Darlington, 1993; Glaisiter & Abel, Mullen et al, 1994; Fleming et al., 1999; Valentine & Feinauer) and on their partners (Adams Westcott & Isenbart, 1996; Chauncey, 1994; Firth, 1997; Reid et al., 1996; Groves & Schondel, 1996). However as a point of difference this questionnaire was designed to explore interacting relationships and people with its focus on survivors, partners and the couple relationship. In other studies these areas have tended to be investigated as discrete entities.

Intensive consultations were also conducted with two other lesbian women, also themselves survivors of child sexual abuse. They are both in committed supportive relationships and both had sought counselling in the past to assist with the resolution of abuse related issues. One is also a qualified therapist who currently works with both heterosexual and lesbian women who have been sexually abused.

These interviews were potentially very challenging. Therefore a great deal of thought was given to how they could be a worthwhile experience for participants. It was hoped to facilitate this by providing women with the opportunity to tell their stories, as well as enabling them to hear from each other and share information they had may not have known before. I felt the structure described above gave time to them, both as individuals and as a couple, and that questions that addressed the positive aspects and strengths of the relationship should provide a balance to the potentially sad and distressing aspects

of the interview. To do no harm is an important ethical consideration (Alston & Bowles, 2003), and it was hoped by structuring the interview in this way would minimise any potential risk.

### **Preparations for the Interviews**

Two pilot interviews were conducted. The survivor focus of the questionnaire was initially trialled with one of the two above women. This was done to explore whether the questions would provide the information required and to assess the potential trauma that the recollection of painful events could have on survivor participants, and on myself. On the basis of the first interview sections of the checklist explicating information about the sexually abusive behaviour that had occurred was refined.

The second pilot interview was conducted with a couple known to me and latterly included in the research. Its purpose was threefold, to ascertain the appropriateness of the questions to both partners, to gain an indication of the time interviews would take and to assess whether a tape recorder would be a useful way of recording information. This process is consistent with an emphasis on collaboration with research participants, which is one of the tenets of feminist methodology (Alston & Bowles, 2003).

The couple involved in the pilot were not required at that stage to answer the questions in any depth. Rather, the aim of the exercise was to test the clarity of questions and to obtain feedback about an appropriate and sensitive order in which certain topics and questions might be raised with respondents. The couple's views about additional questions that would be useful and important to include in future interviews were also sought, as was their view as to whether couples should be interviewed together or separately. They elected the former and also suggested some modifications and that I should include a final question asking women what advice they would offer to other lesbian couples in a similar situation.

Harding (2001) urges feminist researchers to take the participants' view in looking at their own socially situated projects. To these ends the contributions of the couple acting in the pilot capacity were invaluable, both in enabling a more balanced range of topics

to be traversed with future participants. As a further benefit I was provided with the opportunity to become comfortable with the interviewing procedure.

Finally there were many factors that precipitated my choice of this particular topic. These reasons were professional, political and personal in nature. Janet Finch (1991), (cited Worrall 1996) presented a strongly evidenced case for feminist interviewers to use their own experiences as a key resource in the research endeavour, both in the interviewing process and in the construction of theory. Accordingly in the development of this project I drew extensively on my own experiences, personally, professionally and academically acquired. Finch (1991), (cited Worrall, 1996), argues that women social scientists have to draw on their own experiences and understanding of their world in order to reshape social knowledge. Feminist research therefore begins with the total experience of the researcher, (Worrall, 1996) as it did in this instance.

### **Recruitment Methods of Selection**

Non-probability sampling methods were used to recruit participants for this study. With this particular method of sampling not all people in the population or totality of people with whom the research study is concerned have the same probability of being included in the sample (Williams, Chrau, Grinnell, 1998). This method is often used in research with gay men and lesbian women because of the difficulties associated with defining, locating and recruiting this population of people for study (Mark 1996). Mark (1996) comments further that social work research has made much use of non-probability sampling techniques and that it has added important new knowledge to the literature, as was the intention of this study.

Four types of non-probability sampling procedures are commonly identified (Williams et al., 1998), and of these, the snowball and purposive techniques have been utilised in this research study.

### **Snowball Sampling**

The snowball sampling technique is commonly used in qualitative research studies (Williams et al. 1998) and initially requires the researcher, to identify one or more couples fitting the sample parameters. These couples are regarded as knowledgeable

informants and asked to nominate other couples that also possess the necessary characteristics to participate in the study. Each of these inter-nominees is then asked to identify other couples that fulfil the criteria for selection, and in this way the sample is expanded to the required number, hence the word “snowball” (Abramson, 1983).

In the event there were three women who did not qualify themselves but who knew about the project in turn knew possible participants and they too were regarded as knowledgeable informants. In another case an Accident Compensation Commission accredited therapist referred a couple to me. The sample size was limited because of constraints of time and resources, factors that also prohibited the use of a comparison sample.

The disadvantages inherent in the snowball sampling technique are that results cannot be generalised as unknown biases may occur at any stage. However its use here is justified on the grounds that no population statistics exist in New Zealand to indicate the total size and extent of the group in question. Consequently a systematic sampling frame could not be used. Likewise obtaining a snowball sample is consistent with research, which utilises qualitative methodologies and emphasises collaboration with research participants (Olesen, 2000).

### **Purposive Sampling**

Purposive sampling can be utilised when the researcher wishes to select a specific sample of individuals meeting the predetermined criteria for inclusion (Mark 1996). Purposive sampling is also compatible with a feminist research methodology that often makes use of in-depth interviews and life histories (Mark 1996).

### **Recruitment of Participants**

As noted, this study was purposive in that it was drawn from that community of women who identify as lesbian and also as sexually abused and in committed partnerships. Recruitment tools included advertising word of mouth, personal invitation, letters and information sheets.

Research participants were recruited to the study through several pathways:

- Couples known to me and invited to take part in the research project.
- Couples who knew me and contacted me to participate in the study.
- Couples who responded to advertisements placed in one of three publications, “Express” magazine, a national gay/lesbian publication, the ANZASW newsletter entitled “Billboard” and “The Tamaki Makaura Newsletter”, an Auckland based lesbian newsletter, or on notice boards. Sixteen couples were recruited in this way.
- Other persons who had received or seen written information about the study.

When potential participants made contact (or in situations where other people recommended them and contact was subsequently made with them) introductions were made and the nature of the research was explained over the phone. A written information sheet clarifying the intent of the project providing additional information was then sent to each (see Appendix II). A week later telephone contact was renewed after the prospective participants had had the opportunity to read the information sheet and discuss it together. If they were still interested in participation an interview date and time was set.

### **Potential Bias in Selection**

Non-random sampling techniques such as those employed in this study will inevitably involve some form of bias, of which the recruitment sources outlined above are an example. The selection of couples comprised those who read the above gay/lesbian publications and/or to those who had learned of the study in other ways which would predispose their interest in this study.

The restriction to those women whose experience of sexual abuse occurred before the age of 16 years and had involved genital contact was another bias in the selection process. My in-depth, face-to-face interviewing technique also implied another potential bias in that only those women who were able to reflect on and discuss their experiences could cope with this format. Likewise the couple criterion meant that both partners had to consent to the interview process and only those who felt comfortable discussing their relationship with me would be likely to apply.



Finally, a fundamental bias in the study was its restriction to women who identified as being lesbian. This decision was made because of my personal interest in the topic, my professional experience was with female survivors and my previous research had been likewise with lesbian couples.

As control groups are rarely used in qualitative research (Royse, 1999), and the research focus was on an area about which relatively little is known the decision not to include a heterosexual or gay male cohort was felt to be justified. It was possible to undertake comparisons within the sample concerning the experience of penetrative as opposed to contact abuse. There were also opportunities to compare the experiences of those couples where both partners had been abused as children and those where one was sexually abused and the other was not.

**The Research Participants**

The sample of forty-four women comprised twenty-two lesbian couples whose circumstances met three criteria:

- The women self-identified as being in a committed lesbian relationship,
- The relationship was of one or more years in duration, and
- Either one or both women had experienced sexual abuse, of a nature, which fell within the study’s operational definition of child sexual abuse.

**Age of Participants**

The following tables show the age range and distribution of my participants at the time of the interviews. Tables have been used in this dissertation in order to condense large amounts of information (Abramson, 1983) and provide visual impact.

Women who had experienced child sexual abuse (30 women – range 26-55 years):

**Table 12a:**  
**Age Range in Years of Victims at Time of Interview - (30 Women)**

25-29	30-34	35-39	40-44	45-49	50-54	55-60
2	5	7	8	4	3	1

**Table 12b:**  
**Age Range in Years of Non-sexually Abused Women at Time of Interview -**  
**(14 women):**

30-34	35-39	40-44	45-49	50-54
2	3	5	3	1

**Ethnic Origin**

Thirty-five of the women in the sample identified as New Zealand European or Pakeha. Two women were of Maori heritage, although one of those women stated that the word “*confused*” most aptly described that aspect of her identity at the present time. The other woman described herself as a “*potato Maori, brown on the outside and white on the inside*”. Three of the women were born in the United Kingdom, one woman was European and three were Australian.

**Employment**

Thirty-four of the forty-four women were in employment, one identified as a full-time mother and home maker, two were actively job seeking at the time of interview and both gained employment soon after, and seven were students.

**Relationship Length**

The participants’ relationships varied in length from thirteen months to eleven and a half years. Four of the couples were in relationships lasting between one and two years, nine were between two and five years, eight from five to ten years and one was eleven and a half years in duration.

**Cohabitation**

Seventeen of the twenty-two couples lived together and five lived at separate residences.

**Dependant Children**

Ten of the women in the sample had dependent children and of that number seven couples had a dependent child or children living in residence. This information has been included because the significance of being a parent and rearing children is as central to

the lives of many lesbian women as it is to their heterosexual counterparts. These figures reflect an important aspect of the everyday experience of over half the couples in the study's sample.

### **Managing the Interview**

A semi-structured format was intended to give the interview a structure and at the same time it allowed open interaction and the sharing of information important to the respondents.

Twenty-one couples elected to be interviewed in their own home or in the home of one or other of the partners if they lived separately. One couple requested the interview take place at my home because they felt their own living situations would not afford them sufficient privacy to talk freely.

The interviews took between two and five and half-hours to complete. The semi-structured questionnaire consisted of a combination of open-ended and closed questions ensuring that certain topics consistent with the questions on which the research was based were covered in all the interviews, thus enabling a basis of comparison between them. It also gave participants latitude in deciding which of their opinions were relevant to the questions asked. A copy of the questionnaire is provided as Appendix IV. Four checklists (see Appendices V-VIII) were also used at various stages during the interview to facilitate safety and privacy, particularly for the women who had experienced child sexual abuse, but also to assist with those questions that were potentially overwhelming.

Demographic and biographical information concerning participants' ages, occupations, ethnic origin, cohabitation status and length of relationship relevant to the study was collected as a part of the initial rapport building section of the interview.

Following every interview initial impressions and personal feelings were recorded including those parts of the interview that appeared challenging, distressing or confusing for either or both partners. Likewise areas where they responded to questions with obvious enjoyment and/or enthusiasm were also noted. As a result of this process

the semi-structured interview schedule was refined, points in the checklists were clarified points and elucidators to some questions were added. . For example, after a short time it became clear that some women had difficulty in distinguishing the effects of child sexual abuse from other adverse childhood experiences, and I found it necessary to probe for more detail in later interviews

Silverman (2000) comments that the identification of the qualitative method with an analysis of how people “see things” ignores the importance of how people “do things” and he argues that the identification of non-quantitative social science with the open ended interview needs to be re-examined. However, given the sensitivity of the topic I felt that a qualitative research design involving a face-to-face interview was the only way this type of data could be collected. It was critical to the preservation of confidentiality and the development of trust between the researcher and research participants and this was essential as interviews required participants to convey information and recount stories that were deeply personal and potentially very painful.

Nevertheless it is recognised that the utilisation of this technique means that no two interviews were exactly the same. While all followed a similar direction it was not possible, or even desirable, to control all the variables in any one interview. That would have detracted from the richness and uniqueness of experience each couple had created in their individual relationship.

The decision to make participation dependent on the consent of both partners and preferably to conduct the entire interview jointly was made because of the focus on the couple relationship and because it gave each woman the opportunity to hear what the other had to say. In this I was guided by several factors:

- My previous research involving lesbian couples:
- The literature which although small has nonetheless consistently emphasised the importance of equality and communication between partners in lesbian relationships (Groves & Schondel, 1996; McCandlish, 1985, Toder, 1979;):
- My concern for a transparent and open interview process that would not replicate the dynamics of secrecy usually forming part of a sexually abusive relationship (Davis, 1991; Maltas & Shay, 1995).

- The long-term impacts of child sexual abuse being explored in this investigation was a relational issue and I felt it important that this was modelled by maintaining, the principle of togetherness in the interview process.
- I was concerned that despite my best efforts the reflection and recollection necessitated by the interview could be a traumatic emotional experience. I felt if a woman became distressed that it was important that her partner was there to support her. Events were to prove this was a legitimate concern in a few instances.

As a check the couple that acted a pilot were consulted before and after their interview as to whether they wished to be interviewed separately or together and on both occasions they expressed the wish to be seen together. As a result I determined that couples could elect to be interviewed separately but only if both consented to this arrangement.

One of my concerns was partners would be less open in their accounts if they were interviewed together. In the event, twenty-one couples elected stay together for the duration of the entire interview and many found that they gained new information about the detail and extent of their partner's abuse experiences.

Due to its sensitivity there were many opportunities during the course of the research where it was possible for me to offend, irritate, or upset people. Finally I reached a point where I had to relinquish my own fears and anxieties about this otherwise I would not have been able to continue. It was gratifying that many women commented on the safety of the interview process and many also found it to be an, informative and validating experience.

*"Thank you for giving me the opportunity to tell my story. That in itself is part of the healing."*

Sue (at the end of an interview): "Do you have any recommendations for other couples"?

*"I recommend that they take part in a PhD project! Like I said at the beginning of the night I didn't know why I set this up but now I do because you (her partner) have talked so much more about it."*

Occasionally, where differences of opinion created tension between partners they coped by checking out with each other before they shared information, and agreeing to differ. In two situations I suggested we stop and have a break. Ultimately I had to trust that people were with me in this experience because they chose to be, and that if they felt unsafe before, during or after the interview they would say so. As the series of interviews progressed I came to appreciate that my own capacity for worry about these issues was far exceeded by the capacity of the women to take responsibility for their own feelings. This realisation enabled me to continue with the necessary confidence in my role as an interviewer, and in the worth of the project. I found a level of reassurance for this position in Olesen's (2000) discussion on feminist research. She comments that the image in feminist research of the powerless respondent has altered with the recognition that the researcher's power is often only partial (Ong, 1995), illusionary (Viswewaran, 1997 Wolfe, 1996), tenuous (Wolfe, 1996) and often confused with researcher responsibility (Bloom, 1998). Although the researcher is more powerfully positioned after the interview process is completed because she will analyse and interpret the data (Olesen, 2000).

## **Processing and Analysing the Data**

### **Data Processing**

The interviews were transcribed verbatim and because of the sensitive nature of the data I personally undertook this task. The basic rules for transcribing audiotapes suggested by Padgett (1998) were followed. These included noting when participants cried or laughed, what questions seemed either to appeal to or confuse participants and capturing every word spoken.

The interviews generated transcripts of as much as 50 pages, and while this task was time consuming it did enable the development of an in-depth knowledge of the raw data produced by the interviews. It also enabled to me to reflect on my skills as a research interviewer for future reference.

After transcription was completed the interviews were reread several times to ensure my familiarity with the material. Two copies were made of each interview, one being returned to the participants.

### **Data Analysis**

Data analysis was often difficult because of the huge amount of information collected. The analysis of qualitative data has been identified as comprising a number of characteristics, including an emphasis on the richness and complexity of the participant's lived experience, with an acknowledgment of the personal context and impact of the researcher (Darlington & Scott, 2002; Mark, 1996; Royse, 1999).

Specifically in respect of data analysis four differences between the qualitative and quantitative techniques have been observed by Alston & Bowles, (2003). They state the distinctions as follows:

- Qualitative analysis relies principally on interpretation and logic whereas quantitative analysis relies on statistics. That is to say that qualitative researchers tend to present their analysis using text and argument whereas quantitative researchers use graphs and tables to assist with interpretation.
- Qualitative analysis has guidelines rather than set rules, whereas quantitative analysis follows standardised procedures.
- Qualitative analysis occurs simultaneously with data collection whereas quantitative analysis occurs only after data collection is finished.
- Qualitative methods may vary depending on the situation, whereas the methods of quantitative analysis are determined in advance as part of the study design.

Sarantakos (1998), (cited Alston & Bowles 2003) identifies three stages in qualitative data analysis, which describe what is going on during induction, deduction and verification. Again it is emphasised that these stages occur cyclically.

- **Data Reduction:** Data is coded, summarised and categorised in order to identify important aspects of the issue being researched.
- **Data Organisation:** This is a process of assembling the information around certain themes and points, and presenting the results, usually in text.

- **Data Interpretation:** This involves identifying themes and patterns and explanations that can be tested through more data collection, reduction, organisation and interpretation. This occurs until the themes are saturated, that is to say that there are no more insights or information being generated.

### **Coding**

The purpose of coding is to assist with the process of categorising the data in order to make sense of it in relation to the research objective (Dey, 1993) (cited Darlington & Scott, 2002). The ability to code well is one of the keys to successful qualitative data analysis (Alston & Bowles, 2003), and Strauss (1990; 1998) (cited Alston & Bowles, 2003) suggests that researchers should take account of linguistic cues and behaviours by the interviewees to assist in their endeavour.

### **The Process of Coding**

Following the collection and transcription of raw data each interview was condensed each interview into a more manageable unit by summarising the significant points. The challenge in this was to reduce the material in order to highlight those themes most salient to the women's experiences whilst, at the same time, retaining as much of the content of the original accounts as possible. Once core themes central to each interview question were identified they then become the guide to data analysis.

Thus, content and thematic analysis were the techniques used to analyse data, that is to say interviews were transcribed, reduced and analysed by summarising the responses to each question, recording the range of answers within each question and noting the trends, (similarities and differences) and grouping responses around specific themes. The emphasis was qualitative and interpretive rather than quantitative, and comments from respondents appearing to both encapsulate their experience and respect the ranges of responses within any one thematic category have been included.

Based on the reading of the transcripts categories and sub categories were developed and emerging themes were noted. These were later revisited when the data was analysed for a second time. Results and observations which survived this process were then further developed at a later date when writing up results and were compared with other relevant research findings.



### **The Search for Meaning**

Attempts were made to select quotes for inclusion in this text, which were representative yet provide a balance of the range of responses, and feelings expressed by women about specific issues. These have been subject to only minor editing for sense and to change names and/or any other potentially identifying information. It found it useful once I had opted to use a particular quote to return to the original text to place it in context, to ensure that my understanding was accurate. The quotations used represent only a very small portion of the data gained from the interviews.

It had sometimes been difficult to restrict participants to immediate areas of discussion because, for them, this was not merely a prescriptive process of supplying me with information, but also the sharing of their experiences and relationships. Researchers on emotionally sensitive topics have reported that the interview process can elicit a range of responses from participants, from catharsis to complaints about services that have or have not been received (Brannen, 1988; Brannen & Collard, 1982) (cited Dale, 1999). What appeared to me to be important was the relationship between the storyteller and the listener(s), both myself and the other partner. Some of the women's accounts were confidently delivered, others were angry and some were tentative as they sought to find just the right words, to clarify and convey the full meaning of their experiences. Some women sought to explain, justify or seek reassurance and others were just sad or baffled. All encompassed a range of emotions. That these accounts had to be analysed was something I accepted, but about which I often felt ambivalent, believing as I did that once the interview was over the moment was gone and that the process of analysis ran the risk of detracting from the authenticity of the women's narratives.

I came to understand this as being similar to "the stranger on the train", the person you have not met before and are unlikely to meet again but to whom one talks frankly for a particular period of time. I was interested later to read of similar observations made by other researchers who believed the ability and willingness of participants to speak so openly about their lives was influenced by the one-off nature of the contact (Brannen & Collard, 1982) (cited Dale, 1999), (Dale, 1999). The challenge of the analysis was to remain true to their accounts with out either desiccating or romanticising the data, and this has been recognised as a challenge by other researchers utilising the qualitative method (Opie, 1992).

## **The Reflective and Reflexive Nature of the Research**

Research data is already value impregnated as the researcher approaches the area being studied, based on his/her own experience and knowledge of and interest in the subject. The importance of reflexive practice is therefore essential as it relates to the researcher's own thoughts and emotions, and how these in turn structure his or her reality as well as well as the participants' reports of their reality. This has important implications in terms of validity and ethical responsibilities to participants and requires the researcher to acknowledge the value bias of her position and make efforts to mediate this by adopting a rigorous reflexive stance.

In order to achieve this stance each transcript was read several times before analysis and checked against a replay of the audiotapes of the interview. With this in mind, every aspect of the compilation of results was hand checked and counterchecked. Noting the participants' code beside each answer also enabled an audit trail to be laid, which assisted with the accuracy of rechecking data.

As noted previously, research participants were consulted and involved in the design of the research. Audiotapes and transcripts were also returned to participants prior to the completion of the research. This was done in person where possible. This meant points of confusion could be clarified with participants. The women were also provided with a copy of the thesis prior to its submission.

The criteria by which Minkler and Roe (1993) (cited Worrall 1996) measured the validity of their qualitative data were coherence, resonance, and usefulness to the participants, practitioners and policy makers. Accounts told to me during this research endeavour were often painful and contained similar elements of shame, self-blame powerlessness and resilience. As individuals and as couples, however, participants felt they had experiences worth sharing and celebrating. Couples wanted to tell their stories for several reasons. They felt they represented a group about which relatively little was known. They felt what they had to say might be helpful to others in a similar position. Participation provided an opportunity for couples to acknowledge the progress women both as individuals and as couples had made. Finally many women felt that their relationships were a testament to the benefits of mutually supportive intimate

partnerships and were far more than the personal histories that accompanied partners into the relationship, and they wanted the opportunity to celebrate that.

### **The Key Ethical Issues**

Approval for this research was sought and gained from The Massey University Human Ethics Committee. A copy of the approval is attached as Appendix IX.

As a part of the more detailed examination of the ethical issues embedded in my interview process it is now necessary that I revisit some of those research procedures addressed previously in this chapter, in order to demonstrate my commitment to a sound ethical base for this study.

When women contacted me about participation the nature and procedure of the research project to them was explained to them and where possible I offered to make this explanation in person. I was not able to make that initial undertaking to those couples living outside the Auckland region, but nonetheless couples were sent written information about the research study and I explored their understanding of the research project when I later contacted them to confirm their participation. Women were asked to sign a consent form before the commencement of the interview; a copy of this form is included in Appendix III.

Some couples asked for a brief about what the questions might involve and general guidance about this was provided. Such requests were generally made where women wished to prepare themselves emotionally for an interview that they felt might be difficult for them.

Having already undertaken research with lesbian couples I was sensitive to the possibility that partners might have conflicting accounts or perspectives on common relationship issues. It was important that the interview processes did no harm to the participants. For this reason participation was not allowed unless both partners gave written consent and each was encouraged to be present for the other's section(s) of the interview. The privacy of the women who had experienced child sexual abuse was preserved through the use of check sheets enabling them, if they wished to safeguard confidentiality about the details of the sexual abuse they had experienced.

Prior to the commencement of each interview the possibility that one or other partner might experience some distress was raised and what we would do in the event that this happened. It was suggested to them that they might hear information from each other about abusive or relational issues not known previously. I warned them that there was some potential for conflict in the interview process, and what we might do if this happened. One couple warned me! *"Now Sue, don't get upset if we fight"*. They didn't!

The terms of the consent form were reviewed when I met couples, and it was reiterated that they could withdraw from the project at any time. As I had foreseen, the discussion of sensitive issues and the recounting of their stories did result in some emotional distress for some women. At this point I would usually turn the tape recorder off and take a break from the interview, acknowledge what was happening, and ask how she would like to proceed from here, reassuring her that it would be no difficulty to move to another question or indeed terminate the interview. I trusted that my social work training would enable me to respond appropriately and sensitively in these situations. Sharing difficult and sensitive information was done through developing rapport, in addition to allowing participants to celebrate and share their achievements and to be regarded as experts on their own life experience. It was hoped that these strategies would honour a process enabling the research goals to be achieved as respectfully as possible and would leave couples positive about themselves and their participation.

As noted earlier at certain points in the interview participants were given a checklist to assist them and in two of those checklists a letter of the alphabet designated the information sought. This was done to provide confidentiality where women might not want to state the nature of the relationship with the perpetrator(s) and to facilitate their accounts in the event that they might find it difficult to discuss these two particular issues.

There were issues in undertaking this research that concerned using the women for my own purposes and causing additional pain or distress to individuals who had already had experienced considerable trauma. For these reasons particular efforts were made to build rapport prior to the commencement of the interview, debrief afterwards, and to subsequently acknowledge the couples participation and contribution. Participants were contacted at a later date to return their transcripts and tapes.

## **Personal Learning**

The emotional effects and multifaceted challenges, which range from the practical to the ethical and therapeutic on researchers of working in sensitive areas, have received relatively little attention (Dale, 1999). Sakavite and Pearlman (1996) comment "*the truth is that we are all profoundly changed by the work we do with survivors of trauma*" (p.17) and this research taught me a great deal. While undertaking this project I lost both my breasts to breast cancer. While the nature of my personal ordeal was different, the ways in which the women I interviewed had approached and worked with their personal issues helped and encouraged me in my own recovery.

## **Summary**

This study sought to build knowledge about the long-term relational impacts of child sexual abuse on lesbian relationships through face-to-face interviews with twenty-two lesbian couples. A qualitative research methodology was used which sought also to express the principles and values of feminist research and social work in the construction and implementation of the project. This enabled a focus on the richness of individual experience within a research paradigm that has a commitment to reporting experiences of groups about whom relatively little is known. Qualitative research also appreciates that small stories can give meaning and coherence to larger issues, and contribute to understanding various facets of human experience and various demographics of people.

I will now proceed to outline the findings of this research in the following section entitled "The Results of this Research". The following page sets out clearly the order in which my results will be addressed.

## **Section Four – The Results of this Research**

### **Introduction**

The organisation of findings concerning the effects of child sexual abuse on the participants is set out in the following order. This order reflects the structure of the interview format used during the interviews.

- Women who had been sexually abused as children.
- Non-sexually abused women in their capacity as partners of women who had been sexually abused as children.
- Women sexually abused as children in their role as partners.
- The couple relationship
- Experiences of professional counselling

## **Chapter 13**

### **The Effects of Child Sexual Abuse upon its Survivors**

#### **Introduction**

The interview canvassed responses in a number of other areas, including the personal and interpersonal effects of child sexual abuse, the family context in which the abuse occurred, concomitant abuse experienced, details of the abuse itself and how participants coped at the time with what was happening to them. Also explored were the women's experience of disclosure, resources identified as having assisted them to cope with the effects of the abuse experienced, their perception of current societal attitudes toward child sexual abuse and its survivors. This in addition to the strengths they had developed as a consequence of what had happened.

Whilst these women share a common identity as (i) lesbian and (ii) survivors of child sexual abuse, they are not a homogeneous group. They originate from a range of backgrounds and have had diverse life experiences that differentiate them one from another. In focussing on the impact of child sexual abuse, the following sections are arranged in ways that highlight the similarities and differences of their experiences.

#### **The Experience of Child Sexual Abuse**

Information was sought in relation to the following areas, as these are characteristics of sexual abuse that have been investigated and frequently associated with greater trauma (Beitchman et al., 1992; Briere, 1992; Browne & Finklehor, 1986; Coffey et al., 1996; Lamb & Edgar-Smith, 1994).

- Nature of sexual violation
- The duration and frequency of abuse.
- The age onset of sexual abuse.
- Number of perpetrators.
- Relationship with the perpetrator(s).
- Use of force.
- Disclosure of sexual abuse.

Further lines of enquiry concerned:

- Women’s memory of how they coped with the abuse during the time it was happening.
- What happened to make the abuse stop?
- What were their later experiences of therapy?

I found that the women were at varying stages in processing the impacts of the sexual abuse they experienced as children, ranging from those who had only recently identified themselves as having been sexually abused to those who felt they had partially or largely resolved and integrated the experience.

**The Degree of Violation - The Experience of Penetrative Sexual Abuse**

Women who have experienced physically invasive sexual abuse as children have been found to have an increased risk of mental health social, interpersonal and sexual problems later in life (Fergusson 1996; Fleming 1998; Gregory-Bills & Rhodeback, 1995; Heath et al., 1996; Lamb & Edgar Smith, 1994; Mullen et al 1994; Mullen & Fleming, 1998). The experiences of sexual abuse to which many of the women in this sample were subject are commensurate with the accepted criteria for long-term impact particularly that associated with penetration or intercourse.

In the following table I record the figures relating to women who experienced penile penetration, digital penetration or penetration by an object as well as those who experienced oral sex.

**Table 13a:**  
**Penetration of the Vagina and Oral/Genital Contact**

<i>Category</i>	<i>No. of Victims/30</i>	<i>Percentage of Sample*</i>
<b>Penile Penetration</b>	16	53%
<b>Attempted Penile Penetration</b>	13	43%
<b>Penetration by Object or Digit</b>	14	47%
<b>Attempted Penetration by Object or Digit</b>	12	40%
<b>Oral/Genital Contact</b>	10	33%

*\* the percentages stated in this and following tables have been swedish rounded.*



**Table 13b:****Penetration of the Anus**

<i>Category</i>	<i>No. of Victims/30</i>	<i>Percentage of Sample</i>
<b>Penile Penetration</b>	5	17%
<b>Attempted Penile Penetration</b>	5	17%
<b>Penetration by Object or Digit</b>	6	20%
<b>Attempted Penetration by Object or Digit</b>	9	30%

These figures for penetrative abuse are high compared with other Australasian research (Ferguson et al., 1996; Fleming et al 1997; Mullen et al 1994), although the operational definition of child sexual abuse used in this research may well account for that. The percentage however is not unique; as Australian qualitative and mixed method research studies using survivor samples of women have reported a similar scale of penetrative abuse, see Darlington, (1993) and Gibbons, (1999).

**Contact but Non-penetrative and Non-contact Sexual Abuse**

In addition to the serious acts of sexual abuse, almost all of the victims reported that they had been the subject of numerous other lesser abuses, which were also of significance and concern to them. These may be grouped as "contact" and "non-contact" activities as follows:

**Table 13c:****Contact but Non-penetrative Sexual Abuse**

<i>Category</i>	<i>No. of Victims/30</i>	<i>Percentage of Sample</i>
<b>Simulated Sex</b>	7	23%
<b>Genital or Anal Fondling/ Masturbation</b>	21	70%
<b>Sexual Touching Breasts/ Buttocks</b>	19	63%

**Table 13d:**  
**Non-contact Sexual Abuse**

<i>Category</i>	<i>No. of Victims/30</i>	<i>Percentage of Sample</i>
<b>Kissing with Sexual Overtones</b>	12	40%
<b>Suggestive Behaviours/ Comments</b>	12	40%
<b>Indecent Exposure</b>	14	47%
<b>Witness to Sexual Behaviour</b>	8	27%
<b>Exposure to Pornographic Material</b>	7	23%

Other categories of abusive behaviour which emerged as women recollected details of their experiences involved instances of what might be called coercive sex-games and/or occasions where girls were set up by others for the sexual use of a third party. These included activities that did not necessarily include genital contact but were nonetheless coercive and manipulative behaviours recalled as unwanted and distressing. The perpetrators were frequently older male siblings, but a number of adult perpetrators were also implicated in this category. These behaviours involved voyeurism, rough wrestling with sexual overtones, dares and comments that contained explicit sexual references

**The Duration and Frequency of Sexual Abuse**

The duration and frequency of sexual abuse has been identified as important factors in predicting a child’s adjustment following the termination of sexual abuse (Beitchman, 1992: Ruggiero 2000), (Elliot & Briere, 1992), (cited Briere, 1992).

**Duration**

The duration of women’s experience of sexual abuse ranged from one occasion to fourteen years. Exact periods of time were difficult for some women to recall and they use events that happened around the period in question to establish how old they then were. However others had very clear memories of when the abuse commenced and ended.

Sue. “The abuse you experienced - was it ongoing? How long did it last all together?”

*“Over quite a few years. It’s hard to say because I don’t have a clear memory and it becomes one amorphous mass. When I think about it I really have to think about my size or something like that to gauge how old I would have been at the time.”*

The table below illustrates the extent in time of my participants’ collective experiences.

**Table 13e:**  
**Duration of Sexual Abuse**

<i>Category</i>	<i>No. of Victims/30</i>	<i>Percentage of Sample</i>
<b>One Occasion</b>	3	10%
<b>Up to One Year Inclusive</b>	4	13%
<b>Eighteen Months to Four Years Inclusive</b>	11	37%
<b>Five Years or More</b>	12	40%

This result compares with Glaister & Abel’s (2001) qualitative study where half of their sample of 14 women was abused over a period of 6.8 years or more.

**Frequency**

The results are tabled as follows:

**Table 13f:**  
**Frequency of Sexual Abuse**

<i>Category</i>	<i>No. of Victims/30</i>	<i>Percentage of Sample</i>
<b>One Occasion</b>	3	10%
<b>Not sure but more than once</b>	3	10%
<b>Several occasions</b>	3	10%
<b>Regularly over a limited period</b>	3	10%
<b>Regularly over an extended period</b>	18	60%

These findings support the findings of other Australasian studies where a significant number of participants reported multiple episodes of sexual abuse. For example in the

New Zealand Otago Study (Anderson et al., 1993) 28% of participants reported being abused between 2-10 times and 14% reported being abused more than 10 times. Likewise Fleming (1997) reported 30% of respondents described being abused weekly, 22% fortnightly, and 27% monthly.

**Age at Onset of Sexual Abuse**

The youngest age at which abuse was reported as commencing was two and a half years and the oldest was 16 years.

**Table 13g:**  
**Age at Onset of Sexual Abuse**

<i>Category</i>	<i>No. of Victims/30</i>	<i>Percentage of Sample</i>
<b>2 Years</b>	3	10%
<b>3 Years</b>	1	3%
<b>4 Years</b>	2	7%
<b>5 Years</b>	3	10%
<b>6 Years</b>	1	3%
<b>7 Years</b>	4	13%
<b>8 Years</b>	4	13%
<b>9 Years</b>	3	10%
<b>10 Years</b>	2	7%
<b>11 Years</b>	2	7%
<b>12 Years</b>	1	3
<b>14 Years</b>	3	10%
<b>16 Years</b>	1	3%

These figures reveal a mean onset age of nine years and an average of 10.7 years. New Zealand studies commonly report the onset of sexual abuse here to be between 5-12 years of age with the most common age being between eight-nine (Cox & Irwin, 1989), (cited McGregor, 1994) and age 11 (Anderson et al., 1993). The information provided by my research participants is not inconsistent with those studies.

Of particular note in my sample were the numbers of women reporting child sexual abuse with an age of onset of five years or under. This group of 9/30 women comprised 30% of the total sample. This relatively high level of reported very early abuse is at odds with some other New Zealand studies where the reported age onset of abuse is comparatively higher (Anderson et al., 1993), although in a study of incidence, New Zealand children aged between two-four years made allegations of abuse (mostly sexual abuse) comprising 7.5% of the total sample while those aged between five-seven years comprised a further 25% (Basher, 1999). In the United States, children under six comprise at least 10% of child sexual abuse victims (Finklehor, 1993) (cited Corby, 2000) with incidence studies showing a higher rate of sexual abuse occurring at a very young age (Bolen, 2001). My findings here although higher than some, do not seem out of place against the backdrop of results of other studies in New Zealand and elsewhere.

### **Perpetrators**

It was difficult to estimate the total number of perpetrators because at times women were unclear about how many there had been. An estimate based on the most conservative application of the figures reported to me would suggest that there were in the region of fifty-eight perpetrators over the entire sample. Overwhelmingly, perpetrators were male with only two women actively responsible for committing sexually abusive behaviours. This relatively low percentage of female perpetrators is consistent with other overseas and local research where the ratio of male to female perpetrators is anywhere between 90-97% for men and 2-10% for women (Basher, 1999; Fleming 1997; Gibbons, 1999; Oaksford & Frude, 2001; Russell, 1986).

The abuse perpetrated by both these women however was very serious, occurred on multiple occasions and took place in the context of a relationship where both the women concerned were in positions of authority or trusted positions of child care. This is not unusual as female offenders are most likely to know their victims. One of the women also co-offended with a male. This type of offence is not uncommonly reported in the literature where it has been estimated that 45% of adult female perpetrators have a male co-offender (Faller, 1987; Matthews et al., 1991; Kaufman et al., 1995), (cited Robson, 1996). Three other females, a mother, a neighbour and an older sister were also implicated in abuse activities but the description of their behaviour did not indicate

abuse that conforms to this study's operational definition of child sexual abuse, so they have been excluded from my figures.

In the main, adult men committed the sexual abuse perpetrated in this study; however, the high percentage of sexual abuse perpetrated by young males was also a feature of this study. Thirteen (43%) of the sexually abused women in the sample were abused by adolescent or prepubescent males and of these eight (27%) reported sexual abuse by male siblings. Furthermore 4/30 women reported situations involving young males where the sexual activity involved did not conform to the study's operational definition of child sexual abuse. An additional two women reported incestuous male sexual abuse of other female siblings in their immediate family.

It should be noted here that the New Zealand rate of juvenile sexual offending has comprised approximately 11% of the total annual rate of all-sexual offending for several consecutive years. Of this juvenile group, 67% were aged between 14-16 years, and 19% aged between 10-13 years and 14% aged nine years or younger, (Lightfoot & Evans, 2000).

Inter-sibling abuse has been estimated to be five times more common than father/daughter incest (Rudd & Herzberger, 1999). The figure of 43% for sibling-abuse women found in this research is high, however, when compared with the figures reported by Lightfoot & Evans (2000), it is at variance with other recent studies (Basher 1999; Gibbons 1999; Oaksford & Frude, 2001). Again I believe that the operational definition, which did not exclude abuse between near-age siblings and peers, has a bearing on this finding.

### **Multiple Perpetrators**

Multiple perpetrators have been associated with long-term impact, and adult survivors of sexual abuse abused by more than one offender have been found to experience more mental health and esteem issues associated with self-defeating behaviours (Alexander & Schaeffer, 1994), be at greater risk for later adult re-victimisation (Alexander & Lupfer, 1987) and to experience more unwanted pregnancies and abortions (Wyatt et al., 1992), (cited Kellog, 1997).

The women in my sample reported the following:

**Table 13h:**  
**Number of Perpetrators**

<i>Category</i>	<i>No. of Victims/30</i>	<i>Percentage of Sample</i>
<b>Single Perpetrator</b>	15	50%
<b>Two Perpetrators</b>	7	23%
<b>Three Perpetrators</b>	3	10%
<b>Four Perpetrators</b>	2	7%
<b>Six to Ten Perpetrators</b>	1	3%
<b>Multiple Perpetrators, Number Unknown</b>	2	7%

Sexual abuse by multiple offenders is not uncommon (McGregor, 1994). While half of the women who experienced child sexual abuse in this sample were subject to sexual abuse by one perpetrator, the other half were abused by two or more persons. This is similar to Gibbons (1999) findings that multiple perpetrators abused more than 59% of her sample of 63 women. Information about multiple offenders is not always published in large studies investigating child sexual abuse (Anderson et al., 1993; Fleming, 1997) and it maybe that this information is not sought. A study of 538 adolescent and young adult survivors of sexual abuse undertaken by Kellog et al., (1997) suggests, however, that this experience is not uncommon and children should be questioned about this likelihood since it is associated with increased feelings of shame and self-blame.

Three women reported situations where older abusive male siblings procured them for the sexual use of other boys or adult men.

*“I felt completely betrayed by my brother because I had been really close to him and as far as I was concerned he saw me as just another female to be bartered with other bloody men.”*

**Relationship with Perpetrators**

Participants were given a checklist in which relationships were corresponded to a letter of the alphabet. This was done to provide confidentiality where women did not want to state the nature of the relationship with the perpetrator(s).

The results were:

**Table 13i:**  
**Relationship with Perpetrators**

<i>Category</i>	<i>No. of Victims/30</i>	<i>Percentage of Sample</i>
<b>Intra-familial Perpetrators</b>	13	43%
<b>Extra-familial perpetrators</b>	12	40%
<b>Both</b>	5	17%

In respect of intra- familial perpetrators the relationships disclosed were:

**Table 13j:**  
**Categories of Intra-familial Perpetrators**

<i>Category</i>	<i>No. of Victims/30</i>	<i>Percentage of Sample</i>
<b>Male Sibling</b>	8	27%
<b>Grandfather Figure</b>	4	13%
<b>Father</b>	2	7%
<b>Mother’s Partner</b>	1	3%
<b>Uncle</b>	3	10%
<b>Other</b>	3	10%

Two women reported sexual abuse by more than on category of intra-familial perpetrator. A further three women further reported behaviour toward them which they regarded as sexually inappropriate behaviour but not extending to abuse.

*“I also grew up with the proverbial uncle that I always kept away from.”*

As previously recorded the rate of male sibling sexual abuse is high in this study, but as I have noted this may in part be due to the operational definition utilise. Nonetheless it is significant that these incidents were reported with such regularity and frequently involved coercion and physical force. This is an aspect of child sexual abuse, which seems not to have been well documented previously and which is of seriousness well illustrated by the following comments.



*“Yes, I can’t remember exactly how it started or when it in fact finished. I mainly remember incidents like crying ‘no’ to my parents ‘no I don’t want to sleep in the bed with him’, and what happened in the bed. He used to bribe me with money usually. Because we lived in a very large house, it was huge, I used to wag school and my mother didn’t know I was there. So it was quite easy for him, but I mean he was only five years older than me so he was very young too.”*

*“For abuse to happen there has to be a circle, which started it off, and I am trying to work it out. Someone must have abused my brothers for them to abuse me. I don’t know if it was my parents or some other relation but my main perpetrator was knocking off my first cousin in the hay barn at the same time he was doing me. Us kids used to watch them and as young as I was I used to think if he is doing it to her then he is leaving me alone.”*

*“I saw him on the street one night and this was after I had been working on stuff, but I was still curt and rude to him. He was taking drugs at the time I think and he came up to me and started saying ‘I am really sorry eh, I am so fucking sorry’ he came out with all this stuff about how sorry he was. He gave me a hug, well I said ‘you can be fucking sorry, but I don’t want you to touch me.’”*

### **Categories of Extra-familial Perpetrators**

Twelve of thirty women reported experiencing sexual abuse by a variety of perpetrators outside the family categorised as follows:

**Table 13k:**  
**Categories of Extra-familial Perpetrators**

<i>Category</i>	<i>No. of Victims/30</i>	<i>Percentage</i>
<b>Family Friends</b>	7	23%
<b>Adult Male Strangers</b>	3	10%
<b>Person in Authority</b>	4	13%
<b>Foster Parent/Child/Relative</b>	2	7%
<b>Older Male Youths</b>	6	20%
<b>Male Peers</b>	2	7%
<b>Neighbour/Lodger</b>	3	10%

These findings support other studies where extra-familial perpetrators are a significant category (Anderson et al., 1993; Basher, 1999; Fleming, 1997). The percentage of extra-familial perpetrators is also consistent with other Australasian studies with the category of male family friends and acquaintances also comprise a significant proportion of perpetrators (Basher, 1999; Anderson et al., 1993; Fleming, 1997). Likewise my study supports the findings of the others cited herein where most often the victim knew the perpetrator. As Bolen (2001) observes what is disturbing is the threat of sexual abuse posed to children and young people by virtually all the groups of males with whom they have contact. Nevertheless, as Herbison et al., (1993) note, the high rate of sexual abuse perpetrated by males known to the victim suggests the need to educate children beyond the notion of “stranger danger”. The results of my study would seem to support both categories of concern.

### **What Caused the Sexual Abuse to Stop?**

Most participants were able to give a clear explanation why they thought the abuse ceased. These reasons varied but there was a pattern to the responses. For several women the sexual abuse was terminated because of outside circumstances, the most common being either perpetrator or the victim, usually with her family, moving to a different part of the city, district, or country. For the eight women who experienced sexual abuse by a male sibling the most commonly offered reason for the cessation of sexually abusive behaviour was that the brother left home. Some women took active steps to try and stop the abuse by either rebuffing the perpetrator, changing behaviour or by making a full or partial disclosure. Four women reported abuse continuing despite having made a disclosure.

*“I tried to tell my parents what happened when we were driving home in the car, I said so-and-so kissed me and they were really dismissive, but I didn’t tell them what else he did, so I never said anything more.”*

One of the women could not recall the exact circumstances, but felt that the abuse stopped because of changes within the perpetrator (“*he grew up a bit*”), others indicated that the abuse merged into their own pattern of adult sexual activity characterised by frequency, multiple partners and a lack of personal boundaries and sense of control.

*“Learning from my abuse that my purpose in life was to be the object of men or others and not considering or seeing that I could be an active participant in my own life.”*

The findings reflected how difficult it is for children to challenge those who are adult or bigger or stronger or in a position of power and control.

*“I was a pretty browbeaten child. I was a bit dim definitely, and I would never have said “no” to an adult, never.”*

### **Repressed Memories**

Partial or complete repression of painful memories is a protective mechanism that has been well documented in relation to the experience of childhood sexual abuse (Briere, 1997; Darlington, 1993; Johnson et al 2001) however it remains a contentious issue (Pope & Hudson, 1995).

*“I wouldn’t talk about (her sister’s abuse) for years because I was terrified of finding out the same thing happened to me, although I knew it had. I just wanted to pretend that it had only happened to her.”*

Six of the thirty women in the sample reported experience of repressed memories or partial memory loss concerning aspects of the abuse. Many have chosen not to explore these, which would seem to indicate the active employment of protective mechanisms. One woman described feelings of frustration because she does not have a clear idea of what happened to her and these memory deficits have interfered with her ability to integrate and process what happened to her. She also felt that this was attributable to her own reaction to the abuse at the time.

*“Also part of the memory is that it was pleasurable, part of the memory is him saying ‘this feels good doesn’t it?’ and my thought was ‘yes, it does feel good’ and I find that quite hard now. That really stuck in my throat that part of it.”*

Sue: “In what way”?

*“Oh that I was enjoying it, that is really hard to come to terms with. I mean I know that it happens and a lot of my body memories in counselling are the same feelings I have around orgasm, so that is really hard.”*

## **The Abusive Environment**

McDowell (1995) comments that focussing on child abuse as a series of specific acts presents only a partial view of the reality for the victim. She argues that child abuse is not a static concept but that it occurs within an emotional context, which contributes significantly to how victims define and ascribe meaning to what happened.

Darlington (1996) observes that the context or environment in which the abuse took place is critical to an understanding of women's responses to child sexual abuse and its long-term impact.

Most women recounted experiences where perpetrators actively employed strategies to ensure their compliance with and the concealment of the abuse. A variety of strategies were described including the threat or use of force, emotional blackmail, bribes, flattery and attention and the use of drugs or alcohol to ensure compliance. Many of these strategies are consistent with those reported by other similar Australasian studies (Gibbons, 1999; Fleming, 1997).

### **Coercion and Physical Force as a Means of Ensuring Compliance**

Thirteen women (43%) described the use of force, violence or physical coercion, while six of the 30 used the term "rape" or "attempted rape" to describe the abuse to which they were subjected.

Five of the women abused by male siblings reported incidents that were coercive, frequently physically forceful and often involving other male offenders usually male peers, and in some circumstances adult men. In addition, the abuse experienced by the sibling-abused women often occurred within a broader ongoing family relationship context characterised by extensive emotional abuse, physical abuse and/or bullying. This makes sense in the context of other studies, which show that boys tend to use more physical force and violence in sibling relationships than girls (Caffaro & Conn Caffaro, 1998)

*"I would say that every day of the week my brother would beat me up. I mean it probably didn't happen every day, but I felt like I was in a fight and he pulverised me."*

*"I think the reason why the sexual abuse happened was because I allowed it to happen. It was a way of relating to my brother and having some sort of relationship with him that was reasonably pleasant at some level as opposed to all the usual physical pain and abuse and put downs and stuff."*

### **Non-physically Based Coercion as a Means of Ensuring Compliance**

*"Because they were adults it always felt like there was coercion in the sense that I was a child and they were adult, they were bigger and stronger than me".*

Force was not the only means of ensuring compliance. Girls were often warned that serious consequences would result if they told of the sexual abuse. However perpetrators also employed more sophisticated forms of manipulation to ensure the compliance of victims. The actions described by thirteen of the thirty women which fell into this category included emotional blackmail, manipulation, threats, insults or emotional putdowns. These actions often engendered in the girls a sense of responsibility, shame, guilt, fear or confusion.

Four women reported the use of bribes and privileges such as sweets, money or opportunities, while the use of drugs or alcohol was a factor in the abuse reported by six.

Proximity and care taking was reported as a factor in facilitating abuse. For eight of the thirty women abuse occurred while in the care of the perpetrator, whether as a baby sitter, after-school caregiver, foster parent or family member.

*"My grandfather always lived with us and he was like a live-in baby sitter kind of thing so I mean he was always there."*

Sexual abuse for some girls was also presented as normal or minimised by the perpetrator. For some of these girls it was such an integral part of the environment in which they were living and of their relationship with the perpetrator that it acquired normality brought about by frequency and the absence of a basis for comparison. In

these cases the capacity to make comparisons with normal life happened much later as a consequence of increasing age and maturity and exposure to more positive life experiences.

*"It is also partly to do with me being more mature and where I am at with my life and all of that."*

*"By then my life had been turning around without me realising it and I had actually moved away from abusive relationships and those old patterns and had started to learn much more constructive and healthier ways of relating. The people around me were different too. They were more skilled and more empathetic and compassionate."*

(Sue) How old were you when that started to happen?

*"Mid thirties."*

Interestingly, even where participants reported good relationships with parents this was not necessarily a protective factor in preventing sexually abusive situations from occurring between family members or friends of parents. In those families where a participant reported positive parental relationships there was also a strong desire expressed to safeguard those connections. Conversely, girls were not only put in the position of victim but also as family caretaker as they sought to cope with abusive behaviour and protect parents at the same time.

*"I had such a good relationship with my parents and I wanted it to be the same with my brother. The pattern of behaviour I had in the family was to be the peacemaker, to keep my parents happy and be the good girl. The last thing I wanted to do was upset everyone by telling them what was happening with my brother."*

### **Continued Affection Depending upon Compliance with the Abuse**

Seven of the thirty women commented that they felt they complied or co-operated with the abuser. For a number this was a source of shame and self-blame. A closer examination of their accounts, however, reveals that the situation was not so clear-cut. For some their experiences can best be described as a form of seduction. Typically a

much older man manipulated and created an environment combining elements of attentiveness, flattery, excitement and intrigue in order to exert pressure on the young woman concerned to have sex with him. Once that co-operation had been achieved it was difficult for victims to extricate themselves from what was happening. By contrast for other women acceptance of sexual abuse was a way of obtaining affection, which was dependent; they felt, on continued sexual compliance.

*“So I guess it was really flattering that he was paying me this attention and he used to tell me I was beautiful and no one ever said that before you know, and so once you start to be sexual it was, I mean I really enjoyed it at the time. That really was the easiest time because I was quite happy it wasn’t until I got older that it got difficult. I got enmeshed in the family and it was heaps of fun.”*

Clearly, for child victims the act(s) of sexual abuse cannot be divorced from the emotional context in which they are perpetrated. A single occurrence of abuse creates a precedent or context in which future abuse is established as a possibility.

## **Summary**

This chapter has presented a range of findings concerning the characteristics and nature of the sexual abuse experienced by these thirty women. The results show that the serious nature of the sexual abuse experienced by very many participants in my study. Specific information has been provided about the nature of the sexual violation, duration and frequency of abuse, age onset, number and relationship with perpetrators, what women felt caused the sexual abuse to stop and their experiences of disclosure?

Factors inherent in the emotional context in which the abuse took place were also reported. Women in my sample describe the environments in which abuse occurred as characterised by secrecy, manipulation, confusion, fear, and force. The possibility of further abuse is a factor that children have to deal with and which they often feel powerless to make change for these reasons (Caffaro & Conn Caffaro, 1998). Certainly a strong sense of self-blame and powerlessness was evident in the women’s accounts in my study. Many recalled occasions where they had tried unsuccessfully to terminate the abuse or had made a deliberate decision not to tell anyone because they feared either

some retaliation from the abuser or a parental reaction or were afraid of the disruption to family functioning which such a disclosure would precipitate

The following chapter will continue the findings made in respect of the 30 women in the sample who were sexually abused as children, by focussing on the effects they believe the abuse had on them both personally, interpersonally, their health, their living arrangements, work and education and on their relationships with family.



**Chapter 14**  
**The Impact of the Experience of Child Sexual Abuse on Sense of Self, the Experience of Health and Relationships with Others.**

**Introduction**

Assisted by a checklist from the Auckland Sexual Abuse – Help Foundation (see Appendix V) I sought to determine from the women in the sample who were sexually abused as children the emotional, health and interpersonal impacts they believed their experience had on them. This exploration was important both in articulating the consequences for women of being sexually abused and in identifying what effects they brought with them to their later intimate relationships.

Other results detailed in this section include more specific information on emotional and sexual relating; relationships with family, the impact of sexual abuse on the development of a lesbian identity and perceived societal responses to the issue of child sexual abuse.

The findings are reported on as follows:

**Feelings**

Emotional reactions arising from the women’s experiences of child sexual abuse were:

**Table 14a:**  
**Emotional Reactions Arising from the Women’s Experiences of Child Sexual Abuse**

<i>Category</i>	<i>No. of Victims/30</i>	<i>Percentage of Sample</i>
<b>Confusion</b>	20	67%
<b>Fears</b>	18	60%
<b>Hypervigilance</b>	3	10%
<b>Anxiety</b>	19	63%
<b>Depression</b>	19	63%
<b>Self-Blame</b>	25	83%
<b>Shame</b>	23	77%

<b>Feeling Dirty</b>	8	27%
<b>Betrayal</b>	15	50%
<b>Exploitation</b>	16	53%
<b>Guilt</b>	19	63%
<b>Anger</b>	22	73%
<b>Suicidal Thoughts</b>	16	53%
<b>Ugly Thoughts</b>	3	10%
<b>Suicide Attempts</b>	14	47%
<b>Emotionally Cut-off</b>	21	70%
<b>Powerlessness</b>	21	70%
<b>Meaninglessness</b>	13	43%
<b>Denial /Minimisation</b>	21	70%
<b>Lack of Energy</b>	12	40%
<b>Sense of Loss</b>	7	23%
<b>Loss of Self-respect</b>	20	67%
<b>Low Self-esteem</b>	24	80%
<b>Body Image Issues</b>	15	50%
<b>Sexual Difficulties</b>	19	63%
<b>Problems with Physical Contact</b>	19	63%

The most commonly reported feelings were self-blame, 25/30, low self-esteem, 24/30, and shame, 23/30. The feelings of shame and self-blame were often identified together and appeared to resonate with women in three ways; self-blame for what happened, feelings of being dirty (which were specifically mentioned by 8/30 when talking about feelings of shame), and consequent feelings of isolation and lack of self-worth. The following comments illustrate these emotions:

*“Shame guilt and self-blame were definitely the central ones and related to that I am bad: it is my fault for not speaking, not telling: it is my entire fault, I did something wrong.”*

*“I just have so much shame about that. I mean I felt like everyone knew. I felt like all my friends at school knew I was some sort of slag because of that and I didn’t have anyone to talk to about it.”*

Low self-esteem has been observed in a number of research studies to be a significant long-term effect of child sexual abuse (Bagley & Ramsey, 1986; Gold, 1986; Fleming et al., 1999; Romans et al., 1996). This has been particularly associated with more intrusive forms of sexual abuse (Fleming, 1997; Romans, et al 1996). This finding has also been reported in publications based on the clinical experiences of practitioners working with people who have experienced child sexual abuse (Courtois, 1988; Jehu, 1988; Sanderson, 1990; Kirschner et al., 1993; Kennerley, 2000), (cited Baker, 2002), and by survivors themselves (Davis, 1991; McGregor, 1994).

*“Loss of confidence, self respect and self esteem, yes absolutely”.*

Twenty-two women reported feelings of anger towards the perpetrator and their parents for not doing more to assist; seven reported feelings of grief and loss, fifteen women reported feelings of betrayal and twenty-one of powerlessness, while thirteen women also reported feelings of exploitation and meaninglessness.

*“I know the effect that it has had on me with men and it still does. It is just that I have always felt preyed upon like they are predatory and I am this bloody feeble hopeless (thing). I am quite strong but it has this horrid debilitating effect on me and it can operate in quite a physical way. I hate it, I hate it that it has that effect on me. That I am just that bloody, yes, victim I guess, and it’s horrible.”*

Twenty-one women reported having experienced denial and minimisation, with the same number feeling emotionally cut off and twelve reported a lack of energy, all of which they felt to be abuse related. These last four effects could be construed as ways in which women sought to regain some control over their emotional reactions to this experience.

*“I think it (the abuse) has had a big impact, but normally I am a bit dismissive and so it keeps me in denial.”*

Feelings of self-blame guilt betrayal and shame amongst survivors of child sexual abuse are common and have been cited in other studies (Coffey et al., 1996), (Hunter, Goodwin & Wilson, 1992; Morrow, 1991; Spaccarelli, 1995), (cited Cohen & Mannarino, 2000), (Darlington, 1993; Gorey, et al., 2001). The Traumagenic Model (Finklehor & Browne 1985) also draws heavily on feelings of shame, guilt, worthlessness, betrayal and powerlessness, which form the emotional context of child sexual abuse. These are theorised to distort the child's worldview, affective capacities and self-concept, a combined impact, which can have long-term implications reaching into adult life. Self-blame has been associated with poorer adjustment among survivors in the longer term (Gold, 1986; Seider, Calhoun, & Kilpatrick, 1985; Wyatt & Newcombe, 1990), (cited Coffey et al., 1996).

Guilt, anxiety, confusion, fearfulness (having mainly to do with fear of intimacy), the experience of ugly self-directed thoughts and feelings of non-specific depression were also commonly reported, as were problems with physical contact, sexual difficulties and suicidal thoughts and/or attempts.

These results are not surprising insofar as other previous Australasian studies have reported an association between increased sexual problems, mental health problems, depression (Darlington, 1993, Fleming, 1999; Mullen et al., 1993) suicidal behaviour (Mullen et al., 1996), low self-esteem (Darlington, 1993; Fleming, 1999; Mullen et al., 1994; Romans, 1996) and powerlessness (Romans, 1996). This is particularly so where the sexual abuse experienced was penetrative in nature (Fleming, 1999; Mullen et al., 1993; Mullen et al., 1995; Romans, 1996). Darlington's (1993) qualitative study included a high proportion of the women who had experienced penetrative sexual abuse, as is revealed in my own work. Gibbons mixed method (1999) study reported that high need feelings experienced by female survivors included dealing with feeling down and depressed, worthlessness, fear and lack of control. The Gibbons (1999), study also contained a high proportion of women who had experienced more invasive forms of sexual abuse.

A number of women experienced other forms of child abuse in addition to sexual abuse, and this also is not uncommon (Fleming, 1997; Fergusson et al., 1997; Mullen, 1994; Mullen et al., 1996). Eleven found it difficult to distinguish the effects of sexual abuse from the other forms of abuse they experienced at home.

*"It is hard to separate the effects of a very dysfunctional home life from the effects of the sexual abuse."*

However when asked specifically many were able to differentiate those effects that they felt were specifically attributable to sexual abuse.

*"I think there are so many similarities it would be difficult for me to separate one from the other because the impacts cross over so much in some ways. I think there is something much more personal in sexual abuse, your whole being is invaded. Like I think about vaginal penetration my sacred places were invaded without my consent I was totally out of control and powerless. ....To have had my mouth, my breasts and vagina invaded violently at times, and constantly at times, I don't think anything ever can come close to that."*

### **Emotional Intimacy**

Women also reflected upon the impacts they felt that sexual abuse had had on their abilities to form relationships with others. These difficulties coalesced around trust, commitment and consequent problems with intimacy, both sexual and emotional, which were evident not only in romantic relationships but, for some, also impacted on the development of friendships as well.

*"It's just always there around trust, particularly with issues of trust around friends and the sexual abuse is just always in there thinking 'can I trust them or will they do something'?"*

*"I can't be bothered with people, you know you are going to get hurt by them so why bother with making friends and associating with people? Why bother?"*

### **Physical Self-concept and Sexuality**

Difficulties in coping with spontaneous physical and sexual contact, not trusting other people sexually, and feeling invaded during sex were reported. Reports of sexually active behaviour as a young person, where sex was used as a way to secure attention and affection or where women felt sex was expected were common.

*"For me it took years to realise that if someone just wanted to give me a hug that's all they wanted. Even now with people I don't really know, they might put their arm around me or anywhere they might just be meaning 'hey I am your friend' or something like that, and I am like 'get your fucking hand off me.'"*

*"I would just have sex because I felt I had to and I never ever enjoyed it and I never really got anything out of it."*

*"I was probably more promiscuous than if I hadn't been (sexually abused). I sort of feel that. It has been particularly obvious in this relationship, but when I think back about my relationship with my husband I used sex to fill all my emotional needs. I think I probably did that with him but I really notice it now because I want sex to fill all those holes."*

*"Sexual difficulties, well I think what I do is live a lot in my head, you know I have this dissociation thing that happens a lot for me and I like to keep myself safe. Making love and that sort of thing requires me to come into my body and so I have a lot of trouble with that."* – (This from the partner of the previous woman).

These results echo those of other researchers who have found the experience of child sexual abuse, particularly in its more intrusive forms, to have long lasting effects on sexuality and sexual self-esteem amongst female survivors, and be a significant predictor of sexual problems in adulthood (Beitchman et al., 1992; Finklehor, 1989; Fleming, 1997; Mullen et al., 1994).

### **A Sense of Difference**

Forty-three percent of women sexually abused as children in Gibbon's sample reported feeling isolated or different from others, so not to feel these emotions was identified by them as a high need (Gibbons, 1999). Participants in my study were asked whether or not they believed that their abuse experiences contributed to a sense of difference or to feelings of being set apart. Five of thirty women commented that they felt the experience of abuse had not made them feel different. However, their responses indicate that this was not because the experience had been insignificant for them. Rather that they had employed protective mechanisms such as minimisation and denial to manage

or they felt the experience of sexual abuse was so common for girls that it made them feel the same as everyone else!

Twenty-five women observed that the experience of sexual abuse had facilitated in them a sense of difference, however there were various strands within this category. The first related to a strong sense that the sexual abuse had set them apart at the time, either because they felt they had specific knowledge or experiences that other young people did not have, or that there was something wrong with them, or because they had developed a sense of dislocation, isolation or determination.

*"I felt superior at the time because I knew all about sex education."*

*"I thought there was something wrong with me."*

*"I put it in a box. I decided I wasn't going to tell my parents; I was going to deal with this. I really did not connect with it again until my parents were dead."*

Another group of women felt different anyway and their experience of child sexual abuse was a part of that although not the sole determining factor for it this was compounded by other causes or lifestyle factors that women also felt set them apart.

*"I felt different anyway and the sexual abuse compounded that."*

Yet another clear strand related to a sense of being robbed and cheated, an acceptance that they have had experiences that have been outside normal day to day events, or a reflection on how things might have been had the abuse not happened.

*"I feel normal outwardly but inside I feel robbed and cheated."*

*"Sometimes I wonder how things might have been."*

### **Practical Impacts**

Participants were asked to talk about the practical impacts the sexual abuse had had on their lives. This question was intended to elicit comment concerning the functional consequences of the abuse experienced as distinct, but not opposed to, the interpersonal consequences.

Eight of the thirty women who had been abused as children felt there had been no consequential long-term practical or functional impacts on their lives, but 22 were able to describe a direct or indirect impact on their everyday lives at some point. These concerned, impacts on school performance and study, the construction of relationships with family or certain family members, and on performance in the paid work force.

Other less common responses include managing phobias, experiencing problems with routine medical checks and past illnesses, which were now recognised as psychosomatic. One woman also recounted her experiences with statutory youth services when young. This came about as a result of stealing. She was under supervision and saw a social worker on a regular basis but felt the intervention was very ineffectual in terms of assisting with her deteriorated family relationships particularly her relationship with her mother.

*“All my behaviours were about ‘I need attention, I need help’ and no one picking up on that. I did end up going through the court system for my stealing and having to attend the probation service initially in social welfare. I used to front up there every day after school and sit in the waiting room. No one ever spoke to me and then would come this report about my wonderful progress!”*

### **Schooling and Study**

Nine women reported educational impacts on schooling and tertiary study. They felt that, as the case might be, their anxiety, disruptive behaviours, mental health problems, lack of motivation, daydreaming, bullying, interrupted schooling and/or early school leaving were somehow related to their experiences of abuse.

*“I went from a kid who passed things to a kid who didn’t.”*

*“In those days, it just wasn’t picked up. They just thought you were naughty or over the top. So yes, how did I deal with it? I don’t believe I did. I missed out on a lot of useful schooling by acting out.”*

### **Family Relationships**

For many there were consequences in the way their relationships with their families were constructed, although not all the women who made comment here were victims of intra-familial abuse.



*"It just increased my feelings that people (including her parents) weren't there for me and I was going to have to do it all by myself."*

These responses clustered around relocating geographically to remove themselves from family, leaving home as soon as possible, limiting contact with family or with certain family members, feeling isolated, emotionally removed or permanently estranged, and becoming involved with organisations that acted as a replacement or substitute for family. For others their actions were in response to other issues at home such as concomitant abuse or reactions to their disclosures of sexual abuse.

### **Paid Work**

The relationship between child sexual abuse and economic independence has not received the research attention it deserves (Mullen & Fleming, 1998) although some studies have observed a link between such abuse and lower socio economic status and occupations (Hyman, 1993) cited Julich, (2000), (Bagley & Ramsey, 1986) (cited Mullen & Fleming, 1998), (Mullen et al., 1994). Nine of my participants commented that they felt that sexual abuse had had a direct impact on their capacity for paid work at some point. These included mental health problems, problematic flashbacks, interrupted career paths, feeling unable to cope with the social and interpersonal aspects of work force participation or simply *"feeling unwelcome in the world"*. Three also described themselves as workaholics and acknowledged the experience of child sexual abuse as an influence in this pattern of behaviour. Other women stated that sexual abuse had directly or indirectly affected some of their occupational choices.

*"It was part of my decision to enter the sex industry."*

Three of the women had been employed as sex workers for a period of time.

While constituting barriers previously, particularly in the areas of schooling and work, most women reported that these functional implications were now manageable or had been resolved. For the majority such practical consequences were not now impeding them in leading full and busy lives, nor in relating to significant people, pursuing study and careers or participating in regular employment.

**Health Issues**

The following health issues were attributed to a greater or less extent to the experience of child sexual abuse:

**Table 14b:**  
**Health Issues Attributed to Child Sexual Abuse**

<i>Category</i>	<i>No. of Victims/30</i>	<i>Percentage of Sample</i>
<b>Headaches</b>	4	13%
<b>Stomach Pain</b>	3	10%
<b>Chronic Pain</b>	2	7%
<b>Asthma</b>	2	7%
<b>Sleeping Difficulties/ Nightmares</b>	9	30%
<b>Flashbacks</b>	18	60%
<b>Phobias</b>	5	17%
<b>Overwork</b>	2	7%
<b>STD's</b>	0	0%
<b>Self-inflicted Injuries</b>	6	20%
<b>Hygiene Issues</b>	5	17%
<b>Bodyweight Changes</b>	7	23%
<b>Gynaecological Problems/Infertility</b>	3	10%
<b>Mental Health Problems</b>	12	40%
<b>Eating Problems</b>	15	50%
<b>Alcohol and/ or Drug Dependency</b>	15	50%
<b>Pregnancy</b>	4	13%

These are now considered in greater depth in the order of greatest to least frequency of response:

### **Flashbacks**

Flashbacks or intrusive thoughts were an area commonly reported upon. Six women reported currently experiencing flashbacks related to sexual abuse while four also reported a range of phobias about heights; cars, and punctuality that they felt were related to their experiences.

*"I thought the guy who abused me had a false leg, but I found out later he didn't, he had a stiff knee. I remember going to see a film years ago where a woman was being stalked around a boat, a big cruise liner, and this guy had a wooden leg, and I was a nervous wreck. If somebody is banging, if you imagine that sound when someone is walking along with a stiff leg - that sort of knock-knock noise that can, yes."*

### **Eating Problems and Body Image**

The link between eating disorders and the experience of child sexual abuse has received some attention (Cole & Putman, 1992) (Oppenheimer et al., 1985; Root & Fallon, 1988; Courtois, 1988; Andrews et al., 1995), (cited Barker 2003), (Mullen et al., 1996). Barker believes, however, that this connection is a very tenuous one since a preoccupation with size, weight and physical appearance is endemic in the western world. Nevertheless she commented on a group of survivors who reported a negative body image and for whom dysfunctional eating had provided a way of managing their distress (Barker, 2002).

Fifteen women reported eating difficulties as a result of the sexual abuse, often describing these as "*comfort eating*". Seven of the 30 women reported problems with weight fluctuation, with most related to weight gain, which they believed, were related to the effects of sexual abuse.

*"I also have compulsive eating problems and I would say that stems from nearly being raped (as a child) because then I suddenly realised that the world wasn't safe and I had to protect myself, especially from men. So I think at a subconscious level I decided to make myself as unattractive as possible because then it would stop men being interested in me physically."*

Fifteen women specifically commented on issues with body image citing feelings of vulnerability about being seen naked. Three women also reported “*body shame*” or not wanting to be looked at while naked or undressing.

*“I don’t like to be looked at naked; I can handle it up close, but not - he used to make me do stuff on the opposite couch. I used to hate that I really hated that.”*

Five of 30 women reported previous problems with physical hygiene including refusing to wash or constant hand washing. Body image was the area where women reported the highest level of ongoing personal impact with eight out of 30 reporting still experiencing feelings that they felt were abuse related.

### **Substance Abuse**

The other major health area concerned problems with alcohol and drug use. Fifteen women reported difficulties with alcohol and drug use. Of these, five women had previously participated in drug and alcohol rehabilitation programmes and two of these reported a long-term commitment to twelve step programmes. Many women felt their drinking began or burgeoned as a result of the abuse they had experienced and some had started to drink at the time.

(Sue): “Were the alcohol issues related? Was this a way of dealing with your feelings?”

*“Oh for sure I mean as much as that stuff is always a little tricky you know, but it is very obvious to me that when I started drinking and drugging, when I was about eleven, that was an escape.”*

*“I spent years thinking I was going mad. I was a piss head. I didn’t do the drugs because that made me hungry and that made me fat so I didn’t bother with the marijuana, but the alcohol did me good.”*

These results are similar to those of other studies investigating the link between the experience of child sexual abuse and alcohol abuse (Cole & Putman, 1992; Pribor & Dinwibbie, 1992; Swett & Halpert, 1994), (cited Mullen & Fleming, 1998). However, conflicting results have been reported concerning the relationship between child sexual

abuse and subsequent alcohol abuse and the connection between the two may not be causal. Fleming (1997) suggests that child sexual abuse and later alcohol abuse is mediated by other factors in the child's background, primarily the perception of a mother who was uncaring and overly controlling. Certainly in survivor reports in my study 11 of the 15 women who felt they had abused alcohol as a consequence of their sexual abuse, also reported difficult relationships with their mothers.

### **Mental Health**

Twelve women reported experiencing mental health problems serious enough to require medical intervention. In three of these cases hospitalisation and the ongoing use of antidepressant medication was required. This included nine of the 19 women who reported feeling depressed as a result of the experience of sexual abuse, four of the six women reporting self-inflicted injuries, 10 of the 16 women who had had suicidal thoughts and eight of the 14 women reporting suicide attempts. In Gibbons (1999) study 53% of her sample of women sexually abused as children reported the need for support with feeling down or depressed. The reports of my study suggest the experience of sexual abuse has significant negative potential for victims' mental health, this has been reported in other research (Beitchman et al., 1992; Browne & Finklehor, 1986; Mullen et al., 1993).

### **Other Health Issues**

Other behaviours reported were self-inflicted injuries (6/30). This was an ongoing problem for two women at the time of interview. Browne & Finklehor (1986) report that both clinical and non-clinical samples of victims of child sexual abuse exhibit more self-destructive tendencies than is the norm in the general population. Bagley & Ramsey (1985) also found an association in their community sample between child sexual abuse and acts of deliberate self-harm (cited Browne & Finklehor 1986).

Health impacts commented on by less than 5/30 women included gynaecological problems related to infertility (3/30); headaches (4/30); asthma (2/30); chronic pain (2/30) and stomach pain (3/30). None of the women reported pregnancies as a direct result of abusive behaviour by perpetrators, but four out of 30 reported subsequent unplanned pregnancies, which they felt, was directly or indirectly related to the sexual abuse having occurred.

*“I think the pregnancy was a direct consequence; no one ever told me I could say no (to sex).”*

**Interpersonal Effects**

The checklist exploring interpersonal effects of child sexual abuse produced the following results.

**Table 14c:**  
**Interpersonal Effects Arising from Child Sexual Abuse**

<i>Category</i>	<i>No. of Victims/30</i>	<i>Percentage of Sample*</i>
<b>Relationship Difficulties with Intimate Partners</b>	15	50%
<b>Inability to Form Close Relationships</b>	15	50%
<b>Broken Relationships</b>	7	23%
<b>Loss of Trust/Anger at Family Members</b>	18	60%
<b>Loss of Trust in People</b>	20	67%
<b>Abusive Intimate Relationships in Adulthood</b>	9	30%
<b>Stigmatised by Community</b>	1	3%
<b>Blame from Family</b>	4	13%
<b>Fear of Men</b>	9	30%
<b>Hatred of Men</b>	4	13%
<b>Issues with Authority</b>	5	17%
<b>Dependency Needs</b>	3	10%
<b>Fear of Attention Withdrawal</b>	6	20%
<b>Issues with Parenting</b>	6	20%
<b>Control Issues</b>	4	13%

*\*The percentages stated in this and preceding tables have been swedish rounded*

That part of the checklist detailing interpersonal impacts did not reveal the same high level of report as the section exploring individual feelings and emotions. However when these results are viewed with the numbers of women (19) who reported also experiencing sexual difficulties, the overall result supports other research that sexual

abuse can have significant effects on intimate interpersonal relationships (Briere & Runtz, 1988; Darlington, 1993; Fleming, 1999; Gibbons, 1999; Mullen et al., 1994).

Interpersonal effects were explored in several parts of the interview in addition to that noted above and the results are detailed as follows.

### **Loss of Trust**

Women frequently identified the issue of trust. High reports occurred in relation to participants' capacities to trust others and in difficulties in entering and maintaining intimate relationships.

*"I impose a really high standard on everyone."*

(Sue) "Really high expectations"?

*"Yes, and that's the trust stuff and it's the intimacy stuff as well and the way I feel about myself. So when something has been going on for a while and people are getting close or whatever then I want to find any little thing to get rid of them."*

(Sue) "What do you think they will find if they get too close"?

*"Just an evil horrible person. The stuff I believe about myself. I know rationally that that is not true but it is just how I experience myself on an emotional level. I am unacceptable, horrible, and bad, all that kind of thing."*

Some degree of loss of trust in others and/or difficulties in establishing and maintaining intimate relationships were effects of child sexual abuse identified by everyone as problematic, either currently or in the past. Trust and fear were issues repeatedly raised. Generally these were manifested in doubts about letting people get too close because of fears of being hurt, having difficulties giving or receiving affection, fears of exposure and vulnerability if others were allowed to get too close and fears of exploitation in their intimate relationships.

*"I was I still am very vigilant. I take a long time to trust people the impacts for me have been quite far reaching in terms of my ability to interact with others, this was compromised because of the abuse"*

*"The only people I could get close to were people who didn't want anything from anybody. So they were like me, they kept everyone at bay."*

Others felt that they could not sustain emotional relationships, particularly of a sexual nature, because of the levels of emotional intimacy this required of them. They therefore had previously had short-term relationships, which were then experienced as unfulfilling. Some women had developed a strong sense of self-sufficiency and or/a belief that they would be on their own. The loss of an ability to trust easily, particularly with people who are significant and important, is consistently associated with the experience of child sexual abuse (Briere & Runtz, 1988; Courtois, 1979; Herman, 1981; Stewart, Stadler & Cole, 1988), (cited Cole & Putman, 1992), (Fleming, 1999; Mullen et al., 1994).

### **Personal Boundaries and Lack of Entitlement**

Several women identified patterns of experiencing problems with being assertive in their relationships and feeling unable to say 'no' to unwanted demands from others. Another theme centred on women feeling they were not entitled to have their needs met in their intimate relationships.

*'I met my husband when I was at university and it was just bizarre when I look back on it. We didn't love each other; we didn't even really like each other. We just fervently believed God told us to get married and I just sort of felt the worse it felt the better it must be for me. A bit like medicine really. I had this underlying feeling that everything in my life had to feel really bad.'*

### **Dependency Issues**

Some women spoke of dependency issues in their intimate relationships with others that were related to the lack of a strong sense of self, a continuing need for reassurance from their partners or fears of losing relationships.

*"I would say I have lots of needs that are over and above the normal call of duty for a partner to answer."*

(Sue) "What sort of needs, can you tell me about that"?

*"Needy needs."*

(Sue) "What does needy mean for you, what do you need from people when you are needy"?



*"Wanting a lot of reassurance, a lot of loving a lot of focus on the relationship and stuff like that."*

*"I have had real problems with dependency in relationships and I am not sure if that comes from the abuse or not - I don't know, but it has been something I have struggled with and really only sorted out in recent relationships."*

### **Need for Safety, Stability and Predictability**

Women in the sample expressed a commonality concerning their need for safety and predictability in their relationships. Others reported experiencing problems in coping with conflict, and identified that they shut down emotionally very quickly if confronted with issues that were threatening or disturbing.

*"I know I avoid conflict like the plague. People can try to argue with me but they don't get very far because I will close down and look at them and they can rave as much as they like but I don't enter into it, it is that whole sort of shut down thing really".*

### **Need for Control**

Several women related a history of forming relationships with others whom they felt they could dominate, or where they would have control over the dynamics of the relationship.

*"I think in the early days it was mainly letting people get close and I really didn't have a lot of relationships with people, I had few friends. It was basically relationships with people I could dominate, where I called the shots."*

*"(I was) needing to control, needing to know what was happening around me and sometimes also using controlling behaviours, being manipulative, engineering things to protect myself and keep myself safe."*

Others commented that they felt that they were quite controlling of the people who were close to them and did not always allow them much *"room to move"*. These reactions

were related to fears of being exploited in some way in their intimate relationships.

### **Fear and Hatred of Men**

Feelings of fear and hatred of men were reported by nine women or just under one third of the sample of women sexually abused as children. A lower number than might have been expected given that males were responsible for the great majority of the sexual abuse in the sample.

*"I certainly don't hate men, I actually quite like men. I just don't like sleeping with them."*

### **Sexual Relations**

The co-relationship between child sexual abuse and subsequent relational and sexual difficulties in adult life has been the subject of research attention (Browne & Finklehor, 1986; Beitchman et al., 1992; Dilillo & Long; Mullen et al., 1994; Fleming et al, 1999). Although sexual difficulties have received greater attention than relational difficulties neither has received the same level of interest that has been focussed on the personal distress of survivors (Davis & Petretic-Jackson, 2000).

The major patterns of sexual behaviour that the women felt that they manifested as a result of their child sexual abuse are detailed as follows.

### **Early Sexually Active Behaviour**

Mullen & Fleming, (1998) comment that sexual promiscuity is a very subjective judgement, however women with a history of sexual abuse are more likely to evaluate their previous sexual activity negatively than non-abused women with a similar range of sexual experiences. Fifteen women commented on their own high levels of sexual activity when young, (promiscuity was the term they most often used), and this tended to be described as sexual activity that was purely physical in nature and devoid of any emotional intimacy. Many now attributed this pattern to the sexual abuse they had experienced. Others commented on swings between periods of intense sexual activity and of celibacy. Reasons given to explain both these patterns concerned feelings that sex was expected, that being loved was dependent on being sexual, an inability to maintain sexual boundaries by saying 'no' and that sex was a part of the duty of a

woman. Five women reported their tendency when young to expose themselves to situations of sexual re-victimisation or exploitation. Other researchers have noted this latter point, (Gorcey et al., 2000; Fergusson et al., 1997; Fleming, 1999) particularly for those survivors who experienced more intrusive forms of abuse (Fleming, 1999). It is interesting to note that all but one of those in my sample who reported re-victimisation had been subject to penetrative abuse.

*“During my teens, and twenties I guess, I’d say I was quite promiscuous. (It was) something about not being able to say ‘no’ and presenting myself in a way that was possibly quite provocative, and yes having one night stands, being used by guys who should have known better. I think in a way it was tapping into the same sort of excitement that was generated at the time of the abuse.”*

### **Confusing Sex and Affection as the Primary Way to Meet Emotional Needs**

Several women reported confusion between sex and affection and a difficulty in differentiating between sexual behaviour and such other intimate acts as kissing, cuddling or sleeping together which were not intended by the other person to be a prerequisite to sexual activity. Not knowing how else to satisfy their emotional needs for attention and reassurance was also commonly reported. Behavioural manifestations included wanting to have frequent sex because it was a sign of being loved.

*“I thought you needed to have sex to be loved.”*

*“ I would fuck someone to make me feel better.”*

### **Need for Safety and Predictability in Sexual Relating**

A number of women made comments about patterns related to a need for safety and predictability in their sexual relating. Others mentioned a dislike of unexpected touch, sexual play, any form of pressure or force, play fighting or initiating sexual activity. Two women reported discomfort with receiving sexual attention for themselves because of the feelings of vulnerability that ensued.

*“I think the sexual abuse has made me less adventurous sexually. I like my sex nice and safe and there are definite boundaries on how far I will go and what I will do.”*

### **Problems with the Emotional Implications of Sexual Intimacy**

A number of women experienced sex as a source of vulnerability, embarrassment, fear or insecurity. Others commented that they had experienced problems with sexual reserve and wanting to withdraw when emotional intimacy began to develop with a partner, or that they felt emotionally absent or disconnected during sex. Sustaining sexual desire was identified as an issue for some as were feelings of being objectified, pressured and exploited.

*“Even though I pursue sexual relationships and I want an intimate sexual relationship with someone, in some ways I would much prefer that stuff didn’t have to happen, particularly when it involved me being vulnerable or penetrated.”*

*“ Something that I am dealing with at the moment that feels a bit overwhelming for me is lack of desire. It has always been there but the reason it is - is overwhelming. Tracing it back because it has always been a feature of my sexual life”.*

### **Physical Issues and Flashbacks**

Issues in respect of vaginal penetration were the most commonly reported physical problem during sex. Four women also commented on experiencing flashbacks during sex, an experience that was often distressing for them and sometimes a source of apprehension to their partners.

*“There are things that happen from time to time that cause flashbacks and we don’t go there for that reason we are quite respectful”.*

### **The Family Context of Women Sexually Abused as Children**

*“I was silenced everywhere.”*

For many of the women the experience of sexual abuse was not the only harm to which they were exposed during childhood. Fleming (1999) comments that the long-term effects of child sexual abuse are mediated and influenced by a range of factors relating to family and social background, in addition to the severity of the abuse experienced. The women in my sample who experienced child sexual abuse were asked if there were

other circumstances in their backgrounds which they felt may have had an impact on them when they were growing up.

Seven women described their backgrounds as “normal” or “regular”. For many, however, sexual abuse was not the only childhood harm that they experienced. It is well established that sexual abuse, physical abuse and emotional abuse often occur together (Fergusson, 1997; Mullen et al., 1994; Romans, 1997).

Twelve women reported growing up in an environment where either one or both parents were emotionally and/or physically abusive toward them. Four also described their family or caregiver situations as neglectful due to abuse of alcohol and/or to excessive work commitments. Exposure to family violence was a factor in the families of five of the women, while parental alcohol abuse affected the backgrounds of eight women, and six commented on a lack of parental supervision. Three women reported social isolation as a consequence of parental alcohol abuse, itinerancy, and mental illness. Parental marital discord or separation was a factor in the backgrounds of five women and a further six reported other family stress.

Several women characterised their interaction with parents as distant or lacking in functional or emotional involvement because of parental age, parental illness, child hospitalisation, work commitments, fear or just a lack of closeness and warmth.

*“Well I feel like the abuse happened because of the dynamics around my father. I got the feeling he didn’t want kids and he didn’t ever associate with us. We never ate with our parents we ate separately and when he came home from work he would spend time upstairs with my mother and us kids would be downstairs watching television until bedtime. I think it was because we were never together as a family, the kids were downstairs and I think he was very much of the view that children should be seen and not heard. I think that kind of atmosphere allowed the abuse to happen.”*

Others commented on the importance of social appearances in their families and of being exposed to high expectations and pressure to perform well academically. Participants vividly recalled the quality of emotional relationships with parents.

Twenty-three women reported parental relationships with one or both parents as ranging from marginally supportive to disengaged to actively abusive. Expectations, a desire to protect relationships with parents, alcohol abuse and acrimonious relationships between parents must be direct inhibitors to the development of close, confiding and protective relationships with parents or caregivers.

There were a number of factors operating in families, which resulted in mothers being unavailable or inattentive to the needs of their daughters. These included alcohol dependency, abusiveness, illness, alcoholic or violent partners and ultimately, in some cases, simply the normalcy of situations where women were busy juggling multiple demands. Maternal unavailability or inattentiveness was a factor that was as keenly experienced. In clinical studies of adult female survivors of child sexual abuse, hostile relationships with mothers are frequently reported (de Young; Herman 1981; Herman & Hirschman 1977; Meiselman 1978; Tsai & Wagner 1978), (cited Darlington, 1993). Women with no psychiatric history made the following comments!

*"I had a car accident when I was eighteen and at the hospital I told them I didn't have any next of kin. They knew Mum had been listed as a next of kin before and they asked me about it and I said 'she's dead.'"*

*"People would pay me off (for sex) like leave money in my pocket, and like "don't tell your Mum" and "if you tell your Mum she won't believe you anyway". If you knew my Mum you would probably understand she was quite an angry women so there was a lot of fear around her finding out."*

Hostility, anger and fear were certainly evident in the description of the women's mother/daughter relationships, but confusion, distress and a sense of betrayal were the more prevalent themes.

*"Mum was so loving with our personal relationship but she still wouldn't notice or protect me from what my father was doing."*

Jones (1997), however, cautions not to ignore the role of fathers. Absentee fathers have been associated with brother/sister sexual abuse. While not all the women commented that this was the case for them several did state that their fathers were either abusive

toward them, or were uninvolved in their day-to-day lives because of work commitments, alcohol abuse or parental separation. This following quote is an example of how this lack of paternal involvement was experienced.

*“My Mum was the stronger figure in the family. My Dad was a lovely little man but he just sat there and drank his beer and watched football. Mum was the driving force in the family so most things went through her as opposed to him.”*

### **Attempts to Tell and Responses to Disclosure**

Negative responses to the disclosure of child sexual abuse have been associated with an exacerbation of the negative impact for the victim (Lamb & Edgar Smith, 1994; Bleiberg, 2000). Accordingly I asked these women whether at the time they had been able to tell any other person about what had been or was happening, and, if so, what was the response. The reasons for non-disclosure were also sought.

#### **Decisions Not to Disclose**

One-half of the women reported they had not disclosed sexual abuse at the time. Their reasons for non-disclosure had to do with concerns that this would exacerbate an already difficult home situation, or because of self-blame, fear, a wish to preserve family or social relationships or because they did not want their relationship with the perpetrator to finish.

*“I didn’t have a close relationship with my mother and I was scared of my father.”*

*“I decided not to tell my Mum because I didn’t want to muck up their friendship.”*

*“Yeah, I felt guilty for sure and I did lie to her (mother). I lied to her all the time because it was the only way I could get to see him.”*

#### **The Experience of Disclosure**

Fifteen women made a full or partial disclosure to parents or to a person outside of the family. Of these nine had done so to their mothers and in all cases the responses

received were hostile, dismissive, or ineffectual. This ambivalence in the expected mother/daughter relationship was most keenly felt where the daughter had been subject to abuse by an intra-familial perpetrator.

*“At the time when I first spoke to my Mum about it I was having a cry about it and I was very angry with my brother. My mother was saying, “well he is still my son” and I was saying, “that’s not fair you can’t say that.” My father was kind of bewildered; I think he didn’t know what to think.”*

In many cases the abuse continued, or there was another episode of abusive behaviour by a different perpetrator and the women felt even more powerless.

*“I told my mother a couple of times but she beat me up so I stopped.”*

Three women recalled failed attempts to disclose their abuse. They may have not had the words to express themselves but stated that their behaviour demonstrated their reluctance to be in proximity to the perpetrator. One woman reported that her parents commonly put her to bed with her elder brother when they were away from home. When she said she didn’t want to, she was told not to be silly. Another commented that she had tried to disclose at age seven or eight through her artwork, which depicted what, was happening to her. Nothing changed however despite Child Welfare Department who were responsible for overseeing her care having received a number of reports expressing concern that her caregiver was abusing her. She was subsequently moved and abused again by caregivers in other foster placements, and the lack of action taken to protect her means that to this day she expresses strong animosity toward social workers.

Four of the women in the sample had, as young people, made a disclosure to a professional person or another adult after the abuse had been continuing for a substantial period of time. One other woman disclosed physical abuse to a schoolteacher after the sexual abuse had ceased. In only one of these cases were parents subsequently told and counselling arranged. In that case the young person concerned had told a female friend of the family.



These results are similar to the results of Fleming's community based study where 52% of women had disclosed their abuse and a further five had attempted unsuccessfully to do so (Fleming, 1997). Likewise mothers were the people to whom girls were most likely to turn to disclose their abuse. Fewer than 10% of her sample had reported the abuse to outside authorities be it police, child protective agencies or sexual abuse services. The women in her sample reported feelings of shame or embarrassment, doubts that they would be helped, and fear as the major deterrents to disclosure. These results are similar to those reported by the women in my sample although the preservation of relationships was an added and significant motivation for my participants.

### **Disclosures to Family as an Adult**

Although Fleming (1997) found that rates of disclosure showed a significant decrease with age, 18 of the women in this sample disclosed child sexual abuse only as an adult. These disclosures however were often received with the same levels of hostility and minimisation that greeted those of younger women.

*"My family didn't want to hear and told me to do what I had to do to heal myself, and not rock the boat."*

*"One time I said how I would really like to take that guy to court and she (sister) said "oh you should forgive him you know he had a hard childhood and his father beat him", and I was majorly fucked off."*

Two women recalled that their parents, when told, had expressed sadness about what had happened, and they had indicated to their daughters that they had wondered or suspected that something had happened. Significantly, however, they had not chosen to act on their suspicions.

*" (My father) was sad and said he had wondered about it, as he had heard that he (a close relative) had abused a lot of younger family member."*

Two others recalled the confusion and upset that their disclosures caused closed family members, which in a sense compounded the situation for the survivor.

*"She (mother) blamed herself because she said she should have stopped it and she was really angry with me. She did this big guilt thing as well, how could you do this to me?" Later in same response " Mum tried to run him over when he was crossing the road. He had to take a step back and dropped his brief case and all his papers went everywhere. It was like, oh Mum."*

Five women commented that as adults they had disclosed or partially disclosed to siblings. Two women commented that their siblings had also experienced sexual abuse or had made disclosures to them that this had been the case.

Twelve women have never told their parent(s).

*"I decided not to tell my Mum and Dad because I didn't want to muck up their friendship. I kept that until the day they died it was like I made that decision so there was a fierce independence about that".*

### **Coping During the Period of Abuse**

Women described a variety of coping strategies employed during the time they were subject to sexually abusive behaviour. For those women who experienced concomitant physical or emotional abuse or neglect some of the strategies described were also of assistance in dealing with the implications of those other issues. Women typically employed more than one adaptive strategy or mechanism to cope with what was happening. They also commented that their responses changed, as they got older.

*"When the (sexual) abuse stepped up I actually became more afraid for myself. Almost overnight I went from this shy reserved young girl to this full on out there teenager. I stole, I smoked cigarettes, I drank, I played around with drugs, I was into vandalism; I lied a lot to my parents."*

Twenty-eight of the thirty women were readily able to identify strategies that they had employed as children and young people to cope during this period of their lives.

The most significant grouping of responses included dissociation, denial, minimisation or repression. The women described actively trying not to think about the abuse because of the discomfort it caused, pretending it didn't happen, shutting down, or becoming dreamy or withdrawn. School age girls who have experienced child abuse can be perceived as dreamy, compliant or inattentive, an array of symptoms, which result from dissociation (Fancourt, 1998)

*"I developed an elaborate fantasy life which was like a form of self-comfort and later on I got into the church."*

Associated with this, five women also reported becoming quiet and withdrawn socially. Others described coping with the experiences by not recognising their situation as abusive and/or by eventually accepting the normalcy of a situation over which they had no control and could not change. For some their capacity for tolerating the incongruence in their lives could not be sustained over time.

*"I got numb. I was very closed down. I tried to live a normal life; I played the piano, painted, became depressed and tried to commit suicide."*

Others attempted a variety of strategies designed to conceal themselves physically, repulse perpetrators or protect themselves by not washing or gaining weight. Others described hideaways, or friendships, pets or other interests and social activities that kept them occupied and away from the home.

*"Well, friends have always been very important to me. I remember I always used to take off with friends on our skates and on our bikes, take off for a few hours. Also dogs, I always felt very close to my dogs and I had two Dobermans when I was young. I used to take them for long walks. I used to sit in the kennel with them and just cuddle them."*

Four of the thirty women described becoming naughty, being angry, and acting out as younger children. A further six women recalled abusing drugs and alcohol as teenagers. Four of the women described experiences of school failure and two of the 30 described

coping as they matured by being very focussed on their schoolwork, peers and school activities.

For many of the women the strategies they used and ways in which they endeavoured to cope with child sexual abuse became habituated in adulthood, particularly those associated with drug and alcohol abuse, and / or problem eating, body shame, adjusting to the situation, and dissociation, denial and minimisation.

*“I was flattered by the situation - and I guess I kind of thought that once you had been flattered then the rest had to follow or something. I had absolutely no boundaries at all and that carried on right into my adult years and right through my twenties”.*

### **Reflecting on the Experience of Child Sexual Abuse**

Nineteen of the thirty women reported they thought about some aspect relating to their experience of sexual abuse every two weeks. Within that group five commented that they thought about it every day and a further six thought about it every week. Those women who thought about it every day had all experienced penetrative sexual abuse, which is factor associated with long-term negative impact (Finklehor et al., 1989; Fleming et al., 1999; Mullen et al., 1994).

Only one of the 30 women commented that she now did not think about the issue at all.

The women who thought more frequently of their experiences or the effects related to it had experienced abuse which fitted the generally accepted criteria for seriousness, or were currently involved in counselling or confronting with issues that were abuse-related in their current partnership. Others were involved in work with abused children or were currently engaged in family situations that triggered the issues of child sexual abuse for them.

In the main those who thought about it more infrequently had undertaken a lot of personal development and counselling to resolve the issue or had experienced a lesser

level of sexual violation. Some women reported actively employing protective mechanisms in order not to think about the abuse.

Clearly almost all the women in the sample who experienced sexual abuse in childhood continued to think about aspects of that experience in some way. This suggests to me that while there are obviously factors such as actively working through the issue, which tended to diminish the negative effects of the experience over time. Nonetheless child sexual abuse is a significant lifetime occurrence, which the women in this sample have not forgotten.

### **The Impact of Sexual Abuse on the Development of a Lesbian Identity**

Women were asked whether they thought that the sexual abuse they experienced had been a causal factor in the development of their identity as lesbian women. The question was included in the interview because it is a not uncommon public perception that one leads to the other (Loulan, 1987). The empirical evidence for and against this perception has been addressed earlier in the literature review.

The responses given by women coalesced into four groupings. First, those women who felt it had not been a causal factor in the development of their identities as lesbians, second, those who felt that the abuse had delayed their development in this regard, third, those who felt that it probably did have some impact, and finally those who were not sure but didn't care.

Fourteen women were clear that the sexual abuse they experienced had not been a factor in the development of their lesbian identity and there was an unequivocal quality to their responses as exemplified by the following quote:

*"I don't think that I would be straight even if he had kept his groping little hands to himself."*

There were also clear assertions from many of the women that to draw a cause/effect relationship between child sexual abuse and lesbianism was an assumption to which they were strongly opposed.

*"I was born the way I am and it is just that the abuse was a part of my life that happened."*

Some were also concerned to stress their lesbianism was not as a result of negative feelings toward men.

*"I still like men and I don't blame the whole male population because of what my grandfather did."*

The second group commented that the abuse delayed the development of their identity as lesbians, in that they felt it delayed the recognition of their feelings toward women. Examples of this included either marrying or entering into long-term de-facto relationships with men or avoiding intimate relationships altogether. Many of these women felt that despite marriages and relationships with men they had always had a predisposition or natural tendency to want to have relationships with women. Several women also commented that they felt that that they got married because of the influence and social expectations of their environment when they were young.

*"I would find myself attracted to women and I would have this enormous feeling of shame about it. I would just want more than anything to stop feeling attracted and when I was, I was heavily involved in Christianity for a long time I would pray, God help me to stop feeling like this."*

*"Whenever I would see a nice woman up town I would go hmmm, oh no, you are not meant to think that way you are supposed to be Mum, Dad and 2.5 kids you know."*

Thirdly, three women reported in the affirmative, one woman expressing discomfort with the term 'lesbian', which she considered to be a label.

*"Probably a lot in a way, because it was enough to put you off men. I was either going to be with a woman or on my own."*

Paradoxically a woman who had experienced child sexual abuse by a female perpetrator commented that some physical similarities between sex and the experience of sexual abuse had made being the lesbian more difficult for her.

*"I don't think I would be gay if I could be straight."*

Finally, there were those for whom this was not an issue one-way or the other.

*"I could have had a relationship with either sex really if it had been a good relationship but when I started this relationship I just thought, this is pretty awesome, and I haven't looked back."*

There were some sentiments, which resonated through most of the responses. The first was an objection to assumptions of a cause/effect relationship between the experience of child sexual abuse and subsequent lesbian identity. The second was that, whatever the confounding factors or influences, the development of their lesbian identity was not an issue for them and, furthermore that was an area about which they had no regrets.

### **Impact of Societal Response**

Gibbons (1999, p 267) records that "Knowing that the community acknowledges the impact of child sexual abuse on adult life" was reported as a high need by 55% of her sample of women who had been sexually abused as children. This was the highest ranked need reported.

Responding to a similar enquiry from me many women in this study felt there had been a positive shift in thinking in some areas, and particularly amongst professionals who seem less inclined to blame victims, but that this progress was not uniform. For every encouraging advance made there was a corresponding stagnation or backlash.

*"In the abstract it is much better, people are able to talk about it more openly, but I am sure if I were to walk into a room and say I was a survivor there would be a lot of ambivalence. Part of the reason I don't always identify as having been sexually abused and don't speak about it, is because I don't feel safe in society in the same way that I didn't feel safe in my family."*

*"(The public) think that Child Youth and Family deals with it so it's not a problem. It happens in another city. I think it is swept under the carpet and the media sensationalises certain cases."*

Others commented that the horror and concern professed at by the media in response to this issue were not matched by much obvious positive change or action at the ground level.

*"People talk about it more but I don't think much has changed. People are worried and concerned but no one is doing much about it. It is a tough subject - people don't like to associate being sexual with children. As long as there are families, as long as there are people breathing you will have it."*

Social responses frequently characterised by "move on" or "get over it" sentiments were often thought to reveal a limited appreciation of the impact of sexual abuse upon its victims. Others felt that the issues had become over exposed to the point of meaninglessness, and there was a fear expressed by some that the controversy concerning "recovered memory" had caused survivors to lose credibility. Yet others commented that they believed that sexual abuse was becoming submerged within the generic category of child abuse and consequently was again being rendered invisible.

*"People minimising it and trying to call it other things."*

At a more personal level many women commented on the level of discomfort and uncertainty they typically detected in the responses of other people to this issue.

*"With friends they don't want to know, and if they do, they don't know how to ask or how to react, so that makes life difficult."*

The perceived response of the lesbian community to the issue of childhood sexual abuse was not canvassed with all the participants, but was raised in 11 interviews. Some participants suggested that lesbian women were mixed in their responses to this issue.

*"It might be a part of peoples lives but it doesn't get discussed much."*

*"Lesbians want to be supportive but they don't want you to be messy."*



However, overall it was considered that lesbian women liked to be supportive and are generally more open to responding to issues of this nature than heterosexual people.

To summarise, the questions put to women in this section of the interview were intended to elicit their views about social attitudes to child sexual abuse and its survivors. While some positive change was acknowledged the increasing sophistication of the traditional defence mechanisms might have created an illusion of greater societal awareness, but in the minds of the women in this sample little real progress has actually resulted.

### **Summary**

This chapter has presented a variety of findings detailing the extent of the impacts of child sexual abuse on my research participants. The results demonstrate that this abuse is not an experience to be minimised since the effects on women as identified by them are comprehensive, varied and have impacted many different areas of their lives. To their credit women had found ways of managing the impacts of abuse but their accounts show that this was an accomplishment that they often achieved with little support from others in their family of origin.

The following chapter considers the people; experiences and resources that the women believed had assisted them to cope with what happened to them and which played a part in enabling them to move ahead.

## **Chapter 15**

### **The Women's Recovery: Moving Beyond the Experience of Child Sexual Abuse**

#### **Introduction**

I will now report on the many factors, which women identified as having assisted them to cope with and resolve the effects of the child sexual abuse they had spoken about earlier in the interview. They had described those activities; resources, people or strategies they had found to be helpful to them, and later were asked to comment specifically about the reparative influences of their intimate relationships.

My analysis of results revealed that the women had employed a range of strategies to assist them to move on from their experience of child sexual abuse. These were as many and varied as the women concerned; in total I counted forty-one separate strategies.

Nevertheless while there were differences in the range and type of coping strategies described, some common themes emerged. These concerned the importance of professional counselling and supportive intimate relationships, of talking with friends and other survivors and, to a lesser extent, of family connections. Other important contributions were achieved from the use of personal healing techniques, goal setting and self-awareness. I will deal with each of these issues in more detail.

#### **Individual Counselling**

Twenty-four women had sought and received counselling specifically for sexual abuse related issues or had discussed it during the counselling they were receiving to assist with other issues. All of the women who had received counselling commented that they had found some aspect of it useful, even if only by having the opportunity to talk with someone about what happened. Some said that it helped them to get in touch with their feelings of anger, for others counselling had helped them to resolve persistent feelings of guilt and self-blame. For a small minority the experience was more ambivalent, with comments that while it had been good to talk about the matter it had not changed the reality that the abuse had happened, nor did they find it useful in moving on from that trauma.

*“Well just like nothing was changing, you were just going over and over and over the same thing all the time and not getting past.”*

Other comments from women who had received counselling concerned the benefit they had derived from having contact with a “good therapist”, or from a psychiatrist whom they had perceived as being supportive. For those twenty-four of the twenty-eight women who had received formal counselling the evidence was that it had been of clear assistance in resolving their abuse issues.

*“You could call my relationship with my therapist an intimate relationship and that again has been a real lifesaver but I think my relationship with my partner has been a lifesaver as well. I think that without her as an anchor as well as my therapist I think I would have done something pretty drastic.”*

### **Group Programmes**

Nine women had experience of group therapy or membership in survivor groups. Four had found this beneficial for the opportunities afforded to meet with other women who had also experienced sexual abuse. Four women also spoke positively of the significance of having their abusive experience validated in a group context.

Five women also reported on the value of their association with Rape Crisis to their healing in terms of support and participation in survivors groups, and, indeed, in some cases they had gone on to facilitate a group themselves. Two women reported either a negative experience in a group situation or a preference for individual therapy.

Four women had also been involved in-group programmes focussed on recovery from alcohol and drug addiction and three commented that this experience had been very significant. For two women this remains an important and powerful influence in their lives.

### **Talking with Women Friends**

Many found the experience of child sexual abuse to be very isolating and nine of the women commented specifically on the benefits that they had experienced of talking

with friends and other women. This had helped them to know that they were not alone and provided opportunities to express and share their feelings.

One woman commented on the positive impact of relationships with male friends.

*"I mean there have been some male friends I have had in my life who have been genuinely nice blokes and that has been helpful. I mean scratch a man and you get - well, there is no perfect man is there? But some men have been nice enough guys and that has been reassuring."*

### **Family Connection**

Aspects of family life and connection with a non-abusing family member who was supportive and loving were reported by some to offset the negative impact of the abuser, however only five women mentioned the positive influence of family in resolving the effects of child sexual abuse.

*"Otherwise I suppose having two parents who genuinely did love me .....even though it was happening (with her brother) I mean I probably did feel safe and definitely loved. I suppose if you are well cared for and, you know, we didn't really want for anything, I mean we weren't wealthy but middle class, and it was a really good upbringing apart from the abuse."*

Two women also commented on a network of positive traditions and family values or on specific values in their background that had been of assistance; values such as a capacity to get on with life and to appreciate what it has to offer, however this occurred without the active support of family.

### **The Use of Self-help and Personal Healing Strategies**

Nine of the thirty women identified activities that they had found reparative but which were not relationally based. Some of these activities were originally suggested by therapists and had continued, but other strategies had been developed on the survivor's own initiative. These included self-affirmations, drawing, playing or listening to music,

journaling, writing poetry. Reading self-help books was specifically cited by seven women and titles that were commonly mentioned were “*The Courage to Heal*” written by Ellen Bass and Laura Davies first published in 1988 and “*My Mother Myself*” written by Nancy Friday and published in 1997.

### **Self-awareness**

Six women commented on the importance of being personally ready to deal with the effects on them of child sexual abuse. For example three women talked about the importance of being brave, honest and willing, and of stopping destructive tendencies, or feeling victimised. Two other women commented that they felt the passage of time and increasing maturity had helped them to reconcile issues from the past. Three also commented on the development of their personal awareness and that a greater recognition of sexual abuse as a social issue had been helpful to them.

*“I think it has huge effects (child sexual abuse), but I think when you become an adult you have a choice you can either stay in it or you can deal with it and move on. Its not going to change, but you can.”*

### **Goal Setting and Associated Achievements**

Several women commented on the value to their self-esteem of such achievements as buying house, setting up businesses or doing well in their careers and the importance to them of their work and study commitments.

Another grouping, which is important to mention, is of those women who pursued some sort of justice or compensation either by going public with their stories of abuse, by confronting their abuser or by claiming for damages through the Accident Compensation Corporation (ACC). The two women who had actually explored the possibility of laying a complaint with the police commented on how supportive they had found their involvement, with one woman commenting that she had found the police officers “*good to talk to*”. The three women who had pursued a strategy of going public by way of media interviews or confronting the abuser had found it to be a difficult option to pursue but one that they had not regretted.

(Sue) "I was really interested that you had confronted your abuser. Was that helpful?"

*"No it was not - I am very glad that I have done it, but I only did because the abuser was at a family funeral and I felt that it was a 100% not ok for him to be there. So as a result of that I felt I had no option but to confront him which I did."*

Glaister & Abel, (2001) in a qualitative study exploring the experiences of fourteen women who believed they had successfully negotiated the process of healing from child sexual abuse, found that facilitating factors included positive relationships with others, access to information, learning new skills, expressing their feelings and making the decision to commit to their own healing. These findings are consistent with many of those described by the women in my sample.

### **The Significance of Intimate Relationships**

Three women commented that subsequent loving and supportive relationships had been helpful to them in dealing with issues related to child sexual abuse. While all the women identified their current relationships as being helpful thirteen did so quite spontaneously. These contributions varied but commonly coalesced around qualities concerning stability, supportiveness and optimism.

### **The Contribution of Previous Intimate Partner Relationships**

Seven women reported past supportive relationships, but eight had experienced past intimate relationships that they saw unhelpful in this regard and six women reported past relationships where only some aspects had been helpful. Five women reported they had not previously had a relationship that they regarded as a significant one, and four had not disclosed their abuse to previous partners either because they were not focussed on it, or because they felt unable to deal with it at that point in their lives.

*"My marriage was helpful and in the early days it was very supportive. It is OK to be a sexual person in marriage so that helped to overcome the feelings of guilt and shame."*

One aspect that women identified as unhelpful in previous intimate adult relationships was violence, which was reported by six of the thirty women including three in lesbian relationships. Other factors identified as unhelpful were unwanted sexual demands or partners who became very preoccupied with their own personal reaction to women's sexual abuse as children at the expense of the feelings of the women concerned.

*"My first lesbian relationship was good in the sense that we both had similar issues that we were dealing with, but then it became violent."*

*"In my previous relationship he got very angry and carried away with his own feelings and lost sight of mine and where I was and where I might have needed to be."*

*"I had one partner who was abused by her teacher and for some reason she kept going back to the teacher all the time and staying at his place. She said it wasn't her fault that she got abused, but it was my fault that I got abused and I could never work out why she said that until later on."*

Sue: "How did that make you feel"?

*"Pretty bad actually, I never thought about it, you know, but did I encourage him? Now I realise that, no, it was just her own agenda and I didn't encourage him."*

Those qualities described as having been helpful were an understanding response, being able to talk, an acknowledgement of the abuse and love and support.

*"My current partner has helped me bring strength to it, and my previous partner was helpful too and helped me to acknowledge that it really was sexual abuse."*

### **The Specific Contribution of Current Intimate Partner Relationships**

All of the women in the sample who had experienced sexual abuse as children had discussed those experiences with their partner, and most had done so relatively early on in the relationship, five stating that their partners knew beforehand either because they had been told by others or as a result of mutual participation in self-help or healing group activities. Nineteen reported that they had either broached or discussed their

abuse with their partner very early in the relationship, while another two women had spoken of it in the first six months and a further four within the first year.

As to the detail of the abuse nineteen women had shared all or almost all with the partner and the other eleven said that they had shared a some of what happened, an unwillingness to burden partners, together with feelings of privacy and difficulty talking about what happened were cited as constraints to sharing more detail.

*"I have great difficulty talking about it."*

*"I think I am quite protective like I think they are my issues and I don't put them on her (partner)."*

Some partners commented that they were still learning about the extent of abuse their partners had experienced, and three stated that the research interview had given them much more information than they had previously known about the extent and severity of the sexual abuse their partners had experienced.

*"We're still learning even now. Some things that have happened to me, she has just found out, because I am working on them (in counselling). So things have come out in dribs and drabs over the years."*

Five of the twenty-two couples in the sample reported that they discussed abuse-related issues on a regular basis, either because these were an issue for them or because of ongoing counselling. Interestingly, all five of these were couples where both partners had experienced child sexual abuse. Six couples reported that they talked about abuse-related issues when need required, where specific situations such as television programmes or family connections were unsettling.

Six couples reported they did not talk about abuse-related issues on any regular basis. This was because the issue did not have the same import that it had had in the past, with many couples saying that they had discussed it more regularly early in the relationship but less so with time.



Of the fourteen couples where one partner had experienced child sexual abuse and the other had not, five stated that the survivor partner chose not to discuss the subject, either because it was not an issue or because they did not want to dwell on it. This decision was respected and accepted by the non-abused partners although some reported a desire to address the issues more directly.

*“It is not a place I am willing to go I mean I don’t mind being on the outskirts of it especially with (partner) if I think it has relevance. I won’t let her in much more than that I am more likely to take it to counselling and even that doesn’t happen that often.”*

*“Quite often I pick up that you want to talk about it but I might not be in the right frame of mind and I will only talk about it when I am really ready.”* Partner interjects, *“Which is about 10% of the time.”*

Some couples reported challenges, which, in the main concerned differences of opinion as to how the abuse-related issues should be addressed. For example, concerns about how to broach the topic, the nature of support provided and the partner’s reactions to abuse details or their lack of specific knowledge of it. Overall, however, responses concerning the contribution of current relationships were regarded as very positive.

*“There have been challenges in this relationship but we have talked about commitment and she has listened and loved me and wanted me and that has been healing.”*

*“It was like suddenly I was free to be me. I felt very peaceful and I think it wasn’t just that she gave me that, but being the person she is I was free to uncover the protective layers I had had on for years, my prickliness and everything, and I became me. It was great.”*

In reviewing the answers the survivors gave, most specifically identified the qualities of support, empathy, understanding, and acknowledgement as characterising the reaction of their partners to them and their experience of abuse. Although some aspects of partner behaviour were not helpful all of the time these responses contrast with partner

reactions identified as unhelpful in other research such as criticism of the survivor's emotional reaction to the abuse or her approach to dealing with those reactions (Ebert, 2000). Partners in this sample were also perceived as being especially helpful in listening and exploring and reframing feelings, being available emotionally, being non-judgemental, "*journeying alongside*", ensuring safety and security, and being respectful.

(Sue): "What does she do that you find supportive"?

*"She listens and she doesn't interrupt. She gives me her opinion and makes it clear she knows where I am coming from. She acknowledges what has happened to me. She can share stuff but also leave things alone."*

Sometimes the developing trust and attentiveness of a supportive relationship brings its own pitfalls.

*"The abuse issues have come up as a result of being with someone who really cares. The old defence mechanisms of denial and intellectualisation actually don't work so well."*

Several women also commented that the general quality of their relationship and of their achievements together had been very helpful in resolving abuse-related issues.

*"This relationship has been very positive and influential because it has encouraged me to explore the problems I had with establishing intimacy and losing self, and encouraged me to explore feelings of anger guilt shame and exploitation therapeutically."*

*"This is a good relationship, it is supportive and we work well as a team and enjoy the same things."*

*"This relationship has been helpful because it was a decent relationship where I have felt loved and normal. Doing things together, like making a home, buying a home and moving ahead."*

For twelve couples the relationship had already provided the abused partner with a primary emotional backdrop for their recovery from abuse related issues, while for five others the process was continuing and included outside help in one form or another. This was explored further when women were asked if they felt there was a relationship between partnership and healing. Again the overwhelming majority of responses were in the affirmative and women could identify aspects of their current relationships, which had assisted with their own healing particularly concerning those issues of trust and intimacy.

*“Yes there is a whole lot of stuff around learning, learning I am capable of loving and being loved and stuff like that and I would not have learnt that unless I had intimate relationships.”*

Many women spoke of the role, which intimate relationships played in providing a place where they could put into practice, their learning’s from therapy or their own personal reflection.

*“Relationships teach people about intimacy. Its like theory and practice, it gives you a reality you don’t have in the therapy room.”*

### **Moving Ahead**

*“Well, altogether all these dramas have happened, it made most of my childhood that should have been a beautiful life, miserable. The first time I saw what was happening was when I was around nineteen. I remember that I drove home in a car and I saw the sun falling down on the cornfields and I realised that is how other people feel when they are happy. It was the first time I really did see that. Now I know that’s true and I value life tremendously and I value good moments tremendously.”*

In a study of twenty women’s accounts of resilience following child sexual abuse Grace (2001) found that women presented themselves as influenced but not determined by their experiences of molestation. While their narratives of abuse and subsequent difficulties reflected victimisation and powerlessness, these ultimately moved to reflect

themes of agency and competence as women gave examples of their resilience in both childhood and adulthood.

Women were asked what assisted them to deal with abuse-related effects and whether they could identify strengths or significant capacities they had developed as a result. Twenty-eight women identified some positive aspect they felt had enriched or strengthened them personally. These were unique to each individual woman's experience both of abuse and other mediating factors to which they had been exposed, but there were commonalities relating to the acquisition of personal skills, greater empathy and appreciation of life and of their own progress. These were not fairytale endings, but their stories did illustrate their hope and ability to identify a positive outcome or meaning that enabled them to give the abuse a place and to move forward from it.

*"It has given me a lot of strengths that I can take with me until the day I die."*

*"Well you know, what doesn't kill you makes you stronger."*

*"I think that it has made me much more realistic, a much greater understanding of people. I think it has made me better at my jobs; it has made me far more broadminded than I would ever have been in the environment I was brought up in. It has made me very socially aware. I think it has made me a good listener and very tolerant. Yes, in some respects it was a huge catalyst for lots of good things."*

In short, and somewhat paradoxically, some of these women's lives transcend and transform their experience.

## **Summary**

To summarise, although the abuse experienced by the majority of women in the sample fits generally accepted criteria for long-term impact their accounts of survival demonstrated a resilience and ability to move forward. Counselling, caring relationships, sharing feelings, self-awareness, and the capacity to set goals and enjoy achievements were all cited as important to recovery and these factors emphasise themes of self-responsibility, agency, and competence. All the women in the sample who experienced child sexual abuse felt that they had largely resolved, or were in the

process of resolving these issues. Nonetheless, it is clear that the demonstration of resilient behaviour and capacity to move on should not be taken to mean that people forget what happened.

*“Well, like today I have been thinking about it all week because I knew that we would be talking about it. It comes up when I am vulnerable. It’s that typical budding behaviour of an alcoholic when you are hungry tired and lonely, so those three things can trigger it.”*

Bass & Davis (1993) suggest that ultimately a process of moving forward from the experience of child sexual abuse means that survivors do not negate their history but that their feelings and perspectives stabilise, and as a result of their healing work toward a better personal world.

*“Having had that experience I could use it to destroy myself or I could use to be a huge help to other people. I suppose I have made sense of it in my life by being helpful to other people.”*

Weiner & Kupermintz (2001) comment that women in their sample had constructed for themselves a life narrative, which acknowledged the sexual abuse but which left room for dignity and self-respect. These are both conclusions I would also posit for most of the women in this sample.

Supportive partnerships have been identified by researchers (Glaisiter & Abel 2001; Feinauer et al, 1996; Romans et al, 1995) and by the women in this sample who were sexually abused as children as a significant factor in dealing with the effects of child sexual abuse.

The next chapter explores the perspective of the partner and the personal impacts the survivor’s experience of child sexual abuse may have on them. Likewise couples were asked to rate the effect they felt the influence of child sexual had on the couple relationship, and to identify the challenges and potential benefits of dealing with sexual abuse related effects.

## **Chapter 16**

### **The Effects of Child Sexual Abuse on Others**

#### **Introduction**

Although the support of a partner in a close and confiding relationship has been identified as a factor assisting women to cope more successfully with the issues of child sexual abuse the perspectives of the partners, whether same sex or heterosexual, often remains unexplored in any depth. If an intimate partner's contribution is significant, and there is certainly evidence to suggest this, what do we know of these people? What is their perspective and what their experience in coping with the effects of child sexual abuse? What do they want for themselves? The partner focus of the interview endeavoured to find some answers to these questions and to gain a clearer understanding of lesbian partners as represented by the women in this sample. Two subsets of partners were represented, those who had also experienced child sexual abuse, and those who had not.

This chapter also records and summarises the results of the section of the interview investigating the couple relationship. This line of enquiry was pursued to acknowledge the effects of child sexual abuse on couple functioning. This has been acknowledged as a gap in the literature (Dilillo & Long, 1999). Available research findings suggest that the experience of child sexual abuse negatively affects the functioning of heterosexual couples (Dilillo & Long, 1999, Pistorello & Follette, 1998; Waltz, 1993). Conversely, however, the potential for intimate relationships to be a place of healing from child sexual abuse has been noted (Adams-Westcott & Isenbart, 1996; Miller & Sutherland, 1999) this capacity has also been observed in lesbian relationships (Synder, 1996).

#### **Non-sexually Abused Partners**

This section explores the experience of those fourteen women in the sample who had not experienced sexual abuse as children. I wanted to establish with them what exposure and familiarity with issues related to child sexual abuse they had had prior to establishing their current relationship, and all reported some exposure to such issues in either their personal or professional relationships. Exposure, however, did not

necessarily imply first hand experience, and so the women were asked specifically how much they had known about the impacts of child sexual abuse on an intimate relationship. Most of the women reported that while they had some familiarity with issues related to the experience of child sexual abuse this did not necessarily prepare them.

*"I think I knew quite a bit but knowing it is different from living with it, and I feel I know a hell of a lot more now as a result of living with her."*

*"I didn't know what to expect. I just took it really, whatever she had to offer."*

I asked women how they felt they felt when hearing their partner's disclosures of child sexual abuse. A variety of feelings were reported. These encompassed sadness and distress, anger, a sense of protectiveness, and relief that the survivor had affirmed something they had suspected. Yet others told me that they then thought how they might need to modify their behaviour in order to put their partner at ease.

*"I wanted to do anything that would make it easier for her to trust me."*

Many could recall in detail both the occasion and their thoughts and emotions at the time of disclosure. They all recognised that they were being told important information and it was clear from their reports that each had attempted to be supportive in her responses and to have genuinely done the best she could to react in an affirming way at the time.

*"At one level I was surprised but at another level I wasn't it kind of made sense and I was very conscious she was talking about it without being in touch with any of the feelings I would have expected her to be in touch with, and we also talked about how this just wasn't something she had got her heard around. So I was very conscious that it was something important for her to unravel and unpick and I actually needed to restrain myself from coming in and just sit with it."*

*"I am probably not the best person in the world to talk to about it because I mean I am there with open ears, but it was hard for me to relate to it because I didn't*

*have any experience. I can only listen and try to understand and not feel feelings of hate and wanting to rip the bugger's legs and arms off next time I see him."*

These women were asked whether or not their partner's sexual abuse had affected them personally. Eleven commented that it had been an issue for them at some time, but there were varying degrees of significance, and for many these effects had assumed less prominence as the relationship progressed.

*"I think it has diminished with time in fact when she first told me it would have rated at a nine (out of ten) for me for the first 12 months."*

*"I reckon you have worked through a lot of the issues and a lot of the effects over the years from when we first met to now. There are so many things that have changed, but I also think that there are some things about how you are in your daily life that we might not even think about consciously that are a result of the experience you have had. Things like your sleeping patterns."*

However a range of other issues were reported as more problematic, either now or in the past, because they were perceived as representing a lack of trust or because partners felt compromised in some way. Externally these concerned ongoing social connections with the perpetrator or people associated with the perpetrator, suppression from parents of information about the abuse, and, within the relationship itself, unsatisfactory communication about sexual matters and unwillingness by the survivor to discuss the abuse or obtain counselling.

*"I definitely can't relate to her brother I only do it because of her and her Mum. I quite like her, but lots of times I am tempted too, just, well at first, I really wanted to just tell her Mum. Say hey for Christ's sake this is what happened cant you see, but then it's not my family unit."*

### **Serious Issues**

At the very serious end of reported problems was living with and supporting partners who expressed suicidal thoughts, self-mutilating behaviour, phobias, flashbacks, panic attacks and sexual difficulties, although at the time of the interviews such issues, while



problematic, were not threatening the immediate end of any relationship. Where abuse-related influence was more disruptive counselling and/or some other remedial action or support was usually in place.

Non-abused partners were also asked whether they felt that they had adopted a particular role in relation to the abuse experienced by their partners. There was some resistance to this question because participants did not want to convey an impression that their relationship was defined in terms of roles and were keen to stress that there was a range of roles available to both partners which could be assumed as circumstances required. Perhaps the word “role” was a clumsy one but what I wanted to ascertain was whether there was a consistency of response in relation to this issue.

*“I feel like I am in a supportive role, but it is not the dominant characteristic that I am always in the supportive role.”*

The major themes suggested a desire to be protective and emotionally supportive, although some there were deliberations as how best to construct those roles.

*“With the sexual abuse I think the role of protector comes naturally but she needs me to be constant, kind, present and reassuring but she doesn’t want me to rescue her.”*

### **Specific Partner Experiences**

Referring to the differences and similarities between heterosexual and lesbian couples Bass, E. & Davis, L. (1993) observe that:

*“Although there are significant differences in cultural expectations between heterosexual and lesbian couples, differences are far outweighed by the common problems all couples face when one or both partners are survivors.”*

The Courage to Heal - A Guide for Women Survivors of Child Sexual Abuse. 3rd edition. p.337).

Partners were asked to comment on a variety of issues that have been commonly identified as problematic by male partners of heterosexual women who experienced

child sexual abuse (Chauncey, 1994; Maltas & Shay, 1995; Firth, 1997 Reid et al., 1996). This was done by way of another check sheet, which is included as Appendix VIII I explored and have recorded the experiences of non-sexually abused partners and partnerships where both women were sexually abused as children, separately.

### **Conflicting Needs**

Women were asked whether they had experienced feelings of conflict in balancing their own needs for attention, nurturing, and autonomy with the desire to be emotionally supportive of their survivor partner. Six of the fourteen non-sexually abused women commented that this had been an issue for them at varying times and to varying degrees, depending on how much trauma their partner was then experiencing.

*“There have been times when I have thought “what about my needs”?”*

*“Definitely conflicting needs and I think this is an issue for me anyway but it was certainly much more prominent because of that, particularly around wanting sexual intimacy and not wanting to push for it. That was quite a big difficulty and I have to acknowledge that.”*

*“Yes autonomy the whole space and boundary thing, autonomy is a big issue like for example we have just bought this house our first home together and I want my own bedroom and that was a struggle for us for a while because she thought that meant I would always be sleeping in there and I wouldn’t want to sleep with her and are we actually breaking up”?*

Some reported feeling caught in the role of helper or caregiver, which was compounded when partners were distressed. The implications were that their own needs were not put forward and that this became a habituated behaviour over a period of time.

*“I was the one helping her and I was older so it was quite hard to open up with my own stuff.”*

Three women stated that they felt they could have been more supportive had it not been for a lack of information (since the abused partner had elected not to talk about their

experiences in detail), or because of differing opinions between partners about the seriousness of the issues and their impact.

### **Sexual Issues**

Ten women acknowledged past or current sexual issues in the relationship that they attributed to the influence of child sexual abuse. Maltas & Shay (1995), comment that in their clinical experience of working with couples where one has been sexually abused as a child and the other has not, the response to sexual difficulties is usually less intense where the non-abused partner is female.

In this sample some of the sexual issues of which partners spoke were not regarded as constituting a difficulty, but nonetheless had required a change or adjustment to the partner's own sexual behaviour. These were/are very minor and related to sexual touching. Other issues, however, had or were causing more difficulty for partner's for example flashbacks or dissociation, which could make sex a disconcerting, "scary", or irregular experience.

(Non-sexually abused partner addressing the survivor partner) *"It inhibited our sex life and I found it harder to be intimate sexually with you because I felt like a pig or an abuser and I felt maybe you weren't enjoying it or didn't want me and I was being like your perpetrator."*

*"We don't have a fully engaged sexual life we have a really neat intimacy, but I guess I have retreated because it can create difficulties, flashbacks and spacing out so maybe I have avoided that. Sex has become frightening so my sex drive has gone into retreat."*

There were times when partners experienced a survivor's need for frequent sexual contact as either frustrating or as sexual pressure, and six partners reported experiencing issues they felt to be problematic connected with emotional intimacy and the difficulties they experienced their partners had in distinguishing between sex and affection.

*"She would want us to make love and then she would feel that I loved her. I got frustrated it was like 'don't you see that all those little things I do that mean I love you and care for you'."*

### **Relationships with the Perpetrator and/or the Survivor's Family**

Seven partners reported their emotions relating to their partner's family and/or the perpetrator. These related largely to feelings of anger that the perpetrator had not been made to account for his/her actions, or that family had also failed the survivor by not being sufficiently protective.

*"I felt angry with them because they didn't know and she hadn't been able to tell them because it would be such a burden to them and I felt really angry about that. Then I met them and I could see why she wasn't ready to tell them."*

*"I hadn't met the family before. I may have once but I tend to fly in and out I'm not big on social functions. But I was automatically, 'oh, that is her I can't stand her' so that was it. I didn't go near the woman, it was her husband (who was the perpetrator), but I was not going to go and introduce myself to her."*

### **Partners' Responses to Survivors' Experiences of Therapy**

Chauncey (1994) and Firth (1997) report that men have a variety of reactions to the therapy their female partners are receiving, which range from resentment to relief. In my study non-sexually abused partners without exception expressed relief that the survivor had someone else on whom she could rely for support, or that she was taking steps to address the issues that were troubling her. Most partners commented that the therapeutic relationship was one that they respected because they identified that connection as a supportive one for the survivor, which in turn had positive consequences for their own relationship. Very occasionally women commented they had felt frustrated that their partner was not being honest in therapy or, as one confessed, a degree of curiosity about what was discussed.

*"Because she is working really hard it makes it much easier for me to be supportive. If she were not I am sure I would get into being really over protective and that would exhaust me and not leave much room for this being about the two of us. I am very relieved when she goes to therapy because (laughter) she is such a nutcase and I am such a stressaholic. I can be a bit enquiring about her therapy."*

### Sensitive Issues

Partners also made comment about *'walking on eggshells'*. This referred to the difficulty perceived in raising abuse-related issues with survivor partners that they felt might be misconstrued. Others deliberately subdued the expression of strong emotions because that could be upsetting to the survivor.

*"I had to keep my emotions in check because she was so upset by any sign of anger."*

Coping with dissociative behaviours, flashbacks, self-mutilating behaviour and issues concerning sleeping were commented on by five partners. With the exception of one woman, partners found flashbacks to be variously *"confusing"*, *"annoying after a time"* and *"really scary"*. Dealing with a survivor's self-mutilating behaviour (reported to me as a current problem by two women) was very challenging, with very little practical assistance available to partners to assist them deal with this issue.

*"Part of me gets a little angry because she has hurt herself and I am afraid."*

(Partner) *"I don't do it much anymore."*      *"But it makes me afraid that she could do it more."*

Some partners reported on their survivor partner's tendencies to shut down emotionally in response to conflict or emotional intensity. Partners responded by either learning to trust that things would be addressed in due course, or became protective if they perceived that situations might develop in a way that the survivor could find aggravating. The problems associated with this response tended to diminish with time as relationships became more established and partners more knowledgeable about what to expect from the survivor.

*"It was a problem initially whenever anything emotional happened she would cut out. I used to try and force her to deal with things on the spot. I had to learn to trust her and let things go. It's easier now that the relationship is more established."*

Three partners reported issues concerning sleeping arrangements. One of these partners told me how having to sleep in separate beds because her partner could not tolerate sleeping together had been very hard and the couple tried to compensate for this by having breakfast in bed together on a regular basis.

### **Stress Reactions**

Maltas & Shay (1995, p.538) created the term '*trauma contagion*' to describe the experiences of intimate partners of survivors of child sexual abuse whom they suggest are more vulnerable to be affected by their partner's trauma. They describe three elements to this process, one of which is a challenge to previously held assumptions about their partner, the relationship, and the world around them.

Two partners reported feelings of extreme sadness; confusion and withdrawal to an extent, which suggested their own worldview or view of themselves, had been challenged. In both situations the women were partnered with survivors who had experienced serious penetrative sexual abuse occurring frequently and over a long period.

*"I think it is a really confusing situation to be in sometimes, because I have to remind myself of who I am and I am not the person who caused the harm. Even though sometimes I get caught up in the matrix of it. I have to remind myself that I am a good person."*

### **Additional Issues**

Other issues raised by partners concerned the financial support of a survivor partner financially if she had to take time off work and feelings of isolation and having no one to talk to. People were said not to talk out of loyalty, partner imposed secrecy, feelings that it was not their story, and because their needs for support had been interpreted by others as a breach of the survivor's rights to confidentiality. This last concern has been reported by Brittian & Merrian, (1988) in respect of male partners of female survivors of child sexual abuse. Four survivors interposed at this point to say that it would be threatening for them if they felt their partners were discussing abuse-related issues outside the relationships.

### **Ways of Coping and Communicating about Sexual Abuse**

Several partners reported the challenges of living with and working through abuse related effects as having been beneficial to them in terms of learning more about themselves. They were often quick to acknowledge that they had also brought issues to the relationship that had implications for the other partner.

*"I have some difficulties at certain levels of intimacy and I am not talking about sexual intimacy I mean closeness and being able to be close to another person. I still feel I fall short in that area quite often, not because she has told me that's my own judgement - because it is very vulnerable for me, but I am as unthreatened as it is possible for me to be around intimacy with her". (Survivor partner)*

Given that it could easily be convenient for relationship difficulties to be attributed to one partner's experience of child sexual abuse (Miehls, 1997) this even-handedness was gratifying to observe.

Time was helpful as women came to know each other better and their relationships matured. Changes associated with resolution and healing by the survivor herself was also a significant factor in the diminution of some difficult behaviours of concern to partners such as flashbacks, self-mutilation and talk of suicide. Broadly speaking partners commonly cited communication as a way of dealing with problematic issues. Typically this involved not escalating conflict, but not ignoring or leaving the issue altogether. Listening, checking out and prompting were also mentioned as methods of directly or indirectly canvassing concerns with survivors.

In addition partners identified specific problem solving strategies or techniques that couples had instituted on their own initiative to overcome difficulties. These involved a range of strategies based on knowledge of safe touching, unsafe triggers, joint sexual healing exercises, and time away from each other and seeking the assistance of counselling.

Self-awareness was a quality many partners rated as important. This involved knowing their limits, maintaining a balance and perspective, accepting that partners reactions could be hurtful but was not a rejection. Also important was the acknowledgement that

both women brought their own histories and legacies to the relationship and that it was important not to attribute all relationship problems to child sexual abuse.

*"It was important to sort out what was hers and what was mine and how they were interrelated."*

Non-sexually abused partners were asked whether the abuse their partner had experienced had interacted with the personal history that they themselves had brought to the relationship. Eleven women answered 'yes' or acknowledged this was the case in some respects. Again I want to stress that there was a high level of preparedness from partners to acknowledge the impact and contribution of issues that they themselves brought to the relationship, and that their partner's behaviour could inadvertently exacerbate their own fears or anxieties.

*"A lot of things have contributed to me struggling with our sexual relationship. Because of a previous abusive relationship I was very sensitive to sexual pressure and emotional blackmail around sex and when she became distressed she would say the same things as he had like 'you don't love me, you don't love me'."*

Non-sexually abused partners were also asked how easy or difficult it was for them to discuss abuse-related issues within the relationship. Four reported they tended not to talk about the detail of the abuse or abuse related effects. All described this as the survivor partner's decision, which they attributed to the desire for privacy or because it was difficult to discuss. Partners in this category would often have liked more detail but felt uncomfortable about pursuing it. Despite feeling tentative, two partners commented they did check with the survivor about issues related to sexual activity, and triggers.

*"She is not willing to talk about it and I don't like to push her into a corner."*

*"Yes I think so but we don't talk about it much I mean I might go is that alright how do you feel you are.....just checking that she is alright or sometimes in sex that certain things are not freaking her out. " Sometime I get quite frustrated I keep telling her I am alright." " I suppose that I was worried about her just being polite that it was alright, it took about a year I reckon."*



Two partners reported difficulty in discussing the issues of sexual abuse either because of their own discomfort with it or because it caused conflict about the impact it had on the relationship, with one non-sexually abused partner describing it as “*tricky territory*.”

Four partners commented that the survivor’s abuse history came up from time-to-time in the relationship. They reported no difficulty discussing it or initiating conversation about it although generally it was not discussed to the same length or regularity as earlier in the relationship when people were sharing life stories. Some non-sexually abused partners reported that with time it seemed much easier for the survivor partner herself to raise the issue, but initiating the issue was seen as the survivor’s prerogative and was something that for the most part happened only at her discretion and her pace.

*“It comes up from time-to-time and there is no problem when we talk about it. I don’t get the feeling from her that it is difficult to talk about apart from the fact that it is difficult to talk about!”*

### **A Summary of Non-sexually Abused Partners**

The responses from this sample of partners would also seem to support Bass & Davis’s (1993) earlier observation about heterosexual and lesbian couples (see page 218). Furthermore partners were quick to acknowledge the legacies both parties bring to a relationship, and the inequity of attributing relationship conflicts to one partner’s experience of child sexual abuse. There was a high level of support expressed for the therapy partners receive.

A variety of inhibitors combine to make the issue of child sexual abuse a difficult subject for many partners to raise and discuss both inside and outside the relationship. This is a concern where women are supporting distressed partners exhibiting a variety of traumatised behaviours. The possibilities for them in this situation to obtain guidance, support, feedback and reassurance for themselves seem to be limited.

### **Partners Themselves Sexually Abused as Children**

The questions asked of partners in the sample who had not experienced child sexual abuse were also canvassed with those eight couples where both partners had experienced child sexual abuse. They were asked to put themselves in the position of

partnering each other and then to think about the effects, if any, that their partner's abuse had on them.

Although some couples felt they were at different stages of recovery most believed that having both experienced child sexual abuse was an advantage in understanding the issues and being able to empathise and be supportive of each other.

*"She is much more concerned about her recovery than I am. It doesn't worry me; it is one of the good things about having been there myself."*

However some couples commented that there could be problems when each triggered the other, or where the quality of recall of sexual abuse differed.

*"Sometimes I do feel a little out of my depth because, like, I have a very clear memory of what happened and I can just roll the tape. Whereas she is quite different."*

The influence child sexual abuse could have on a relationship was something partners reported that they had not always been prepared for, despite having been sexually abused themselves. They felt they had minimised the impacts for themselves or had thought about the impacts in a personal rather than a relational context.

Seven of the eight couples acknowledged that their experiences of child sexual abuse had had implications for them both as a couple and as partners. These implications varied in impact and importance depending on the level of resolution people had been able to achieve.

*"My experience of the abuse is still ongoing so in that sense it does have an impact on our relationship. It doesn't have a daily impact, only every now and again when issues about contact with my brother arise."*

For others the impact was reported as more time consuming and challenging. For example:

*"It is quite threatening sometimes. Like I say I want out but it is not out from her that I want out. It is out from the behaviours that I want, the effects of the abuse."*

I asked these partners if they felt they assumed a role in relationship to the other's abuse. Like the non-sexually abused partners some women were reluctant to define themselves in terms of roles and conveyed that they had a range of role possibilities available to them within in the relationship. Often those roles specifically identified by couples were characterised by supportiveness and mutuality, "*a listening ear*", "*a prompt*" and "*a fellow worker*". One couple commented that they had to beware of not becoming caught in roles; the same couple issued a cautionary note about slipping into giving advice and then feeling frustrated when it was not heeded. One partner commented that she felt uncomfortable with the counselling role she felt her partner sometimes adopted.

*"I suppose for me I don't feel comfortable with her being in that role at all. It is not how I see her in my life and when she does slip into that role I do have a reaction to it."*

(Sue): "What is your reaction?"

*"I don't like it. It makes me feel defensive at times. I don't like it. I mean I go to counselling and I talk to a therapist there and I work through things there."*

### **Responses to the Partner Issues Checklist**

Survivor partners were asked to respond to the same partner issues checklist as had those couples where one partner had been sexually abused and the other had not. Four couples reported issues related to balancing the desire to be emotionally supportive with their own desires for attention, autonomy and or nurturing. Generally this conflict was connected to feelings of being overwhelmed; only able to give so much, feeling triggered by the situation or experience and needing to withdraw in order to create some sense of safety for them. One partner commented on recently experienced feelings of not being heard or understood.

Four couples reported problematic issues with sexual relating and the expression of emotional intimacy, and two couples reported confusion between sex and affection. Women commented on differing needs and expectations about sexual frequency, feelings of sexual pressure or alienation, dislike of penetrative sexual activity, problems sleeping together, feelings of disconnection and difficulties in saying 'no' to sexual advances.

Fears of withdrawal and feelings of rejection and frustration dominated issues in the area of emotional intimacy. Mainly these concerned one partner's anxiety and needs for affirmation and reassurance while the other either felt overwhelmed or unable to respond in the way her partner had hoped.

*"We have a kissing problem for her kissing is sexual and intimate and for me kissing is affectionate and rarely has anything to do with sex and that gets very confusing. I want her to kiss me good night, she feels pressured and withdraws and I get less of what I want. I try and tell myself it doesn't matter but I go into all of my stuff, fears of rejection, I am not good enough, I will never have what I want, and I go into a rage."*

As had some in the other group three of these couples reported partner issues connected with spontaneous behaviour or "walking on eggshells". Two reported feeling very stressed by their level of exposure to their partner's experiences of child sexual abuse.

*"Sometimes I have thought I don't want to be hearing this, I want to get out of here, of bearing the brunt of it and being the only person to hear it."*

*"She had such low self esteem that she had to get up in the morning and say to herself "fuck you are ugly I wish you were dead why don't you die you black slut". That's not a good thing to hear from your partner especially when you're supposed to be in a committed relationship, it hurts"*

Three partners reported having been concerned at times at leaving their partner alone if in a vulnerable state, not necessarily because the partner was suicidal but because they felt very torn between wanting to respond to their partners needs and having to honour other commitments.

*"I get worried about leaving her on her own, not that she is suicidal but because she is quite upset and I have to pick the kids up and I feel quite torn."*

This group of couples had less contact with their families of origin than the other subset and, presumably in consequence, only two of the eight couples reported difficulty in relating to the survivors' family. Four partners were currently receiving individual counselling. One other was considering seeking counselling, one couple had currently sought couple counselling and one other were considering pursuing this option.

### **Other Issues**

These partners commented on the difficulties resulting from being triggered by each other's behaviour, which could either exacerbate tension or cause one or other partner to withdraw. This in itself was often the basis for further misunderstanding unless remedial action was taken.

*"We recognise that we could be abusive to each other if we chose to be. We know the other person's vulnerabilities and triggers. We both know there are times when we have to stop,*

Couples also reported that the impact of child sexual abuse was often not the only important relationship issue for them. Also of concern were mental health issues, recovery from alcohol and/or drug dependency, and forming relationships with partners' children.

The issues confronting many of these couples were very challenging and although they reported discussion of their problems these were not always considered to be very constructive. All, however, reported they believed it was important to continue talking and problem solving. More established couples reported few relational impacts and commented that they tended not to discuss abuse-related issues, although they had done so earlier in the relationship.

(Sue): "Do you talk about your abuse with each other now"?

*"No, the weather is so much more interesting!"*

A couple in a relationship of 18 months duration reported a significant level of impact but did not report the confusion, distress, conflict and/or ambivalence apparent in the accounts of other newer couples in this subset.

Information about the use of support networks external to the relationship confirmed that, as with the other women in the sample, many of the partners in this subset felt uncomfortable discussing problematic abuse-related relationship issues outside the relationship. They felt more comfortable doing this with their own abuse experiences but either refrained from discussing couple issues or kept details to a minimum. A variety of reasons were offered for this, including privacy, uncertainty about the reaction of others, or expectations from the other partner about confidentiality. This contributed to feelings of isolation and frustration for some of the women.

*"I have a good friend that I can talk to about anything but I haven't talked to her about the sexual abuse I have discussed my own, but not (partner's), and not our couple stuff."*

Couples reported a variety of ways of dealing with tension such as time out, pursuing their own particular interests, and couple counselling.

*"There is a section in the garden that is very well pruned!"*

### **A Summary of Sexually Abused Partners**

The reports in this section generally resemble those of the subsection of non-sexually abused partners but with some divergence. Problems in balancing the desire to be emotionally supportive with personal needs and emotional and sexual intimacy were rated similarly, although these partners had fewer concerns about relating with the other's family. The often-limited contact women had with those families and/or the perpetrators could account for this.

Unique issues concerned the implications of individuals being at different stages in processing and resolving their experiences. These women appeared more confident in exploring with each other sexual and emotional issues they felt were related to the experience of child sexual abuse, and expressed a high level of commitment to this process. However this often resulted in more conflict and greater relational intensity than was apparent in the other subset, where partners had tended to adopt a more restrained and oblique approach to the discussion of issues they felt were abuse-related.

As with the other partner subset, and for similar reasons, most women commented that they did not discuss specific abuse related couple issues outside the relationship although, in the main, they felt sufficiently self-confident to discuss their own abuse.

### **All Partners' Suggestions to Other Partners**

I asked all the women what suggestions they would make to others who might be struggling in their relationships. The following is a compilation of the advice they offered. It coalesces around five interdependent themes.

#### **Compassion, Understanding and Respect**

In this regard women commented on the importance of “*being there*” and maintaining a commitment to both the other person and the relationship. Several also commented on the importance of creating a safe environment, being non-judgemental and being respectful of their partner’s progress.

*“Be as loving as you can, people are damaged and they do the best that they can.”*

#### **Support**

This is allied to the above theme but describes practical “do’s and don’ts”. Participants stressed the importance of good listening skills, checking out feelings rather than making assumptions, not pushing the survivor partner before she is ready to talk and not carrying on alone. Particularly where there are concerns about the partner’s safety and/or level of distress.

*“Because I was the only one, the only person who actually knew what was going on because she had so much shame about how she was and the things she was doing; for example the self-harm and the wanting to die and the various ways she was going to kill herself, nobody knew that except me. I was so hooked into the intensity of the situation and her distress and her shame and she begged me not to tell anyone. So it was very stressful because she wasn’t telling her therapist what was going on. In that sense I was having to do more than a partner could or should do.”*

### **Limits and Self-Responsibility**

Women were clear about the importance of obtaining professional help for both partners, and of the need to be clear about their own limits to assist. Partners also commented on the importance of obtaining support for themselves outside the relationship and not having an unrealistic expectations that *"I can fix it"* or *"I'm the only to one solve it"* or that *"just talking"* will be sufficient.

*"I learnt I don't always have to be saying something, that I don't always have the answer."*

### **Balance and Entitlement**

A smaller number of women spoke of the importance of maintaining a balance in the relationship and resisting the role of caretaker certainly in the long term, as a way of ensuring that the relationship took account of the needs and expectations of both partners.

*"I did immediately want to be protective of her. She broke through that with 'I am not that fragile and piss off and sort your own self out'. Which I thought was really cool and I don't know that we could be successfully be in partnership together had she not done that."*

*"I would say if I were in a situation with a partner suffering the effects everyday I would say to myself I am going to give this two years. If I don't see any change I will decide if I want to commit another two years because I think it can be a real detriment. It sucks I talk to my friend about it and I hear her talk about how sexual abuse has affected her in her relationship and as a person. It is almost like she is being sexually abused because she is living with it everyday. It makes me so angry. It is constantly giving and not getting anything back. Like I wouldn't put up with that, hell no, I wouldn't put up with that."*

### **Realistic Expectations and Hope for the Future**

Other partners also commented on the importance of acknowledging child sexual abuse as a serious issue, that issues take time to resolve and that situations change and



improve over time. Survivors also made the occasional contribution to this section and their specific messages to partners were “*don’t panic*”.

A survivor said:

*“Don’t blanket your partner, like people process their own stuff in their own way. Its OK if your partner feels like shit and rolls up in a ball for a couple of days.”*

### **All Couples**

I will now report and summarise the results concerning the couple relationship.

#### **The Relational Impact of Child Sexual Abuse**

Couples were asked where they would rate the influence of child sexual abuse on their relationships on a rising scale of one to ten.

Eleven of the twenty-two couples rated the influence as less than five, while eight reported it was significantly lower at the time of interview than when their relationship had commenced. There was some minor variation in figures between partners at this lower end of the spectrum, three couples in the sub-set reporting that although the influence was generally lower, certain circumstances could escalate the impact temporarily.

*“It depends where I am with my relationship with my brother.”*

Three couples revealed significant internal variation, with one partner reporting a response under five and the others reporting a response nearer the high end of the continuum.

For the remainder of couples (five of the twenty-two) and five individual partners the impacts of child sexual abuse on the relationship was rated higher than five. The principal reason for this was that these impacts were seen to be impacting negatively on couple functioning.

### **Threats to the Relationship Posed by the Abuse**

Couples were asked if they could identify major threats that child sexual abuse had posed to their relationship and eleven said that issues concerning sexual relating and the development of trust and intimacy had constituted the greatest challenges at one time or another.

*“Well, its just, are we going to break up over the issues over sex? That stuff about the confusion between sex and affection, that pisses me off. Can we still have this relationship with all this stuff going on? Will it always be like this? (Speaking to partner) because you often say to me is this getting too hard, is this too hard? What I think you are really saying to me is ‘do you want an out’?”*

*“Our relationship nearly didn’t survive because I spent so long in the role of caretaker and so sex and romance went out the window. When she got better I didn’t have a role any more.”*

Other reported threats concerned continuing contact with the perpetrator and/or social contact with people associated with him, and partners wanting more discussion about either the abuse or abuse-related effects. One couple commented on the intense levels of togetherness generated by a shared identity of being survivors, which caused them to lose their sense of separate individual identity.

### **Examples of Remedial Strategies**

Generally, issues related to child sexual abuse were not reported as a serious threat to couple relationships. Where couples were struggling, some form of remedial action was always in place, such as couple or individual counselling and scheduled time away from each other.

*“We have been doing some sexual healing exercises, which is mostly just learning how to touch, sensual touch. That has been really valuable. It is something that we picked up ourselves. So we are doing that - which takes the onus off sex.”*

*“ We are into Louise Hay at the moment”.*

### **Vitality, Zip and Glue**

Women were asked to comment on what gave their relationship its vitality, zip or glue, and what relational achievements they were most proud of.

*"She beats me regularly, at everything including crosswords!"*

Six couples specifically nominated humour as a primary characteristic; nine couples, identified friendship, and a further four spoke about connection. Fourteen couples claimed mutual activities or qualities such as tolerance, support, generosity, honesty and caring, and four noted an absence of conflict and drama in their relationship. Eight couples also rated mutual attraction, four specifically commented on their love, and another four described being lovers. Flirting, dating each other and celebrating small things were also cited as ways in which couples sought to maintain the zip in their relationships.

### **Joint Achievements**

Couples were asked about the relational achievements of which they were most proud and an overwhelming nineteen of the twenty-two emphasised relationship qualities involving high levels of communication in both good times and bad, working through challenging issues, as well as support and caring. Eleven couples also raised perseverance and relational longevity and a capacity for change and adaptation. They used words and phrases like *"ability to keep learning"*, and *"working things through"* to describe such achievements.

*"Yes, well I know that we haven't resolved these issues but I feel we have moved toward some sort of resolution so I think that is good and even if it doesn't work out I feel we have given it our best shot. Knowing that is really important."*

(Followed by comment from the other partner).

*"Yes and having what I have had in this relationship, being loved and being wanted, and I haven't had that before, and OK if we did split up I would still have that with me. I wouldn't lose that now."*

Other joint achievements related to home ownership, quality of family life, sharing a life and home together. Providing an environment where study and academic achievements were supported were also a source of pride. Satisfaction in the acceptance and validation of their relationship by family or others was also an aspect that was remarked on by several couples. Support and communication, a sense of partnership, humour, commitment and achievement were all important factors and qualities in how the lesbian couples in this sample viewed their relationships.

### **Positive Outcomes**

Couples were asked whether there had been positive outcomes for them in dealing with issues associated with child sexual abuse. All were able to identify how their relationship had benefited by this, whether it was perceived as having a major impact or not. A large number commented that working through the issues had strengthened their relationship and contributed toward the development of a solid foundation for it, making communication and understanding easier in other areas.

There was also acknowledgement from five of the couples in which one partner had experienced child sexual abuse and the other hadn't, that both women had brought their emotional vulnerabilities to the relationship, and this had provided a balance for them.

*"We have both been a support for each other, we both have issues that are going to be with us for all our lives and it gives the relationship a balance."*

### **The Voices of Experience**

At the conclusion of the interview participants were asked as couples what advice or recommendations they would give to other couples struggling to deal with issues of child sexual abuse in their relationships. There was a considerable, and encouraging, consistency to their responses, which are detailed as follows:

#### **Honesty**

Couples stressed honesty in addressing issues as early as practicable as a basic building block to communication, although it was acknowledged it was not always wise to deal with sensitive issues on the spot.

*"We both get angry because we can communicate and we can't negotiate our way through it. It seems when one or both of us get angry it becomes quite self destructive so we are trying to find a way of easing it, which might mean physically leaving the situation and hopefully coming back to it later, like that is one thing we have been discussing".*

### **Relevant Abuse-Related Information**

*"I think it would be helpful if an objective onlooker could say to us", "do you think it is possible abuse is informing that?"*

Some of those women in the sample who had been sexually abused also suggested that they felt it was useful for survivors to give their partners specific information about what physical, affectionate and or sexual behaviours were likely to act as triggers causing concern or distress.

*"It is important to make sure you share it with your partner and try to let them know as much as you can about how you are feeling and to be as specific as you can about triggers so that they know where they stand. I tried to be as specific as possible so she knew what she couldn't do." "Like you are fine with everything else hon, just - don't do that."*

### **Support**

Other suggestions centred on ensuring that people had adequate support and could pursue individual interests outside the relationship. However, as noted previously, talking outside of the relationship was frequently recognised as problematic.

### **Balance and Self-Responsibility**

Balance was seen as important, as was the need to have fun and celebrate successes, and develop alternative foci in the relationship. Couples should *"put a limit on the hard stuff"* and not use sexual abuse to avoid other problems.

*"You need to be side-by-side and looking outwards so you can take in the world and let the world come to you."*

## Summary

Many findings investigating the impact of child sexual abuse on couple functioning have produced discouraging results, with survivors often reporting a high level of difficulty and dissatisfaction in their intimate relationship (Browne & Finklehor, 1986; Mullen et al, 1994; Mullen & Fleming, 1998). The most frequently reported problems concern communication, particularly communication in relation to emotional issues (DeLillo & Long, 1999; Pistorello & Follette, 1998; Waltz, 1993), trust (DeLillo & Long, 1999; Waltz 1993), and characteristics related to an excess or lack of control within the relationship (Pistorello & Follette 1998). Difficulties are particularly marked in those reporting a lower onset age of abuse and abuse of a longer duration (Waltz, 1993).

Nevertheless there is the potential for successful intimate relationships to provide a place of healing (Adams-Westcott & Isenbart, 1996; Miller & Sutherland, 1999; Synder, 1996), and indeed to be transformational for both partners in creating an increased level of understanding and resilience (Champion de Crespigny, 1998).

The influence of child sexual abuse would seem to vary in impact depending on the length of the relationship, and on the level of resolution and healing experienced by the survivor partner(s). However despite difficulties reported by some couples in some areas of their relationships, the levels of relationship satisfaction, functionality, and achievement reported by the partnerships in this study were very positive.

The results of this study suggest that many partners felt inhibited in their ability to discuss the issue of child sexual abuse with the survivor herself and with others. Although the former point is not experienced to the same degree by the subset of partners who were sexually abused their more open communication nonetheless generated its own unique problems for couples. These communication patterns are a concern where women are supporting distressed partners exhibiting a variety of traumatised behaviours. The possibilities for them to obtain guidance, support, feedback and reassurance for themselves in this situation seem to be limited.

The influence of child sexual abuse on a couple would seem to vary in impact depending on the length of their relationship, and on the level of resolution and healing experienced by the survivor partner(s). However despite difficulties reported by some couples in some areas of their relationships, the levels of relationship satisfaction, and achievement reported by the partnerships in this study were very positive. Couples in this study were able to identify a connection between partnership and healing from child sexual abuse, and ways in which they felt their relationship had been strengthened as a result suggesting as Adams-Westcott & Isenbart, (1996), Champion de Crespigny, (1998), Miller & Sutherland, (1999) and Synder, (1996) posit that successful intimate relationships can provide a place of healing, and increased level of understanding and resilience between partners

The following chapter will detail the experiences of counselling and counsellors as reported by the women in my sample who were sexually abused as children. Included also are accounts from those couples who have sought counselling where the effects of child sexual abuse was an issue in the relationship.

## **Chapter 17**

### **The Role of Counselling**

#### **Introduction**

Many women in the sample commented that counselling had played a significant role in assisting them to deal with the sexual abuse they had experienced in childhood. In the final section of the interview individual women and couples were asked to comment on some aspects of their experiences of counselling. Initially they were asked whether sexual orientation had been an issue in their choice of counsellor, and then what they had liked or disliked about the therapists they had seen and what therapeutic techniques they had found helpful. Information was also sought about the amount of counselling that women had received.

This chapter will detail the results of this section of the interview.

#### **Those who had Sought Professional Counselling**

Twenty-four of the thirty women sexually abused as children had sought formal face-to-face counselling concerning issues related to that experience. This finding of 80% is much higher than the 40% similarly reported by Kendall Tackett (1997), but it must be remembered that the women in my study had all experienced sexual abuse at the more serious end of the scale. It is also reported that lesbian women and gay men seek counselling in proportionately higher numbers than do heterosexuals (Barret & Logan, 2002) and in fact only two of the women in my study had never sought any formal counselling at all. Nine were currently receiving regular counselling for the abuse they experienced and for other issues.

#### **Feedback about Counselling**

Most women spoke positively of the help they had received, however one woman recounted negative experiences with counsellors, and another described her experience as largely ineffective. The problems they had experienced are discussed in more detail later. Participation in-group programmes was not reported on with the same degree of



favourable consistency. However nine of the eleven women who had experiences of undertaking therapeutic work in this context had positive reports of their experience(s).

### **Mode of Payment for Counselling Services**

Although I did not specifically ask, women told me that much of the counselling they had received had been state-subsidised. Fifteen women had received financial assistance through the New Zealand Accident Compensation Corporation for counselling services and one other woman had had counselling through a student counselling service. One woman had received counselling in the country of her birth and three had paid out of their own private funds. Three other women had received either individual or group focussed therapy through some other form of state-subsidised health provider, and in four cases I did not establish how counselling was funded.

The results from this section indicate that most, but not all women have been able to make use of the public provisions available to assist them with the costs of counselling.

### **Amount of Counselling**

Patterns in seeking counselling varied. Some survivors were currently receiving counselling and had been doing so for varying periods of time, others had undertaken what appeared to be a block of therapy but had not sought assistance again. Other women had sought counselling at varying times for varying periods as the need arose usually in response to particular issues such as wanting to confront an abuser, relationship problems, or the impacts of abuse on their parenting.

Women were asked about the amount of counselling they had received. Ten had received counselling for the period of eighteen months or less. Two women had received counselling for three years, one for four years, one for five years and one woman said that she had received counselling for more than five years. Six women commented that they had had "*lots of counselling*" and seven did not establish an exact time frame but indicated that it had continued for a period but at different times.

Nine women, or 65%, of the non-abused partner sample had used counselling or some semi-formal process to undertake personal development, which involved exploring, and reflecting on feelings and experiences. Five said that they had used individual counselling to discuss issues relating to their current partner's experience of child sexual abuse.

Seeking therapeutic help can be a complex and emotionally fraught experience with people concerned about their personal problems, but also tentative about asking for help. For the most part the reports of counselling from survivors in the sample were very positive. This is consistent with most other research that has demonstrated a consistently high level of satisfaction with the counselling and psychotherapeutic assistance received for child abuse (Dale 1999).

### **Couple Counselling**

Six couples reported having received couple counselling, although one of those commented that the reasons for it were not related to the experience of child abuse. One further couple stated that they were currently having counselling and one other that they were seriously considering it. Yet another couple had discussed it in the past but could not reach an agreement about attending and the issue then receded with changes in time and circumstance.

*"I was quite keen about the idea but you weren't". "I think we both found it so hard to talk about that". "We were afraid it might break up the relationship".*

### **The Characteristics of Counsellors**

#### **Survivor's Reports**

Those women who had received counselling were most inclined and more easily able to tell me about the personal characteristics of their counsellors, whether their experience had been helpful or not. Some were also able to tell me about the various therapeutic techniques used, this however was usually secondary to their feelings concerning the counsellor and the therapeutic relationship particularly when the relationship was one where they experienced a strong and positive connection. This response is consistent

with other research and highlights the significance for clients of the therapeutic relationship at a personal level (Allen 1990; Cross et al., 1982; Dinnage 1988; Elliot & James 1989; Feifel & Eells 1963; France 1988; Grierson 1990; Hill 1989; Lietaer 1992; Oldfield 1983; Ryan & Gizynski 1971), (cited Dale, 1999), (Carr, 2004).

The individual client's reactions to a counsellor are very subjective and discrepant (Caskey et al., 1984; Fuller and Hill 1985; Hill 1989; Lietaer 1992) (cited Dale, 1999) but the women in my sample repeatedly mentioned the personal qualities of their counsellor and the beneficial aspects of the helping relationship.

*"She never bought into anything. She didn't give up on me. She was the only person I had in my life who supported me who listened to me or who had any kind of faith in me. She was the only person who was consistent in giving me love and support. All those things I should have got from my mother I got from her. She was probably the first person I ever trusted."*

For those women in my sample who had experienced sexual abuse as children the characteristics or qualities of the counsellors most often described as helpful concerned emotional support commitment and affirmation. The ability to maintain clear boundaries and to assist women to "make a picture of all the mess" or "put words on things" was also regarded as being very helpful, with the emphasis being on the ability to combine clarity with emotional support.

*"She was welcoming and gentle. She didn't confront me or push anything and she didn't let me get carried away with myself. She had good boundaries but was still accessible. She held the balance really well."*

### **Couples' Reports**

Those couples who had sought couple counselling gave similar reports citing support, a concern for their relationship, the capacity to mediate, problem solve and make practical suggestions as being the qualities in the counsellor which they had found most useful. Three of the partners who had not experienced child sexual abuse had had a joint session with their partner's therapist and all had found that to be a positive experience.

*"I liked it because I could meet her and see what she was like with her (the partner). She was making sure she had some answers and it reminded me that it was not just about me sticking my oar in."*

Relationship qualities that drew most consistent positive comment were of trust, a sense of safety, connection, clarity, and confidence in the counsellor's professionalism and clinical skills.

Two couples commented on aspects of their counsellor's behaviour that were not helpful. These happened when women felt that they had been misunderstood or when there was a sense that the counsellor was taking sides, as the following exchange demonstrates:

*"I didn't like anything about the one that misunderstood me." "But I liked her because I felt she understood me." "Well she was on your side." "For me, getting some validation of my experience was extremely helpful." "Well, was it helpful that she misunderstood me?"*

or again from another couple:

*"I didn't feel it was that helpful really." "You felt like she took my side about something, I seem to remember something like that."*

### **Gender and Sexual Orientation**

Findings from research into therapist characteristics such as ethnic origin, gender and age are ambiguous and it is not clear in what circumstances such factors have helpful and unhelpful effects (Hill, 1989), (cited Dale, 1999). The women were asked to tell me whether gender or sexual orientation was a factor in their choice of counsellor. They had not always had a choice about which counsellor they saw, although no one was ever referred to a male counsellor. Some commented that if they had had a choice about having a lesbian therapist that would have been their preference. However for those to whom choice was available gender was overwhelmingly a factor in their decisions about therapists. Only two women had deliberately sought assistance from a male counsellor in order to address an issue such as confronting a male perpetrator.

Five women commented that they deliberately made a decision not to see a lesbian counsellor.

*"I specifically did not choose to go to a lesbian therapist because I didn't want to bang into her socially. I didn't want her to know the people I knew."*

The reasons for this were, as the quote suggests, a strategy to deal with issues of confidentiality and privacy in a small community. Other women had had negative experiences with lesbian counsellors over unclear boundaries and not maintaining confidentiality.

### **Therapeutic Interventions**

Theoretical orientation and techniques were not commented upon to the same extent nor with the same detail or enthusiasm as therapist characteristics and the client/therapist relationship. However many did comment knowledgeably on the theoretical aspects of the therapeutic work undertaken.

*"Various models helped at different times depending on where I was. T.A, Gestalt, Psychodrama in small doses. Writing and playing music were a good stress release, dealing with stuff from a feminist perspective."*

A marked preference was expressed for action techniques including role-play, two-chair work, and the use of creative visualisation and imagery. Three of the women commented on their propensity to "give" counsellors what they thought they wanted to hear while remaining emotionally detached from the subject. For these reasons they commented favourably on the effectiveness of action techniques in quickly explicating important issues in therapy. Three also mentioned psychodrama as an effective, powerful and moving therapeutic tool while one woman reported a negative experience with this intervention.

Being given relevant reading material, together with feedback, undertaking homework tasks as a way of actively continuing the process of reflection between sessions and

using art work, symbolism, music and writing were also identified as useful therapeutic tools.

For others, however, action techniques were not considered as helpful as “*just talking*” which included reflection, exploration, clarification and problem solving.

### **Positive Changes in Self**

Although not specifically asked by me, many women spoke of the positive changes they had achieved from professional counselling. Women commented on being clearer about their feelings and able to absolve themselves of residual self-blame. Many women also identified positive changes in how they experienced themselves. This arose from improved self-awareness, optimism, confidence and a greater capacity to trust other people. Some identified the self-help techniques, which they had learnt in therapy as very useful in assisting with anxiety and confusion.

*“Some of the stuff has really stayed with me and has been very powerful, like the imagery. I have felt very protected by it; even now if I am going through a hard time I can go back to it and feel very reassured and very safe.”*

### **When Things Go Wrong in Counselling**

The majority of dissatisfactions expressed with counselling concerned the behaviour of lesbian counsellors, and with therapist self-disclosures, which were experienced as unwanted and unhelpful information.

Other individual criticisms centred on annoying mannerisms, unsuccessful therapeutic techniques and disagreement with the therapist’s definition of the problem. With regard to this last point, researchers increasingly advise practitioners that a preoccupation with the issue of child sexual abuse may cause other relevant clinical factors to be missed (Gold, 2000). Disappointed expectations were also reported as an issue, as were difficulties with the lack of formal professional assessments when clients were suicidal. Fortunately most women were not deterred by these experiences and often consulted

another therapist, and nor did they cause them to abandon the hope of receiving any benefit from therapy.

### **Summary**

A large number of women had utilised counselling as a way of assisting them to work through the experience of child sexual abuse. Most found that counselling had made a valuable and constructive contribution to their coping. The relative merits of the concepts of “relationship” and “technique” have provided an ongoing debate in psychotherapy research. The central question is whether the client’s experience of her relationship with the therapist constitutes a therapeutic factor in and of itself, or whether it simply provides a neutral channel through which appropriate techniques can be applied (Dale, 1999). The results I have reported would seem to reiterate the importance of the therapist personally and of a positive therapeutic relationship as important catalysts for change. However women were also able to comment constructively on the success of therapeutic techniques utilised.

As to demographic characteristics, gender was a stronger and more consistent factor in the choice of therapist than lesbian sexual orientation, with some distinct drawbacks seen in accessing the services of lesbian therapists.

### **Overall Summary of the Results Section**

This concludes the section of this thesis which details the major findings I have drawn from the data collected during the interview phase of my research. This has been organised so as to reflect the voices of the women in their various roles as survivors of child sexual abuse, as partners, as couples and as consumers of counselling services. I recognise that my findings are a snapshot of a particular point in the life stories and cumulative experiences of my research participants.

Specific information sought from the women who were sexually abused included what happened, its effects on the personal interpersonal and functional dimensions of their lives and the factors they identified being helpful in assisting them to deal with these. The perspective of partners was also explored, as were couples’ experiences of their

partnership and the impact of child sexual abuse on couple functioning. Women's experiences of counselling both as individuals and as couples were also addressed.

The results of other studies as discussed earlier in this thesis investigating the accounts of women who experienced child sexual abuse, particularly penetrative abuse, often portray a disturbing picture of women with a variety of problems relating to their personal functioning. Similarly, reports elicited from heterosexual couples and male partners of survivors are often discouraging while such evidence as there is concerning lesbian couples suggests that the experience can likewise be very challenging for them.

I believe that my data demonstrates that all of the women in this sample have attempted to confront the individual, interpersonal and relational challenges of the experience of child sexual abuse both actively and positively. Because professional therapeutic relationships have been identified as a significant to recovery I also believe the strategies the women describe, as having assisted them with coping and resolution will be invaluable to those social workers working therapeutically with female survivors of child sexual abuse and their partners.

In the following section I have enlarged on those findings relevant to the research questions, which were set out in my original research proposal, approved by the Massey University Ethics Committee and outlined earlier on pages five to seven of this thesis.



## **Section Five: The Analysis of This Research**

### **Introduction**

My intention here is to discuss in greater depth the study's principal findings and to relate these to the research questions on which the project was originally premised. There were a number ways of approaching this task; one would have been to cross-section the data and report on findings under broad categories such as impacts on self, relationships, abuse characteristics, challenges, etc., etc. In the event I have determined against this format and have continued to organise material in the way I began in the previous Results section. This format has also been selected with the intention of clearly identifying and publicising the various subject areas within the data, although these are not always discrete and there are many overlaps, but this organization allows for a clearer presentation of each.

## **Chapter 18**

### **The Women who Experienced Child Sexual Abuse**

#### **Introduction**

It has been argued that attempts to investigate links between particular types of sexual abuse or abuse characteristics and long-term consequences have detracted from the overall impact of the experience on survivors' attitudes, relationships, coping mechanisms, cognitions and perceptions of self (Darlington, 1996). For this reason the section in my interview focussing on women sexually abused as children intended to gain information concerning effects that the abuse has had on them personally and on their behaviour in intimate relationships. Women were also questioned about what helped them to cope with these and the ways in which their current partner has assisted them toward a resolution. They were asked about the extent to which they felt same sex attraction might compound the impacts of sexual abuse for them and enquiries were also made about their professional help-seeking behaviour and experiences of counselling. Those foci were drawn from the research questions outlined earlier on pages 5-7 of this thesis.

Although women in the sample share common experiences such as being lesbian and having experienced some aspect of child sexual abuse, they are individuals who came from a range of family backgrounds and have a variety of life experiences. Their abuse experiences also differ.

#### **The Effects of Child Sexual Abuse**

To place the ensuing discussion in context, the relationship between child sexual abuse and long-term impact on adult adjustment must be seen as both complex and unclear (Romans, 1999). The effects of such abuse can vary greatly, with consequences ranging from mild emotional and behavioural problems to severe psychopathology (Hyde, 2001). Indeed, sexual abuse as a child does not mean that an adult woman will necessarily experience any subsequent impact; just as difficulties or distress experienced in adulthood may not be attributable to such a history (Darlington, 1996), the risk of

serious long-term consequences varying according to the individual situation (Bouvier et al., 1999; Johnson et al., 2001).

For some of the women in this sample the sexual abuse they experienced as children is a problem which they have recognised only recently, while for others it was a problem which is now largely resolved. However, as I noted earlier in the thesis, the sexual abuse experiences of many of the women in this sample fit the generally accepted criteria for seriousness and long-term impact. The women reported that their experience had a variety of effects and impacts on their feelings about themselves, their interpersonal relationships and health, as well as practical impacts on their employment, on their place of residence and their construction of family relationships.

For many women the abuse occurred in a family context, which was actively abusive, or under stress, and eleven of the thirty women who had been sexually abused therefore found it was difficult to differentiate the impacts of sexual abuse from the experience of other maltreatment or childhood adversity.

The emotional damage and hurt experienced by women as a consequence of these factors was often compounded by the nature of parental or familial response to later disclosures of abuse. The powerlessness, sadness and anger many experienced in response to this combination of early betrayal, sexual exploitation and disregard were evident when participants recounted their stories. The denial, ambivalence, hostility and minimisation of their experiences were also perceived by many women to be echoed in current societal responses to child sexual abuse and its survivors.

*“I think we (survivors) have lost credibility over the past few years. On the one hand it is great having everything out there, which is so much of what has been needed, but it is almost like there has been a backlash against it. A lot of men are saying that women are accusing them of abusing the children to stop men from having custody and access.”*

*“I think it has gone underground again I think it is wrapped up in child abuse. When you see it on T.V it is not child sexual abuse it is actually child abuse.”*

*"I don't think they respond very well. I think they don't kind of want to know. I think it is kind of like my God, society can't handle it. It is awful and shocking when you hear about kids being abused, but then it is like, get over it."*

All of the women in the sample who were sexually abused acknowledged their abuse as wrong and most expressed strong feelings about what happened and identified that it had had a significant impact on how they felt about themselves at some point in their lives. This was irrespective of whether the sexual abuse that occurred was penetrative or not. Other factors equated with seriousness of impact such as duration, frequency, the presence or absence of force and coercion and relationship to the perpetrator were significant in that they were often remembered in detail. Likewise a range of abusive behaviours was recalled - not just those pertaining to the most serious aspects of the sexual abuse that women had experienced.

Women's accounts in this research project supported the observation that emotional abuse is a significant component of child sexual abuse (Summit, 1987; McGregor, 1994; McDowell, 1995).

*"When he was really angry and frustrated with me and I wouldn't stop crying he would just force himself on top of me and it was terrifying, it was humiliating. It left me with this enormous black cloak of feeling that I was a nuisance. I think that was the biggest feeling for me, that feeling that I was a nuisance."*

Survivors of child sexual abuse appear to focus more on self-blame than on distributing attributions between the world and self (Owens & Chard, 2001) and recent research has focussed on the psychological impacts of abuse and cognitive representations of self as an important indicator of adjustment in the experience of child sexual abuse (Classen et al., 1998). A negative view of self has been identified as a significant predictor of later psychopathology (Muller & Lemieux, 2000) as has the risk posed by sexual abuse to a child's emerging sense of self and self-esteem (Mullen et al., 1994).

The women in this study reported in large numbers that they experienced feelings of shame, self-blame, powerlessness, low self-respect and low self-esteem in response to the experience of child sexual abuse. Participants also commonly reported anger, guilt

and feelings of emotional detachment and denial and minimisation that they felt were a result of the experience of child sexual abuse. Most felt the abuse to which they were subject had had a significant impact on their lives, or at some point in their lives, and this had necessitated acknowledging it as an issue and taking steps to work the issues through. Many reported thinking about the abuse and its implications, or reflecting on abuse related effects either regularly and often in response to certain situations or sets of circumstances.

*“I don’t know that I think about it everyday, the sexual abuse, more what I think about is the effects of it I guess. The fact that I am quite a fearful anxious person generally and other things that I know have stopped me. Made it more difficult for me to fulfil the potential that I had and try the things I really wanted to do.”*

Women who experienced more severe forms of sexual abuse attributed more impacts as a result of it. For most of the women these impacts became apparent or were becoming apparent as they sought to confront the range of tasks and expectations, which characterise adult life. Such as having committed relationships, child rearing and working in paid employment and pursuing careers.

Twenty-four women reported the effect of child sexual abuse in the form of low self-esteem.

*“I never felt like I belonged anywhere and that has been until quite recently really. As in probably the last seven years, and until then I felt I never belonged in my family, I never belonged in New Zealand. I never belonged as a woman because I wasn’t a proper woman I wasn’t a proper New Zealander, I wasn’t a proper child to my family, I wasn’t a proper sister. I was never what others wanted me to be.”*

*“In my heart of hearts I am sure that being sexually abused by my uncle has had an effect on my ability to form relationships and on my self-esteem.”*

*“As long as I can remember I always felt different, that I was different in some way. That there was something wrong with me you know that I was sort of dirty, not good enough, shameful, yes all of that sort of stuff.”*

Sexual abuse was not necessarily identified as the sole cause for feelings of low self-esteem this but it was recognised as a contributor by a significantly large proportion of women in the sample. The relatively high levels of penetrative abuse and abuse involving oral-genital contact experienced by these women could account for this degree of report. Feelings of guilt, confusion and anxiety were also commonly stated. Romans (1996) sample of sexually abused women also reported lower levels of self-esteem. However childhood sexual abuse only became an independent predictor of low self-esteem in her sample in those situations where women had experienced completed intercourse. The impacts on self-esteem were not universal in her group, those areas that were most affected concerned a lack of self-determination and a perceived inability to influence their own lives. This would certainly concur with the experiences of powerlessness and diminished sense of choice and control apparent in the accounts of women in my sample.

*“Another impact that I think of as a big one is my lack of ability to see the future or have a vision of the future and it really irritates the hell out of me. Every time I go for a job interview and they ask where do you see yourself in five years time and I hate that, I just feel I live for the day. I mean there was a time when I was younger that I thought I was going to die at 30 or 35.”*

*“One of the reasons I married my husband was so I could stop having sex with men basically because I didn’t know that I could say no.”*

For many of the women in my sample the impacts on their self-esteem were largely resolved although there was an acknowledgement by many of a continuing fragility in this area. This is consistent with comments by Heather McDowell (1995) who likens resilience to scar tissue, that while emotional scars heal, notwithstanding people emotionally abused as children carry increased vulnerabilities and sensitivities that require recognition.

The women in my sample reported that shame and self-blame were significantly associated with their experience of child sexual abuse. The common reactions children have to abuse such as passive compliance, keeping the abuse a secret, deriving pleasure from the experience (s), or obtaining some form of secondary gain in terms of attention,

affection or material reward, can contribute to the experience of self-blame (Jehu, 1989) (cited Peters & Range, 1996), (Darlington, 1996). It is common for women who have experienced child sexual abuse to believe that they themselves had allowed the abuse to occur by not preventing it. Self-blame has been suggested to be purposive and can fulfil a legitimate need for an abused child to comprehend a situation beyond her control. Thus it should be regarded as a particular way of coping rather than as an indication of impaired psychosocial functioning (Conte, 1987; Runtz & Schallow, 1997). The self-blame and shame experienced by the women in my sample derived from having emotional or physical pleasure in the abusive acts(s), feelings of responsibility and guilt and feelings of being dirty. Some women were also subject to considerable emotional and verbal abuse or manipulation by perpetrators, which reinforced their feelings of shame.

*"I had this feeling that I was an object and I was being used because I was too dumb and too ugly and too stupid to say anything."*

*"Being quite compulsive about my personal hygiene particularly my vaginal area like washing thoroughly because I saw myself as being dirty and trying to wash away the abuse, and that was for a long time."*

The women in my group who experienced contact as opposed to penetrative abuse reported a similar range of negative feelings and for the same reasons, but not in the same numbers or degree.

With regard to interpersonal effects, those women who had not experienced penetrative abuse were less likely numerically to identify loss of trust and anger toward family and a loss of trust in people as an effect of their abuse. They were also less likely to report practical impacts involving health or work or study. On the other hand those women who had experienced penetrative abuse and/or oral/genital contact were more likely to report a wider range of impacts and over a longer period of time.

*"Yes I definitely feel it has been a huge part of me, who I am. Unfortunately I feel like a sexual abuse survivor before I am just about anything else."*

*“Well I am not sure how much I can blame on the sexual abuse and I have always had trouble sorting that out, but I do think that if I had been younger and the abuse had gone on longer the effects would have been much worse.”*

*“It is always there, I always remember it but I don’t feel like it holds me down or has a big impact on my day-to-day life.”*

Mullen et al (1994) suggest that the fundamental damage imposed by child sexual abuse is developmental. It impacts adversely on a child’s growing capacities for trust, intimacy, agency, sexuality and self-esteem, with many of the associated mental health problems reported in adulthood being second-order effects. The highest reportage of low self-esteem and self-respect, shame and self-blame suggests the effects on their sense of self is the area women perceived as impacted the most.

Feelings of powerlessness were commonly reported by my sample (70%) and similar to reported levels of emotional detachment, denial and minimisation. Minimisation was reported to have three aspects, not acknowledging the significance of the experiences, not understanding the degree of associated impact, or not feeling entitled to have a negative reaction to what happened.

*“So it was the recognition that was really significant because I hadn’t allowed myself to give it any recognition. There was this therapist who I really respected and out of all these women and there were women there who had been gang raped, she was focussing on me and giving me the attention and saying “what happened to you was really significant” and “out of all the people here you are the one we are going to look at”. Instead of just saying “yours wasn’t as bad as hers.”*

The practice of minimising has been identified as a way of coping and mediating the experience of child sexual abuse (Runtz & Schallow, 1997). The relatively high level of denial and minimisation reported in this sample is therefore consistent with other findings reporting these feelings as a form of coping ( Runtz & Schallow, 1997; Varia, 1999). Runtz & Schallow (1997) also suggest that the ways in which adults cope with childhood trauma may be more relevant to their adjustment than the actual extent of



maltreatment they experience. The coping strategies they utilise and the levels of social support they receive may be important factors influencing whether or not they function effectively or continue to struggle with the long-term effects.

Despite this high reporting the women in this sample had not been deterred from finally acknowledging that what happened to them as children was abusive. Some still found it difficult to accept the extent of the influence that the abusive experience had had on them. However all had taken, or were taking, steps to deal with the experience and its effects through counselling, or by talking sharing and reflecting on what had happened. In contrast a small minority found the deliberate pursuit of avoidance to be effective for them

Self-destructive tendencies, such as contemplating suicide, self-blame, alcohol consumption, over-eating, using drugs, isolating or risk taking behaviour are not uncommonly associated with the experience of child sexual abuse (Coffe et al, 1996; Conte, 1985 Grey, 2001; Fleming, 1999; Peters & Range, 1996). This was supported in my sample. Many of the women reported substance abuse involving drugs; alcohol or food and five had previously attended drug and alcohol treatment programmes, and/or were currently participating in twelve-step programmes supporting continued sobriety or the amelioration of eating problems.

### **Interpersonal and Relational Impacts**

All the women were able to identify sexual and emotional patterns in their past or present intimate relationships that they felt they were clearly attributable to the experience of child sexual abuse. The issues reported varied in significance and impact. For some these were ongoing while others were reporting on issues that, for them, were firmly in the past. For still others it was necessary to differentiate the impacts of sexual abuse on intimate relationships with adult partners from other forms of concomitant abuse and challenging family circumstances they had experienced as children or young people.

*"We live with the effects of each others abuse."*

*“Right now I see that there are four major influences on this relationship and I think three of them are of equal importance. Family of origin and the nature of my parent’s relationship to each other, to me that has had a big influence in the relationship. I think sexual abuse has had a huge influence in the relationship and then addiction and alcoholism. Then the fourth thing I see influencing the relationship is my own relationship history and the nature of my past relationship and the way it ended. I know that has had an influence as well although I don’t think it is quite as big.”*

Impacts of sexual abuse on interpersonal relationships were not generally reported with the same frequency as personal impacts. While the women recognised that there were consequences for them in attempting to manage their interpersonal relationships it was harder to for some to accept that their behaviour could impact partners.

*“Its not a place I am willing to go I mean I don’t mind being on the outskirts of it especially with her (partner), if I think it has relevance. I won’t let her in much more than that then I am more likely to take it to counselling and even that doesn’t happen often.”*

The seven women who had experienced abuse involving genital contact, as opposed to penetrative abuse, were also able to distinguish sexual and emotional patterns attributable to that experience, which they believed had had an impact on them although they reported a smaller range of effects and in smaller proportions. They were more likely to report emotional effects (6/7) than sexual effects (4/7). Their emotional issues concerned confusion, trusting and fears of intimacy and exploitation. Difficulty in expressing intimacy was also reported, as were problems in establishing a separate identity in intimate relationships, lack of assertion and confusion between sex and affection.

Many women reported what they considered to be a high degree of heterosexual sexual activity in their youth and that this lacked any emotional intimacy for them.

*“It affected me in terms of my relationships with men in that I got into sexual promiscuity. There was no intimacy at all just physical activity”.*

(Sue): And with women?

*“No, I don’t think it affected me in terms of stopping me relating intimately with women in fact the opposite, it was a positive effect. I can thank him for that “thank you brother, so you are responsible for me being gay all right!”*

They reported a mixture of other feelings and behaviours such as using sex in order to feel emotionally close to others, feelings of shame about having sexual feelings. Conversely, feeling of objectification, sexual pressure and exploitation as a consequence of feeling others were only interested in them for sexual reasons.

### **Intimate Relating**

The twenty-three women in the sample who had experienced abuse involving penetration attempted penetration and/or oral-genital contact could all identify sexual and emotional patterns in their current or past behaviour which had impacted on their adult sexual relationships, attributable to past sexual abuse. A variety of patterns emerged from the women’s accounts of these experiences and are detailed below.

### **Emotional Relating**

Women identified problematic issues, which impacted on their emotional relationships with partners. This too coalesced around trusting, confidence in partners, fears of being let down and fear of exploitation. Feelings of worthlessness and vulnerability were also commonly reported manifested by anxiety concerning exposure, rejection or emotional intimacy.

*“If you don’t feel good about yourself you are not going to put yourself out there in terms of your relationships with other people. You either throw yourself at other people or you hold yourself back and I was “a hold myself back” kind of a person as opposed to “a throw myself at people” type. I mean I probably did have periods of being quite promiscuous and also periods of being emotionally very withdrawn and not wanting to let anyone get close to me because they would hurt me or abandon me. People couldn’t be trusted - all that sort of stuff.”*

*"It's something about boundaries, you become too intimate and what happens to that boundary, is there a boundary there? It's pretty scary."*

Also reported were feelings of confusion about the nature of love, and what it meant and how the love expressed by intimate partners differed from that sometimes professed by perpetrators.

*"The two relationships I did have that ended up being intimate I sabotaged because I couldn't handle the goodness of them. Two people who cared for me and treated me really well, but in my mind I didn't deserve that."*

Some women used sex as a way of meeting emotional needs. A number reported elevated needs for emotional reassurance and security in their intimate relationships and conversely the need to keep a distance through the utilisation of various strategies such as conflict avoidance, withdrawal and compartmentalisation.

*"No, it is more a desire for there to be no conflict and for things always to be smooth."*

*"For me the one that really stands out is being emotionally cut off - I mean even now I don't experience deep anger. I hear other parents say if anything happened to their kids they would kill and I sort of think I don't even know if I would go in and defend them. I would certainly work out if they are right or wrong and if they were right I would be alongside them but it is like I have this calculating side to it, it's not a passion. I don't experience either and I do think some of that would have come from the sexual abuse."*

*"The ability to put a wall between me and other people has come from the abuse. Being able to be in a relationship with someone and not have any emotions at all, that has been an old thing for me."*

## **Sexual Relating**

All twenty-three women reported past or present patterns of sexual relating which they felt to result from their experience of child sexual abuse. These included loss of sexual desire, unwillingness or fear of engaging in sexual activity due to discomfort,

embarrassment, and vulnerability. The use of sexual activity to meet needs for intimacy, affection and reassurance, or not recognising a choice as to whether they had sex or not, were also reported.

*“Once I felt I had reached a certain point with a person I couldn’t go back. Like if I let them kiss me or touch my breast or something I had no rights as far as I knew to stop anything from going any further. Yet the feelings of shame and self-disgust mounted and I was not even enjoying myself, not even liking it and yet totally powerless to stop it from happening and totally having no comprehension about why anything was happening.”*

*“Having been sexually abused by men and learning from that, I thought that my purpose in life was to be the object of men or others and not considering or seeing that I could be an active participant in my own life.”*

Other patterns reported included the need for safety and predictability in sexual relations (referred to as “*vanilla sex*”), and problems with flashbacks. Feelings of being emotionally absent and disconnected during sex were reported, and shame from deriving pleasure from sexual humiliation was reported by four women. Several women also recounted experiences of re-victimisation in their adult relationships with both men and women; others reported a history of destructive relationships or difficulty accepting the direction of their sexuality.

*“We have an S & M relationship and I don’t know whether my desires in that regard have been caused by my abuse or not I don’t even think it is important to know whether it is. What I do know is that for a long time I thought there a definite cause and effect and it was really sick. So I suppressed a lot of those things and I spent a lot of time and energy trying to change things in my head that I find arousing, the sorts of fantasies I have.”*

Some also believed an early onset of overt and sexually active and risky behaviour in adolescence and young adulthood to be related to the sexual abuse they experienced in childhood. Likewise struggles with sexual activity involving penetration, sexual

touching, body shame, revulsion and problems with nudity were attributed to experiences of sexual abuse.

*"I went through a long period of not sustaining relationships and being quite promiscuous and then getting together with someone. We used to talk about it in terms of having "the revolts." So you slept with someone and then felt really revolted and not able to stand them anymore and I felt like I went through a period when I thought that was going to happen to me for ever. Like I would never be able to continue to like someone for a period of time, so actually having a long-term relationship was very reassuring in terms of that. I could actually do it and stuff, and as time has gone on I have had normal relationships."*

*"As a teenager there was lots of promiscuity and sleeping about. The other side of that was when I was in long-term relationship becoming frigid when intimacy developed. I withdrew to being frigid, not liking sex and not wanting to be involved in love making particularly, and I would pretend."*

While it seems clear that the child sexual abuse increases the potential to experience problems with self-esteem, intimacy and sexuality in later life the mechanisms that produce this are not fully understood (Fleming et al., 1999). As the testimonies of the women in this sample indicate the impacts of child sexual abuse are significant, complex and fluctuate but can be satisfactorily resolved. However none of the major systems for classifying the seriousness of child sexual abuse simultaneously take into account the nature of the sexual acts experienced, their frequency, or characteristics of the abuser (Bouvier et al., 1999). Nor do they account for the imputations of the victim and relevant factors concerning the immediate as well as familial context in which the abuse took place.

As to my question whether penetrative abuse related to seriousness of impact on intimate relationships, I found that it did appear to have a greater impact for adult partners. Those not experiencing penetrative abuse and/or oral- genital contact were less likely to report the same range of abuse related effects or in the same proportions as the other women.

However using the invasiveness of sexual abuse as the only measurement of seriousness can be misleading as I discovered through hearing the meaning ascribed by some women to their experience. As one woman comments:

*“When I am thinking about the sexual abuse there is this one incident, but I also had a relationship that started when I was 14 with a man who was in a position of authority and who was 35. Now when I think about it I think of it as quite a positive relationship, but it was an abusive relationship on terms of the power difference. Because I married young (this too was an abusive relationship, SJH) when I think about sexual abuse I think about what happened in my marriage, not the other incidents.”*

The adverse impact of interpersonal effects and feelings about intimate relationships were no less authentic or indeed less problematic for the subset of women who had experienced only genital contact abuse, particularly for those women in this subset who felt that they had actively participated in the abusive acts. Regardless of the degree of physical invasiveness experienced it did not change what had happened, or that they had feelings about it, although some women minimised the significance of its importance to them.

*“In our twenties we talked about it but I think when I talked about it I was cut off from my feelings. Because we could talk about it intellectually, this was what happened to us, but it was always minimised. It didn’t have any effect on us, but it did.”*

In summary, child sexual abuse has been correlated with a variety of negative long-term outcomes. These encompass a range of difficulties in the areas of mental health, interpersonal, social, and sexual difficulties and self-esteem, and the experience of penetration or attempted penetration has been found to exacerbate this impact (Fergusson et al 1996; Fleming et al 1999; Mullen et al., 1993; Mullen et al., 1994). Those women in my sample who experienced penetrative or oral/genital abuse also reported a wider range of effects and in greater numbers than those not so abused, however even within this subset of women seriously sexually abused as children a range and variety of effects were reported. Furthermore, many women had developed ways in

which they had been able to use the experience of child sexual abuse and recovering and moving on from it by achieving greater strength, humanity and direction in their lives.

*"I think certainly with the therapy over the last few years I've become a much more human approachable kind of a person. I know when I was working as a tutor at --- that a lot of students would just come and talk to me if they were having difficulties. I don't think that would have happened, if I hadn't got real and begun to deal with things, and I think that has been a real strength."*

*"Talking and meeting up with other women who had been abused and sharing that has been really important to me and I have formed really strong connections with them. Eating disorders and stuff they go hand-in-hand. Then for me working far enough through my stuff so that I can facilitate the eating disorder group and hear other women's stories and be able to relate and have that empathy, and know where they are coming from. I'll be on the phone at the centre and someone will be saying all this stuff and I will be thinking that it's like me, but I can keep my distance now"*

This supports the emphasis made by Mullen et al. (1994) that *"abuse is not destiny"* (p. 45) and that while this in no way condones child sexual abuse it nevertheless offers a reassurance that the lives of victims need not be irrevocably blighted.

### **Accounts of Resolution and Moving On**

Women were asked if they could identify significant people or resources that had assisted them to address the impacts of abuse. Many conceptualised this as a progression and some used terms such as *"recovery," "healing"* or *"journey"* to describe it.

The strategies, resources and/or people identified as having assisted women to deal with the effects of their abuse involved a combination of social support and other coping strategies. Particularly those, which involved acknowledging what, happened to them, expressing emotion about this and actively seeking change and understanding. This was



evidenced by the help seeking behaviour of the many women in the sample who had sought professional counselling or had participated in survivor support groups.

Runtz & Schallow (1997) comment on the significance of social support to their sample of university students who had experienced childhood maltreatment (including child sexual abuse). The accounts given by the women in my sample support this finding, but also show that while social support from friends and intimate partners was valuable, therapy and counselling were consistently the most common contributors to recovery.

*"I was powerless before the therapy."*

*"I would say the counselling and (to partner) probably the relationship – the relationship with you."*

The importance of recognising the effects of child sexual abuse present in ones life and then making a deliberate commitment to address them has been identified as an important decision point for survivors to move successfully forward from their abusive experience (Bass & Davis, 1993). It was very instructive for me to see that so many women in this study had made such a positive commitment, as evidenced by their willingness, despite the risks, to welcome counselling and to acknowledge and express their emotions about what happened to them.

*"I feel where we are at, it's hard but I have a willingness to look at that stuff and I guess for me staying abstinent and trying and working at a programme and be brave and honest and willing helps me."*

Attendance at support groups and the support of partners' and friends and family members particularly sisters also abused, had in some cases provided women with another outlet for expression, as well as an affirmation that they were not alone in their experience.

*"Well I have told my sister, she has suffered various incidents of sexual abuse as well so there is that sharing with her. I talk about it with friends I have had counselling and I have talked about it in counselling. Although I haven't had*

*specific counselling about sexual abuse - I have done some group work, again not specifically about sexual abuse but I mean obviously things like that come up in the group as well."*

Several participants also acknowledged the valuable contribution made by the Accident Compensation Corporation (ACC) to fund counselling.

*"The people who fought, and it must have been a real fight, for ACC to pay for counselling for sexual abuse – I think that's fantastic. For me that funding and the counselling have been invaluable."*

Carr (2004) identifies that successful self-changers make use of trusting and supportive relationships with family, friends and self-help groups in the process of transforming their behaviours and outlook. However, as evidenced by the reports in this sample the family of origin cannot necessarily be relied upon as source of support for women as they recover from the effects of child sexual abuse. This can be exacerbated for lesbian women where the issue of their sexual orientation has occasioned rejection or lack of involvement from their families. Both these factors emphasise the importance for lesbian women of their partners, friends and "chosen family", the term that has been used to describe the collective comprising former lovers, children, friends and heterosexual "allies" who often constitute an important component of social support for gay people (Bepko & Johnson, 2000).

*"I think living here and having a secure family. I have to know that this, the family, is secure - that is all part and parcel of having been left unsafe and vulnerable in my own family so that is important and helps me cope day to day."*

Women also spoke of the usefulness of self-help strategies, goal setting and achievements, which helped to provide a sense of normality and "getting on with it." Before the benefits of these supports can be felt however women emphasised the need to be ready themselves to maximise the benefits of these strategies.

*"My view of the world was as a horrible, mean, hostile, violent place and it wasn't anything else. But I began to see that there were some lovely things in the world as*

*well. So I started focussing on them and noticing more of that. I don't know what pulled me through whether it was me or noticing those things but they certainly kept the momentum going for me."*

*"I have to realise that life goes on and I have to make my life go on, if I sat back and if I stayed in the victim mode I would be two ton Tessie from Tuckersville. I'd still be smoking, I would be an alcoholic and I would probably be dead, it's quite simple."*

### **Strategies Utilised**

The range of strategies used by the women in this sample is similar to those outlined by women in Glaisiter & Able's (2001) sample with the exception of religious supports which did not feature in my research. Increased understanding, confidence in association with achievements gave her female participants a sense of pride and progress and which assisted with time to diminish of the effects of sexual abuse (Davis, 2001). This is a finding not dissimilar to that suggested by the accounts of the sexually abused women in my research project.

*"I let her know straight away, 'ok, I' am angry with you' because you see I have only just learnt that it is ok to be angry with someone. I am not going to take it out on her, punch her up or anything like that. I just said to her straight because that is what we had planned. I got scared because my plans had changed and that taught me something I have to work on. Ok so I have made a plan and it might go wrong. I have got to prepare myself so I learnt something out of that, but she learnt something too. You never stop learning there is always more to learn."*

In short the results clearly demonstrate the importance of social support and validation from significant people, the importance of individual recognition and active commitment to the process in resolving and moving ahead.

*"I don't, like, let it affect my life. It doesn't really take a lot of my headspace because it is not' oh my god, you have to feel sorry for me because I have been sexually abused.' I fucking hate that. Well, like, I understand that and I know that*

*it is different for everyone - everyone has their own process and deals with it in different ways. But I have come across too many women in that mental health bloody fucked up state that don't make choices and won't be responsible and won't be accountable. I hate that."*

In my study the contribution made by intimate partners in this regard varied but coalesced around characteristics of stability, safety, and support. Support took a number of forms both practical and emotional, involving understanding, listening and encouragement of another viewpoint. Additionally there was for many a sense of partnership based on sharing, which encompassed more than the sexual abuse of one or both partners.

*"It is just that whole thing of learning, ongoing learning and mutual support, going in the same direction."*

The importance of a positive intimate relationship lay jointly in its capacities to encourage change and to provide support and validation. This contribution was clearly valued, particularly as many survivors had not previously received supportive reactions from other people who were significant in their lives. In addition an effective supportive relationship with a caring partner was often valued as a vehicle for growth, and relational achievement, factors that have been identified as significant in recovery from child sexual abuse (Davis 2001).

*"It has been good for me to know that she (partner) is on the same wavelength; that we actually want to pay the bills and we have a handle on the money and we are not in debt and we have an honest open relationship, which I have not had before. It has been really important to me that the money is sorted because it was a major conflict in my last relationship. I hadn't actually thought about it, it is not a word that I would use 'proud', it's not just that, but it is about being in a relationship that is solid."*

*"It may not be perfect in somebody else's eyes but we have managed to be there and we have managed to hear where the other person is coming from and just let them be and be able to move on. I think that is what we have been able to do in*

*this relationship. So I have kind of grown up and I think she (the partner) has kind of grown up and I think that is a really strengthening thing in a relationship, you kind of grow together."*

*"Well yes, I think it was about my ego really because she (previous partner) went off with someone else, but anyway that bought up a whole lot of stuff and I was really ready to deal with it so I think I had this major growth period. I think the thing about this relationship is that I have been able to sustain that."*

McDowell (1995), in her study of emotional abuse found positive characteristics attributed to those people whom her participants regarded as someone who loved them and with whom they felt comfortable and able to be themselves. These characteristics included validation, encouragement, and support, calm, optimism and helpfulness. Her research participants also commented on the importance of people they could talk to, who gave them time and a sense of safety. These findings are similar to those attributed to intimate partners and supportive relationships in my research, and are similar to the characteristics of a secure attachment figure McDowell (1995).

*"I am really suspicious that she is treating me like I am cardboard or something and we talk about it and she is not at all. It is nothing like that and it just constantly amazes me. She invites me into that world where people aren't always attacking you and thinking badly of you and all that sort of stuff."*

Although women reported a variety of personal ways of addressing the effects of their abuse many also had an interpersonal orientation having others bear witness to their stories and offer them support. This is consistent with observations made by practitioners working with groups of female survivors of child sexual abuse of the value of women being able to share their feelings and respond to the feelings of others as a way of feeling more connected to other people (Groves & Schondel, 1996; Rittenhouse, 1997).

*"A straight woman was also leading the group and she asked 'how many others?' So she used that technique of saying to this one woman you are not alone, let me show you how you are not alone, and that was really powerful for me."*

*“The biggest one was really breaking the silence you know, but you need support and strength to do that.”*

*“There was this whole group of peers who were all acknowledging sexual abuse and starting to deal with it and have counselling, so that was incredibly supportive.”*

## **Social Support**

Muller & Lemieux, (2000) ask by what processes do individuals at risk move from maladaptive to active developmental trajectories, and what are the processes by which social support gives rise to resilience? The view of social support as a protective factor has been argued by some theorists to be simplistic (Rutter, 1987; 1994), (cited Muller & Lemieux, 2000).

Muller & Lemieux (2000) propose that the answer to this conundrum may lie with the “Reciprocal Effects” model of socialisation. This holds that children are active participants in their own developmental environments. The “Reciprocal Effects” model argues that social support is beneficial to those people who are at risk but only to the extent that they are active relationship seekers. Those who have a preparedness to accept intimacy and a capacity to form a secure attachment should be more able to accept and utilise social support. The model therefore proposes an interaction between the availability of social support and the individual’s capacity for secure attachment in promoting a better outcome (Muller & Lemieux, 2000) and it has been suggested that individuals who demonstrate resilience may be active agents in their own interpersonal environments.

Although many women in my sample identified poor self-esteem as having been a substantial problem, it appeared in practice not to have interfered permanently with their ability to actively form and participate in positive relationships. In fact they had persevered despite failures as well as successes.

*"I am finding now that to deal with this issue I need to actually ask others for help. Not to do it alone because my old pattern was to do it alone. The shame I felt and the fact that in my past it was safer not to ask other people for help."*

### **The Development of a Lesbian Identity**

The women in my sample who had experienced child sexual abuse were asked if they felt that the sexual abuse they experienced had an impact on the development of their own lesbian identity. In considering that question a distinction can be made between same sex orientation and sexual identity (Cosis Brown, 1998). The former has been described as *"a consistent pattern of sexual arousal toward persons of the same gender encompassing fantasy, conscious attractions, emotional and romantic feelings, and sexual behaviours"* (Remafedi, 1987.p.311) (cited Savin-Williams & Diamond, 1999, p.243). The latter has been defined as *"organised sets of self-perceptions, and attached feelings that an individual holds about self with regard to some cultural category"* (Cass, 1984, p.110 cited Savin-Williams & Diamond, 1999, p.243).

It has been argued that same sex erotic attraction is a necessary component of, but is not sufficient in itself for the development and formation of a lesbian or bisexual identity. Such identity involves not only sexual attraction, but also relational identity development (Barret & Logan, 2002) and other factors such as ideology, social reference groups and a rejection of or commitment to particular roles. Almost half of the thirty women in the sample who experienced child sexual abuse commented that they felt that their abuse had not had an impact on the development of a lesbian identity. Many were irritated by the question because of the implication that women are lesbian because they were sexually abused.

*"I get angry when people say there are so many lesbians and they all got abused. That makes me angry."*

*"I don't want straight people to think "ah lesbian, sexual abuse, of course that's why she is a lesbian."*

They objected to what they perceived as assumptions about the cause/effect relationship between the experience of child sexual abuse and subsequent lesbianism based on the premise that women developed a lesbian identity because they did not like or were afraid of men. For most women however this question was something of a non-issue. Whatever the impact of abuse they felt happy and secure with their identity as lesbian and were open about it with others. That reinforces the proposition that, once fully disclosed, lesbian women feel comfortable with their sexual identity (Hendrikson et al., 2004; Savin-Williams & Diamond, 1999).

## **Summary**

In this chapter I have related the principal findings about the women in the sample who were sexually abused as children to the relevant research questions on which my interview was originally premised. These findings illustrate that women often continue to live with impacts of abuse in their day-to-day lives that the support of a partner is of assistance in ameliorating these effects and that women have actively recruited interpersonal supports as a way of assisting their recovery. Finally a causal relationship between child sexual abuse and lesbianism is for the women in this sample, irritating at worst and at best, of no consequence to them.

As is the case with many survivors of child sexual abuse my group acknowledges and actively seeks to address the negative impacts that their abuse has had upon their lives (Darlington, 1996; Davis 2001; McGregor, 1994). Nonetheless, although the effects of their abuse remain with them in a variety of ways, big or small, they lead busy and full lives, often raising children, balancing partnerships; homes, study and paid work, and they are not overwhelmed by their early trauma.

I will now repeat this process in respect of the women who partner abuse survivors.



## **Chapter 19**

### **Women as Partners**

#### **Introduction**

I wanted my research to be a vehicle to explore the experiences of the partners of lesbian women sexually abused as children, about whom relatively little is known (Chauncey, 1994; Maltas & Shay, 1995). The research questions in this project which specifically concern the role of partners is that:

- The effects of the child sexual abuse experienced by survivors will also have an impact on the feelings and behaviour of their partners
- One of the most effective and important sources of ongoing emotional support toward the resolution of abuse related issues would be provided to a survivor by a close and confiding relationship with a caring and committed partner.

These are discussed as follows:

#### **The Partner as a Source of Support**

That the role of a supportive non-abusing partner is an important source of emotional support in facilitating resilience and assisting with ameliorating the long-term negative effects of child abuse, and child sexual abuse specifically, has been documented in literature (Adams-Westcott & Isenbart, 1996; Glaisiter & Abel, 2001; Langeland & Dijkstra 1995; Valentine & Feineur, 1993). Conversely however, the picture often conveyed by women who were sexually abused as children about the quality of their relationship and communication with their intimate partners is not always positive (Mullen et al., 1994; Fleming, 1999).

In the context of a heterosexual relationship women with a history of child sexual abuse are more likely to report experiencing their current partner as uncaring and controlling (Mullen et al, 1994; Fleming et al, 1999). Greater relational instability, higher levels of separation and divorce and significantly lower levels of relationship satisfaction are also

reported (Carlin, 2000) and are lowest of all for those women whose abuse included intercourse (Fleming et al., 1999; Mullen et al., 1994). Survivors also report negative attitudes and relationship problems to be blamed by partners upon the survivor's history of child sexual abuse (Pistorello & Follette, 1998). Finally women who have experienced child sexual abuse are more likely to report domestic violence and sexual assault by an intimate partner (Fleming, 1998; Russell 1986), (cited Pistorello et al., 1998).

The women in this study who had been sexually abused as children were in various stages of recovery and resolution from their experience. The extent to which their partners felt that they too had been affected by that abuse, varied from "*not at all*" to "*minimal*" to "*significant*". It seems that the response of partners to an intimate partner's experiences in respect will be mediated by several factors. These include the survivor's stage of resolution and the consequent impact on the relationship, its length, and triggers to the partner's own vulnerabilities. It will also be mediated by any tendency of the survivor to view her experience as "an individual issue" rather than as one that has potential relational impacts (Ried et al., 1996).

The expressions of criticism toward intimate partners reported in large community studies (Mullen et al., 1994; Fleming et al., 1999) by women who experienced child sexual abuse were largely absent from the couple interviews in my sample. Occasionally irritation and frustration and hurt were expressed in interviews but little real ill will was observed despite the sensitive nature of the information being sought. As has been previously recorded the survivors in the sample reported a mixed legacy in terms of previous relationships. It was encouraging therefore that thirteen of the thirty survivors spontaneously identified their current partner as having been helpful to them in the resolution of abuse related effects. In addition, after specific questioning all of the women were able to identify aspects of their current relationships that had been helpful to them. For example each had discussed her history of abuse with her partner relatively early in the relationship and most had given a reasonably detailed account of what happened. Exceptions to had been made on the grounds of privacy; fear that a fuller explanation may end the relationship (reported by one woman), or an acknowledgement just that it was a difficult area to discuss. Overwhelmingly, however, survivors perceived their partner's responses to the disclosures to be supportive both initially and

subsequently. However telling could be a risk, and occasionally proved unhelpful where the partner's reaction to the disclosure became distressed or tearful.

*"I think what I was really sensitive to was, would she freak out, you know? So I would say a little bit and then watch her reaction and that would be ok so I would say a little bit more,"*

*"Well for me the way I can deal with it is like with you (addressing me) if you talk and ask me a question, I can analyse it myself, I can analyse my feelings. The emotional thing is not my thing you know and if I see someone else going emotional, oh God, no, that's not the best thing."*

The relational impacts of child sexual abuse were not a major issue for many of the partners in this sample although all expressed a desire to be supportive. Thus, while most women in their role as partners reported that the other partner's sexual abuse had been an issue for them in some way, for some it had been or was still a significant issue but for most others it had been of limited consequence.

*"Not that I am particularly aware of it. I mean I was aware of some of the things she was talking about before when she was going through the checklist. I mean they may be related to the abuse but they are also part of who she is so I don't separate those things out really."*

Partners were often unacquainted with the potential for relational impacts resulting from child sexual abuse. Even those who felt they had had some familiarity with the issues were often ill prepared for the impacts that arose later in their relationship. In this they were similar to male partners of female survivors of child sexual abuse who commonly report a need for information about the effects of a history of abuse on an intimate relationship (Chauncey, 1994; Ried et al., 1996). My sample of women often felt they knew a lot more now and had learnt as time went on.

*"It has all been experience. At times I haven't had a clue and haven't made an appropriate response and sometimes I have made an appropriate response and it has been all wrong."*

*"I think you get on with the business of it and hope like hell you are doing it right."*

### **Managing the Effects of Sexual Abuse**

There was considerable evidence that women, both as individuals and couples, implemented specific strategies to manage the relational problems that were a consequence of child sexual abuse. The way partners constructed their roles were consistent with their concern to be supportive and compassionate, which is inherent in the role of partner as an ancillary support person (Chauncey, 1994).

*"I just worry about her."*

(Sue): "What do you worry about?"

*"When she is feeling like a nuisance and I do become very concerned."*

(Sue): "How come?"

*"Because she is very vulnerable, really very vulnerable, totally stressed."*

(Sue: ) "What do you worry about? Are you worried that you may not be able to cope properly?"

*"No, her being able to understand she is an adult and she is loved and that she fulfils a need and she is really valuable."*

*"Usually I will let her know if I am coming up behind her and I will ask her if she wants a hug."*

Support is obviously a multifaceted term and while partners responded with empathy and understanding some also wanted to encourage the options of counselling. They were aware of the need to maintain a balance in the relationship to ensure that the emotional needs of both partners were met. For many of the partners, however, the notion of ancillary support as reported by Chauncey (1994) was clearly erroneous. Synonyms for the word "ancillary" include the idea that this form of support is "supplementary to," or "secondary." The levels of support provided by some partners at various times far exceeded these notions of "ancillary" and they were often the primary emotional support to their partners. In some cases where a survivor was expressing

suicidal thoughts or engaging in self-harming behaviour, a supportive partner was important in the preservation of her physical well being.

*“You could call my relationship with my therapist an intimate relationship and that has been a real life saver but I think my relationship with her (partner) has been a life saver as well. I think without her as anchor and without my therapist I would have done something pretty drastic.”*

*“In hindsight knowing what I know now I should have insisted, I should have got her linked in with some more intensive therapy because it wasn’t good for me or for her, for us both to go on struggling for so long.”*

### **The Conflict of Conflicting Needs.**

I asked women in their role as partners to respond to a check list (included in Appendices) which encompassed the areas of partner concerns reported by (Chauncey, 1994; Groves & Schondel, 1996; Maltas & Shay, 1995; Ried, 1996). Chauncey (1994) comments that the theme most frequently reported by partners was that of conflicting needs and how to balance their own needs for attention, nurturance or autonomy with a desire to be emotionally supportive. This was also reported in Firth’s (1997) study where male partners reported alternating between roles of victim, perpetrator and rescuer. In therapeutic group work lesbian partners of women recovering from the effects of child sexual abuse reported a desire to be emotionally supportive, but also a tendency to be caught either consciously or unconsciously in the role of “the strong one” in the relationship (Groves & Schondel, 1996).

Partners in my sample seemed well able to differentiate between being supportive and protective when the need arose while not taking total responsibility, or they reported having learnt that lesson with time. There was a desire by partners to avoid a situation where survivors were solely dependent on them for all their emotional support as it was recognised that this was not beneficial either for them or for the relationship. This was a sentiment, also acknowledged by the survivors themselves.

*"I refuse to live as if it isn't there because it is, but neither is it for me to do something about it because I feel that is for her to do and she is, and if she isn't that is her business as well. But I think our relationship would be difficult if she wasn't dealing with it because it is present."*

*"Another hat that I was wearing at different times was almost a semi-therapy role in the relationship. I actually think as lesbians we do a lot more of this in our relationships and it is a really hard one to walk. You don't want to be the therapist, you just want to be the lover."*

### **Sexual Issues and Emotional Intimacy**

The partners in the sample often, but not always, could identify sexual issues related to the experience of sexual abuse which had required some sort of response or change in their own behaviour. These ranged from avoiding or modifying a particular sexual behaviour to dealing with issues concerning frequency of sex and the motivation for sexual contact, but all had a fundamental potential to generate anger or conflict in the worst event

*"We don't tend to play fight or things like that because it can be distressing for her so we just don't."*

*"I find that if we are having a cuddle, for her it will become sexual and I often have a sense of frustration about that because I just want it to be non-sexual. It starts off as non-sexual and when it becomes sexual I am confused about how it became sexual, because to me its like having a cuddle on the couch or something. It often takes me by surprise as well because I am going 'oh where did that come from?' It is frustrating as well at times, I won't say too much more about that." (Partner) "You can say it I don't mind". "Well ok, for me I think that I don't want to respond in a physical way, a sexual way, so I feel under pressure."*

*"In terms of sexual stuff it is just a bit fraught really, it is just really difficult."*

Chauncey (1994) reported that sexual issues raised by partners were not necessarily about sex per se but were more likely to be indicative or symbolic of broader issues concerning emotional and physical closeness and spontaneity in the relationship. As an example of this two of my couples talked of the difficulties caused by abuse experiences impacting in a way that meant the couple could not sleep together in the same bed. Indeed, one of the partners had sought counselling because she was “*in despair*” over this particular issue.

*“Well for me I find it really difficult when she says ‘no’. I want something from her and she will say ‘no’ and I find that really difficult”.*

Conflict also overlaid this issue in some situations.

*“I have thought about altering the nature of our relationship while she is doing her work as a way of managing for myself the effects of the abuse in our relationship, in terms of stepping out of sexual intimacy until such time as she identifies she is really ready.” (Partner) “She has never discussed this with me before. If that was going to be the case then I would probably walk away, I think she knows that” “You see, I see that as a manipulative thing and that relates to my abuse and how my abuse was played out on me.”*

Chauncey (1994) reports feelings of shame, guilt and anger as being common in her sample of male partners when the difficulties men experienced in getting their own needs met led to frustration, irritation and resentment, and then to consequent feelings of shame and guilt. Partners were more likely to report feelings of frustration and disappointment where the other’s responses were perceived to be inconsistent, or where they had not been given information thought to be important.

*“Like she comes home and she is angry I often feel that maybe she is not angry at what has happened but it is compounded by all this other stuff. So I often feel like I get the flack and fallout from other things. Yes so I feel like it is a double whammy sort of thing.”*

*"Maybe one day she will bring it up with me and I'll say I don't want to talk about it now. Just to get her back for all those times I have tried to talk about it."*

### **Feelings towards the Survivor's Family**

Anger, irritation or hostility toward the perpetrator and/or the survivor's family were commonly reported usually because of an intra-familial perpetrator's actions or because the survivor's family failed to protect her or she still felt unable to talk to them about her abuse.

*"I wanted to kill him I know that for sure. It was a shock more than anything and I couldn't get over the amount of hurt that she was still going through. My initial reaction was to just beat the crap out of him and then I realised my reaction to it would probably compound her whole situation so I stood back and said 'well, you have managed to forgive so therefore I have to too, but I am here if anything comes up'. But initially I just wanted to thump him. I actually wouldn't talk to him on the phone. It took me about six months to actually say hello to him."*

This finding is similar to those of other research conducted with male partners of women sexually abused as children (Chauncey, 1994; Firth, 1997).

### **Partner's Attitudes Towards Counselling**

Therapeutic intervention is another oft-reported area of difficulty for male partners, with feelings of exclusion, frustration and a desire to have a fixed time for improvement or recovery (Chauncey, 1994; Firth, 1997; Ried et al., 1996).

This was not a reaction evidenced by the partners in this sample of women. Those women whose partners were currently receiving therapy, or who had done so in the past were very supportive of this process. Some partners had met the other's therapist as a result of joint sessions and others appreciated the fact that the therapists had demonstrated an awareness and concern for the couple relationship.

*"Feelings about the therapeutic process? I was relieved, partly because it did take the pressure off me and shortly afterwards her nightmares and sleeplessness stopped".*



*"I think the counsellor she has now, I can't remember the last one, the one she has now seems to be very nice. She says I do the right things sometimes. I think 'oh that's good, that's very nice' and she (partner) often takes things away from therapy that I didn't realise would have an impact on her."*

Sue: "Would you like to meet her counsellor at all?"

*"I think it is good that she has a good relationship, I am sort of curious but no, not really. It's like her special relationship and I want her to have her privacy. She did point her out on the street one day. She (counsellor) seems to be doing some good I am quite impressed. (My partner) talks in great depth about some of the stuff they have dealt with and she seems to manage very well, and so do you." (to the partner).*

### **Dealing with Flash Backs and Self-harm**

The experience of flashbacks and episodes of self-harm were not substantially reported but were most certainly problematic and emotionally disturbing for partners when they occurred. One partner reported she had found it difficult to access information about how to cope with these issues. She commented specifically that she had read the relevant section in "Allies in Healing" by Laura Davis published Harper Perennial, New York, 1991, and although she found it helpful it still didn't tell her what to do.

*"She just sits and hugs herself and I don't know what she wants or needs and sometimes she just ends up finding her way into my neck here and once she gets there its like a bit of fusion, something safer and that is quite good. But yes it is scary."*

### **Limits and Boundaries to the Role of Partner**

*"I felt a lot of expectations and pulling to be there constantly and I resisted that because I didn't want to be overwhelmed by that, and I also have a busy life."*

*" I used to feel responsible for keeping her on an even keel but I don't anymore and that has been a big shift."*

While a desire to be supportive, understanding and empathetic was clearly an important part of women's construction of their role as partners, many differentiated the notion of support from actions felt to be overly protective as these were seen as detrimental.

*"You can't do it all for your partner. You can't be all the things a partner needs particularly if they are going through some of the more traumatic effects. It is really important they have some other support, you can't do it all."*

*"Talk and time and space for both sides. For the supporter and the supported, for both. For the partner it is not easy and that recognition needs to be there."*

The response to questioning about the assumption of a role in relation to a partners abuse experiences exposed a reluctance to be caught in an unwanted role or to portray an impression of a relationship where partners were not supportive of each other. Partners appeared to have more resources and a greater sense of entitlement than that, and the survivors in the sample did not themselves want their partners always to be the anchor in their relationship.

*"We have had a lot of stuff to deal with but we have the sort of relationship that can carry us along but I don't think it (sexual abuse) defines our relationship."*

## **Blame**

The dynamic of "benevolent blame" has been observed in marital therapy with couples where the survivor and/or the partner assume that the survivor's sexual abuse history is solely responsible for the difficulties in the relationship (Davis 1991; Dickers & Strauss, 1980) (cited Pistorello & Follette, 1998). This dynamic was rarely observed in this research project and partners readily spoke of the issues they themselves had brought to the relationship and which they acknowledged as also having had an impact on its dynamics.

*"I often felt I had to put my own needs down because hers were so much greater. I guess in some ways that has been a part of my personal history and my family*

*history that I had plenty of practice at putting my needs last. I grew up in the Church and the philosophy of ultimate sacrifice really; you die on the cross to save other people, that was my model."*

Many partners acknowledged that past or present relational difficulties connected with the experience of sexual abuse had connected with their own internal conflicts, exacerbating feelings of abandonment, sadness or lack of entitlement which had originated long before the current relationship commenced. The preparedness of partners to acknowledge that individuals will have issues, which they bring to a relationship, is consistent with reports of the importance attached to equality and balance in lesbian relationships (Causeby et al., 1995), (Schreurs & Bunnk 1996).

*"Emotional intimacy, yes, because that has been quite a big issue for us both and certainly a big issue for me. I have had my own issues about suddenly being disconnected and I've struggled with that. Sexual issues, again I have my own issues around sexual activity and that's been quite tricky in a way sorting out what was hers and what was mine and how the two were interrelated."*

### **Isolation**

Chauncey (1994) comments on the sense of helplessness and hopelessness apparent in the twenty male partners in her sample, and while there were clearly areas of sadness and difficulty for some in this study, particularly in the areas of sexual relating and intimate physical contact, this was not a common feature observed in the responses of partners. Typically difficulties were articulated in communicating about the abuse and an ensuing sense of isolation arising as a result. This was a contradiction where couples on the one hand reported the importance attached to communication, honesty and working through issues while, on the other, partners often acknowledged that discussion concerning sexual abuse was difficult to initiate. Partners also reported that it was a very difficult issue to discuss with others outside of the relationship.

*"Sometimes I really want to talk to other people around me but it is not appropriate for me to talk to other people about her abuse. I think that by talking to my counsellor I have a place to go. I have a place where I can be very private*

*about my concern, frustration or grief. Like, I wanted to talk to my counsellor about sexual abuse because I couldn't talk to her (partner) about how sad I was, and I was really sad and still am."*

*"I know I was very frustrated because I had no one to talk to. I didn't know if I was able to talk to people about it because it was something that was happening to her."*

Partner reports of reluctance to communicate their own concerns and needs about sexual abuse, both inside and outside the relationship, and the ensuing isolation this causes is disquieting given the proximity and levels of support that partners may be called upon to provide in times of stress and crisis.

## **Summary**

The partners in this sample were very concerned to be emotionally and sexually supportive of the women who had experienced child sexual abuse and tried to adopt an actively supportive role. It was clear that the role of a supportive partner changes with the passage of time, the development of the relationship and the survivor's own level of resolution. As noted earlier in the thesis relatively little is known about the subjective experiences of those who partner women, lesbian or heterosexual, who have survived child sexual abuse. It is not a role that is clearly articulated in the knowledge base beyond relatively simple descriptions I have noted earlier.

The role of a partner in a relationship where there has been child sexual abuse is a complex, challenging and often a multifaceted one which is variously extraneous or pivotal or indeed detrimental to a survivor's recovery. It is one that may be constructed in response to and mediated by the survivors experience and enactment of abuse related issues. In this research, however, the partner's role is far more than a silhouette of the issues presented by the survivor in the relationship, as relational issues concerning the abuse interact with the resources, personal histories, and expectations that partners themselves bring to the partnership.

*"She is incredibly generous and I think we nurture each other as well. I also think that we both understand that the relationship has to be meet both our needs and that we choose each other." (Partner)*

*"You have got two adults and they both have needs and expectations. I have expectations in our relationship and I don't think I shouldn't have them. I have expectations of my children, I have expectations of my colleagues, and I have expectations of my partner and our relationship and our relating, because we made a commitment."*

I now proceed to Chapter 20, which is devoted to discussion of couple relationship, by acknowledging that in it there will be some overlap from this. That there is some repetition is a consequence of the interrelation of the issues, but I believe that to be worthwhile in the interests of continuity and completeness in my study.

## Chapter 20

### Couple Relationships

#### Introduction

As participants in my enquiry it was necessary for women to wear, as it were, a number of hats. For example, I was asking them to speak from the perspective of the couple, but each also individually as a woman in a relationship who had experienced childhood sexual abuse, or as a partner. Although there are considerable areas of commonality it is not surprising that I have found it difficult to generalise about the way couples construct their relationships. Each is unique, multi-faceted, and changeable. Each is also determined by factors brought to the relationship by the two individuals, and by their personal needs and aspirations, their interaction together and the demands of their immediate environment. As Klein (2002) notes *“Even the best (relationships) are tangled and contradictory affairs.”* (Sunday Star Times May 2002 Section C. p.3)

#### The Couple Relationships in this Study

Most couples were able to identify occasions on which the influence of child sexual abuse had impacted on their relationship in a way that required a behavioural adjustment. These impacts varied in cause and intensity but while many couples had resolved the issues as their relationship established and matured, several were currently dealing with matters problematic or difficult but not necessarily threatening to the future of the relationship. In many of those cases one or other, or both, partners were receiving counselling and had an interest in finding alternative ways of dealing with relationship stress.

*“I guess ideally it would be good if a counsellor could have some suggestions about how we might behave around things that we are a bit lost with. Like how we manage our anger, things like what we do with the sleeping arrangements, just to get another point of view. A professional point of view because we talk to our friends about it, but they are talking from their personal experience and it is a bit limited I guess.”*

The most stressed relationships were those experiencing current problems, often where isolation and subsequent relational intensity compounded a situation in which needs for support was not being met. The experience of couples suggests that using an intimate relationship as the primary mode of recovery from child sexual abuse, or having expectations that it can do so or can undertake the personal work of one or both partners, needs to be viewed with caution.

*"I think that for several years I was having a really hard time in myself and in the relationship, in that I wanted the relationship to solve my inner stuff, you know that sort of thing, but it wasn't a threat. Well it was a threat because I was constantly hammering away at the relationship, I wanted this to be better, I wanted that to be better, so I had quite a negative view of it for a long time."*

For many couples the subject of child sexual abuse was no longer a dominant topic of conversation although it had often featured more in the beginning when the couple were first sharing personal information and histories.

*"We haven't talked about it much lately over the last year or two."*

Sue: "So that has changed a bit"?

(Partner) *"Yes, for about a year there was a lot of talking and sharing."*

*"It was part of talking and getting to know each other."*

As already recorded literature suggests that women who had experienced penetrative or attempted penetrative sexual abuse are more likely to perceive a current partner as uncaring and controlling. It was encouraging therefore that so many women in my sample spontaneously identified their current relationship as having assisted them to deal with abuse related effects. Indeed, some of the contributions made by the relationship were felt to be very significant.

*"I am aware that I haven't told her (partner) a lot but I am also incredibly aware of her supportiveness and that despite the fact that I don't actually tell her a lot she can see if I am really down and she is really there and will look after me and will wrap me up in my rug with my teddy bear if I need it or a hot water bottle or is just quiet when I need to be quiet and gives me space when I need it and never*

*crowds me never. I find that incredibly supportive and it provides a safe haven to kind of be and I haven't sought that from anyone else."*

*"My relationship has certainly been very positive, very influential in overcoming a lot of the feelings, the shame the guilt the exploitation. .... I think being able to talk if something has come up, if there have been tears or sleeplessness or nightmares being able to talk and having the support of someone who was willing and able to listen to me."*

Couples also felt that working through issues related to sexual abuse had strengthened their mutual understanding, which then made it easier to communicate about other areas of their partnership. Many were also readily able identify problem-solving strategies that they felt would be useful to other lesbian couples dealing with similar issues.

*"I suppose for me its something about the commitment, its mutual the commitment. Helping each other sharing things, that's been very empowering."*

The importance of communication was also apparent when couples in the sample were asked about those aspects of the relationship of which they were particularly proud. For most these were judged to be the level of mutual support and communication, though additionally the women viewed balance, humour, commitment and the achievement of joint goals as important qualities.

*"It is that ability to feel, like, I am able to say whatever I need to say and there is just about always a meaningful response to it. Like, it is not left hanging there and it is not ignored and it is not belittled or anything, there is always a really nice equivalency."*

### **Relationships as Places of Healing**

The reparative nature of a positive relationship with a supportive and caring partner has been acknowledged as a factor in ameliorating the long-term effects of child sexual abuse (Feinauer et al., 1996; Miller, 1999; Romans et al., 1995) and other forms of childhood adversity (Rutter & Quinton, 1984). So it was with the women in my group.



While I think it is clear that partners individually are very important as a source of support for survivors, it is the role of the relationship as a distinct and positive entity, which is probably more significant in its symbolism for the women who had experienced child sexual abuse. Their couple relationships were viewed by all women as very important and with a sense of pride and achievement.

*".....not only do I share my life but I share the work load, no matter what she may say about me being a good cleaner, she does it occasionally. It is like there is equality so I can get a level of relaxation and contentment that I have never experienced before."*

There was however a recognition amongst both survivors and partners that a positive relationship, while helpful, was not enough on its own to move ahead from the influence of child sexual abuse. A high level of personal commitment was shown by sexually abused women in the sample to have been necessary in order to turn a difficult and/or potentially devastating experience to an effective resolution.

*"One of the first things I learnt was that I created my own happiness."*

*"I think I did a lot of my maturing as a person after I admitted the sexual abuse to myself, I think I grew more as a person in myself."*

Davis (2001) found that the meanings imputed by female survivors of child sexual abuse to their experiences of molestation as being more significant in influencing outcomes than the events themselves. She observed that women initially positioned themselves as victims, but subsequently moved on to demonstrate themes of agency and competence in adulthood. For many women in this sample who had been sexually abused as children their current relationship was affirmation of their established or emerging capacity for resilience. Supportive and satisfying relationships provide the opportunity for women to make new discoveries and possibilities for themselves, and to move from an identity informed by the effects of abuse to one characterised by increasing self-confidence (Davis, 2000; Montgomery 2001; Elliot et al., 2000).

*“For me this is longest relationship I have ever been in and I am quite proud of that but also I feel like I have learnt a lot from my previous relationships and I am actually applying it now. Like I have never actually been able to see down the track I have never had any goals or aspirations or had the confidence to put it out there. Where as with her it is a whole new thing like I never wanted or trusted anyone enough with my life to make plans or have things that I really wanted to work towards.”*

Naturally, partnerships were seen by those in my study to encompass much more than the influence of child sexual abuse. These couples had full and busy lives which included raising children, working, pursuing careers, fulfilling family commitments, and so on. Despite ongoing difficulties experienced by some of the couples all of the members of my sample were proud of their relationships and what they had achieved together.

*“We both like having a bit of fun, probably security too for me, I feel it is on an even keel, we both want the same things .....I am really proud of the way we function everyday. We don't really argue at all, except about dog hair and cleaning.”*

Even where couples were working through emotional and behavioural effects of child sexual abuse on a regular basis there was an acknowledgement of the importance of maintaining a balance in the relationship. A preparedness to develop alternative strategies for dealing with the stress rather than simply terminating the relationship was also evident.

### **Age of Partners**

Schondel & Groves (1996) propose that age is a factor in the success of lesbian couples in coping with the relational impacts of child sexual abuse. They suggest that those in there twenties show less commitment to dealing with relational stress by a means other than leaving the relationship than is apparent in older age groups. This finding was not supported by the responses of the younger women in my research, and although only

two women were in their twenties a larger number had fallen into that age bracket earlier in their current relationships.

### **Issues Concerning Emotional Intimacy**

One of the research questions put forward in my research proposal was that the impacts of child sexual abuse on a lesbian relationship may differ from those reported by heterosexual couples (particularly in issues of emotional intimacy). Papilla & Olds (1998) characterise intimacy as the emotional quality in relationships pertaining to the expression of closeness, self-disclosure, warmth, connection and trust. While gender has been identified as a major factor in behaviour in intimate relationships, (Blumstein & Schwartz, 1983; Hart, 1995; Carr, 2004), the achievement of a balance of intimacy and autonomy is a challenge for all couples whatever their sexual orientation. While lesbian relationships often place an especially high value on closeness (McCandlish, 1985) equality is also important.

Couples in this study reported high levels of emotional intimacy and indeed placed a lot of value on communication, and sharing. The experience of child sexual abuse did not seem to interfere with women's desires to achieve those qualities in their relationships, although there were instances where one partner found the other partner's reluctance to discuss that issue as evidence of a lack of trust. The fact that higher levels of intimacy were challenging was not considered a reason to finish the relationship.

*"I was told by my brother, and I believed him, that he was in love with me so when she said she loved me it just got too confusing. It was about trusting myself to be able to receive when she said she loved me and to know that was real."*

### **Summary**

My research findings support the importance attached to greater partner and relational stability (Jones & Bates, 1988) equality and reciprocity (Peplau et al., 1983; Scheurs & Buunk, 1996), (cited Buunk, 2001), trust, (Kurdeck, 1988), and emotional intimacy, (Schneider, 1989) cited Causeby et al., (1995), (Scheurs & Buunk, 1996) which has been found in other studies investigating relationship satisfaction in lesbian couples.

Given the challenges that child sexual abuse has been reported to have on relationships generally, these results were, as noted previously, most encouraging. It is clear that the qualities, which constitute relational satisfaction, are beneficial for people when engaging with issues related to the impacts of child sexual abuse, but challenges arise when these qualities are over-exercised at the expense of other foci and balance in the relationship. I believe that it is important that a distinction be made between the relationship acting primarily as a mode of recovery as opposed to providing a supportive environment for both partners where new behaviours, feelings and thoughts can be discussed and endorsed.

Lesbian women place a high value on the quality of relating in their relationships. Difficulties can arise for lesbian couples that overuse this capacity and where the relationship does not have sufficient proportions of balance, individual autonomy and outward perspective. This can pose a very real threat to both relational stability and to those qualities of communication, balance, warmth and support that lesbian couples regard as important in their relationships.

*"I don't want to make it sound trivial but we have both got issues that are going to be with us for our lives so I guess that gives us and the relationship a balance in that sense. She has the sexual abuse and the lack of trust that comes out of it, which pops out in tough times for her and equally I have my stuff that pops up for me. Both things are like buttons that can be pressed. Maybe it is a positive thing that we both have a life-long button each and at times that gives us not just our own thing, but also a role to play as a support person when the other's button gets pressed."*

A strong theme of self-responsibility was evident in the responses made by couples in this section of the interview. A number discussed the need for individuals to take responsibility for their own issues and to seek professional assistance if there were problems too big for the relationship to contain, or where a partner needed more support than the other could provide alone. Commitment, perspective, kindness and realism were also recognised as important qualities in working through issues, recognising that things take time and that people needed *"to hang in there"*.

One of the other questions that I wanted to explore in this research enquiry was whether being lesbian might compound the issues of child sexual abuse, thereby creating a double stigma for victims and thereby affecting their experience of therapy. I was also interested in investigating what demographic characteristics might influence their choice of therapist. The following chapter will explore those findings pertaining directly to these issues.

## Chapter 21

### The Importance of Counselling

#### Introduction

Lesbian women access counselling services for the same reasons as heterosexual women, including for assistance with issues of child sexual abuse (Logan & Barret, 2002). Most of the sexually abused women in my sample, as well as a significant proportion of partners, had utilised counselling services at some time or another. As I have already recorded some participants reported negative experiences with therapists but overwhelmingly counselling was found to be positive and valuable in assisting women to work with their experiences of child sexual abuse.

While lesbian women access counselling services readily, their access for assistance with child sexual abuse has been said to be inhibited by the concept of the 'double secret' of being both lesbian and a victim of child sexual abuse (Hall, 1996). I was interested in obtaining information about the extent to which sexual orientation and gender were issues in women's choice of therapist.

#### Accessing Counselling Services

In this study the fact of being lesbian did not appear to stop women from seeking professional assistance with specific regard to child sexual abuse, when they recognised that they needed help. The women were able to access counselling services and to apply for New Zealand Accident Compensation Corporation funding in relation to sensitive claims, which include child sexual abuse.

*"I have really enjoyed counselling actually, but I think I have done lots and lots of talking with friends and partners. I find it really easy to talk to friends and I find I get a lot out of that a lot of support. I also did an ACC claim and got a lump sum compensation and that was really important to me because it validated what happened to me"*

The notion of "a double secret" did not appear to be factor inhibiting women's motivations in seeking therapy, either as individuals or as couples.

*"I originally went to counselling because I knew I needed help because I was hitting my child and I went to Parent line and to an anger change group, but I knew I wanted to speak individually to someone. So I chose her and I trusted her enough to tell her stuff I hadn't told anyone and I came out to her because I hadn't ever put the lesbian stuff out any where. She was really good about everything and because I knew lots of people who had had really negative counselling experiences I think I was very lucky."*

### **Sexual Orientation and Gender as Factors in Choice of Counsellor**

For some women having a lesbian therapist had been important in their choice of therapist, for most however, female gender, as with other categories of female survivors, was a more important determinant because of the very personal nature of the issues they wanted to discuss (Moon, Wagner, Kazelskis, 2000).

Those women who had had experiences with lesbian therapists had not always known that their counsellors were lesbian at the time they commenced therapy, likewise they themselves did not always identify as lesbian at that time.

Participants were as likely to report positive therapeutic experiences with heterosexual women therapists as they were with lesbian therapists and were more likely to give negative feedback about experiences with lesbian as opposed to heterosexual women therapists.

### **Concerns Regarding Lesbian Counsellors**

Concerns expressed about using the services of lesbian counsellors related to the maintenance of confidentiality and personal and professional boundaries in a small community, transference and issues with inappropriate disclosure.

*"There were lots of gatherings at the time and she (counsellor) was always there and I started to feel really uncomfortable. Then I discovered I didn't even really like her very much. So it was very unfortunate because there aren't that many lesbian counsellors. I felt very uncomfortable because she was with (B) at the time*

*and (B) made a couple of comments to me when she was really drunk which made me wonder if (counsellor) had said something to her."*

*"I actually found it a problem that she was a lesbian. I had to go in there and say 'Look I am not going to think about you as a lesbian because if I do I am going to get "the hots" for you, you are going to be the most fantastic person, you are going to be my saviour'. Like she was the most fantastic therapist, but I had to not think about her as a lesbian."*

### **The Positive Aspects of Counselling**

Carr (2004) comments that lack of empathy, aloofness and disrespect on the part of therapist is very damaging to clients and an encouraging feature of my data was the high degree to which women identified therapy as a factor that had supported them to cope with the effects of child sexual abuse. As noted earlier, women who had accessed counselling services were the first inclined and most easily able to tell me about the personal qualities of their therapist and the aspects of the therapeutic relationship that were beneficial to them. This was particularly so when the relationship with the counsellor was a strong and positive one. This concurs with research, which highlights the significance for clients of the therapeutic relationship (Allen 1990; Cross et al., 1982; Dinnage 1988; Elliot & James 1989; Feifel & Eells 1963; France 1988; Grierson 1990; Hill 1989; Lietaer 1992; Oldfield 1983; Ryan & Gizynski 1971), (cited Dale, 1999), (Lambert, 1992) cited (Carr, 2004).

The therapeutic skills commented on most favourably and often were the ability to listen, clarify, and give feedback and to *"make a picture of all the mess"* or *"put words on things"*. The qualities that women enumerated as having been helpful from therapists concerned commitment, validation, supportiveness, nurturance, respect, consistency and reliability. These are very similar to the qualities of warmth; empathy, authenticity and collaboration identified as important qualities in therapeutic relationships reported in other studies (Norcross, 2002; Sprenkle et al., 1999; Bergin & Garfield, 1994), (cited Carr, 2004).



The importance of factors associated with the therapist's personal attributes (Beutler 1994), (cited Dale 1999) and skills, and the client therapist relationship combine to contribute more effectively to success of the therapeutic relationship than do theoretical orientations or techniques (Wampold, 2004), (cited Duncan et al., 2004).

### **The Application of Therapeutic Techniques**

As noted in Chapter 17 of this thesis effectiveness of the therapeutic relationship versus therapeutic technique has provided an ongoing central debate in psychotherapy research and discussion (Dale, 1999; Duncan et al., 2004). While some women were able to talk with me in some detail about the utilisation of various techniques this was usually done in less detail and was often secondary to how they felt about the therapist and the therapeutic relationship. This is not to suggest however that women were not given or did not appreciate information from therapists about their backgrounds and different therapeutic techniques and styles.

Women who discussed the application of therapeutic techniques in their counselling were varied in their assessment of what had been useful, but many reported that particular forms of therapy were more beneficial because they were congruent with their own personal style or for the reverse reasons.

*“Well, the reality is that I can be a bit of an actress. I mean I think I am quite astute at picking up on what other people want to hear and that probably has to with the sexual abuse as well as a lot of other things. How I learnt to survive really was to figure out what they want from me and all that rather than being myself - so kind of sitting in a chair and talking doesn't really work that well for me because I am quite good at that.”*

Other women commented that different therapies and strategies had suited them at different times and been useful for particular problems at particular times.

*“Like utilising my strengths and encouraging me to make symbols with my art or whatever medium that is that I am into at the time or bringing something that represents me. I like working with crystals and things like that too. I think it is*

*about getting to know your client and finding out what they are into what their interests are and working with those”.*

## **Summary**

I was concerned to gain information from women about their experiences of counselling and the role this had played in assisting them to cope with their experiences of child sexual abuse. I was also interested to ascertain from women whether the double stigma of child sexual abuse and lesbianism had influenced their help seeking behaviour and whether gender and/or sexual abuse had been an issue in their choice of therapist. The notion of a double stigma was not supported by my data. The women in this sample did not appear to encounter any obstacles in securing counselling services although, for those women who were not eligible for financial assistance through ACC, cost was a factor in securing counselling. The sexual orientation of a therapist was an issue for some women and was a factor in accessing counselling services, but for most having a female counsellor was regarded as more important than whether or not she was lesbian. Neither did having a lesbian therapist act as a protective factor in ensuring the quality of counselling, as women were more likely to report negative therapeutic experiences with lesbian therapists. This suggests, as noted by Cabaj (1996) and Barret & Logan (2002), that the quality of the interpersonal relationship between client and therapist is more important to the success of counselling than is the sexual orientation of the therapist, or indeed the particular therapeutic technique utilised.

## **An Overall Summary of the Analysis Section**

In this section I have endeavoured to discuss my research questions and the relevant literature, with reference to my major findings. These have been discussed first in relation to women in the sample who were sexually abused as children, then as to partners and couples and finally as to experiences with professional counselling. This particular format replicates that which can be found in the previous Results chapter.

Altogether I have collected a considerable amount of data, all the major findings of which will be detailed in the research conclusions that follow. In this section I have

concentrated on analysing those findings that related directly to those research questions detailed on pages five through seven, which formed the basis of this research enquiry.

My data suggests that the sexual abuse experienced by many women in my sample involved characteristics identified with more serious long-term impact. The major impact that women identify child sexual abuse as having had on them concerns feelings of shame and self-blame about what happened and the consequent impacts on their self-esteem and ability to trust others. However all women were able to identify ways in which they had actively sought to ameliorate these effects. Importantly this involved recognising that the effects were problematic and adopting strategies and using resources, mainly of an interpersonal nature, to address the negative effects of the abuse they experienced. The emotional support of a partner in this process was clearly valued. Partners in my sample were affected by the behavioural impacts of child sexual abuse on survivor partners insofar as they were concerned to be supportive, and many had played a significant role in being available for partners during times when women were exhibiting signs of considerable trauma. This is despite often having little information or outside support for them. The role of partner would appear to be one that changes over time as the survivor herself achieves a resolution, and is also be influenced by her (the partner's) own personal history, needs and expectations for the relationship.

The couples in this sample were understandably proud of their relationships together and were able to identify ways in which coping with the issues of child sexual abuse had strengthened their relationship. As expected women attached importance to the qualities of trust, emotional intimacy, stability, equality and reciprocity that been reported in previous studies with lesbian couples. While there are relationship qualities that are beneficial for survivors it is important that the supportive capacities of relationships do not sacrifice the need for balance necessary to ensuring that both partners have their needs met. The emphasis on communication and sharing was not observed to be consistent, in that many partners reported feeling tentative about discussing abuse related issues with the survivor and felt unable to access personal support when they needed it. This suggests that, as with other relationships, the experience of child sexual abuse can be both a challenge and a potential strength.

Finally, counselling was identified as a common and important aspect of my participants' resolution of effects related to child sexual abuse. The notion of lesbianism and child sexual abuse constituting a double stigma was not supported by my data and women appeared well able to access counselling services and make use of these when and as appropriate. While a lesbian sexual orientation was seen as important by some women gender was a more common preference in choice of therapist and, as in other studies, the personal qualities of the therapist and the quality of the relationship between client and therapist was deemed more important than the approach. While some women were able to identify various therapeutic techniques and express a preference for different interventions at different times this was often secondary to the importance to them of the therapeutic relationship itself.

The following and final section of this thesis will consider the methodology of this research enquiry and its major conclusions. The strengths and weaknesses of the research will be examined in addition to considerations and recommendations in respect of social practice and policy. Following on from this will be a final concluding comment linking the project's end with its beginning.

## **Section Six: My Conclusions from this Research**

### **Introduction**

The final three chapters of my thesis will set out the conclusions of my research. Methodological issues are discussed in Chapter 22. Chapter 23 provides a summary of the major findings made in respect of the women who were sexually abused as children, their partners (both those who were sexually abused and those who were not) and of the couples. Chapter 24 discusses the strengths and limitations of my research, suggests some directions for future work and makes recommendations in respect of social work practice, policy and education. Finally Chapter 25 returns to the story with which I began this thesis, and provides an overall concluding comment.

## **Chapter 22**

### **Methodological Issues**

#### **Introduction**

My motivation to undertake this research project originated from two sources. First, from my experience working with survivors of child sexual abuse during the years I spent as a practising social worker and second, from my interest in the later outcomes of such abusive experiences for lesbian women and their partners.

During my career as a lecturer at the Centre for Social Work at The University of Auckland I discovered that virtually no enquiry had been made into this particular area of human relationships in New Zealand, and that there had been little serious research work elsewhere. The subject seemed to be one which justified exploration, not only in the interests of academic enquiry, but also in the hope that at a more general level it would provide clarification and support to those women whose adult relationships were affected by the experience of child sexual abuse.

From this evolved my selection of the issue as the subject of my doctoral thesis. The project has been a demanding one in many respects. Happily however, it also proved to be very rewarding in lots of ways, and I believe that a number of interesting and useful results have been obtained.

A number of key research findings have emerged and, drawing from earlier sections of this text, I will restate these below, but before I do so I wish to address briefly the limitations of the study as reflected in the following methodological issues.

#### **Sampling and Recruitment**

My research was qualitative in nature and made use of non-random probability, purposive and snowball forms of sampling. As previously noted these methods of sampling are often used in research with gay men and lesbian women because of the difficulties associated with defining, locating and recruiting in this particular population of people (Mark, 1996).

A consequence of their use however is that there are biases in the selection process, since not all the people toward whom the research is directed have the same probability of being included. This combined with the relatively small sample, means that it is not possible to generalise findings beyond the scope of a qualitative study - an inherent limitation. It must also be acknowledged that my sample was comprised mainly of urban-based Pakeha New Zealand women, although this was by coincidence and not intent.

The goal of qualitative research is to explore the experiences of participants in greater detail in order to increase understanding of a particular population, as opposed to the production of representative findings. Accordingly, the findings of this study can be added to the amalgam of knowledge about the long-term effects of child sexual abuse on women from other similar qualitative research efforts. In addition, while there are drawbacks and inevitable biases to using self-selected samples, there are excellent reasons for having done so here, given the necessity for participant couples to discuss traumatic experiences and intimate aspects of their relationship on audio-tape in front of each other and the researcher.

### **Operational Definition**

The impacts of sexual abuse can be difficult to differentiate from those of other major childhood trauma in the home (Bietchman et al., 1992; Heath et al., 1996). Nonetheless associations between child sexual abuse and later difficulties in adulthood have been found to persist, in particular where the abuse involved attempted or completed penetration, regardless of the influence of other adverse family or social factors (Fleming, 1999; Mullen et al., 1988; Mullen et al., 1994).

I stipulated that the sexual abuse experienced by my research participants must include genital contact as a minimum, and this excluded those whose abuse was confined to other forms of sexual touching or non-contact sexual activities. The sample was therefore comprised of a large proportion of women who had been subject to experiences involving oral, attempted penetrative and penetrative sexual activity. It should be understood therefore that the operational definition of child sexual abuse used

for this research would have had an impact on the research findings, and this should be considered when taking into account the findings of my study.

### **Interview Style and Format**

The in-depth interviewing style required that survivor participants be able to reflect on and articulate their experiences. This capacity would in turn have been impacted by their ability to remember and discuss those experiences in a structured and coherent way with a relative stranger.

The interview format may have meant that only couples who felt confident to discuss their relationship with an outside person came forward for selection. I also had some concerns that this joint interview format meant partners might not have been as open with information as they could otherwise have been had the individuals been interviewed separately. In the event, however, participants did address difficult and contentious issues with me in a quite forthright way, and accordingly I do not believe my concerns were justified.

### **Constraints of Time for Data Processing and Analysis**

The field component of this research project took place during the year 2000. The data collected has taken the period since then to transcribe, collate, analyse and write up, and as such this thesis reflects the feelings and perceptions of the women at the time I spoke with them. This is a time lag that has been noted by other researchers undertaking qualitative research, for example Darlington (1993). My research findings therefore reflect these women's experiences at a particular time and place in their lives, although this in no way undermines the value of their accounts or the usefulness of this research project.

One of the consequences of such a large exercise in data collection and exploration was that there were a number of themes explicated from the data and any or all of these could have constituted a major study in its own right.



**Summary**

This chapter has offered a brief review of the implications of the key methodological issues of this study. Those, which relate to the methods of sampling used, recruitment and the number and type of women recruited for the study, the study's operational definition that involved a minimum of genital touching and a discussion of the rationale for this. Finally the time involved in data processing and analysis was considered with the addendum that the results represent a point in time in the lives of the women who participated in the study. The studies key findings will now be summarised in the following chapter.

## **Chapter 23**

### **Key Findings**

#### **Introduction**

The key findings that arose from the analysis of my results are summarised below, these however are not discrete in themselves and there are inevitable areas of overlap. Results are presented from the perspective of survivor, partner and couple, followed by those concerning counselling.

#### **Concerning Women Sexually Abused as Children**

##### **Is There Always an Effect?**

The inevitability of long-term negative effects from child sexual abuse should not be assumed (Dale, 1999; Davis, 1999; Feinauer, 1995; Gutman, 1997; Kendall-Tackett et al., 1993; Mullen et al., 1994), and in fact, people who have experienced such abuse do not themselves necessarily regard its long-term effects as negative or inevitable (Mullen et al., 1996). Some adult survivors report that the experience of child sexual abuse has had little impacts on their later lives (Russell 1986; Kendall-Tackett et al., 1997), (cited Dale, 1999), (Bolen, 2001), but this was not the case in my research, although the seriousness of the abuse experienced by these women may well have had a bearing on this.

##### **A Range of Effects was reported**

All the women surveyed reported that their experience had had a variety of effects across a number of domains in their lives. These included personal aspects, relationships, health, work and living situations. Some reported the impact had not been significant, however for most it had been a matter of sufficient import for them to seek specific counselling or to address the subject during the course of counselling on other issues. For many of the women the degree of impact had diminished with time and resolution, but a minority had only recently begun to acknowledge or address these personal and interpersonal effects. The current effects on these women were more pronounced and I believe that this can be attributed to their active involvement in addressing the issues for the first time.

Of the various areas in which effects from child sexual abuse were described personal aspects featured most highly, with feelings of self-blame, shame, lack of self-respect and low self-esteem, guilt, anger, powerlessness, minimisation and denial were commonly reported. These feelings are consistent with those reported in other studies (Brayden et al., 1995; Coffey et al., 1996, Courtois, 1980; Fleming, 1999; Gorey et al., 2001; Hartner et al., 1988; Herman, 1981; Jehu, 1989; Peters & Range, 1996; Romans, 1996 & 1997; Zivney et al.; Waterman et al., 1993).

Effects in the interpersonal domain were the next most commonly reported to me, in particular in respect of the women's abilities to trust others and to maintain relationships. This is not surprising in the light of the findings from the literature that a history of child sexual abuse has been associated with long-term emotional and interpersonal difficulties (Browne & Finklehor, 1986 Neumann et al., 1996), (cited Ruscio, 2001). Furthermore, survivors of child sexual abuse are often reported to experience significant difficulties in relating to or trusting others (Briere, 1984; Briere & Runtz, 1988; Mackay, 1993), increased rates of relationship breakdown (Bagley & Ramsey, 1986; Beitchman et al., 1991; Mullen et al., 1988), (cited Mullen & Fleming, 1998), later sexual re-victimisation (Beitchman 1992; Gorcey et al., 1996) and domestic battering (Briere, 1984, Davis & Petretic-Jackson, 2000).

### **The More Severe the Abuse the Greater Impact**

I wanted to obtain from the data an impression as to whether the severity of the abuse-experience affected the degree of impact reported. I posed this question because two rigorous random Australasian prevalence studies have reported sexual abuse involving attempted or completed penetration as having an ongoing effect distinguishable from other contextual factors which may also potentially have their own adverse outcomes for victims (Mullen et al., 1994; Fleming et al., 1999). These contextual factors include family violence, parental separation, poor quality attachments and substance dependency. The analysis of my data suggests that those women who experienced more physically invasive sexual abuse did indeed report a wider variety of effects and in proportionally greater numbers than those women abused by genital touching. However this is not to detract in any way from the feelings and experiences of women who appeared in this latter category.

### **Achieving Resolution**

Women were able to identify clearly the supports, which had been useful in resolving the adverse impacts of child sexual abuse on them. Their responses showed that dealing with these effects was a process that occurred over time, although the effort involved with this was widely acknowledged. Many women reported that at times they still thought about the abuse they had experienced, and sometimes more often than others, depending on what else was happening in their lives. Such situations often involved contact with or concern about family or former perpetrators.

Although not specifically asked, many of the women indicated that much of the professional assistance they received was as a result of state-subsidised counselling services, and access to counselling and financial assistance was clearly valued. Issues related to the experience of child sexual abuse are deeply personal and often difficult to discuss, so that the courage required seeking counselling and then persevering with the process must be acknowledged.

### **The Importance of Interpersonal Strategies**

Those strategies deemed useful by women in pursuit of their own healing were many and varied. The most significant categories were however interpersonal in orientation and featured counselling, the support of an intimate partner, talking with friends and with other women also sexually abused as children. The importance and utility to women of effective professional counselling was also clearly evident. Many of the women had received considerable therapeutic input at various stages of their adult life, which had been directed to resolving abuse related effects and/or self destructive coping strategies.

### **Resilience and Moving Ahead From Abuse**

Notwithstanding their experiences survivors were, at the end of the day, doing well and it was apparent to me that one of the common qualities they exhibited was their resilience and their capacity to move ahead from their abuse. This was encouraging, for in other studies of female survivors that is not always the case (Rudd & Herzberger 1999).

All women in this sample were pleased with their current progress either in general or with aspects of it. Those who experienced continuing mental health problems were managing with the assistance of medication and/or ongoing counselling, and other women who reported difficulties with the abuse of substances had confronted those and were managing them positively. Many were in paid employment and pursuing careers that they enjoyed, while others were full-time students, and a small minority were in the home caring for young children. The women reported a high level of tertiary qualifications or participation in tertiary education. Many owned their own homes and all were in adult partnerships that they regarded positively both as supportive and committed.

All respondents acknowledged the child sexual abuse they experienced as abusive and all were able to express emotion about what happened. They were also clear that while they may have had feelings of guilt at some time they were not responsible for what had happened to them. Not everyone had specifically sought counselling to address sexual abuse issues, however all had spent time reflecting on the experience and had discussed it in some way with others. They had also made decisions about how best to deal with the emotional effects and how to construct their adult relationships with the family members in situations where perpetrators were relatives.

### **Child Sexual Abuse and the Relationship with Lesbian Orientation**

As mentioned previously one of my research objectives was to ascertain whether participants felt the child sexual abuse they had experienced had influenced the development of their lesbian identity. This seems to be a common assumption.

A number of studies have investigated the link between child sexual abuse and subsequent lesbian behaviour. Some studies report more same sex activity in adolescence and adulthood and a higher rate of child sexual abuse amongst lesbian women (Bietchman et al., 1992), (Roberts & Sorenson, 1999; Cameron & Cameron, 1995), (cited Hughes et al., 2001). Other studies contradict these findings and report rates similar to those reported by heterosexual women (Westerlund, 1992), (cited Davis & Pretetic-Jackson, 2000), (Loulan, 1987), (Brannock & Chapman, 1990; Peters & Cantrell, 1991; Bradford et al., 1994; Rankow et al., 1998), (cited Hughes et al., 2001).

Most women in this sample believed that the child sexual abuse they had experienced had not had any impact on the development of their lesbian identity. A small number felt it may have done so, but only in the sense that such development had either been delayed or, where the abuse was perpetrated by a woman, that it had been made more difficult to accept. Others were uncertain but were unconcerned.

### **Lack of Family Support and Protection**

Many women in this sample reported a significant lack of family acknowledgement, protection and support not only during and after the abuse but also throughout their lives. Even in those families which participants described as “normal” there were factors operating to prevent young people from disclosing sexual abuse. These factors concerned a desire to protect parents and family relationships, to conform to expectations about behaviour, fear of parental reaction and lack of confidence that their disclosure would be met with a supportive response. As stated, for some women these factors still operate to protect parents and other family members at the expense of the survivor.

Overall my results suggest a picture of some families where the safety of children was not paramount and of parents, who were, in the main, abusive, distracted, self-absorbed, disengaged or unsure of their role. The powerlessness, sadness and anger many women expressed in response to this combination of early adversity and disregard was evident when participants recounted what happened to them. Likewise I should note the generosity of many women in seeking as adults to understand the stressful situations in which their parents might have found themselves.

### **The Perception of Intimate Relationships as Being Supportive**

Many studies have documented the negative experiences with partners and the negative perception of couple relationships reported by women who experienced child sexual abuse (Delillo & Long, 1999; Finklehor et al., 1990; Hunter 1991; Fleming et al., 1999; Mullen et al., 1994; Pistorello & Follette, 1998). This is more so where the abuse involved sexual intercourse (Fleming et al., 1999) or attempted or completed penetration (Mullen et al., 1994). These findings suggest that survivors experience a high level of difficulty and dissatisfaction in their intimate relationships. The difficulties reported have been categorised into themes, the most frequently and widely reported of

which problems with communication and intimacy and characteristics were related to an excess or lack of control within the relationship. Although it must be acknowledged that in one comparative study lesbian survivors of child sexual abuse reported greater relationship satisfaction than their heterosexual female counterparts (Weingourt, 1998).

The survivors in my group (twenty-three of whom had suffered sexual abuse involving penetration attempted penetration and/or oral/genital contact) reported very positively on their perception of their partner most of the time, and on couple functioning. The contribution made by a supportive intimate partner was clearly valued. It took a number of forms involving acceptance, understanding, listening and encouragement of another viewpoint, in addition to a sense of partnership, which encompassed more than the sexual abuse of one or both partners.

Women wanted a balanced relationship based on more than the reparative need of one person. Balance and fairness were seen as very important factors in achieving equality in the partnership. This is a quality to which, it is apparent, lesbian relationships often aspire (Kirkpatrick, 1982; Golombok, 1983 Patterson, 1995b; Rosenbluth & Steil, 1995) (cited Papilia & Olds, 1998), (Klinger, 2002).

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### **Concerning the Partners**

#### **Overlap with the Experiences of Heterosexual Partners**

The checklist I used with partners (see Appendices VIII) was of issues compiled from research conducted with and reports by male partners of female survivors of child sexual abuse (Chauncey, 1994; Firth, 1997; Maltas & Shay, 1995; Reid et al., 1996; Wilson & James, 1992). This was explained to my research participants and they were asked if there was anything else they would like to enlarge upon or add.

Women were readily able to relate to the checklist and all but two of the partners were able to identity with at least two of the items listed. This finding is consistent with the observation made earlier that the differences between heterosexual and lesbian couples are far outweighed by the common problems that couples face when either or both are survivors of child sexual abuse (Bass & Davis, 1993). The major area of convergence concerned feeling conflicted with regards the desire to be supportive and also needing to

honour their own needs for autonomy and nurturing within the relationship. Six of the non-sexually abused partners and by four couples reported this as having been an issue at some time where both partners had been sexually abused. The area of most difference with heterosexual male partners was the supportive approach of lesbian partners to the notion of counselling.

Interestingly, it was not so much in the area of issues but rather in the area of problem solving that lesbian couples seemed to differ from the information I have available about the impacts on heterosexual couples of child sexual abuse. Women were generally able to acknowledge and talk about difficulties and while this could be an area of tension it did not stop people from instituting strategies to try to deal with the issues. This raises the issue of similarities in terms of gender rather than of sexual orientation, in that women generally have been found to value greater psychological intimacy and communication in their couple relationships (Carr, 2004).

### **Variations for Abused and Non-sexually abused Partners**

Of the twenty-two couples, fourteen comprised one woman who had experienced child sexual abuse and one who had not, while in the remaining eight couples both women had experienced sexual abuse as children. There were many similarities in terms of what the two groups reported as impacting on them as individuals. There were variations, however, both in the content of participants' responses and in their approach to the partner section of the interview. In couples where both women had experienced abuse they tended to answer together rather than separately and were more likely to speak as one voice than the other subsection of partners. These couples generally considered that a partner who had also been abused was advantageous in that it strengthened the quality of insight. Being at different points in their resolution of the impacts of child sexual abuse and the tendency to trigger each other were raised as issues were unique to the experience of this subset of partnerships.

### **The Partner and the Survivor's Resolution**

In undertaking group work with lesbian couples where one or both women had been sexually abused as children Groves & Schondel (1996) found that the degree of resolution experienced by the survivor to be a factor in mediating the effect of child sexual abuse on partners. This was supported in my study where effects on partners



were reported to diminish as the relationship matured and as a result of counselling. The survivor's capacity, or willingness, to communicate about her experience also mediated the effect for partners. Communication was a relationship quality valued by the couples in my sample, and lack of it was construed either as a lack of trust, or the denial of a baseline for understanding how best to be supportive. It was clear also from survivor's responses that while to support of a committed partner is very important in recovery women themselves needed to take responsibility for their own healing. Women could identify and utilised a variety of strategies and responses in learning how to cope with the ways in which the effects of child sexual abuse had impacted on them in their adult lives, rather than relaying on the support of a partner alone.

### **Degrees of Awareness and Communication**

Partners were generally aware of the survivor's exposure to abuse and this information had usually been conveyed to them early on in the relationship, but not all were aware of the detail or full extent of events. This situation arose for a variety of reasons such as the survivor partner not wishing to confide all the details, or because it was a difficult issue for the partner herself to initiate conversation about, or because partners did not wish to pressure the survivor for information. For one couple the full detail of abuse had not been discussed because the survivor partner believed that had that information been revealed earlier, their relationship would not have survived. Partners also found abuse a difficult subject to discuss outside the relationship, and confidentiality, privacy, loyalty, it not being their issue to discuss, and commitments to secrecy were cited as reasons for this.

### **Situations of Overload**

Assuming the role of sole caretaker or confidante where a survivor was exhibiting very traumatised behaviour was one, which was reported by six of the partners as being extremely stressful for them, because they found the responsibility too much to assume alone. This is a situation that has also been recognised elsewhere as detrimental by those working with survivors of sexual abuse and their partners (Davis, 1991; Bass & Davis, 1993).

### **Partners - People in their Own Right!**

It was clear that the role of a supportive partner changes with the development of the relationship and the survivor's own level of resolution. The tendency of survivors to perceive the personal effects of child sexual abuse as an individual issue, and constraints operating to prevent partners communicating their needs and concerns about the relationship is disquieting given the levels of support that partners provide, particularly in times of stress and crisis.

As previously stated, a partner's role is a complex one in these circumstances and the calls made on her can take many forms. Certainly it is far more than a silhouette of the issues presented by the survivor in the relationship, as these interact with the resources, personal histories, and expectations that partners bring with her to the partnership.

### **Concerning the Couple**

#### **Coping**

Most couples were able to identify occasions in which the influence of child sexual abuse had impacted on their relationship in a way that required a behavioural adjustment by one or both partners. These impacts varied in intensity and significance and for many couples, had been resolved as the relationship matured.

Nevertheless, several couples were currently dealing with issues related to effects of child sexual abuse, which were difficult, but not always threatening to the future of the relationship. In most of those cases one or both partners was receiving counselling and there was a commitment expressed to finding ways of dealing with relationship stress. Problem solving strategies were in often place but some couples felt that any practical suggestions would be helpful, whether they originated from therapists, friends or the literature dealing with this subject.

#### **Recovery Needs More Than the Relationship**

Isolation and subsequent relational intensity compound pressure for a partner particularly if her needs for personal support are not met. The experience of the couples in this sample suggests that using an intimate relationship as the primary mode of

recovery from child sexual abuse, or having expectations that it could actually do that work needs to be viewed with caution.

### **The Relationship as an Achievement**

The resolution of relational impacts of child sexual abuse and the possibility for these to be transformational for both partners has also been noted to result in an increased level of understanding and resilience (Champion de Crespigny, 1998). My couples reported that working through issues related to sexual abuse had strengthened their relationship by improving their understanding of each other. A relationship between partnership and healing was acknowledged and couples were readily able to articulate strategies that they felt could be useful to other lesbian couples in similar circumstances.

Couple relationships were seen as very important and were viewed with a sense of pride and achievement, and a positive committed relationship where women could achieve goals and make a life together was very significant for both partners whether they had been sexually abused or not.

### **The Whole is Greater than the Parts**

Importantly, for all my couples their relationship was about much more than just the effect of one or other party's experience of sexual abuse as a child. Even where couples were regularly coping with it there was an acknowledgement of the importance of maintaining a balance in the relationship. Couples had full and busy lives focussed on many activities other than dealing solely with the effects of child sexual abuse. Activities such as raising children, working, pursuing careers, study, fulfilling family commitments, enjoying each other's company, pursuing individual and joint interests, making a home and a life together brought their own reward. Despite ongoing difficulties experienced by some, all of the members of my sample were proud of their relationships and what they had achieved together.

### **Concerning Professional Help**

#### **Counselling was Viewed Positively**

Most of the women, who had experienced child sexual abuse, as well as a significant proportion of partners, had accessed counselling services at some time or other. As I

have already recorded a few participants reported negative experiences with therapists but overwhelmingly women spoke positively on their experiences of professional help, while many identified counselling as having played a significant role in assisting them.

In this study the fact of being lesbian did not constitute a barrier to seeking professional assistance and, many were able to access counselling services and apply for funding in relation to sensitive claims through the New Zealand Accident Compensation Corporation.

Women were asked to comment on whether gender or sexual orientation, specifically lesbianism, was a factor in their choice of therapist. I found that women were not always given a choice about the therapist they saw, although none was ever allocated a male therapist. For some women choosing a lesbian therapist had been important, but for most female gender was a more important determinant.

### **Experiences of Couple Counselling**

Where couple counselling had occurred it tended to be short-term in duration and goal-oriented rather than part of a longer on-going process. Six couples had had couple counselling, with one of those commenting that the reason they sought it was not related to the experience of childhood abuse. One other couple reported that they were currently having counselling and yet another that they were seriously considering it. One further couple stated that they had discussed it in the past but could not reach an agreement about attending and the issue then resolved itself with time and changes in circumstance.

Support, a concern for their relationship, the capacity to mediate, problem solve and make practical suggestions were described most often as being qualities in the therapist which couples had found most useful. Three of the partners who had not experienced child sexual abuse had a joint session with their partner's therapist and all had found that to be a positive and useful experience.

### **The Personal Qualities of the Counsellor**

Individual women were often more able to identify and relate to the personal qualities of the therapist than to the therapeutic techniques utilised. This supports other research,

which highlights the importance of the therapist's personal characteristics and the significance of the therapeutic relationship for clients (Allen 1990; Cross et al., 1982; Dinnage 1988; Elliot & James 1989; Feifel & Eells 1963; France 1988; Grierson 1990; Hill 1989; Lietaer 1992; Oldfield 1983; Ryan & Gizynski 1971), (cited Dale, 1999).

As previously noted the qualities that women valued in a therapist included commitment, nurturance, respect, consistency, reliability, capacity to listen, supportiveness and affirmation. Helpful skills in a therapist were identified as an ability to maintain clear boundaries, to assist women to "*make a picture of all the mess*" or "*put words on things*" through clarification and feedback.

### **Summary**

This concludes the chapter presenting a summary of the major findings derived from the data collected from the forty-four women, comprising twenty-two couples that participated in my research. The next chapter will consider the strengths of this investigation and the implications for future research that may be drawn from this work. My recommendations and the implications for Social Work Policy, Practice and Education are also included.

## **Chapter 24**

### **The Strengths of This Investigation:**

### **Recommendations and Implications for Future Research; Recommendations and Implications for Social Work Policy, Practice and Education**

#### **Introduction**

This chapter outlines the strengths of my research and implications for the direction of future research efforts which would seem to lie around further exploration of inter-sibling sexual abuse, and what assists people to be resilient in overcoming the experience of childhood sexual trauma. This is followed by my recommendations for social work policy, practice and education which are centred on inter-sibling sexual abuse, the role of intimate partnership and healing in child sexual abuse, and women's experiences of professional helping.

#### **Strengths of this Research**

As a result of utilising a semi-structured and in-depth interview format I was able to explore the experiences and views of a segment of the population not previously investigated in New Zealand with reference to this topic, and rarely world-wide.

This study has yielded a considerable amount of relevant data concerning the experience of child sexual abuse and I believe it can make a contribution to the knowledge base. My research has produced information concerning the effects of child sexual abuse on lesbian women and has included a focus on partners and the couple relationship and on the implications of child sexual abuse for both. Results also include information about help-seeking behaviours and therapeutic relationships and about those activities and influences, which my participants believe, assist coping and the promotion of resolution.

Although this research has been directed toward lesbian couples the literature shows a congruence of the impacts of child sexual abuse on heterosexual as well as lesbian relationships, suggesting that there could well be applications for this research beyond the lesbian community.

## **Recommendations and Implications for Future Research**

It will have been seen that my interviews were wide ranging and that a large amount of data were collected on a number of areas, each of which could have supported a thesis in its own right. Of these I have selected the following, which I think to be the most significant, for further consideration.

### **Brother Sister Sexual Abuse**

One of the surprise discoveries of the fieldwork analysis was the number of respondents reporting contact and attempted and/or penetrative sexual abuse by older and near-age male siblings. In exploring this aspect of my research it became clear that although there is now a large literature focussing on the prevalence and effects of intra-familial child sexual abuse, inter-sibling sexual abuse has not as been widely studied as other forms of incestuous behaviour (Digiorgio, 1998; Owen, 1998; Tsuan, 1999).

A total of eight of my survivor sample of thirty had experienced sexual abuse before the age of sixteen from male siblings who, with one exception, were all older brothers. Thus, brothers comprised the largest single category (26.67%) of either intra-familial or extra-familial perpetrators. All the brothers were full brothers and there were no step, half or adopted brothers represented in this study. In five of the eight abuse situations (62.50%) there was less than a five-year age difference between the brother and younger sister. In three cases (37.50%) the age differences was one year or eighteen months. Women's accounts also conveyed that the sexually abusive behaviour perpetrated by brothers was intentional, often forceful and lengthy, coercive, emotionally manipulative and secretive, suggesting those perpetrators knew full well the inappropriateness of their actions. In other words, it was no less serious than that by older perpetrators.

In fact the episodes reported to me where siblings were of three years or less difference in age were coercive, frequently physically forceful, and often involved other male offenders, usually male age mates but in one instance, adult men. These incidents were no less premeditated, opportunist, emotionally manipulative or exploitative than those situations where the age difference between siblings was five years or more. Additionally, the sexual abuse experienced by my respondents often took place within a broader relationship context characterised by extensive emotional abuse and bullying on

the boy's part. The physical abuse was particularly noticeable in those sibling relationships that were close in age.

Recent research has revealed the effects of inter-sibling sexual abuse to be no less damaging and long term than other intra-familial forms of incest, even when age differences between siblings are small (Owen, 1998; Rudd & Herzberger, 1999). Sibling incest has been associated with trauma, equal threats of force (Rudd & Herzberger, 1999), and higher actual levels of coercion and force than father/daughter incest (Rudd & Herzberger, 1999), (Russell, 1986), (cited Rudd & Herzberger, 1999). Abusive behaviour by siblings also involves a high incidence of oral and penetrative acts (Adler 1995), (Wattam et al., 2000), (cited Fish, 2001) can be lengthy, secret and repetitious with a clear male aggressor acting out a need for power, retribution and control, (Adler et al. 1995; Rudd et al. & Herzberger, 1999). Sibling-abused women experience equal feelings of powerlessness to survivors of father/daughter incest (Rudd & Herzberger, 1999). Perhaps the major difference between brother-abused and father-abused women is their perception of the event(s) since in the former case they may feel responsible for what happened. These feelings may arise principally because no generational boundary has been violated thus leaving sibling-abused women more likely to believe that they themselves were complicit in the abuse (Caffaro & Conn Caffaro, 1998).

The cumulative picture of the survivor reports and research conducted on this issue suggests, therefore, that the almost exclusive focus on sexual abuse between children and intra-familial adults while valuable, may have been misplaced given the extent of sexually exploitative behaviour actually happening between siblings. It is reasonable to ask why and how this oversight occurred, given that the level of sexual offending by adolescent males is well documented (McCarthy, 1995; Owen, 1998). The research in this area is developing but the findings are very consistent. The sexually abusive behaviour of male siblings toward their younger siblings is a serious problem and a rather more common feature of childhood experience that we might like to have imagined. The growing number of studies focussing on this form of intra-familial sexual offending indicates that it exists in much greater proportions than other forms of incestuous behaviour, which have traditionally attracted more attention.



The results of my examination of this particular aspect of child sexual abuse suggest that serious abuse by near-age male siblings is surprisingly prevalent in New Zealand, and that much greater attention and research to it is to be recommended.

### **Resilience – What Helps Women to Heal and Move Forward?**

The motivation, effort and commitment expended by participants in working toward and achieving a resolution from the sexual abuse they experienced as children was clearly evident in this research. It is also clear that the effects of abuse of this nature are not just confined to the individual but can impact on others with whom the adult survivor is emotionally involved. This research has also found that committed intimate partners provide a significant level of support as women attempt to resolve these issues.

As noted considerable research attention has been given over the last twenty-five years to determining the scope and prevalence of child sexual abuse and to exploring its long-term effects and relationship with adverse outcomes in adult life (Bolen, 2001). Much less effort has been directed to the subjects of healing and recovery, and particularly in learning from survivors who consider their healing process to have been successful (Glaister & Abel, 2001). My research demonstrates that there is much to be learnt from survivors and their supporters in this respect and that greater attention would be well justified.

### **Recommendations and Implications for Social Work Practice, Policy and Education**

The following points set out of the implications of several issues that arose out of this piece of research, the implication of each are briefly explored and recommendations made there of. The points made concern inter sibling sexual abuse, a focus on partners and lesbian women's experience of professional helping.

### **Working with Inter-Sibling Sexual Abuse - Assessment and the Development of Guidelines for Social Work Intervention**

My study shows that brother/sister sexual abuse is a serious and significant issue, which has real and long-term negative impacts on the lives of those abused. What research is available confirms that this is a serious and relatively common problem, yet that position does not seem to be borne out in the reality of day-to-day child protection

social work practice (Basher, 1999). In talking to a child protection colleague about this subject his response was one of concern, with the addendum “*we don’t see a lot of it.*” Why then, if inter-sibling sexual abuse is not uncommon, is that the case? It would seem to be, to use a currently popular phrase, “a systemic failure”. Certainly research findings suggest that the area of most difficulty in identifying inter-sibling sexual abuse is within the family itself (O’Brien, 1991).

Furthermore, the nature of the sexual abuse experienced by the sibling-abused women in my study is defined under the New Zealand Crimes Act 1961 variously as “sexual violation,” “unlawful sexual connection” and “indecentcy” and if the perpetrators had been aged sixteen or older they could have been charged with those offences. However, brother/sister incest is not recognised at all under New Zealand law unless the male perpetrator is aged sixteen or over and the behaviour involves penile penetration of the vagina. The charge of incest carries with it a maximum sentence of only fourteen years as compared to a maximum of twenty years for sexual violation.

How can we expect sibling-abused children to make sense of an experience that we as professionals, parents and citizens continue to confuse, minimise and deny (Hanna, 2001)?

The results from the research in this area are compelling and very consistent - abusive sexual activity between siblings happens, and happens not infrequently. On the basis of my figures it is the most common form of intra-familial incest, but we also know that much of the time it is not disclosed and that for many families inter-sibling sexual abuse is an area of considerable resistance and secrecy.

This is not a safety issue that will be easy to pursue with family members who may well be overcome by divided loyalties and/or fear of retaliation. It is therefore important that social workers should model the qualities of honesty, concern and commitment to keeping children safe, which they wish families to display. One thing is certain is that if child protection social workers are not seeing much of this phenomenon it isn’t because it is not happening. At least they should be aware of a need to be proactive in undertaking appropriate risk assessments and in talking with children and families about this form of abuse and its potential to occur.

Education, debating key terms, continuing research and a commitment to talking about the subject are ways in which all-helping professionals can assist families to be more open about these issues and supportive of child victims.

### **Clear Values and Principles**

There are, of course, degrees of seriousness evident in inter-sibling abuse cases, and interventions need to be considered on a case-by-case basis (Owen, 1998), as opposed to the one-size-fits-all approach. Interventions are also potentially fraught with the possibility of conflicting interests as sibling victims and perpetrators often continue to stay in the home together, a situation that would not occur if the offender were an adult. Consequently, engagements with families need to be prefaced by a guiding principle that the safety of victimised child is the primary concern (Rayment et al. 1999).

### **Risk Assessment**

Inter-sibling sexual abuse takes place in the context of a family system failing to provide a safe environment for its members (Digiorgio, 1998). Family based risk assessment is critical to ensuring the child victim's safety. A number of writers have provided clear guidelines in this regard, (Caffaro & Conn Caffaro, 1998; Digiorgio, 1998; Owen, 1998) which I will summarise.

Assessments should minimally attempt to determine:

- The age and developmental level of all the children.
- The age difference and differences in physical size.
- The level of fear and assertion in the sibling relationships.
- Power and authority differences between siblings.
- The abused child's perception of her ability to protect herself, or himself.
- The extent to which children assume responsibility for the behaviour of siblings.
- Did the behaviours stop when the child wished it too?
- Evidence of coercion, force, secrecy, and emotional manipulation.
- Cultural expectations and perceptions of children's roles and behaviours.
- The extent of emotional, sexual, and physical abuse in family relationships, including sibling relationships.

Other factors important to include would be the perpetrator's motivation and willingness to accept responsibility for the abuse, the family's reaction to the disclosure, their ability to protect the victim and any evidence of divided loyalties which may diminish the adults' protective capacities (Caffaro & Conn Caffaro, 1998). Flanagan (2004) emphasises that if a holistic approach to the treatment of children and young people engaged in perpetrating sexually abusive behaviours is to be successful, then active involvement of both the children and their parents is necessary in order to sustain change.

### **Attend to Family Strengths**

The British Department of Health Findings (1995) (cited Corby, 2000) emphasise the importance of attending to the needs of primary caregivers. Risk assessment tools have been criticised for providing practitioners with a problem-saturated view of family functioning in situations where children are considered at risk (Turnell, 1999). Obviously social workers need concrete information about child safety, but it is also important to recognize areas where families are doing well and to acknowledge this with positive feedback (Turnell, 1999). Likewise the United Nations Convention on The Rights of the Child (1989) stipulates that children have a right to be heard in decisions made about their welfare. The onus is therefore on social workers to develop the skills necessary to communicate and work directly with children on this issue (Aldgate, 2001).

To conclude, systemic failures occur in part as a result of the efforts of individuals, and the concept of the collective is not to absolve duties of individual responsibility. The experiences from the subset of sibling-abused women in my study suggests, as have others (Marie, 2000; Rudd & Herzberger, 1999), that this issue must be addressed more seriously by parents, social workers, researchers, educators and judicial and child protection systems alike.

### **A Focus on Partners**

Supportive and constructive relationships, particularly those with therapists, partners and friends, were identified as significant by survivors in their process of healing from child sexual abuse. Very many of the women in this study confirmed the value of the support in resolution of their experience, which they received from their partners.

The motivation, effort and commitment expended by participants in working toward and achieving a resolution was clearly evident at my interviews, as it was that abuse of this nature has effects that are not confined just to the individual but which can also involve intimate partners. Given these circumstances more effort could be made by individual professionals and their professional associations to advocate for the inclusion in any state-subsidised therapeutic process those partners who fulfil a significant informal role in supporting the survivor.

### **A Focus on Lesbian Women's Experience of Professional Counselling**

I was interested to ascertain if implications for professional practice could be identified from the women's experience with therapists or counsellors and in the course of the research analysis the following points became clear in this regard:

- The importance to the women of a supportive therapeutic relationship was undeniable and was identified as a significant factor in assisting women to cope with the effects of child sexual abuse.
- Most women related very strongly to the personal characteristics of their therapist and to their skills in assisting to understand and transcend the experience of abuse, rather than relating to a particular therapeutic method and approach.
- The issue of sexual orientation did not appear a significant factor in the level of attachment formed with those therapists in whom women had confidence.

Only two women reported experiences with child protection social workers and both spoke in very negative terms of those interventions, which they felt had done nothing to protect them or to alleviate difficult family circumstances. In these situations social work practice served to only reinforce the lack of protection that participants had already experienced. By admission both these reports described social work practice with children in the 1970s and it is hoped that such poor examples of social work intervention with child victims of sexual abuse would not be repeated today.

If nothing else, this research demonstrates that although no experiences are the same, child sexual abuse is frequently a damaging experience, which can substantially compromise the lifetime potential of its victim. Any erosion of publicly subsidised support (e.g. ACC) or other subsidised counselling services should be strongly resisted.

Given that this is an experience from which time and effort is needed to affect a recovery that process deserves to be supported. Child sexual abuse is a private pain but a public issue and carries a public responsibility for its amelioration.

### **Summary**

This concludes the chapter detailing the major findings of this research. Included also is some comment on the strengths of this project as a single entity together with recommendations for future research and statements of the consequential implications for social work practice policy and education.

A concluding chapter of comment to the thesis now follows.

## Chapter 25

### Concluding Comment

Just as it is for all women, child sexual abuse is an issue for lesbian women. Indeed in a woman-to-woman pairing the likelihood of one or other or both people having been sexually abused is higher than in a similar heterosexual situation simply because the reported prevalence of child sexual abuse is higher in women than it is in men.

I have shown that its impacts are not only evident at a personal level but have a ripple effect which has implications for people's behaviour interpersonally and for their intimate relationship partners. The costs of resolving the damage caused by this abuse are borne not just by individuals but also by those with whom they share their lives. The limiting of human potential and the costs of state subsidised social and health services to assist women in their efforts to recover are shared by society as a whole.

Arguably society has not been prepared to hear, nor survivors to tell of their experiences, and the silence which has for so long characterised common social responses to child sexual abuse has also extended to other areas pertinent to this thesis. Given that the experiences of lesbian women sexually abused as children and of their partners are not well documented, we should be considering how best to respond to the needs of this group. The broader social context in which lesbian women live and the ways in which this can marginalize and silence them should be balanced against the understanding that gender is at least as important as sexual orientation in considering how to engage them professionally.

In my study the contribution made by intimate partners has varied but coalesced around relational stability, safety, and support in addition to building a partnership based on sharing which encompassed more than the sexual abuse of one or both partners. The importance of a positive intimate relationship lay jointly in its capacities to encourage change and to provide support and validation. The contribution made by a supportive intimate partner was strongly valued, particularly as many victims had not always received supportive reactions from other significant people in their lives. In addition an effective supportive relationship with a caring partner had a symbolic importance as a sign of their mutual resilience and achievement.

Early in this thesis I wrote of Kate and Donna, and I learned that they and the other couples in the sample wanted to tell their stories for several reasons. They felt they represented a group about which relatively little was known. They felt that what they had to say could be helpful to others. Participation provided an opportunity for couples to acknowledge the progress they had made, both individually and together. Women felt that their relationships were a testament to the benefits of mutually supportive intimate partnerships and they wanted the opportunity to celebrate that.

To conclude, it is clear to me that there is much that my participants can show to social workers, counsellors and other professional helpers as to how best women can be assisted to move beyond their painful experiences of sexual abuse as children. This enquiry also strongly suggests that the ability for both partners to “journey alongside” which was modelled in the partnerships I have examined could successfully sustain personal change, and would result in an improved quality of support and better recognition of clients’ strengths when practised in a social work context.

Finally, I began this thesis with a quote about the silencing of the female experience. I am proud to have participated in an effort to break the silence that has existed around this particular aspect of it. It is my hope that the voices of my participants have been heard above the clamour!



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**Appendix I Public Advertisement****Lesbian Research Study: Maybe you can help?**

I am a research student conducting research on the effects of childhood sexual abuse on committed lesbian relationships. If you are in a lesbian relationship of one year or more and either you and/or your partner were sexually abused before the age of 16, and want to participate in this project I would be pleased to hear from you.

My name is Sue Hanna; I am a lesbian woman and am undertaking this study as part of the requirements of a PhD degree in Social Work at Massey University. The project is being completed in accordance with the requirements of Massey University's Ethics Committee and the researcher will keep data confidential. Should you require more information or wish to discuss participation please contact me on (09) 6238899 x 8558 (work). Many thanks.

## Appendix II

### The Long Term Impacts Of Child Sexual Abuse On Lesbian Couple Relationships

#### Information Sheet

*Title of Project: "The longitudinal impacts of child sexual abuse as expressed in committed lesbian couple relationships"*

<b>Researcher:</b>	<b>Sue Hanna (Doctoral Student)</b>
<b>Contact Address And Phone:</b>	<b>Centre for Social Work</b> <b>Auckland College of Education</b> <b>Private Bag 92601</b> <b>Symonds Street</b> <b>Auckland</b> <b>Phone 09 623 8899 x 8558 wk</b> <b>Phone 09 378 7037 hm</b>

Kia ora, Hello, thank you for considering participation in this study.

My name is Sue Hanna and I am a pakeha lesbian woman. I work as a Senior Lecturer at the Centre for Social Work, at the Auckland College of Education.

There are several important reasons for undertaking research of this nature.

First, children continue to be sexually abused and the significance of this social cost continues to be borne as a private pain and managed as a private matter by adult survivors and those with whom they are emotionally involved.

Second, the subsequent challenges, and opportunities for personal growth that child sexual abuse can present to intimate adult relationships have received little attention.

Third, committed intimate partners can be a major source of support as adult survivors attempt to resolve issues associated with childhood abuse. There is a small clinical literature, which specifically addresses the experiences of intimate partners. Generally however, there have been only limited attempts to gain a picture of the possibilities and constraints of these types of supportive relationships.

Finally the research exploring the impacts of child sexual abuse on intimate relationships has focused almost exclusively on heterosexual couples. Relatively little is known about the significance and meaning of these issues for lesbian couples and how they negotiate the challenges that may arise.

This research project involves lesbian couples currently in relationships of a year or more, where one or both partners experienced childhood sexual abuse. I am interested in talking with you about the possible effects of child sexual abuse on you, and your



relationship and the study will include awareness that the severity of the abuse experienced may be a factor in later outcomes.

I would like to interview you and your partner together unless some other mutually agreed arrangement is requested. There could be up to two interviews of approximately two hours in length. The interview process involves a focus on partners as individuals and as a couple. To ensure information and data is recorded accurately I would like to audiotape interviews, but will not do so unless you give consent.

I will discuss a suitable time and place for interviews with you that are convenient to your work schedules and other commitments. Should any clarity following the interviews be required I will need to make contact again. As such, a request will be made for brief telephone contact to discuss any further issues.

### **Definition of Child Sexual Abuse**

Sexual abuse is any acts or act which may result in the exploitation and involvement of a child or young person up to the age of 16 years whether consensual or not in activities for the sexual gratification of any other adult, child or young person. Sexual abuse refers to a range of behaviours, but for the purposes of this study must include sexual touching and/or genital contact.

In certain circumstances the above definition of child sexual abuse can legally be extended to include young women up to the age of 20 years of age.

### **What are your rights as a research participant?**

Your participation is voluntary. The information you provide will be treated in a confidential and sensitive manner. Informed consent will be obtained. You have the right not to disclose any information you wish not to. You may withdraw from the research project at any time.

Confidentiality will be ensured at all times. Information will remain in my possession and will be kept under secure locked conditions. All audiotapes will be returned to you as soon as transcripts are completed, and the transcripts will be returned to you at the conclusion of the project. A copy of the research findings will also be given to you and discussed in person if required.

I appreciate you will be sharing very personal and private aspects of your lives with me and I will honour this and respect your rights as a research participant at all times.

### **Doctoral Supervisors**

#### **Mike O'Brien**

Supervisor  
Dept of Social Policy &  
Social Work  
Massey University, Albany Campus  
Auckland  
Ph 09 443 9768

#### **Jill Worrall**

Second Supervisor  
Dept of Social Policy &  
Social Work  
Massey University Albany Campus  
Auckland  
Ph 09 443 9768

**Appendix III**

**Consent Form**

I have read the Information Sheet and have had the details of the study explained to me. My concerns and questions have been answered to my satisfaction and I understand I may ask further questions at any time.

I also understand I have the right to withdraw from the study at any time and decline to answer any particular questions.

I agree to provide information to the researcher on the understanding that my name and any other identifying information will not be used without my permission. (The information will be used only for this research and publications arising from this research project).

I agree/do not agree to the audio taping of this interview. The researcher will undertake transcribing interviews only.

At the conclusion of the study all tapes and interview transcripts will be returned to me.

Signed .....

Name.....

Date.....

## Appendix IV

### Interview Questionnaire

#### Both Partners

1. Ages
2. Ethnic Origin
3. Occupations and/or paid work status
4. How long have you been together
5. Do you live together
6. How did you get together
7. What happened to make you feel this was a committed relationship

#### *Survivor Partner*

8. Is there anything on this list that you identify as an effect of CSA that has had an impact on you? **Use checklist.**
  - What are uppermost for you
  - Can you comment on the relationship between feelings and interpersonal impacts?
9. Have there been any practical effects on you such as disrupted schooling, leaving home early, decisions about where you live?
10. Has the abuse made you feel different from other people? In what way?
11. How often now in your day-to-day life do you think about what happened, has this changed over time?
12. Were there other issues happening in your family that you believe had an impact on you when you were growing up?
  - If participant was co-abused, what was the particular effect of child sexual abuse?
13. Are there things, people or resources that have been particularly helpful to you in coping with the effects that we discussed earlier?  
(Prompt if necessary i.e. therapy, friends, contact with other survivors, support groups, current partner, ex partners, family, confronting the abuser, reporting the matter to the police, taking court action)
14. How significant have your intimate relationships been in helping you deal with some of the effects you talked about before? In what way?

15. How did you go about telling your current partner about your abuse? When you told her about your abuse, did you tell her the full extent?
16. How far into the relationship did you initially tell her?
17. What encouraged you to tell her? Does she know the full extent of what happened to you?
18. How did she respond?
19. Do you talk about your abuse with each other now? (Explore either a yes or no answer).
20. How have you found your current partner has responded to any abuse issues that have arisen in your relationship? How have you felt about her response?
21. Can you talk about abuse issues with anyone else?
22. Can you indicate for me from this list what the abuse you survived was? (**Use checklist**)
23. Were there other things that accompanied the abuse that frightened you or made you feel uncomfortable? (If necessary prompt; physical abuse, threats, bribes, flattery, emotional blackmail, presence or use of weapons)
24. Can you indicate your relationship with the perpetrator? (**Use checklist**).
25. Can you indicate the age difference between you and the perpetrator?
26. Was the abuse you experienced a one off event or was it ongoing?
27. How long did the abuse last altogether? What caused it to stop?
28. How did the abuse affect you at the time it occurred? How did you cope with what was happening during the period it was going on?
29. Were you able to tell anybody or try to tell about what was happening? (If no, what prevented you from saying anything)
30. Who was the first person you told about your sexual abuse
31. Do you think what happened has affected your feelings as an adult about sexual and emotional intimacy? In what way?
32. On a general level have you noticed that there are patterns to how you relate sexually and emotionally that you think may be related to your abuse experiences?
33. Have these effects been replicated in other intimate relationships you have had before? Explore what has changed.

34. How significant a role do you think CSA has played in the development of your identity as a Lesbian?
35. How do you feel society responds to the issue of child sexual abuse and to survivors of CSA?
36. Have there been any positive outcomes for you or strengths you have developed that have been a consequence of the abuse experiences?

## **Part 2**

### **Partner**

37. Do you think your own knowledge and experience of child sexual abuse have helped you in understanding and supporting your partner? In what way? (If both women are survivors).
38. Was sexual abuse an issue you had thought about or come across before your relationship with .....?
39. How much did you know about sexual abuse?
40. How did issues about what happened to your partner come up?
41. How did she tell you about what happened?
42. How did you feel, what did you think, how did you respond?
43. Is there anything on this page that you identify as an effect of child sexual abuse that has had an impact on you? (**Use checklist**).
44. Has the sexual abuse been an issue for you in this relationship? In what way?
45. Have you felt you have adopted a particular role or roles in relation to your partner coping with her abuse experiences? Can you tell me about this?
46. Other partner research has raised the following reactions and issues for partners with regard to their partner's abuse. Can you identify any that have been or are relevant to your situation? (See Appendix VIII).
47. How do (did) you deal with these issues?
48. Have/Did the issues raised interact with other personal matters that you were already experiencing?
49. How easy or difficult is it for you to raise and discuss issues relating to sexual abuse with your partner?
50. Where do you get your support outside the relationship?

51. Do you have any other ways of letting off steam?
52. Was/is there anything that stops you from getting the support you wanted?
53. What specific advice would you give to therapists or counsellors who work with survivors who are in committed relationships?

**Both Partners**

54. What is it about your relationship that has given it its zip or glue?
55. What aspects of the relationship have you been particularly proud of?
56. On a scale of 1 to 10, 1 being minimum and 10 being maximum where would you place the influence of CSA on your relationship together?
57. Has the degree of influence you describe changed over time, in what way, how come?
58. What have been some of the threats that it has posed?
59. How have you dealt with these issues as a couple? What helped?
60. Have there been positives for you both that came out of working with the abuse issues? Do you think there is a relationship between child sexual abuse and healing?
61. How easy or difficult has it been to discuss issues of sexual abuse with other people? Who do you talk to?
62. Has being lesbian made this more difficult?
63. Have you sought counselling either as a couple or individually in relation to issues of sexual abuse?
64. Were sexual orientation and/or gender, factors in your choice of therapist?
65. What personal qualities and knowledge values and skills in the helping professional did you find useful/not useful?
66. Given your experience in dealing with the impacts of child sexual abuse on an intimate relationship what would you recommend to other lesbian couples in a similar situation?

## Appendix V

### Feelings, Health Impacts & Interpersonal Impacts Checklist

Feelings	Health Impacts	Interpersonal Impacts
<ul style="list-style-type: none"> <li>• Confusion</li> <li>• Fears</li> <li>• Flash backs</li> <li>• Anxiety</li> <li>• Depression</li> <li>• Nightmares</li> <li>• Sleeplessness</li> <li>• Self-blame</li> <li>• Shame</li> <li>• Dirty</li> <li>• Guilt</li> <li>• Anger</li> <li>• Betrayal</li> <li>• Exploitation</li> <li>• Loss of confidence:               <ul style="list-style-type: none"> <li>- self-respect</li> <li>- self-esteem</li> </ul> </li> <li>• Problems with physical contact</li> <li>• Sexual difficulties</li> <li>• Suicidal thoughts/ attempts</li> <li>• Emotionally 'cut off'</li> <li>• Powerlessness</li> <li>• Meaninglessness</li> <li>• Denial</li> <li>• Lack of energy</li> <li>• Body image issues</li> </ul>	<ul style="list-style-type: none"> <li>• Gynaecological problems</li> <li>• STD's</li> <li>• Infertility</li> <li>• Pregnancy</li> <li>• Headaches</li> <li>• Stomach pain</li> <li>• Asthma</li> <li>• Mental health problems</li> <li>• Self-inflicted injuries</li> <li>• Weight loss/fluctuation</li> <li>• Eating difficulties</li> <li>• Alcohol/Drug dependency</li> <li>• Personal hygiene issues</li> </ul>	<ul style="list-style-type: none"> <li>• Relationship difficulties with intimate partners and/or lovers.</li> <li>• Abusive relationships as a young adult and/or adult</li> <li>• Broken relationships</li> <li>• Loss of trust in family</li> <li>• Issues with parenting</li> <li>• Loss of trust in people</li> <li>• Stigmatised by community</li> <li>• Blame from others</li> <li>• Fear/hatred of men</li> <li>• Issues with authority</li> </ul>

## Appendix VI

### Sexually Abusive Behaviour Checklist

Sexual Abuse is any act or acts that result in the sexual exploitation of a child or young person, whether consensual or not. It may include, but is not restricted to:

- A. Suggestive behaviour or comments
- B. Indecent exposure
- C. Witnessing sexual abuse
- D. Required to witness sexual activity
- E. Exposure to pornographic material, videos, photos, magazines, and Internet sites
- F. Touching breasts/and or buttocks
- F. Kissing with sexual overtones
- H. a) Genital/anal fondling  
b) Masturbation
- I. Simulated sex
- J. Oral sex
- K. Attempted object and/or digital penetration of the anus
- L. Object and or digital penetration of the anus
- M. Attempted object and/or digital penetration of the vagina
- N. Object and/or digital penetration of the vagina
- O. Attempted penile penetration of the anus
- P. Penile penetration of the vagina
- Q. Penile Penetration of the anus
- R. Required or encouraged to perform any of the above listed actions on the perpetrator (s)
- S. Involvement in activities for the purposes of pornography or prostitution



**Appendix VII****Perpetrator Relationship****(A) Intra-familial abuse**

1. Father
2. Grandfather
3. Stepfather/mother's de facto partner, or boyfriend
4. Brother
5. Uncle
6. Brother-in-law
7. Male cousin
8. Other male family relative
9. Any female relative

**(B) Extra-familial Abuse**

1. Female playmate
2. Male playmate
3. Acquaintance (male or female)
4. Baby sitter (male or female)
5. Girlfriend or female date
6. Boyfriend or male date
7. Foster parent/caregiver (male or female)
8. Family friend (male or female)
9. Influential woman (e.g. teacher minister, trusted family friend)
10. Influential man (e.g. teacher, minister, trusted family friend)
11. Other adult woman not in family (including strangers)
12. Other adult man not in family (including strangers)

## Appendix VIII

### Partner Effects Checklist

Issues concerning the following:

- Conflicting needs; balancing own needs for attention, nurturing and autonomy and wishes to be emotionally supportive.
- Coping with partner's nightmares, and/or flashbacks, regression, dissociation ("spacing out").
- Emotional intimacy.
- Non-sexual physical contact, confusion between sex and affection.
- Sexual issues.
- Survivor's recovery **example** concerns about how long it would/ will take, helplessness frustration, and impatience.
- Concerns about survivor self harm i.e. self-mutilating or suicidal behaviour.
- Fears about leaving partner alone if she is in a vulnerable state.
- Sleeping problems.
- Excessive drinking, smoking, working, eating.
- Difficulties with behaving spontaneously; feelings of walking on eggshells.
- Feeling responsible for keeping survivor on an even keel.
- Feelings that survivor's responses towards you are often inconsistent and unpredictable.
- Changes to the way you see the survivor.
- Changes to how you perceive the world around you.
- Feelings of stress for example, numbing, forgetting, withdrawal or denial which you feel are as a result of exposure to the effects of your partners abuse experiences.
- Difficulties with relating to survivors partners family and/or perpetrator.
- Feelings about therapeutic processes that partner may be involved with example rejection, exclusion, relief,

## Appendix IX

23 December 1998

Ms Susan HANNA  
School of Social Policy & Social Work  
ALBANY

Dear Susan

**Re: Human Ethics Application – MUHEC 98/214**  
**“The Longitudinal Impacts of Child Sexual Abuse as Expressed in Committed Lesbian Couple Relationships”**

Thank you for the above application which was received and considered by the Massey University Human Ethics Committee at their meeting held on Tuesday 15 December 1998. The Committee raised the following points regarding your application:

Consent Form

- third paragraph, last sentence, amend as follows *Only the researcher will undertake transcribing interviews;*

Advertisement

- amend last part of fourth sentence as follows *as the researcher will keep data confidential;*

Information Sheet

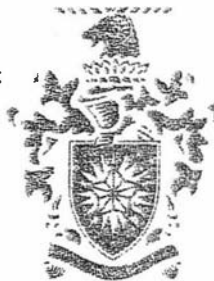
- fifth paragraph, delete “comparison”

Subject to the above amendments and inclusions being received, the ethics of the application will be approved.

Any departure from the approved application will require the researcher to return this project to the Massey University Human Ethics Committee for further consideration and approval.

Yours sincerely

Professor Philip Dewe



31 May 2000

Ms Susan HANNA  
PG Student  
Social Policy & Social Work  
**ALBANY**

Dear Susan

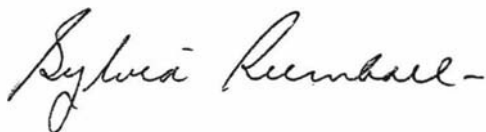
**Re: Human Ethics Application – MUHEC 98/214**  
**“The Longitudinal Impacts of Child Sexual Abuse as Expressed in**  
**Committed Lesbian Couple Relationships”**

Thank you for your letter dated 29 May 2000 outlining changes you wish to make to the above protocol.

These changes have been approved and your letter has been placed on file.

Any departure from the approved protocol will require the researcher to return this project to the Massey University Human Ethics Committee for further consideration and approval.

Yours sincerely



Professor Sylvia V Rumball  
**Chair**

**Massey University Human Ethics Committee: Palmerston North**

cc Dr Mike O'Brien  
Social Policy & Social Work  
**ALBANY**