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Steel Magnolias' Healing Journeys:

Rural women speak of transforming their lives after the experience of childhood sexual assault.

by
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A thesis submitted in total fulfillment of the requirements of the degree
Master of Philosophy

School of Social Work

Faculty of Arts & Sciences

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26th March 2002

Declaration

I declare that the work presented in this thesis is, to the best of my knowledge and belief, original except as acknowledged in the text, and that the material has not been submitted, either in whole or part, for a degree at this or any other institution. All research procedures reported in the thesis received the approval of the relevant ethics committee.

Kandie Allen-Kelly

Date

Dedications

This study is dedicated primarily to the five wonderful women who became *Steel Magnolias* and who participated in this research project with me, and secondly to all the adult women survivors of child sexual assault with whom I have had the honour of working over the past 12 years. To Carol, Stormy, Joy, Marie and Cicada my thanks for the time and commitment you made to sharing your stories in the hope that they might assist other survivors in their journeys. I thank you also for your patience and faith in me given that it has taken several years to get this thesis finished. I thank you for your support and your trust. When I embarked on this journey with you I did not realise how much healing my own life required. This is one 'primrose' that has drawn courage from your journeys. I thank you for your inclusion as an honorary survivor. Realising that we had this conversation together a while ago now I am sure that you have seen further changes on your healing journeys. My warmest wishes and fondest regards for the rest of your lives.

Throughout the past 13 years, I have worked with many adult women survivors of child sexual assault. In the early days I knew little of what it was like to have experienced such trauma and I thank you for teaching me with compassion and patience. You inspired me to start out on this journey of my own to make sense of how social workers might be a positive part of the journey for survivors. I hope this document is in some way worthy of your efforts with me.

This thesis is dedicated to all those who have experienced child sexual assault. *Steel Magnolias* and I offer it to you.

Finally it is dedicated to all those social workers, like me, who were raised in the oral tradition, for whom writing about practice isn't an easy task. While western society continues to privilege the written word, it is imperative that practitioners get our voices heard. Be encouraged by the notion that this document did not come easily and have faith that if I can do it, you certainly can.

Cover Photo: The photo on the cover of this document is of a quilt made by the author and Leanne Robins in honour of the survivors who took part in this research, for a poster presentation at the International Federation of Social Workers Conference in Montreal, Canada July 2000.

Acknowledgements

This thesis has not occurred without a sharing of pain beyond the group of women who took part. There are lots of acknowledgements because it has been a long time in the making and because I recognise that I can achieve nothing of value in this life without the loving support of my family, friends and colleagues - it is important for me to acknowledge that.

To my supervisors over the years, Peter, Maev and Morag – I am indebted to you for your cajoling, caring, chastising, incredible patience and optimism, and for the academic rigor.

To my sons: Eamonn, Ciaron and Rory. Eamonn has grown to manhood through the life of this project. Ciaron has become an accomplished musician and Rory is now taller by far than me, and my rollerblading instructor. Thank you fellas for loving me and for growing into the fine young men any feminist mother would be proud of. My life has colour because of you.

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Finally to three special friends who looked after me to completion, by feeding and transporting the boys and I and by continuing the laughter: Joe, who reminded me that whether I finished this thesis, it wouldn't make me any more or less a person. Rob, with whom I share an empathic understanding of thesis journeys that are about juggling relationships, childrearing, work etc. And to Leslie, my fitness buddy whose generosity, good humour and sharp intellect makes her a joy to be around. Thank you all.

Kandie Allen-Kelly

March 2002

Abstract

This thesis examines the construction of *healing* from childhood sexual assault from the perspective of adult women who had been sexually abused in their childhood years. The purpose of the study is to provide a space to hear the stories of rural women, and a forum to allow those stories to be shared with a wider audience. Its focus is on the women's accounts of how their lives have been shaped by those experiences, what transformation has occurred, what people and processes have helped or hindered their journey and how they construct healing. It aims to develop an understanding of the notion of *healing* as reported by survivors themselves and does this though an emancipatory methodology underpinned by a critical post-modern framework.

This study differs from previous studies in that its focus is specifically on the construction of *healing* and its participants are all rural women. The qualitative research methodology demonstrated in this thesis maintained a focus on the women's narratives. It employed a unique method – a ten week discussion group in which the women chose the issues to be examined. The presentation of the data, maintains the commitment to the primacy of the women's accounts. It utilises the themes they decided upon as well as those which emerged from the literature.

The constructions of healing, which emerged from the sharing of stories, include healing as a non-linear process where individual strengths and transformation is acknowledged. The thesis argues that *healing* includes all aspects of survivors' lives such as their relationships, parenting and engagement with their community.

The implication for social work practice is that service provision to assist *healing* must focus on more than psychological and behavioural effects of childhood sexual assault. The method of collecting the women's stories also has great potential for social work research because as the thesis argues, while generalisations cannot be made from the findings, the actual method has great value in giving voice to marginalised groups.

Steel Magnolias Healing Journeys:
Rural Women speak of
transforming their lives after the experience of
childhood sexual assault

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Glossary of terms

This thesis uses a variety of terms and phrases most of which are common in the literature. However one criticism I would make of much of the literature is the assumed understanding of many of these words. Therefore what follows is a list of words/phrases and the meanings ascribed to them for the purpose of this thesis. I have also included words developed by the women involved in this project and the words that I have used to describe them as a group. Healing is appropriately missing from this list because its meaning in a particular context and time is the focus of the study.

TERM	MEANING
Childhood sexual assault	Sexual assault of a child by an adult.
Survivor	A woman who experienced childhood sexual assault and considers herself more than a victim
Thriver	A woman who enjoys a feeling of wholeness, satisfaction in her life and work, genuine love and trust in her relationships, pleasure in her body.
Steel Magnolias	The group of women who participated in this study
The women	The group of women who participated in this study
Primrose	A woman who did not experience childhood sexual assault
Inner child	The part of each person which needs nurturing
Inner people	The name for separate parts of the self
Metrocentric	City/Urban centredness in policy development and treatment of rural communities (Archer, 2000).
Non-survivor	A woman who did not experience childhood sexual assault

1

Steel Magnolias Healing Journeys:
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INTRODUCTION

Child sexual assault is a particularly silenced experience; still commonly eliciting responses of disbelief and stigmatisation. It is also a particularly silencing experience in that the intensity and intimacy of violation often leads women to such a state for depression, self hatred and or distrust that they are unable or reluctant to talk about it
(Stanko, 1985 & Ward, 1984 cited in Rummery, 1996:151)

- **the study**
- **background**
- **rationale**
- **use of language**
- **thesis structure**



The Study

The purpose of this study was to hear the stories of rural women who had been sexually abused in their childhood, and to share those stories with a wide audience. I wanted to provide a space, which gives voice to their accounts of how they believe their lives had been shaped by those experiences and how they constructed healing. For ideological, empirical and pragmatic reasons this study focuses solely on women's experiences of healing from the effects of childhood sexual assault. In doing so however it in no way denies men's experiences of childhood sexual assault.

The focus is on *healing* itself rather than on the experience of abuse as such. Previous Australian studies have focussed on women's experiences of childhood sexual abuse (e.g. Darlington, 1993; Pease & Goddard, 1996). I was interested in understanding how these women constructed themselves now and how they transformed their lives. I wanted to understand whether *healing* was a term they preferred to use to describe this transformation or whether they used terms such as *recovery* or *resolution* which are in more common usage in the social work literature. Finally I sought to understand if there was a broader perspective to be considered in social work's engagement with the notion of interventions to assist women healing from childhood sexual assault than the previous focus on psychological and behavioural symptomology.

Essentially therefore the study asks three questions:

1. How do rural women construct themselves after being shaped by the experiences of childhood sexual assault?
2. How have they transformed their lives and how do they construct this process?
3. What do social workers need to know/reflect upon to work effectively with survivors of childhood sexual assault?

The thesis argues that healing is about more than individuals working with psychological and behavioural effects of childhood sexual assault. The data gathered in the research process demonstrates that healing is a broad concept that includes all aspects of the women's lives. It includes how survivors engage with various spheres in which they operate, including family, community and society generally. It suggests that social workers must engage with broader aspects of women's lives in order to effectively support *healing*.

The second important contribution this study offers is in terms of method. I argue that the method which is utilised, potentially gives survivors more control over how and what they share with a researcher and in how their voices are heard. This study adds to social work knowledge of emancipatory methods in research with marginalised people. The narratives of five rural women survivors of childhood sexual assault provide the data for this thesis. The method of collecting those narratives was through the use of a 10-week discussion group process similar to the *collaborative group inquiry* developed by Jacqui Dodds (1995). The stories are presented utilising the themes which the women defined in the session design phase of the process and are explored further through the themes which emerged from the literature on recovery and resolution.

Background to the study

The issue at the heart of this thesis is childhood sexual assault. The number of papers presented at the AASW biennial conferences during the past fifteen years bear witness to the fact that it is one of the most common issues confronting social workers in direct practice today. Empirical research done since the late seventies in the United States and the UK suggests that approximately 1 in 4 girls and 1 in 7 – 8 boys have been sexually abused before the age of 18 years (Berliner, 1977; Finkelhor, 1979; Russell, 1984; Goldman & Goldman, 1988; Patton & Mannison, 1996). In Queensland, which provides the geographical context for this research, the figures are much higher. Goldman and Padayachi (1997) replicating Finkelhor's (1979) and Goldman and Goldman's (1988) studies, found that prevalence rates for Queensland are about twice as high. They also found that the prevalence is considerably higher among females (44.6%) than males (18.6%). In the previous two decades, there has been an emphasis in Australian social policy and practice, on breaking the silence, convicting perpetrators and developing programs that endeavour to protect children from childhood sexual assault (see Hetherington, 1991; Easteal, 1996). As a result there has been an upsurge in the number of people who are presenting to social welfare services seeking assistance in dealing with the issues, which they consider to be the result of the sexual abuse perpetrated on them as children.

The short and long term effects of childhood sexual assault have been well documented (Browne & Finkelhor, 1986; Conte & Schuerman, 1987; Goldman & Goldman, 1988; Darlington, 1995; 1996; Pease & Goddard, 1996; Steel, 1986) and will be discussed in detail in chapter 3 of this thesis. It is therefore reasonable to expect that women who were sexually

abused in childhood will be well represented in all social work and welfare services (Gibbons, 1996) and that many will be seeking help to *heal* from the abuse of their past. In fact, the number of women seeking such assistance at the rural hospital, in which I worked prior to commencing this study, had quadrupled in the previous four years and accounted for twenty-five percent of what was supposed to be a generalist caseload. If welfare professionals are to effectively assist women such as these, we need to know a lot more about what constitutes such a 'healing' process and what survivors themselves believe to be helpful in this process.

Rationale for the Study

The motivations for doing this study derive from a complex interaction of my personal positioning in the world as a rural woman, my philosophical leanings, and my practice experience. I acknowledge that part of the motivation to do this study was to complete a higher degree to increase my life opportunities (often very limited for rural women). In acknowledging that however, this study has always been more than a means to an end. The research took place in the rural Queensland community where I worked as a social work practitioner for 10 years. During that time I was invited into the lives of many women survivors of childhood sexual assault. Together we worked to make sense of the effects of the abuse on their lives (mind, body, soul, relationships); and how and how they might recover (rediscover life) with the aim of living more satisfying, fulfilling, and peaceful lives. It is through being part of these women's lives and journeys that my desire to understand more about "healing" and how social workers might have a positive role in that process, has developed.

In the early days of my practice with survivors I based my understanding and intervention on the work of two American women, Ellen Bass and Laura Davis and in particular, their book, *The Courage to Heal* (1988). At an intuitive level it seemed the most appropriate literature available. Constructed from the experiences of survivors, this book shares women's stories of abuse and healing, presented within a staged recovery framework. While it was also a very popular book with survivors themselves, I began to wonder whether 'healing' and the notion of a healing process was something that rural Australian women survivors related to and whether they really experienced 'healing' in the ways constructed in this and other literature. I was also interested in the diversity of experience and how rural survivors made sense of that.

What healing actually means to survivors of childhood sexual abuse and to rural women in Australia in particular has not previously been explored in depth. Rural women are more marginalised in terms of healing than are other survivors because they live in communities which lack the resources to adequately support healing. What was obvious from very early in my practice was that rural women had considerably fewer options when it came to a 'healing' process than metropolitan women often do. Chenoweth & Stehlik (2001) note that Queensland has historically had far less welfare infrastructure and spends significantly less (per capita) on welfare than other Australian states. Access to services in rural Queensland is at a basic level (Stehlik & Lawrence, 1996) primarily as a result of metrocentric policy development (Archer, 2000).

> Metrocentrism neglects and therefore distorts regional Australia by leaving out coastal, non-agricultural, educated, technologically advanced, Indigenous, female, multicultural, and other diverse aspect of life outside the metropolis. Second, regional values are perceived as crude or rustic, certainly as inferior, and this may extend to the implication that regional residents do not have the same standard of needs as their city-based cousins. From this follows the assumption that they can make do with less (Archer, 2000:6).

The word metrocentric is thus used to describe policy development and implementation that uses metropolitan communities as the template for meeting rural community needs. For example, many policies base service funding on the number of people in a given community rather than on the significance of the social problem. This metrocentrism contributes to the silencing of rural voices[1] but it is also important to recognise that traditionally rural women's voices have been silenced even when the focus of study is on rural people (Alston, 1995).

In the rural community where this study originated, there were few counsellors to work with, only one organisation ran groups, and often there was no choice when it came to attending relationship counselling or stress management programs. If a rural town had only one generalist social worker, then that person would be doing all those activities herself. As will be discussed in chapter three, most of the healing literature presumes that choice of worker,

[1] An example of this was the early 1990's call by the Queensland government for representatives on the Queensland women's consultative committee. The notice requesting expressions of interest was sent without understanding of how long it takes for mail to get from Brisbane to rural areas in far north Queensland, let alone regard for mail delays. The final date for applications to be received back in Brisbane was the day after applications had arrived at various organisations in our rural community. This significantly effected the capacity of rural women to have a voice on that state committee.

method, etc exists. I was interested to find out if 'healing' was constructed in different ways given these constraints.

Fook (2000a: 130) argues that social work has the potential to excel if there is a 'move to more localised ways of knowing and acting'. The research intention is to develop knowledge and practice based on the local, collective experience of rural women. The thesis does not seek to generalise from the experience and constructions of these 5 women to rural survivors in general. Instead it aims to use their experience and expertise to provide lessons for social work about what the profession needs to engage with and think about when working with survivors of childhood sexual assault.

Use of Language in the study

While the issues inherent in the language utilised in this study, will be canvassed in more detail in the following chapter, two terms in particular, require clarifying for the purpose of this thesis at this point. The first, *Survivor* is the term used to describe women who identify themselves as having lived through the experience of sexual assault during childhood. This terminology is particularly important in considering how language constructs experience. Feminist writers have argued that use of the term survivor indicates a movement beyond victimisation towards seeking to understand and take control of its disruptive influence on their lives (Bass & Davis, 1988; Kelly, 1988). The second, childhood sexual *assault* is used as it connotes primarily an act of aggression, not the result of mutual desire or uncontrollable sexual drives (Kelly, 1988) and unlike the term *incest,* it acknowledges that perpetrators are both familial and non-familial (Scott, McCarthy, & Gilmore, 1991). I have utilised *childhood* sexual assault, rather than *child* sexual assault, which is often used in the literature, because I consider that it is important to separate out the time in a person's life from the person (child). A glossary of terms provides definitions of words utilised throughout the thesis.

Thesis structure

Chapter 2 introduces the 'scaffolding' (Crotty, 1998) on which the research is built. It discusses constructionism and Social Work as a constructed profession. It looks at the goals of feminist inquiry as implemented through a critical postmodern approach to practice (Fook, 2000b). It considers the importance of language and discourse in this study and the use of narratives in the research design. It provides the philosophical positioning which guides the way the literature was analysed and critiqued.

Chapter 3 considers how childhood sexual assault has been constructed over time and through a variety of discourses. This chapter focuses on how childhood sexual assault is constructed by feminists. Other constructions are critiqued from a feminist perspective. Literature on effects of childhood sexual assault on adult women is analysed. Particular attention is paid to recent phenomenological research in which women make sense of their experiences of childhood sexual assault. Consideration is given to the goodness-of–fit between the findings of positivist studies and those of women-centred studies. It explores the development of survivor discourse and provides the framework for the current research. Literature, which focuses on healing/recovery from childhood sexual assault, will then be analysed and an argument developed, which shows that 'healing' as a construct has some inherent problems when developed outside a feminist theoretical perspective.

Chapter 4 begins with recognition of the epistemological imperatives linking my philosophical lens and the method utilised. The chapter explains the origin of the research design with the work of Ian Seidman (1991). Broadly described as a phenomenological study, it explicates the use of medium term group process as the method for gathering women's experiences and stories. There are few studies utilising this type of collaborative group inquiry (see Dodds, 1995; Morrow & Smith, 1995; Pease, 2000). Survivor discourse is picked up as an important dynamic in the decisions made about method in this chapter.

Chapter 5 introduces the women who speak through the thesis. It tells an abbreviated life history of each and the decisions they made about how the group would run. It sets the rural context they live within and it considers the relevance to their *healing* of the names the women chose for themselves and for the group.

Chapter 6 has three parts. The first reflects the women's views on what healing means to them and how they relate to the word itself. In maintaining the positioning of the thesis in survivor discourse, it contains verbatim discussions with minimal linking statements from the non-survivor voice. This encourages the reader to reflect on the way these five survivors make sense of healing, from his/her own knowledge and experiences. The second part considers the women's voices with respect to the themes drawn from the literature. Finally it considers the impact of the research process on the women's healing journeys.

Chapter 7 contains my reflection on the women's stories and the lessons they offer social workers about the healing process. It reflects what the women want to tell helping professionals about what they needed or found valuable in their interactions as children and adults. It includes my analysis of what social workers and others may need to do or consider to appropriately support survivors through a 'healing process. It notes particular responses by the women to issues of service delivery.

Chapter 8 concludes the thesis by focussing on how well this research design met its aims in giving voice to survivors. It also draws the conclusion from the study that social work interventions to assist healing must do more than focus on the intrapersonal and behaviours issues for individuals. It analyses whether it is possible to engage in truly emancipatory research if as a researcher, I do not share the experience of being part of the marginalised group. In this chapter, I make recommendations about what I believe is both possible and desirable in designing research and providing services for survivors and other marginalised groups. Finally, I consider what further research will assist in building our knowledge for policy development and direct practice with survivors of childhood sexual assault.

2

Conceptual Framework

- **introduction**
- **the critical paradigm**
- **postmodern feminism**
- **constructive social work**
- **critical postmodern practice**
- **language & discourse**
- **survivor discourse**
- **summary**

Steel Magnolias: Healing Journeys
Rural Women speak of
transforming their lives after the experience of
childhood sexual assault.

Scholars and practitioners who have supported them
[white women and black people]
have tried to develop different views of their roles
in the struggle to end oppression. They have placed themselves at the service of oppressed people, facilitating their access to public arenas so that they can speak about their oppression from their own experience and not have experts use vicarious knowledge to usurp them. The voices of those at the receiving end of oppression, struggling to transcend it have a greater legitimacy in identifying what will lead to liberation. (Dominelli, 1997: 237-238)



Introduction

This chapter introduces the scaffolding on which the research is built. It discusses constructionism and Social Work as a constructed profession. It explicates a synthesis of critical paradigm and postmodern feminist perspectives as the theoretical perspective which guides the thesis. Through this critical postmodern approach to practice (Fook, 2000a), the importance of language and discourse in this study is critiqued and the use of narrative in the research design is considered. The development of survivor discourse is articulated. This is essential, as it will be used as a lens to view and analyse the previous literature on childhood sexual assault.

In conceptualising this research Michael Crotty's (1998) framework or scaffolding is utilised. His scaffolding includes four elements which inform one another. The four elements are: epistemology, theoretical perspective, methodology and methods. Crotty (1998) proposes that epistemological decisions inform the theoretical perspective which in turn informs the chosen methodology and method(s) used in any research. In suggesting this he also acknowledges the possibility that it may not be as linear as this. As Dorothy Atkinson and Pam Shakespeare (1993) argue, research rarely develops in the ordered way it appears once it is written. In thinking about an issue that needs to be addressed we might start by thinking about what methodology or methods would help to achieve the objectives of the research. Whichever is the case, for research to be rigorous, it must be embedded in a theoretical perspective and epistemology that supports the methodology and methods used. If we can articulate a research process in this way, we can ensure its soundness because this 'constitutes a penetrating analysis of the process and points up the theoretical assumptions that underpin it and determine the status of its findings' (Crotty, 1998:6).

This research commenced as a matter of curiosity about what this notion of 'healing' means to women survivors of childhood sexual assault. Because of my social work background and practice experience with survivors, I sought a method and methodology which would allow collaboration in the research process and which would make the voices of survivors themselves central to the research study. After that it was a matter of articulating my feminism and clarifying an epistemological position. It was this latter exploration that led to conceptualising the research as a whole, which in turn gave the direction required to write the chapters which make up the 'outcomes' of the research.

While Crotty's (1998) framework is a useful starting point to deconstruct my positioning around a number of issues in the research process, I have needed to broaden my deliberations to more accurately reflect the process of developing a conceptual framework. Developing a framework through which this study has grown includes recognition of my engagement with radical feminism, critical theory, non-violence and postmodern perspectives. It also needs to reflect my view of social work and social work practice – that is practice which is anti-oppressive and emancipatory. This chapter will focus on these broader perspective issues which influence and inform my decisions about methodology and method (discussed in chapter four).

The critical paradigm

This thesis draws its conceptual framework from the critical paradigm. The critical paradigm seeks alternative sources of knowledge, recognises that some groups are oppressed by others and that social workers must work to redress this balance (Leonard, 1994). The fundamental elements in practising from a critical perspective are mutual respect, recognition of power differentials between workers and clients, valuing each other's wisdom and problem posing whereby there is no predetermined view of the problem or expected solution (Ife, 1997). In recognising oppression and our role in oppressive structures, Paulo Friere (1972) reminds us that empowerment occurs when people are able to redefine their personal difficulties within the context of political inequalities. Interventions which only focus on individuals perpetuate the oppression by dominant systems (Ife, 1997). Along with other critical theorists (such as Leonard, 1994; Ife, 1997; Mullaly, 1997, Pease, 2000) it is my belief that linking the personal and the political is critical in social work practice.

Consciousness-raising, or consciousness-sharing as I prefer to think of it, is therefore an essential element in critical practice. Having the opportunity to speak with other women allows survivors to recognise that what happened to them is part of a broader structural problem of violence against women. Thus, women speaking with collective (strong) voices also have a much greater chance of being heard. Group work provides a process through which women can share their consciousness and reconstruct their lives in a more positive way through that sharing. I have purposely not used the phrase 'consciousness raising' because of its connotations that as a worker I have superior information to that of other

women. As Rees (1991:90) states, 'consciousness is likely to be changed through the stages of empowerment but it is not a one-way process'. Clearly Friere's (1972) notion of 'conscientisation' is about the sharing and developing of a consciousness about our place in the world and the impact of systems upon us and was never about one group or individual raising the consciousness of another. While the literature which considers consciousness-raising does not intentionally imply that someone is raising the consciousness of others, it is important that we consider the embedded meanings in the words used to describe practice. This will be discussed in more detail later in this chapter. Furthermore it is clear that survivor women do not need their consciousness raised. They know what has and is occurring. It is more important that survivors are given the space to share their stories. The sharing of stories gives women the opportunity to see the connections between their stories and the stories of others thus diminishing their sense of individual pathology and isolation and in adding their voices to others, allows them to be heard.

An essential element of this critical paradigm is that it should lead to action. Understanding and interpretation alone don't make for emancipatory practice. Emancipatory practice according to Ife (1997), is that which emerges from the negotiation of two authentic stories – that of the client and the worker. The wisdom and expertise of both are valued. While the focus of attention is on client narratives (Gorman, 1993), the dialogic relationship must lead to the people involved being able to bring about change (Ife, 1997). This dialogic relationship then also brings about growth in professional practice, an enhancement of self worth in the client and improvements in structures which effect marginalised people.

Ife (1997) and Dominelli (1997) argue that social workers have a particular responsibility in assisting the voices of the marginalised to be heard and that we must make space available for that to happen rather than speaking on behalf of these groups. The following key principles of emancipatory practice are relevant here:

- redefining professionalism so as not to add another layer of oppression to those 'clients' already carry
- asking clients what they want and listening to them
- recognising that people lead lives which straddle both public and private domains
- providing users with the information they need to deal with things for themselves
- challenging personal, institutional and cultural forms of oppression. (Dominelli, 1997: 238)

This research meets these criteria by providing the space in which rural women survivors are able to articulate their views around healing and to come up with workable service responses. These views will be presented in detail in chapter 6. Thus, while focusing on sharing what the women experienced as healing, the thesis in essence is also about how social workers and others in the community need to interact with them. This includes what we need to do and how services need to change, not on what survivors must do to heal. This thesis while giving voice to rural women survivors of childhood sexual assault is therefore also about what these women teach social workers about useful and empowering practice.

The offerings of postmodern feminism

Rossiter (2000: 29) argues that 'postmodern feminism offers a retheorisation of the individual as an effect of the social'. Socially constructed, people are thus posited as being diverse products of different cultural locations who are 'multiply positioned with respect to social identities' (Rossiter, 2000: 35). Postmodern feminism also offers the view that meaning is fluid and contextual and is produced interactionally (Trinder, 2000). The relevance of this re-theorisation in the current research is three-fold. Firstly, it means the research recognises and acknowledges that the women in the study while homogeneous in their Anglo Celtic heritage, have diverse cultural backgrounds, hold multiple identities in their current social landscape and are at different places on their healing journeys. Thus no attempt is made to generalise from their narratives, even to the community of survivors of childhood sexual assault. Secondly, if meaning is produced through the interaction of social players then the meaning of healing in this study will be developed through the discussions the women have. Thirdly, if this means the person is inseparable from the social then any intervention must focus on the social environment. Indeed this is what this thesis demonstrates with its argument that interventions to support healing from childhood sexual assault must have a broader focus than on the psychological /behavioural symptoms.

The other influence of post-modern feminist approaches on this research is in terms of its focus on how language constructs people's experiences and the way in which problems can be discussed and worked with. When Social work 'describes its clients one way, all the other infinite ways those clients could be described are excluded'. (Margolin, 1997: 7) This becomes important when reflecting upon how we use language to both describe clients and to describe their experiences. In what I have called the sanitisation of language, the impact

of this upon clients themselves becomes obvious. When I speak of 'we' throughout this thesis I am speaking of social workers. I am part of that we, not separate from it.

Rossiter (2000: 33) claims that postmodern feminism impacts on social work through 'its analysis of power and its insistence on difference'. She notes that social workers must recognise not only that power exists in the construction of social problems but also that we have been complicit in the ways problems have been constructed. Through the use of critical reflexivity (Rossiter, 2000; Fook, 2000a) we can understand the power of discourses to construct social problems and we can deconstruct our own practice. By re-examining the 'terminology and narratives' that constitute practice social workers can prevent complicity in developing a dominant view of social problems (Chambon, 1994:71).

This has been a key concern for the current research. Reflection on how my own values and previous experience with survivors of childhood sexual assault assisted me to recognise that if I approached the inquiry by utilising methods such as interviews or surveys, that would place many conditions and limitations on the women's narratives. This would occur through the questions asked or the prompts given. Both would communicate to the women participating in the study that certain things were or were not able to be discussed. Gorman (1993) suggests that a postmodern feminist perspective means choosing a method through which the researcher's impact on the narratives is minimised.

This thesis diverts from postmodern feminism with respect to the notion that researchers must deconstruct the narratives we collect. Trinder (2000:51) asserts that by not judging the quality, consistency or accuracy of narratives, the researcher assumes 'true and singular perspectives and experiences'. In my view, research based on building empathy and trust which demonstrates respect for those who are marginalised, so that they may feel able to express what they want to say at a given point in time, does not assume a singular truth. Further, as a social worker I have some difficulty with the notion that I would use my skills in developing trust, yet then critique the narratives produced by this trust building. The way of moving beyond this would have been to have the women spend time in this deconstruction process themselves, however the women had already committed a considerable amount of time to this process and were unable to give more.

This thesis does not engage in narrative analysis. In its design it is much closer to feminist standpoint research than it is to post modern feminist research. The thesis lays no claim to either romanticising the women's narratives, nor to critiquing them. The intention is to give voice to a group of marginalised women in such a way as to enable readers to make their own interpretations and develop their own understandings for their own empowering practice. Like Pease (2000) and Grant (1993), I believe that there can be considerable overlap between some 'versions of standpoint theory and postmodern feminisms'. Developments in standpoint theory have seen a shift from an essentialist, individual standpoint to acknowledging many female standpoints (Grant, 1993). In Ife's (1997) view, accepting such a synthesis between structuralist/post structuralism is not inconsistent with the struggle of social work to reconcile any number of dualism. In recognising the possibility of synthesis, this thesis focuses on marginalised women's voices (rural women survivors of childhood sexual assault) but it recognises strongly and makes a commitment to diversity in those voices. It does not suggest that there is one view or a perfect illustration of voice in this context. It demonstrates the variety of voice among even a few rural women.

Constructive Social Work

This research is also informed by my view of social work practice. It contains elements of what is known as constructive social work (Parton & O'Bryne, 2000) and critical postmodern practice (Fook, 2000b). Social work is about working towards social change to enable a society based on social justice principles (Ife, 1997). Constructive social work is defined as empowering practice which attends to the 'identification and development of personal agency' (Parton & O'Bryne, 2000: 60). It is a 'listening, validating, humbling collaborative activity, based on regard for the service user and their capacity to make a difference' (Parton & O'Bryne, 2000: 60). Parton and O'Bryne (2000) argue that a focus on what was done **to** people does not empower them. Empowerment occurs when the focus is on what has changed in their lives. In this instance, when the focus is on what women do, and how they survive and thrive. Empowerment occurs when clients get the opportunity to talk about what is happening to them and whether the 'now' is different to the past and if so, how it is different (Parton & O'Bryne, 2000). People receive validation and an increased sense of their own self worth by being listened to attentively. Howe (1993 cited in Parton & O'Bryne, 2000: 12) argues that, 'telling one's story in one's own terms and having it heard respectfully is a very necessary ingredient for change to begin to occur'.

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Thus change becomes 'the conversational creation of a new narrative' (Parton & O'Bryne, 200: 59). Empowerment however does not occur through the process of simply telling stories. Developing hope about a positive future requires reflection on both one's own and others' stories. Involving women survivors of childhood sexual assault in a process whose focus was healing gives them the opportunity to create new hopeful narratives. The kind of consciousness sharing which occurs in a group allows the development of possibilities for the future. Like Pease (2000) I believe it is not only possible, but also desirable to reconcile strategies such as consciousness sharing, with elements of postmodernism.

The method utilised in this research does precisely that. It combines elements of critical standpoint research whereby women's voices are honoured and given the space to be amplified, with the consciousness sharing process of group work, set alongside a strong recognition of diversity in voice. The specifics of the method, including the notions of narrative and restorying will be discussed in detail in Chapter 4.

Critical postmodern practice

The complementary view of social work practice, which I also utilise in conceptualising this research, is Fook's (2000b) critical post-modern approach to practice. This approach, which incorporates critical theory and postmodern perspectives, is emancipatory because it analyses how power relations are maintained through discourses and provides a process for positive change in the interests of marginalised people.

The 4 stages Fook (2000a: 132-133) proposes in a critical post-modern approach to practice are:

1. Deconstruction of discourses which limit the way things can be experienced
2. Resistance to those aspects of discourses that are considered disempowering
3. Challenging the discourses through naming them and coining new terms to allow a different kind of discourse
4. Reconstruction through formulation of new discourses and structures.

This thesis systematically does each of these things. It looks (in chapter 3) at the discourses which limit the way survivors of childhood sexual assault can understand their experiences and the discourses which limit the way others interact with survivors. It considers the

language that is used and how that language constricts the way experience is understood and the way services are provided. It both challenges disempowering language and suggests language that works in favour of rural survivors of childhood sexual assault. Its commitment to survivor discourse is part of this process. The thesis engages with all of Fook's (2000a) stages throughout and in the conclusion considers a new discourse that explicates healing in more than simply therapeutic ways.

Language and Discourse

Foucault (1984:102) defines discourse as 'a historically viable way of specifying knowledge and truth'. Discourse defines what it is possible to speak of at a given time. More significantly, discourses construct power and knowledge in specific ways. Discursive frameworks guide what people learn about themselves (Pease, 2000) thus in this situation, determine how survivors position themselves.

One of the areas of concern for this thesis is the use of language. The meaning making process is inseparable from the language utilised to explain experience. In Weedon's (1987: 22) words, 'language, far from reflecting an already given social reality, constitutes social reality for us'. Simply put, it is through language that the self and experience becomes understood. From the outset it is important to situate the thesis within the constructs of survivor discourse. In order to explain this it was necessary to consider social constructionism and the place of post-modern feminist thought in framing the thesis. The language used in this thesis to describe women's experiences of childhood sexual assault and healing is a political decision. It is my view that a thesis such as this cannot be written without reflection on how what is written will inevitably challenge or comply with dominant discourse and on what that could mean at a deeper level beyond answering the research questions. For instance, if as discussed in one of the sessions, I decided not to include expletives in the presentation of narratives, then I risk becoming part of a discourse where the horror of childhood sexual assault or the anger of survivors is minimalised. A discourse is a constructed way of thinking which includes related structures and institutions (Fook, 2000b) In terms of childhood sexual assault the structures and institutions that

define and maintain the dominant discourse are the medical profession and the health care system, the legal system and the churches.[1]

Social Workers too assist in constructing how we think about childhood sexual assault. MacGinley (1999:2) argues convincingly that if social workers use constructions which reinforce dominant hegemony, we may perpetrate constructions which may 'ultimately subjugate the people we work with'. There are a number of ways that can occur. For example the language of *victim* and s*urvivor* are two categories in common usage in social work and consistently used in the sexual assault field. Deconstructing these categories is essential in order to ensure that our language neither subjugates nor diminishes the person who is healing from the effects of childhood sexual assault. The term *victim* has come to mean someone who is harmed, taken advantage of, who is suffering (Mikhailovich, 1989). The characteristics used to define victim include passiveness, submissiveness and powerlessness (Spry, 1995). Hence feminists (eg. Dominelli, 1989; Bass & Davis, 1988) in the field of sexual assault have chosen the term *survivor* as the preferred term. *Survivor* implies capacity, coping mechanisms, resilience, and strength perhaps through struggle. Dinsmore (1991) and Bass and Davis (1988) argue that healing is more than survival, more than struggle – that healing is about *thriving.* Thriving generally is defined as flourishing, prospering, blooming or blossoming. In healing from childhood sexual assault this has come to mean a sense of wholeness, joy, satisfaction with one's life, having loving and trusting relationships and a sense of pleasure in one's body (Bass and Davis, 1988).

A further element of the victim discourse requiring deconstruction is that of the confessional discourse (Alcoff and Gray, 1993). Alcoff and Gray (1993) through their exploration of survivor discourse, argue that the confessional discourse [counsellor-counselled; priest-sinner; police-victim/criminal] rather than giving voice to the survivor of violence, places control in the hands of the expert. The expert thus controls what is presented to the rest of the world.

Mikhailovich (1989) contends that psychiatry and psychology have further constructed victim status by defining it in terms of individualised behavioural and psychological

[1] The current furore over the governor general's handling of complaints of sexual assault and misconduct while Anglican archbishop of Queensland demonstrates how involved the churches are in maintaining and perpetrating the dominant discourses.

characteristics. Thus women become seen as a set of psychological, behavioural symptoms which need to be cured by the experts. The current study argues that healing is about something more than being cured and that for social workers, assisting the healing process must be about more than focusing on psychological, behavioural characteristics of individuals.

The women in this study argued emphatically that they are not victims and should not be categorised or described as such. They prefer the term survivor yet they struggled even with it as a term which adequately defined a sense of themselves as healing women. Chapter 6 provides a detailed account of this. These women therefore show themselves as being unwilling to 'participate in their own self defeat' (Fook, 2000a) by rejecting the notions of victim hood placed upon them by researchers. Researchers display critical self-reflectivity by reflecting on the power structures inherent in the language we use (Fook, 2000a). This thesis makes a point of doing so and takes up this discussion in Chapter 7 in considering social work's sanitisation of language.

It is perhaps a classic dualism to use these notions of victim-survivor. Surely one can be both needy and independent, weak and strong, feel powerless and powerful for example rather than having to be constrained to one or the other. Inevitably use of the language *victim* or *survivor* also situates the woman in terms of the perpetrator and/or the assault. It may be that part of the healing journey is about it being important to define oneself and others as survivors in order to feel a sense of collectivity and to remove or reduce the sense of aloneness. However, at another point in the journey they might want to construct themselves not only in terms of the assault.

The difficulty in the latter possibility concerns the notion of secrets. On the one hand it seems essential for women to see themselves as part of a previously oppressed group [survivors] and to blow the whistle on all the secrets. However it may also be important to reach a point where survival isn't a woman's defining characteristic. (see Davis, 1991). In attempting to avoid the pitfalls of these dualisms however as professionals we might choose language such as *those who have experienced childhood sexual assault.* While the phrase attempts to remove dominance or expert imposed definitions of experience and allow self-definition by those who have experienced assault, it can be seen to trivialise (as it does not reflect intensity) and individualise violence. As Spry (1995) argues, we need therefore to

find language which incorporates both individual experience and group oppression. This research highlights some of the concerns around language further. It includes examples of where and how language can construct images and what that might mean for professionals concerned with empowering practice. The point is to use language which neither subjugates nor de-intensifies experiences.

Survivor Discourse

Survivor discourse, coined by Linda Alcoff and Laura Gray (1993: 261) is the 'discourse of those who have survived rape incest and sexual assault'. This conceptual framework legitimises and confers the apriori expertise to the voices of survivors. While it is acknowledged that survivors offer a diversity of views and articulate a diversity of experiences of childhood sexual assault, what is important is that their speech is given precedence in constructing childhood sexual assault. The basic tenet of this study is that childhood sexual assault is a phenomenon constructed over time and dominated by discourses that have mitigated against healing from its effects. In order to develop a study of healing a discourse is required which is likely to ensure that healing is a real possibility. As previously noted, those who are marginalised need to be the people to say what will improve life for them. As Dominelli (1997:238) argues, 'the voices of those at the receiving end of oppression, struggling to transcend it have a greater legitimacy in identifying what will lead to liberation'.

Survivor discourse seeks to shift our understanding about sexual violence from individual pathology to a societal / structural problem. It also shifts our understanding about what types of service and what support survivors require and who should make those decisions. Engaging in emancipatory practice means that social workers must develop partnerships with those requiring welfare services. Therefore it follows that childhood sexual assault survivors must play a key role in developing the resources and responses necessary for reconstructing their lives. As Lena Dominelli says, this is 'a positive way of empowering women and children thus providing a stark contrast to their powerlessness as the abused' (1989: 306). Developing a discourse about healing must then necessarily, begin and end with survivors' own voices. Through survivor discourse, women who were sexually assaulted as children begin to reconstruct themselves as women of strength and capacity. In such a discourse we recognise that multiple voices contribute to shaping the social

construction of reality. Hence we anticipate both and homogeneity and diversity in the voices of survivors of childhood sexual assault.

Summary

This chapter developed a conceptual framework which synthesises critical and postmodern thought. It argued that a study on healing from childhood sexual assault must begin and end with survivors' own voices. It argued this by discussing the way language constructs meaning and discourses construct what can even be seen to exist. Thus survivor discourse became obvious. It explored the notions of constructive social work practice which is emancipatory and anti-oppressive. In synthesising postmodern feminist perspectives with critical theory, it prepares to demonstrate throughout the following chapters, Fook's (2000b) critical postmodern practice approach. The following chapter analyses the literature through this lens. The methodology chapter flows from this as it articulates a method consistent with the theoretical positioning discussed here.

3

Steel Magnolias Healing Journeys
Rural Women speak of
transforming their lives after the experience of childhood sexual assault.

LITERATURE REVIEW

Abusive relationships are often characterised by imbalances of power. There is never any excuse for an adult to exploit the vulnerability of a child/young person or attempt to transfer responsibility for their own behaviours onto the victim.
(AASW, 2002)

- **introduction**
- **discourses/ constructions**
- **effects**
- **understanding healing**
- **group work**
- **chapter sumary**



This chapter considers how childhood sexual assault has been constructed over time and through a variety of discourses. Other constructions are critiqued from a feminist perspective. Literature on effects of childhood sexual assault on adult women is analysed. Particular attention is paid to recent phenomenological research in which women make sense of their experiences of childhood sexual assault. Consideration is given to the goodness-of-fit between the findings of positivist studies and those of women-centred studies. It explores the development of survivor discourse and provides the framework for the current research. Literature, which focuses on healing/recovery from childhood sexual assault, will then be analysed and an argument developed, which shows that *healing* as a construct has some inherent problems when developed outside a feminist theoretical perspective. Finally the literature on intervention with survivors of childhood sexual assault will be discussed and questions raised about where these interventions grew from. This section of the literature review will focus on social work specific literature and will draw out that which is based on feminist perspectives. This chapter will conclude with the argument that none of the Australian research considers the notion of *healing* in depth.

Introduction

Research into *healing* from the effects of childhood sexual assault must begin with an exploration of the phenomena of childhood sexual assault itself. Clearly we cannot begin to understand the phenomena of *healing* if we do not first understand the phenomena people are *healing* from. This chapter reveals that it is through discourses which are dominant in particular time periods, that childhood sexual assault becomes defined, its incidence becomes important, the effects become explicated and the notion of healing becomes possible.

Because of the multi-disciplinary nature of the social work profession, Grinnell (1993) cautions researchers to draw upon literature not simply from within social work but from the related disciplines of sociology, psychology, law, history, medicine, management and education. This rigour is particularly important when studying phenomena such as childhood sexual assault because it has primarily been constructed by other disciplines. This review will therefore include literature from outside the profession of social work, which has directed ways of thinking about childhood sexual assault and thus interventions. Primarily this is literature from psychology, sociology, history, law, and to some extent, medicine.

Constructions of childhood sexual assault

An exploration of how childhood sexual assault has been constructed in the past one hundred or so years in Western societies, reveals three dominant discourses, discussed elsewhere as theoretical perspectives (Darlington, 1993; MacLeod & Saraga, 1988). These three discourses: psychoanalytic, family dysfunction and feminist have developed within particular culture and have attempted to both explain the nature and context of childhood sexual assault and to prescribe intervention methods. The victim/survivor's role in the abuse, who the perpetrator is, how the victim/survivor experiences the abuse, how they should be treated and the very language of 'victim' or 'survivor' are constructed within these discourses.

In considering these three discourses it should be noted that other constructions have existed, but for the purposes of this review only those which have had significant influence on how survivors have been viewed and intervened with, will be considered in detail. While these three constructions are discussed separately, it is also acknowledged that in time and locational contexts, they have overlapped. The development of a new way of thinking about childhood sexual assault does not mean that the previous construction suddenly no longer exists. This will become apparent in the discussion of intervention strategies later in this review.

Psychoanalytic Discourse

Psychoanalytic constructions of childhood sexual assault have had both 'profound and long lasting' influence on the way childhood sexual assault victims have been treated by the health, welfare and legal systems (Darlington, 1993). Sigmund Freud, considered the father of psychoanalytic thought, developed the theory of oedipal conflict which has had the strongest influence on psychoanalytic constructions of childhood sexual assault. This theory suggests that all children experience sexual desire for the opposite sex parent. Such desires are considered a natural phase of psychosexual development which if unresolved create neuroses in the adult (Freud, 1954). The oedipal conflict theory fails to account for sexual assault by a trusted male who is not the child's father. Freud came to the conclusion that the stories he had been told by his female patients were more likely their childish fantasies about having a sexual relationship with their fathers. He drew this conclusion on the basis of three groups of factors. The first concerned his lack of success in his

therapeutic work with his ‘patients’. The second was the absurdity that so much abuse of children by their fathers was occurring. Of this Freud (1954: 215) commented:

> Then there was this astonishing thing that in every case… blame was laid on perverse acts by the father, and realisation of the unexpected frequency of hysteria, in every case of which the same thing applied, though it was hardly credible that perverted acts against children were so general.

Thirdly, he theorised that there is 'no indication of reality in the unconscious' which means it is not possible to distinguish between fact and fiction. Therefore children are not traumatised by actual abuse but by 'projections of their own wishful masturbatory fantasies' (Summit, 1988: 48).

Many writers (eg. Darlington, 1993; Summit, 1988; Goodwin, 1985; Masson, 1984; Rush, 1980) have drawn attention to the fact that this was in fact a reversal of Freud's earlier position. Five years earlier in his 1896 lecture *The Aetiology of Hysteria,* Freud described the high rate of childhood sexual assault among his female clients by trusted male figures and suggested links between the sexual abuse and mental health issues (psychopathology) in adulthood (Freud, 1954). Masson (1984) argues Freud's reversal in terms of the rejection and ostracism he received from his medical peers and there has been some support (Summit, 1988) for the belief that had he not done so, he would have had no influence on anything in the psychological field. Whether we support this notion or not, it does begin to draw attention to the importance of the context (culture and time) in which theories are developed and phenomena are constructed. At certain times and in certain places theories are developed and gain acceptance which would be unacceptable in other times and places. This observation will be important when I discuss the conditions which allow construction of *healing* later in this review.

Whatever his reasons for doing so, Freud's recanting has had a profound effect on psychoanalysis and on how victims/survivors of childhood sexual assault have been viewed and treated since. Scott et al (1991: 202) describe this as follows:

> Psychoanalytic theory and the public understandings which it has promoted, would have us believe that females cannot be trusted, that they should not be listened to, they fantasise, fabricate and mislead.

In the first instance, the child's explanation of her experience is not believed and in the presence of corroborating ‘evidence’ the child is understood to be a seductress (Henderson, 1983; Kreiger et al, 1980; Pozanski and Blos, 1975) or an active participant (see de Young,

1986). By way of critique Darlington (1993) notes that none of the studies, which assume the child's active participation are grounded in reports of the experience of the victims. Other Australian authors such as Rummery (1996) and Scott, McCarthy and Gilmore (1991) criticise psychoanalytic notions of children as willing participants. Scott, McCarthy and Gilmore (1991: 203) say:

> Willing participation requires the presence of freely given consent. Freely given consent presupposes mutuality, a relationship based on equal access to information, to understanding and equal power to negotiate. On these grounds alone, adult to child sexual relationships are, by definition, unequal, exploitative and abusive.

As well as supporting the theory of active participation, psychoanalytic theorists have sought to 'minimise children's experience of harm' (Bender and Blau, 1937; Pitman, 1977) and to suggest that the harm is caused not by the act of abuse itself but rather by being found out. The exception to this was Sandor Ferenczi, who had been a good friend of Freud's. Ferenczi (1949) established that not only was childhood sexual assault common, but that it was devastating to emotional development as well. In understanding the prescriptive nature of discourses it is worth noting that Ferenczi's voice was given little attention in the psychoanalytic discourse. Darlington (1993) points out that others whose voices have barely been heard are the psychodynamic writers (eg. Summit, 1988; Rosenthal, 1988; Miller, 1984). While it is not within the scope of this review to pursue in detail why these writers had little impact on the dominant psychoanalytic discourse, it would be fair to say that their views were far too discordant of Freud's notions, for the culture of the day to give them credence. Alcoff and Gray (1993: 265) argue that discourses 'exist in hierarchical relations with one another' in any given context and that the dominant discourse structures what is credible, by creating a division between 'mad and sane speech'.

Some more traditional psychoanalytic writers have gone so far as to suggest that sexual contact with the parent can be beneficial to children (Bender and Blau, 1937; Rascovsky and Rascovsky, 1950). They hypothesise that if a child experiences pleasure in a situation of sexual molestation then the overall experience cannot be harmful. Two things should be borne in mind here. Firstly, this discourse of child seductress/participant and its consequence of minimal harm has been constructed by psychoanalytic theorists on the basis of small case studies of incest which destroys some of their credibility as 'scientists' (Darlington, 1993). Secondly, the focus on the sexual in isolation from contextual issues

overlooks the importance of issues such as betrayal of trust and the power dynamics in adult-child relationships.

In psychoanalytic literature, the abuser's behaviour is explained in terms of unresolved oedipal conflicts within the intrafamilial context (Cormier et al, 1962). He is playing out his own issues of being unloved by his mother. His behaviour is essentially understood sympathetically. Summit and Kryso (1978) were the first of the psychodynamic authors to acknowledge the issue of personal responsibility in the abuser.

Psychoanalytic theory contributes heavily, to the discourse of denial surrounding childhood sexual assault including denial that it occurs, denial of perpetrator's responsibility, denial of harm. This discourse of denial privileges the alleged perpetrator's version of reality. The psychoanalytic construction's contribution to professional practice has been far reaching. Some consequences are practitioner disbelief when told of childhood sexual assault, or failure to heed attempts at disclosure (Browning and Boatman 1977: 72). This psychoanalytic discourse has been instrumental in the construction of women as mad (making it up) (Rummery, 1996). Other consequences include 'blaming the victim', looking for evidence of participation and/or pleasure, and questioning the effects reported by survivors. It is a discourse which puts the practitioner firmly in the position of expert whose role is to interpret for the victim, what has happened to him/her. It fails to acknowledge structural or gender issues in relation to power differentials in this society and assumes the focus of recovery, if necessary at all, on the intrapsychic issues of the client.

Family Dysfunction

The second discourse which has held dominance constructing childhood sexual assault is that which sees it as a symptom of family dysfunction in which there is 'disordered role allocation'. Family dysfunction, as a discourse, developed in the 1940's. MacLeod and Saraga (1988) have described this as the current 'orthodoxy' arguing that is considered the present 'truth' in defining childhood sexual assault rather than simply another theory. In family dysfunction terms all in the family become victims of family breakdown (Porter, 1984). Childhood sexual assault is evidence of a blurring of inter-generational boundaries and subsystem boundaries. Giaretto (1982:38) argues that 'mother, father and daughter were the unconscious victims of a dysfunctional system' and the incest is a symptom of a poor marriage. This view allows mothers to be targeted for not protecting children, for not

being caring or warm enough to their partners or for not providing them with the sexual favours they 'need' (Breckenridge, 1992; Sanderson, 1995)[1]. It allows abusers' behaviours to be understood in the context of a dysfunctional family. As Australian Feminist, Beth Pengelly (1991: 188) says, in her critique of the dysfunctional family constructions,

> Men's behaviour here is not seen as reprehensible in its own terms, as a clear violation of children's rights and bodies. It is seen, rather, as odd and problematic behaviour that must be understood in the context in which it occurs.

In the family dysfunction discourse, the nuclear family becomes all-important and all-powerful. Power as a feature of the family is vested in the 'marital pair'. Individuals in families are seen as subsystems, abuse occurs as a result of blurring of the boundaries of the subsystems. Childhood sexual assault occurs as a result of the family seeking homeostasis, needs being met within the family (Porter, 1984) and its subsystems altering to maintain its balance. Individual actions are expressed as a function of these structural inter-relations. Pengelly's (1991: 190) critique continues,

> The language of structuralism makes the violation of boundaries more horrific than the violation of children... The problem is seen as one of disorder and confusion of categories rather than of human abuse and suffering.

Social Worker, Patrick Marwick (1983), differentiates abusers from other men only in terms of their motivation and their failure to accept responsibility. Perpetrators are seen as victims also, even having 'child like' characteristics attributed to them. Because of this, Marwick looks for the source of anger in the family, specifically in the perpetrator's relationship with his wife. As Humphreys (1990:34) notes, 'In this process, the mother's behaviour and position increasingly became the centre of attention and the role of the offender in the abuse was marginalised'. As the family is seen as the site of dysfunction, it also provides the focus for intervention.

A critique of family dysfunction constructions made by many writers (eg. Pengelly, 1991; Breckenridge, 1992; Darlington, 1993; Olafson et al, 1993; Sanderson, 1995) is that the language is genderless. Indeed the earliest author to submit an article on childhood sexual assault to Australian Social Work, spoke of 'incestually abusing families' (Scott, 1983: 2). The perpetrator has no gender, often being referred to as the abusing parent, and is not separated out from other members of the family. In doing this perpetrators are not made

[1] Current research does not support the failure of mothers to fulfil these roles (Breckenridge, 1992; MacLeod & Saraga, 1988).

responsible for their actions, instead the whole family share the blame. While male behaviour is seen as problematic it is understood as being an expression of feelings often of anger, in the 'only way men know how', through sexuality (Marwick, 1983). Thus intervention must focus on the sources of anger in the family. Feminists insist on restoration of agency to relocate debate firmly within a tradition of ethical discourse (Pengelly, 1991; Daly, 1979). Clearly it is unethical to attribute blame and thus focus intervention on a site which includes others rather than looking at the perpetrator specifically.

A final critique of family dysfunction is that it does not explain the considerable incidence of childhood sexual assault outside the nuclear family eg. Conte and Berliner (1981) found father or step father abuse in only 32% of cases; Russell (1983) found only 29% of abuse was intrafamilial and in the Mannarino and Cohen (1986) study only 38% of children were abused by father or step father etc. More recent Australian studies had similar findings. Angus & Wilkinson's, 1993 study revealed only 29.7% of perpetrators were fathers [including step and foster fathers] and 5.1% siblings. Goldman and Padayachi (1997) found that 30 – 40% of perpetrators were relatives or family friends which again suggests that intrafamilial abuse does not account for even half of childhood sexual assault.

It should be noted that in more recent family systems approaches, some professionals have adapted interventions to take account of the broader contexts in which families live. In doing so they have attempted to address relationships between families and broader societal issues that provide some structural analysis for constructing childhood sexual assault (Durrant & White, 1990; Sanders, 1992). However the focus for recovery still remains on family functioning.

Feminism

The 1960's and 1970's, with the impetus of feminism, saw a renewed interest in childhood sexual assault. Through consciousness-raising groups, focussed on women's place in society, women began sharing information and experiences. These groups elicited evidence that many women shared the experience of childhood sexual assault (Sanderson, 1995; Scott et al, 1991; Breckenridge, 1992). Childhood sexual assault was not an isolated event. Research into the prevalence of childhood sexual assault began to reveal figures as

high as 1 in 4 girls and 1 in 7 – 8 boys sexually abused before the age of 18 years (Berliner, 1977; Finkelhor, 1979; Russell, 1984; Goldman & Goldman, 1988).

In the 1980's, Feminist analyses began to slowly gain influence in the literature constructing childhood sexual assault (eg. Herman, 1981; Nelson, 1982; Rush, 1980: Dominelli, 1989; MacLeod and Saraga, 1988). While there are differences in the feminist analyses being presented, there is a core understanding about childhood sexual assault. In 1988 the *Feminist Review* dedicated a whole volume to childhood sexual assault. Increasingly, feminist articles on childhood sexual assault are found in all sections of childhood sexual assault literature. Feminist discourse constructs childhood sexual assault as an abuse of male power over predominately female children, which is brought about by the socialisation of men to dominate women and children. Studies which indicate that men outnumber women as perpetrators of childhood sexual assault by large percentages include Adams, 1990; Bolton, Morris & MacEachron, 1989; Finkelhor, 1986; La Fontaine, 1990; Russell, 1986 (cited in Olafson, Corwin & Summit, 1993).

The root of childhood sexual assault is seen in terms of wider social and cultural values and institutions in society (Dominelli, 1989; MacLeod and Saraga, 1988; Sanderson, 1995). Darlington (1993: 25) explains:

> Patriarchy, in maintaining unequal power relationships between men and women supports all forms of violence against women and children. Childhood sexual assault is regarded as an extreme manifestation of the exercise of societally supported male authority.

Sanderson (1995) argues that unequal power relationships become internalised and this in part accounts for why society has been so tardy at acknowledging the existence of childhood sexual assault and has included women and children when attributing blame. Feminist interpretation of power hierarchies in families focuses on the helplessness of the child and also of the mother. The father or stepfather as perpetrator is deemed wholly responsible for the abuse.

Feminist analyses of the role of pornography in 'perpetuating and legitimising' childhood sexual assault (Densen-Gerber, 1980; Finkelhor, 1981) suggest that childhood sexual assault is a function of masculine socialisation (Sanderson, 1995). In Sanderson's (1995: 45) view, this provides an explanation for childhood sexual assault which occurs outside the family. She says,

> In interpreting childhood sexual assault as a sexual power relationship, rooted in differential gender socialisation and male power in patriarchal society, it is able to broaden

> its focus to include the dynamics of extra-familial childhood sexual assault as well as intra-familial and incestuous abuse, all of which relies on males exerting their sexual power over females.

Such an analysis clears the mother of the problematic parenting role attributed to her by the family dysfunctionists. It places responsibility with the abuser and removes the blame from the mother and the child. Furthermore, accounts by 22 mothers of children who had been sexually abused in Humphrey's (1990) study showed little support for mothers as collusive. As women and children are seen as disempowered by patriarchy and childhood sexual assault is viewed as a symptom of that, feminists have shifted 'public concern over incest from the private domestic domain into the public social arena' Dominelli, 1986, 1989; MacLeod and Saraga, 1988; Armstrong, 1987). Scott, McCarthy and Gilmore (1991: 208) emphasise,

> Women who have been sexually assaulted speak with one voice, a voice which defines sexual assault as a total violation of their sense of safety in the world and sense of control over their lives.

Feminists encourage women to gather together to work collectively on their feelings of isolation, guilt and self-loathing and publicly express their experiences at the hands of perpetrators and the medical, welfare and legal systems (Dominelli, 1989; Breckenridge, 1992).

According to Feminist analysis, it is patriarchy's most valued 'masculine' traits of logic and rationality that guide our political, legal, educational and medical systems. Each of these systems, has further abused survivors of childhood sexual assault by not believing them [they are bad] or considering them disturbed [they are mad]. Radical feminists such as Daly (1979) and Griffin (1981) argue that the predominance of objectivity or rationality over subjectivity or emotionality is linked to the domination of the masculine over the feminine and of culture over nature. A gender analysis of politicians, lawyers, police, academics and medical doctors indicates that men are primarily the 'guardians of logic...[who]...reject assertions of the unknown' (Summit, 1988: 54). Each group plays a part in continuing the discourse of denial that surrounds childhood sexual assault. Feminist discourse allows instead, a 'celebration of experience and subjectivity' (Davis, 1995). In practical terms, feminists recognise and support women's subjective experiences as the truth that matters. This has become known as survivor discourse (Alcoff and Gray, 1992). Healing comes from working with that subjective experience (Bass & Davis, 1988; Dominelli, 1989; Sanderson, 1995).

Feminist constructions challenge the view of professionalism which 'places the views of the detached 'experts' above the voices and experiences' of those who have been abused (Dominelli, 1989). Dominelli (1989: 306) challenges social workers to become 'subject to the control of those requiring welfare services',

> for incest victims/survivors to play the key role in developing the resources and responses necessary for reconstructing their lives becomes a positive way of empowering women and children, thus providing a stark contrast to their powerlessness as the abused.

Some professionals, psychiatrists in particular, have reacted to this challenge to the role of 'professionals as experts' with considerable hostility (Olafson, Corwin and Summit, 1993). Olafson, Corwin and Summit (1993) argue that the intensity of this current backlash is tied into a defence of gender and professional privilege and hierarchy. Lay people, in this case, predominantly female survivors of childhood sexual assault, in seeking to define reality are seen as intruding into the professional (masculine) domain. They stress that naming sexual assault as predominantly male behaviour and focussing on that as the primary problem diminishes patriarchal privilege of speech. Given that the focus of this study is understanding and assisting processes of *healing* this is simply raised to highlight possible restraints in implementing healing processes. In terms of feminist discourse and its potential for influencing the development of empowering responses and interventions, any powerful oppositional discourses must be considered.

Feminist constructions of the intervention and healing processes are thus focussed around empowerment. Empowerment of the survivor is a basic principle in social work practice (Caster-Lewis, 1988; Dominelli, 1989; Nelson, 1991; Urbancic, 1992). Lena Dominelli (1989:302) suggests that empowerment in this context should have 'four major thrusts:

1. Provision of individual support in the form of feminist therapy
2. Facilitating processes whereby women and girls can come together and work collectively on issues of childhood sexual assault with professionals operating in non-hierarchical, egalitarian ways
3. Develop consciousness raising groups where survivors can acknowledge the social divisions between them and examine the differences these make to their experiences of childhood sexual assault, and
4. Challenge the punitive treatment by the medical and criminal justice systems, of survivors engaged in criminal proceedings.

Given that this study is concerned with *healing* the chosen discourse of childhood sexual assault must allow the greatest opportunity for healing to be considered. Gilmore (1990) argues that such a construction must accurately describe and account for the incidence and reality of sexual assault; bring meaning and permit choice to those who themselves have been sexually assaulted and provide a way forward. Feminist discourse is the only one which comes close to achieving that (Sanderson, 1995; Breckenridge, 1992; Scott et al, 1991; Gilmore, 1990). Thus this study has therefore been conceptualised and developed within Feminist discourse.

However feminist constructions of childhood sexual assault have not been without problems. In taking a polarised position with respect to power, we may have denied survivors the right to explore feelings of being let down by their mothers or particularly in the case of intrafamilial abuse, of caring for the abuser (Sanderson, 1995). Feminist discourse might inadvertently also disempower mothers further, by shifting the stereotype from one of the 'collusive mother to the powerless mother' (Hooper, 1987 cited in Sanderson, 1995). Post modern / post structural feminists such as Brid Featherstone and Barbara Fawcett (1995) have, in more recent times, raised concerns that seeing power as either something you have or have not, may in fact prevent those who have been abused from moving beyond victimisation. They argue that a view which regards one as helpless, being both simplistic and shallow, not only limits the diagnostic value of such a model, but also limits the potential for intervention with survivors of childhood sexual assault (Featherstone and Fawcett, 1995). If power is seen more in terms of difference and diversity across time, space and context then those who were assaulted as children have the potential to draw much from within themselves and from other parts of their lives to give them strength to develop survival mechanisms and to heal. (Featherstone & Fawcett, 1995a; Bass & Davis, 1988)

If feminist discourse (and this is particularly so of radical feminist positioning) emphasises that all females are vulnerable to sexual assault, this may deny an individual survivor's experience and the 'unique courage' and abilities she has brought to survival and healing. Sanderson (1995: 84) argues that relegating 'the survivors experience as one common to all women denies her specific experience' and overlooks the fact that she may not identify

herself with other women. This point will be picked up in chapter 6, through the words of the survivors whose stories form the foundation of this thesis.[2]

The associated position, that of being vulnerable and socialised to be compliant suggests that girls do not offer resistance to abuse. Featherstone & Fawcett (1995a) and Sanderson (1995) argue that recognising that some girls do resist physically and many others resist in diverse ways could provide insights into prevention strategies for childhood sexual assault. Workers are challenged to investigate the experiences of resistance and non-resistance. However the danger inherent in this post-structural intervention is that adults who did not resist, or do not construct their actions as resistance, may feel further demoralised and disempowered in their efforts for survival simply by the question being asked of them.

This research is positioned within feminist discourse while recognising the possible problems. The study can be considered postmodern / poststructural because it focuses on the contextualised experience of five rural women and seeks to understand what we can learn from the diversity of their experiences. A detailed debate about forms of feminist thought is not deemed to assist the purpose of this study beyond highlighting these possible issues some of which will be taken up with respect to the women narratives latter in this thesis.

Effects of childhood sexual assault

Discussing the effects on the adult, of childhood sexual assault, is of relevance in this study in so far as it assists us to understand what aspects of their lives, women consider need to be the focus of healing. Healing as a concept and a process cannot be considered until there is a shared understanding of the consequences of childhood sexual assault which women desire control over, resolution with, healing from. These aspects may be intrapersonal and/or interpersonal and include psychological, sexual, emotional, spiritual and relational aspects.

The short and long-term effects of childhood sexual assault have been well documented since the late 1970's. Literature on effects, range from the development of models to explain the effects (Finkelhor & Browne, 1985[3]), to numerous articles likening childhood

[2] See chapter 6 – how the women defined themselves in relation to non-survivor women

[3] For a comprehensive discussion of The Traumagenic Dynamics Model of childhood sexual assault see Finkelhor & Browne (1995) or for an excellent summary see Sanderson (1995) or Darlington (1993).

sexual assault effects to post traumatic stress disorder [see for example, Herman, 1992, Sanderson, 1995[4], Briere, 1989, Lindberg & Distad, 1985]. It includes discussions about the severity of assault (Koss & Oros, 1982) and its correlation with certain types of long term effects or sequelae. This study does not seek to assess either the impact the type of abuse has on the long time sequelae for the adult or whether all survivors experience long term effects. While the reader may wish to draw those conclusions on the basis of evidence provided by the study, the researcher will not be. Considerable research is also available which considers type, severity and duration of abuse and the relation of that to particular long-term effects [see for example Koss & Oros, 1982; Beitchman et al, 1992; Browne & Finkelhor, 1986; Herman et al, 1986; Goldman & Goldman, 1988: Ussher & Dewberry, 1995 and Roosa et al, 1998]. For instance a connection has been made between chronic severe abuse which commences at an early age and dissociative disorder later in life (Putnam, 1985). However it should be noted that there is minimal agreement in the literature about the findings of many of these studies.

Some research has identified that the presence of a supportive, non-offending adult during childhood can mitigate against these other factors to bring about a minimum of long term affects (Alexander, 1992; Miller, 1990; Peters, 1988;). Much has been made of attachment theory in the literature which seeks to understand the causes and mitigating factors of long term effects [see for example Conte & Schuerman, 1987; Peters, 1988; Everson, Hunter, Runyon, Edelsohn & Coulter, 1989 and Alexander, 1992]. All the women in the current study experienced long-term effects of childhood sexual assault and while one woman had close family relationships, she did not tell her family about the assault. Thus these studies do not enhance our understanding of the healing process in the current study.

Methodological problems plague studies of short and long term effects (Briere, 1992; Roosa et al, 1998). Roosa et al (1998) argue that different definitions of childhood sexual assault, different cut off ages for participants, lack of consistency regarding force as an indicator and overlooking peer sexual assault undermine studies attempting to understand adjustment problems caused by childhood sexual assault. They argue convincingly that researchers wishing to make strong causal links between childhood sexual assault and long

[4] Sanderson (1990) picks up many of the effects discussed in the literature when summarising the value of the post traumatic stress disorder model in aiding our understanding of child sexual assault effects and the interventions required. For a good summary of this see Sanderson (1995: 84-88).

term negative effects in adulthood must show greater care around defining who has and has not been abused, that is, what constitutes assault. For instance, they suggest that studies of effects, which do not define childhood sexual assault as 'unwanted sexual experience that involves contact, threat of force or force', undermine attempts to understand adult adjustment issues. In effect they consider broader definitions dilute correlation between childhood sexual assault and long term effects.

This study by being constructed within survivor discourse does not seek to impose labels on the participants and does not seek to enter the debate on what constitutes assault. The women who chose to be part of the study identify themselves as survivors of childhood sexual assault with effects they consider required healing. Roosa et al (1998) assert that if women self identify as survivors they have most likely experienced 'contact molestation' anyway simply because of current societal understanding of childhood sexual assault. This is borne out in the current study with all participants having experienced 'contact molestation' as will be shown in the profile of participants in chapter four.

For the purpose of this thesis, the focus of this discussion will be on those long-term effects, which are generally recognised in Australia for the purposes of policy development, and which have been elicited through various research strategies. In 1998 the NSW government's Health Services Policy Branch released a report on research into service provision for adult survivors of childhood sexual assault. This report articulated a number of long term effects of childhood sexual assault under four categories: physical effects, mental health effects, behavioural effects and social effects (NSW Health Services Policy Branch, 1998:72-73). Because it is derived from the Australian research context and involved interviewing survivors about their experiences, these categories will be used to discuss the research and clinical findings on the long-term effects or adjustment issues for women survivors. The report also discussed the short-term effects of childhood sexual assault. However the women who took part in the current study were all several years post-assault so it is of limited relevance to focus on short-term effects.

Browne & Finkelhor, in their well-cited 1986 study reviewing the literature on effects, suggest that there is sufficient empirical evidence supporting many of the following possible consequences of childhood sexual assault. This section summarises these effects, citing those research and clinical studies, which found them to be significant.

Physical

The literature specifically addresses three physical conditions found in adult survivors of childhood sexual assault although these may not be a conclusive list. Chronic pelvic pain has been discussed by health workers for many years (see Rose, 1993; Walker et al 1988) who recommend that health assessments include finding out about of childhood sexual assault.. Chronic lower back pain also receives some regular treatment in the literature (Schofferman, Anderson, Hines, Smith & Keane, 1993), as do chronic headaches (Domino & Haber, 1987). None of the women in the current study described these physical effects as the focus was primarily on intrapersonal (psychological / emotional) and interpersonal effects. They may well have experienced all or some of these conditions and it may be a limitation of the study that physical effects were not considered.

Mental Health

My preferred term for mental health effects are intrapersonal effects due to my desire to remove a discussion of childhood sexual assault from the psychiatric field with which mental health is still primarily associated. Most of the symptoms described in this section are intrapersonal issues, that is, issues effecting the psychological functioning of the individual. Depression is probably the most common mental health or intrapersonal effect discussed in the literature (see Peters, 1988; Briere & Runtz, 1987, 1991; Bagley & Ramsay, 1985; Peters, 1988; Sedney & Brooks, 1984; Herman, 1981; Tsai & Wagner, 1978). Other intrapersonal effects include anxiety and fear (Murphy et al, 1986; Sedney & Brooks, 1984; Briere, 1984), nightmares, insomnia (Briere, 1984) and flashbacks, (Butler et al, 1991; Reynolds, 1990; Briere, 1984). Dissociation is regularly linked with childhood sexual assault primarily in the clinical literature (Kluft, 1985; Briere & Runz, 1987; Summit, 1983) and there has been some discussion of the relationship between childhood sexual assault and multiple personality disorder (Ross et al, 1989; Ross et al, 1991).

If this category is broadened to include all intrapersonal issues a number of other effects emerge. Anger towards self (Garfield, 1987; Murphy et al, 1986); feelings of isolation and stigma (Briere, 1984; Herman, 1981; Courtois, 1979), low self-esteem (Darlington, 1993,1995; Bagley & Ramsay, 1985; Courtois, 1979; Herman, 1981) and repression of memories of abuse (Briere & Conte, 1993; Cornell and Olio, 1991) have been given significance in the literature. Darlington (1993) identified several women in her study who

described feelings of shame and guilt and reported several studies of other survivors experiences of these feelings (see also Edwards & Donaldson, 1989; Bass & Davis, 1988; Tsai & Wagner, 1978). More recently the long-term impact on spirituality is also being discussed in the clinical literature on childhood sexual assault (see Ganje-Fling & McCarthy, 1996) and was discussed by the women in the current study. Ganje-Fling & McCarthy (1996) suggest that this has come about mainly due to betrayal of trust and in specific circumstances, the involvement of clergy in childhood sexual assault. One or several of the women in the current study have experienced each of the effects discussed in this section. See chapter 5 for detail.

Behavioural

Various authors discuss the behavioural manifestations of what Finkelhor and Browne (1985) describe as the psychological impact of childhood sexual assault. Self destructive behaviour (Briere, 1984, 1989) including suicide attempts (Briere & Runtz, 1993; Harrison, Herman, 1981; Bagley & Ramsay, 1985); promiscuity (Herman, 1981; Courtois, 1979); self mutilation (Herman, 1992; Bass & Davis, 1988; Garfield, 1987); substance abuse (Briere & Runtz, 1993; Peters, 1988; Briere, 1984; Herman, 1981) sexual difficulties (Bagley & McDonald, 1984; Meiselman, 1978; Courtois, 1979; Finkelhor, 1979; Briere, 1984); and prostitution (Garfield, 1987; Silbert & Pines, 1981; Widom & Kuhns, 1996) are accepted as behavioural ramifications of childhood sexual assault in many survivors. As will be seen in chapter 5, each of the women in the current study experienced one or more of these behavioural manifestations of the psychological trauma.

Social

While the category, social, has been useful for NSW Health Services Policy Branch (1998) many of the effects which fall under this category could in my view be more accurately discussed as interpersonal effects. Vulnerability to re-victimisation in the form of rape (Wyatt et al, 1992; Russell, 1986; Fromuth, 1986) and/or domestic violence (Russell, 1986; Briere & Runtz, 1993; Fromuth, 1986) and abuse by professionals (Armsworth, 1989); difficulties in interpersonal relations (Darlington, 1995; Herman, 1981); parenting difficulties (Darlington, 1995; Bass & Davis, 1988; Bagley & McDonald, 1984); difficulties trusting others (Briere & Runtz, 1987; Bass & Davis, 1988; Darlington, 1993); anger and hostility towards others (Tsai & Wagner, 1978) have all been described in the

literature. In understanding the reasons for these effects, Garfield (1987: 94) suggests that it is 'keeping the secret [which] forces the child into being walled off from intimacy, ability to trust and building self esteem.' All women in the current study express experiences of most of these social impacts of childhood sexual assault.

Australian studies

Of most relevance to the current study, with its focus on survivor discourse, are those studies that rely on the experiences of women survivors themselves. Primarily these are biographies and phenomenological studies. Two Australian studies are of particular assistance in this regard (Darlington, 1993; Pease and Goddard, 1995) as are the writings of the Women's Incest Survivors Network (WISN) (1995). Both Yvonne Darlington's 1993 and Lu Pease's 1992 (Pease & Goddard, 1996) phenomenological studies support the findings of the previously noted studies on effects. WISN have suggested that as well as the experience of childhood sexual assault, it is also the coping mechanisms the child develops which can have long term ramifications for the survivor. The coping mechanisms which can create problems include minimising the abuse, self blame and a sense of responsibility for anything bad that happens, feeling physically or emotionally numb (blocking out feelings), blocking out memories, seeking to please others all the time, perfectionism, rage, anger, self mutilation, suicide attempts, eating disorders, substance abuse (WISN, 1995 cited in Health Services Policy Branch, 1998).

In summary, while methodological problems plague the study of effects, considerable agreement exists in the literature about the types of effects survivors of childhood sexual assault may experience. These include interpersonal and intrapersonal and have been discussed as physical, mental health, behavioural and social effects. All of the women in the current study have experienced some, many or all of the effects listed. In chapter three, readers will discover that the issues which the women chose to discuss, all fall under categories which have emerged in the effects literature. In fact the women in this study chose to explore the effects of childhood sexual assault on aspects of their lives in order to make sense of healing and what it has meant for them. It follows therefore that it is time to consider how healing has been defined, constructed and described in the literature.

UNDERSTANDING HEALING

As will be clear from the early discussion of the different constructions of childhood sexual assault over time, feminists have been the most influential in developing the notion of a healing discourse. This is so because by shifting the blame from the child or the mother and seeing childhood sexual assault as a broader problem emanating from patriarchy, feminists have made space for survivors themselves to be heard. This section reflects on the sources of our current understanding of healing and recovery from childhood sexual assault. It addresses those processes survivors are deemed to go through in recovery and includes a particular focus on group work interventions because of survivors' own experiences of the healing power of group work. It notes the use of the word healing in the literature, but the lack of definition around the word and considers the notions of recovery or resolution as interchangeable terms. It reflects on the conditions deemed necessary for healing and the time frames proposed in the literature. Particular attention is paid to two recent Australian phenomenological studies. Finally it concludes with a discussion of the gaps in current literature regarding healing and what this study will add. To maintain consistency with the principal that this study is based on, the survivor is the expert of her own experience, this section will, as far as possible use the words of survivors to explicate any discussion points or arguments made.

In an effort to present the way healing has been constructed in the literature, this section will be broken down into the following parts:

- Defining Healing
- Conditions which make healing possible
- Time required to heal
- Process of Healing
- Signs of Healing
- Impediments to the Healing process

Defining Healing

From the outset it is important that an attempt is made to define what *healing* is, as discussed in the literature. It appears that healing is used interchangeably with *recovery* and to some degree with the word *resolution*. For instance, in her PhD thesis, Yvonne

Darlington (1993:250) titles chapter 10, 'Recovery: Moving beyond the experience of childhood sexual abuse'. She then proceeds to tell the reader that the specific content areas of the chapter are, among others, 'the role of friends in healing' and 'healing as a process' (Darlington, 1993:250). While not stating it directly, Darlington intimates that *healing* is about gaining control, changing and moving on from stressful life experiences.

It is interesting that what *healing* as a word means, is not defined specifically anywhere in the literature. It appears to exist as something people just understand. For instance, while Bass & Davis (1988:20) in their ground breaking work describe thriving as,

> …more than just an alleviation of symptoms, more than bandaids, more than functioning adequately. Thriving means enjoying a feeling of wholeness, satisfaction in your life and work, genuine love and trust in your relationships, pleasure in your body.

Later in their book when they actually talk about healing (Bass & Davis, 1988:57) they describe it as a process, rather than something which can be recognised in behavioural or emotional terms, as thriving is:

> It begins with an experience of survival, an awareness of the fact that you lived through the abuse and made it to adulthood. It ends with thriving – the experience of a satisfying life no longer programmed by what happened to you as a child. And in between is…the healing process.

The Oxford dictionary (1989) is no more helpful in this regard, describing healing as 'recovering or out of emergency care'. Thus it may be that we can only understand healing as a process, not as something with particular characteristics. Recovery, described as 'getting back to normal' or resolution, 'change transformation, conclusion, unraveling' may well be preferred terms because they describe something concrete. Given that *healing* is so vaguely defined therefore, we are left with considering what this process might look like, what might help it, what might hinder it, how long might it take. I am also interested in what meanings survivors make of the term.

Conditions which make healing possible

Much of the literature considers at least three necessary conditions for healing to occur. Laura Davis (1991:26), therapist and survivor, says, 'When their [survivors] desire to heal is met with information, skilled support and a safe environment, they begin to grow in ways they never dreamed possible.' By skilled support it can be assumed that Davis means someone trained, such as a social worker or counsellor. Alcoff and Gray (1993) stipulate that these

people do not have to be survivors themselves, but must be empathic and committed to the notion of the survivor as expert. Dominelli (1989) advocates conditions whereby survivors receive not only individual support but also group support [with other women who have experienced childhood sexual assault]. This is imperative from a feminist perspective as it allows women to see that they aren't alone and to gain encouragement by seeing other women at different stages in their healing processes. Later in this chapter, groups for survivors will be discussed in more detail. Group work, will be also be picked up in both the following chapter and in chapter 6.

It would appear that survivors might also expect that healing requires hard work, determination and time (Davis, 1995: 29). Darlington (1993) and Pease (1995) each note this requirement as identified by the women in their studies. The issue of safety comes up in most studies (eg. Bass & Davis, 1988; Dinsmore, 1991; Darlington, 1993; Davis, 1995; Pease, 1995)

Time Required To Heal

There is mainly agreement that healing takes a long time, that it is not something that anyone can time exactly. However it is also widely supported that 'things will continue to change and overtime, improve' (Davis, 1991:26). Issues related to childhood sexual assault are proposed to never completely go away but that these issues don't have to dominate survivors' lives forever. According to Laura Davis (1991:27)

> I've accepted that I will be dealing with issues connected to my abuse for the rest of my life. Not always, but sometimes…But I have the skills, knowledge and support to deal with it. It doesn't have to stop my life.

As Dinsmore (1991: 45) argues, 'scars remain after one heals from any major injury' so it is important to recognise that so there will be things that come up over time for survivors of childhood sexual assault.

Process of Healing

While it is acknowledged by most writers that each survivor heals in a different way, it is also widely accepted that there are certain common stages survivors go through (Davis, 1995; Dinsmore, 1991). In fact it is these stages which are deemed to make up the healing process. Most writers acknowledge that healing is not a linear process (Bass & Davis,

1988; Dinsmore, 1991). The most commonly recognised and discussed process in the literature on healing is that described as a spiral (Davis, 1995; Dinsmore, 1991).

> Survivors go through the stage once, sometimes many times; sometimes in one order, sometimes in another. Each time they hit a stage again, they move up the spiral: they can integrate new information and a broader range of feelings, utilize more resources, take better care of themselves and make deeper changes (Davis, 1995:29).

Ellen Bass and Laura Davis (1988: 57 - 169) first described these stages as:

- The decision to heal
- The emergency stage
- Remembering
- Believing it happened
- Breaking silence
- Understanding it wasn't your fault
- Getting in touch with the inner child
- Trusting yourself
- Grieving and Mourning
- Anger
- Confronting the abuser
- Forgiving yourself
- Spirituality
- Resolution and moving on

They argue that while 'most of these stages are necessary for every survivor – the emergency stage, remembering the abuse, confronting your family and forgiveness – are not applicable for every woman' (Bass and Davis, 1988: 58).

Christine Dinsmore (1991: 34) in her seminal work in this area approaches it a little differently and relates incest recovery to Kubler-Ross' (1969) stages of dying. She says, 'The stages of incest recovery are acknowledgement, the crisis, disclosure (to oneself and others), depression, anger, mourning, acceptance and moving on'. Dinsmore (1991) suggests that the stages don't necessarily occur in that order and other stages may come after them. Like Bass and Davis (1988) she also maintains that remembering is not essential to healing, nor is confronting the abuser. She says it is important for survivors to own and honour their process, 'though there are specific stages survivors must master,

there are no specific steps that must be taken to get through each stage' (Dinsmore, 1991: 33).

It is widely accepted that healing must involve the whole person, not just be focused on the sexual abuse (Woititz, 1989; Bass & Davis, 1988; Dinsmore, 1991). In this way therapists and social workers acknowledge healing as something that considers all aspects of women's lives. This includes everything from relationships with family and friends, spirituality, creativity, sexuality - issues of importance to women and includes acknowledging the strengths and talents each survivor has. This is demonstrated by Dinsmore's (1991:168) summary of the results of her study and clinical experience:

> Survivors have healed from childhood sexual abuse in many ways. Some have used individual therapy and incest survivors' groups, some have used the arts, such as painting, photography, sculpturing, writing. Some women have nourished their spirituality by becoming involved in twelve-step programs, or the study of Wicca (a goddess religion), by modifying traditional religious beliefs in a way that promotes feelings of inner strength and well-being as women and survivors, or by finding ways to experience greater connections to nature. Most interviewed, identify a survivor's mission as an essential part of their healing process.

Signs of Healing

In understanding the notion of the holistic approach to healing it follows then that signs of healing must also be about a realisation of personhood and life being about more than responses to abuse. As Laura Davis (1991:27) says so succinctly, 'life begins to be about all of life, not just about the impediments. I'm not damaged; I'm a whole person.' This is something that the women who participated in this research process discussed in some depth as will be seen in chapter 6. Signs of healing begin to be about hope and looking forward to a future, a sense of self which is more complete and complex than one that is developed and directed as a response to the abuse. Darlington's (1993) study articulates this developing, growing sense of self as primary in the healing process.

Impediments to the healing process

Understanding healing of course does not simply begin and end with acknowledging what it might look like but also includes developing our knowledge of what impedes the process of healing. According to Dinsmore (1991: 47) collective denial is the greatest impediment to the healing process. This occurs when people don't respect the healing process or believe that sex between an adult and a child is not harmful. She says this is apparent when,

> helping professionals do not listen to stories of sexual abuse or do not investigate the reasons for children's behaviours…also when people try to explain it away or are disbelieving.

Dinsmore (1991) argues that survivors need to eliminate non-believers and minimisers [those who downplay the trauma] and those who are insensitive, from their circle while in recovery and need to guard against therapists that cross boundaries [for example, invite them to dinner etc]. This is supported by Bass & Davis (1988) who argue that one of the greatest problems for survivors is the boundary blurring caused by trusted adults sexually assaulting them.

In all of these discussions there remains some concerning elements. On the one hand the various authors acknowledge an idiosyncratic healing process yet on the other hand they are prescriptive about the fact that a variety of stages must be gone through for healing to occur. In keeping with a notion that survivors are in fact the 'experts of their own healing, it seems that social workers and social work researchers must resist the temptation to categorise behaviour and processes in such a way that we inadvertently become prescriptive. As a social worker with many years practice experience, I understand the ease by which we can fall into this trap. Many things conspire to encourage shortcuts and it is not unusual to begin thinking, "well the last 5 people I saw experienced this in such and such a way therefore I could cut to the chase and let this person know what they need to do to move things along". It is imperative that while we gather commonalities to assist our practice that we recognise that all people experience abuse and healing in idiosyncratic ways. Social Work must not falter in this commitment to understanding and actively engaging with diversity. This study engages with this notion from beginning to end and adds value to the existing literature by doing so.

There are of course authors who do not discuss a healing process at all. For instance some clinical psychologists focus their work specifically on an intervention designed to 'treat incest related problems' (for example see Meiselman, 1990: 207). This is of concern in that at its heart is an underlying assumption that if you get clever enough with techniques, survivors will heal. This reductionist notion fails to account for the actual experiences of woman who are engaged in healing. As will be seen in chapter 6, the women in the current study demonstrate little interest in a particular type of therapy and more on their experience of the social worker who is willing to learn from them and go with them on their journey.

The other concerning element in the literature on healing or recovery is the focus on the individual. Davis (1995: 21) argues that much of the healing discourse removes the notion from the 'personal is political' to the notion that healing is 'something unique and idiosyncratic to the individual concerned'. She argues that the search for an illusive psychological truth then decontextualises 'abuse from public [socio-cultural] historical or social' (Davis, 1995: 21). This study while engaging with the diversity of women's experiences of healing looks to develop a collective picture not simply a picture of the idiosyncratic. This comes from recognition that the individual story is part of larger story of violence against women (Dinsmore, 1991). Social Work's Professional code of ethics (AASW, 1999) says that social workers are concerned primarily with social justice and structural inequalities. It is a concern if when working with survivors, we simply focus on the intra-psychic issues and forget the context of women's lives past and present and fail to include the consciousness sharing elements of feminist or other forms of social work practice.

The role of group work in healing

From a feminist perspective it is imperative that some space is given specifically to the relative importance of group work in the healing process for survivors. This follows on from what has been stated earlier about feminism's commitment to empowerment and the role that groups play in empowering women. There are many examples of group work programs for survivors of childhood sexual assault (Bagley & Young, 1998; Carey, 1998; De Jong & Gorey, 1996; Donaldson & Cordes-Green, 1994; Grossman Dean, 1998; Richter & Gorey, 1997). The programs range from and include the Australian Discoveries Program which was developed in Sydney in the late 1980's (Linnell, & Cora, 1993).

Group work is commonly understood to provide not only a different way of allowing women to tell their stories and heal from childhood sexual assault but a very effective way. Group work provides survivors with normalising experiences by relating with other women who have experienced forms of abuse, both similar and different to their own. It allows women to see others at various stages on a healing journey and to gain hope from that. It allows women to develop a greater sense of self in that they can see that they have moved further along the road or that they have something to offer others. In the many articles I have read on group work with survivors, I have yet to read one that suggests that they are

either useless or harmful. This is not to say that, as with all groups, workers and clients need to make decisions about whether group work is right for them at a particular point in time. Some of these issues will be taken up in chapter 4 on methodology. Alcoff and Gray (1993) argue convincingly that group work takes away the confessional nature of the one to one counselling process and thus demonstrates a greater commitment to removing barriers to allowing survivors voices to be heard.

CONCLUSION

Given the preceding discussion on healing as it is constructed in the literature, it is clear that some gaps remain. For instance how do survivors themselves understand and relate to the word *healing*, what are the signs survivors identify as showing that they are healing and how do we, as social workers, resist the temptation to guide survivors through a particular healing process because of what we have seen before? The current study considers these questions.

4

Steel Magnolias Healing Journeys:
Rural Women speak of
transforming their lives after the experience of
childhood sexual assault

METHODOLOGY

"We have to consider that even the distorted recollections of someone who has survived the journey might be more reliable than the beautiful engravings of landlocked geographers." (Summit, 1983: 52)

- **introduction**
- **epistemological considerations**
- **research design**
- **narratives, storytelling**
- **medium term group**
- **limitations**
- **ethical considerations**
- **data analysis & presentation**



Introduction

This chapter describes the research design used to fulfil the aims and objectives of this study. It begins with a discussion of epistemology and crucial conditions for the research to take place. It extends the conceptual framework (discussed in chapter 2) to the specifics of the research design including a critical discussion on the relevance of narrative work in this study. It critically discusses the qualitative data collection process utilised and systematically describes the research process from selection of participants through their decisions as co-researchers about the focus of the sessions and use of the time we negotiated. I describe the process engaged with, in each phase of the study, the limitations of the study, the ethical considerations and the way the stories will be presented.

Epistemological Considerations

In searching for a research methodology which I could defend on sound epistemological grounds, I was also cognisant of a need to find something which was compatible with my 'paradigmatic assumptions and world view' (Peile, 1988: 10). Given my commitment to allowing the voices of survivors to be heard without colonising their stories through my expert interpretations, and for the process to be a liberating and empowering one, it was imperative to develop a research design grounded in feminist epistemology and methodology (Fonow & Cook, 1991). Geisa Kirsch (1999:7) asserts that the distinguishing feature of feminist research is the 'deliberate focus on gender combined with an emphasis on emancipatory goals'. The commitment to survivor discourse which constructs knowledge and possibility from the experiences of survivors themselves, necessitated utilising a qualitative methodology. Quantitative methodologies are neither consistent with nor appropriate for giving voice to marginalised groups. In terms of feminist research models, critical standpoint research (discussed by DeVault, 1999; Everitt & Hardiker, 1996; Harding, 1991; Henwood and Pidgeon, 1995; Swigonski, 1993;) most closely resembles what was attempted in this study.

Informed by radical feminism, feminist standpoint research has an explicit gender focus and understands research to be both political, emancipatory and change focussed (Kirsch, 1999; Trinder, 2000). Empowerment is crucial and experience is primary. The intention is to make central the position of those on the margins. It is about giving women a voice without dismissing or reinterpreting their experiences or constructions (Millen, 1997). Feminist standpoint researchers argue that power differentials need to be reduced between

researchers and participants. This can occur by developing close and meaningful relationships (Oakley, 1981) and by engaging the participants in designing the research questions (Kirsch, 1999). Oakley (1981) and Finch (1984) argue that such relationships lead to data that is richer and more significant.

As noted in chapter 2, there has however been a move away from feminist standpoint research because of the concerns that it does not reflect the diversity of women's experience, for example that all women are not downtrodden and that some women exploit other women. While this is recognised, the current study in maintaining its commitment to survivor discourse does focus on allowing the voices of survivors to be heard with minimal interpretation but it does not discount diversity or differentials in power. As argued in chapter two, a synthesis of critical and postmodern approaches is not only possible but desirable hence Fook's (2000a) critical postmodern approach provides the lens for this methodological selection.

Fonow & Cook (1991) suggest that feminist research has four key (though not exclusive) components: 1) Reflexivity, 2) Action Orientation, 3) Attention to affective components, and 4) Use of situation at hand. In this study, *reflexivity is* encompassed by reflection on the nature of the research process, consciousness sharing and collaboration. A*ction orientation* is covered in the focus on liberation and reduction of isolation. *Attention to affective components* meant ensuring that the research did no harm, create inordinate emotional upset or add to the women's experiences of abuse and through reflection on the effect of the research on both participants and researcher. In satisfying the criteria of *use of the situation* [naturalistic] *at hand* I chose a medium term group process similar to survivor groups the women were familiar with, as the qualitative data collection method. This method closely resembles Dodd's (1995) collaborative group inquiry.

Gesa Kirsch (1999) provides an additional five principles for feminist research which progress the methodological issues to take account of critical postmodern practice (Fook, 2000a) discussed as the theoretical perspective guiding this thesis (chapter two). They are 1) ask research questions which acknowledge and validate women's experiences, 2) collaborate with participants as much as possible, so that growth and learning can be mutually beneficial, interactive and cooperative, 3) analyse how the researcher's identity, experience, training and theoretical framework shape the research agenda, data analysis and

findings, 4) correct androcentric norms by calling into question what has been considered normal and what has been regarded as deviant, and 5) acknowledge the limitations of the data (Kirsch,1999: 4-5). This study pays attention to each of these principles as will be made obvious throughout the thesis.

Survivor specific considerations

There were two issues specific to survivors of childhood sexual assault which also influenced the choice of methodology and method. These are issues of trust and control. Having the opportunity to work for a number of years with survivors of childhood sexual assault has taught me that regardless of what we consider we are doing for people, they are giving us much more in return. So often we take for granted the trust that people place in us. Trust that we are really there for them, trust that we will not add to the abuse they have already suffered in their lives, trust that we wont exploit their vulnerability. Social workers must understand the significance of and the responsibilities implicit in this gift of trust. Dominelli (1989) discusses in detail how the abused child has suffered an enormous betrayal of trust. She contends that while recognising that there are unequal power relationships, in western society, there is an expectation that the more powerful members will care for and protect the less powerful members. A betrayal of trust occurs when 'the more powerful member uses his position to further his own interests at the expense of those for whom he is allegedly responsible' (p.298). While this describes the situation between the abused child and her adult perpetrator, it can also be used to describe the situation between a social worker and client or researcher and participant when the power differentials are not acknowledged or are used to benefit the one over the other (for example see Kirsch, 1999). As Kelly, Burton & Regan (1994) argue, this is unacceptable in feminist research.

Any research design which seeks understanding of survivors' worlds must therefore be cognisant of these issues and seek to ensure that the researcher is not misusing her power to further her own interests at the expense of the participants (Oakley, 1981). By utilising this methodology and method I endeavoured to reduce the power differentials between the participants, and myself. I involved the women in the process from an early stage and was guided by them in the process. I clearly articulated my needs and hopes, including the requirement to write up the results in a thesis, in my initial discussion with potential participants. I facilitated their discussion of the way they wanted to share their narratives

about *healing* and gave them control over the content of the sessions. I made a commitment to these women not to betray their trust and I did this by working collaboratively with them and by not interfering with their process at the time and I do it now by keeping my interpretations of their words to a minimum.

Working collaboratively is also a way to give the participants co-ownership and control over the research. Being unable to control events is a common experience of women who were sexually abused as children (Darlington, 1993; Dominelli, 1989; Bass & Davis, 1988). I needed to find a way to do this research that would give the women substantial control. This necessitates a process where the women are 'co-researchers rather than research subjects' (Rowan, 1981:97). As well as reconfiguring the role of participants, this also necessitates redefinition of the researcher's role. Alcoff and Gray (1993: 282) contend that to alter power relations between the discursive participants, the role of expert mediator needs to be redefined or eliminated. Arrangements of speaking need to be transformed to 'create spaces where survivors are authorized to be both witnesses and experts, both reporters of experience and theorists of experience'. The method utilised in this study did create these spaces. I chose take an observational role (decentred researcher) in the group sessions rather than a facilitator role. This way the women were able to focus the sessions as they saw fit. As the collaborative group process unfolded, the women were also able to theorise about their own experiences.

RESEARCH DESIGN

Collaborative Group Inquiry

The method being utilised to share the stories of rural women who have survived childhood sexual assault most closely resembles that which is known as collaborative group inquiry (Dodds, 1995). Developed from Bob Pease's (1990) work on collaborative socialist research, this method appears quite rare in social work research. In the literature on research with survivors of childhood sexual assault the only study utilising any sort of group method that I found is a grounded theory study by psychologists, Morrow & Smith (1995). Morrow & Smith's (1995) study included a combination of individual interviews and twenty-four hours of focussed groups. In the first focus group the participants brainstormed meanings of words such as victim, survivor and coping and then in subsequent sessions, explored 'emerging categories and their own research questions'. The

researcher was a participant-observer whose role became more fully participatory towards the end (Morrow, & Smith, 1995:301).

The work of Jackie Dodds (1995) however has more relevance for this research primarily because she articulates a blend of research and group therapy. While this study was not designed to utilise a group therapy process, it was hoped and envisaged that using a self-facilitated group would have therapeutic outcomes for the women involved. That is, the group research process itself might become part of the women's healing journeys. Dodds (1995:37) argues that 'use of groupwork, conducted over a period, allows greater reward for *all* research participants than is common in traditional qualitative research and focus group methodology'. In assessing the suitability of collaborative group inquiry she suggests attention to six criteria (Dodds, 1995:37 – 38). The method requires:

1. Participants who have a strong interest in the study focus and who stand to gain from the experience of discussing the issues in a group, because it requires a considerable commitment on the part of the participants. (The women in the current study were keenly interested in *healing*.)
2. Participants who have direct experience of the study subject (All survivors of childhood sexual assault in the current study, were actively working at transforming their lives.)
3. Participants who share the same aims and interests so that they feel confident that what they say won't be used against them (eg this would not work with a combination of service providers and survivors in the group)
4. Ensuring that there is no great disparity in power or status among group members (As a non-survivor woman this is why I chose an observation and recording role in the actual group process rather than to be part of the group.)
5. The initiating researcher to perceive themselves as 'co-learners' rather than experts (Eldon, 1981, cited in Dodds, 1995).
6. The researcher to be skilled in groupwork. (I am a social work practitioner with considerable group work experience)

Hence the criteria suggested by Dodds (1995) were met in the current study. Specific issues relating to this criteria will be discussed in the following section which outlines the rationale for this group work approach and also in the limitations section later in the chapter.

In choosing a method for this research I was concerned that it reflect my practice as a feminist and that it was therefore primarily empowering for the participants. As my practice has been about developing egalitarian relationships I wanted to develop a research method that was in keeping with that commitment to non-hierarchical practice. I chose a group work process primarily for that purpose. There is less chance of the expert-client

construction occurring in a group process than in an individual interview situation. While I may choose to be non-directive and non-controlling in an individual interview situation, the other woman may continue to believe that I am expecting something specific from her (Kirsch, 1999).

Furthermore there are problems with this 'confessional structure' that have been described extensively by Alcoff and Gray (1993: 279 -282). Three of these problems have specific relevance here. The first is the sense that the one being confessed to (interviewer) has the role of 'absolver, interpreter and or judge'. The second is that we set up a binary structure between provision of raw data (survivor driven) and the production of theory and knowledge (interviewer driven) in this one on one situation. Finally when interviewing an individual, regardless of how I attempt to prevent this occurring I risk pressuring the survivor to speak about things or give details about things she would rather not.

This research could have been done using individual interviews rather than a group discussion process. See for example studies by Darlington (1993) or Pease (1992). However given Alcoff & Gray's (1993) contention that interviews can take on a confessional approach and that they are fraught with power imbalance issues, the discussion group approach seemed to be more appropriate. It was much more likely to meet my secondary goals of being empowering, allowing the women to direct the focus of the discussions and to have a healing element than individual interviews would have done. Being part of a group of women who have an interest in the healing process is a growth opportunity (Margolin, 1999). This was borne out in a discussion the women had in one of the final sessions. (See chapter 6).

David Morgan (1988; 1993; 1997) is largely credited with the development of focus groups in the social sciences and many of the benefits of group work he suggests are relevant here. He suggests that focus groups are appropriate when investigating complex behaviour and motivation; when there is a gap between professionals and their audience; when we want to understand more about the degree of consensus on a topic; and when looking for a research method that is respectful and equitable (Morgan, 1993:15-19). In explaining my desire to utilise a group process with the women I suggested eight reasons (see table 4.1) to favour a group approach.

Table 4.1- Reasons for a group work approach
• A group process allows survivors to learn from each other. (Dodds, 1995)
• It moves the emphasis away from me as researcher, and woman survivor as participant. (Alcoff & Gray, 1993)
• A group constructs things in different ways to which an individual does.
• Collectivising the problems and 'solutions' is more empowering than individualising them. (Dominelli, 1989)
• The one-to-one process keeps the secret and therefore the discourse of denial alive. (Alcoff & Gray, 1993)
• In groups we often hear things which inspire us to consider our own experiences in greater depth or to give them more value than we might otherwise have done (Saleeby, 1992; Dodds, 1995)
• The give and take of interaction is less confronting than a one-to-one interviewing process. (Morgan, 1988)
• The self-facilitated group process places control over the interaction in the participants' hands rather than in mine. (Butler and Wintram, 1995)

Bellenger, Bernhardt & Goldstucker (cited in Morgan, 1988) suggest that the flow of interaction in a group leads to relatively spontaneous responses from participants. The dynamics of group processes are such that someone else is likely to take up the challenge to communicate frankly and without censor, thereby acting as a model for the other women to say what they please (Morgan, 1988). It also allows individual women the space to not tell their story. Hence the group process also moves the emphasis away from me, and what I want, to the participants and what they want to construct as a group. It places control over the interaction in the hands of the participants rather than the researcher and this in turn leads to a greater emphasis on the participants' points of view (Morgan, 1988).

It is my experience that women relate to one another differently in a group to the way that they relate in a one-to-one situation. In groups, women build on each other's experiences, considering things on a given topic that they would not have in a private discussion with another. We are often inspired by the combination of a couple of people's ideas. It is the bouncing of ideas off the others in the group that leads us to understand each other and ourselves more fully (Morgan, 1997). The very process of when and how we challenge each other's ideas teaches us more about ourselves. In this particular situation, this may tell the women a considerable amount about their 'stage' or the 'status' of their "healing".

There are two final arguments for the use of group discussion as a method of gathering stories about healing. Within the feminist framework, groups have the additional benefit of providing consciousness raising or sharing and thus are empowering by their nature (Dominelli, 1989). The final consideration concerns the nature of keeping secrets, considered to be a element of childhood sexual abuse which creates problems for people

both at the time of the abuse and later in life (Bass & Davis, 1988). Speaking out in a group allows the secret to be shared. This goes someway towards reducing societal denial and reducing the sense of responsibility and blame women often feel for the abuse. Davis (1995) and others [such as Bass and Davies (1989), Dominelli (1989), Darlington, (1995)] argue that breaking the silence is an essential stage in the healing process.

Structure

The actual structure of the group sessions (sessions sharing life histories, sessions discussing experiences followed by a couple of sessions on making sense of healing) came about after reading Seidman's (1991:10 - 15) work on interviewing to make sense of the meaning of experiences in the lives of teachers. In his design, Ian Seidman (1991) proposed a three-interview approach. In the first interview the focus was on the teacher's life history and commenced with a question such as "How did you come to this point in your life? The second interview asked teachers to speak in detail about their experiences as teachers. In the third interview the teacher was asked to reflect on the details they had given previously and in doing so make sense of the experiences, that is construct themselves as teachers. They were asked questions like, "Given what you have said in the past two interviews, what does being a teacher mean to you? "Where do you see yourself in the future?" This design appeared to have real merit for a study about how survivors of childhood sexual assault might construct healing.

However given that I wanted the study to do more than gather stories from individual women I chose to utilise a group approach. Because my intention was to ensure that the process was one of collaboration as far as possible, it seemed more appropriate to give the women the choice about how the group sessions would proceed than to set a design. The research design sessions were a necessary part of ensuring a survivor-owned process. Kirsch (1999:12) contends that by working closely with women in the design stage we are more likely to design research that is 'relevant to participants' lives' and which has real benefits for them and their communities. By engaging in this process she says we are 'more likely to gain trust and credibility which may lead to the sharing of information which would otherwise not occur'. This was imperative given that the research intention was to hear the voices of rural survivors of childhood sexual assault and that many of the women who participated in this research had expressed an interest prior to this process, about being

involved in speaking out about their experiences and in doing something for other women and children.

I arranged for the women to meet for two sessions to discuss and decide on the sessions to come. The research design sessions had some very specific aims which are presented in Table 4.2. I made suggestions to the women in the group about how the group might be structured rather than designing something that they then had to take part in. I suggested a design similar to Seidman's (1991) or perhaps that they could brainstorm areas of their lives they wished to talk about with respect to healing and spend a session on each of those areas. They in fact chose a combination of approaches. How and what they decided will be explained in the following chapter as it emerged to a large degree from the group discussion. Broadly speaking however, the structure became two *research* design sessions, four - six *issues* sessions and two *making sense* and 'where to now' sessions.

Table 4.2 Aims of the Research Design Sessions

- To begin or re-establish rapport between group members;
- To establish what the project might focus on in the six 'issues' sessions (i.e. themes or issues to focus these sessions);
- To develop a consent form which the group owns (probably similar to the initial one);
- To establish group 'rules';
- To decide on the structure of the 'issues' sessions.

As the consent form notes (see Appendix 2), the women were not compelled to continue beyond the research design sessions if that was their wish and confidentiality within the group was emphasised, strongly.

Limitations

Armstead (1995) notes that there are limitations to achieving real collaboration in research studies such as work and / or family obligations and / or diverging expectations. In this study these limitations occurred in the data analysis stage in particular and are discussed more fully in that section. However there are also other things which prevent this from being a truly collaborative study. The goal of producing a masters thesis for instance, is mine alone. It is not a goal of the other women and therefore the process is not truly

collaborative. The nature of a thesis is such that the scholar is required to demonstrate not only a thorough understanding of research design and the capacity to carry out research, but also capacities in data analysis. Attempting to describe research, which does not have an interpretative component, is therefore highly risky. Hence this dissertation does engage in some interpretation of data which is outside the women's control. I also selected what to include and what to leave out of this final report. I discuss the implications of this in the section on data analysis and of course I set the initial parameters of the study, having a broad area called *healing* which I hoped the women would discuss.

Utilising a group process potentially also has some limitations. It could be argued that one of the limitations of group work is the failure to capture the individual person's experience or personhood, however perhaps this need not be so in that we learn about individuals in interaction with others. That my speech and sense of self changes as I move from my role of social worker in the hospital to daughter in my parents' home, does not mean that I am any less my true self in either situation. If we accept that the 'true self is simply that changing self' (Alcoff and Gray, 1993: 264) then we capture different meanings and knowledge of self in a group situation not better ones or lesser ones.

A limitation of a group process could also be unequal participation by members. For instant quieter members may feel less able to contribute than more talkative members. This was an issue explored in the beginning phase of the group process and again in the final research session. This will be discussed further in the following chapter. In essence, I considered that setting up clear group rules in the beginning where all members committed to participation at their own level while maintaining an attitude of care and inclusion towards each other, would achieve the level of participation that all felt happy with. The final limitation is that by taking a decentred (observer) role I was unable to explore issues I think social workers would have really benefited from. I was however able to become an additional source of data (Reinharz, 1987 cited in Pease,1990) by noting my own reactions to the process and the utilising these to present my sense of the lessons for social workers (chapter 7). The benefits of such a group process in exploring the experiences of marginalised people without non-survivor facilitator intervention outweighs the limitations in this situation.

Narratives and story telling

Following on from our discussion of narrative and discourse in chapter 2 it is important to understand how and why narrative and storytelling will be utilised in this study. Narratives are a primary way in which social actors make sense of past experiences, giving a view of past events as well as the meaning subsequently attributed to these events (Trinder, 2000: 52). As Seidman (1991: 1) says, 'telling stories is essentially a meaning making process'. Narratives draw on cultural or public meanings and therefore change and evolve over time and space (Reissman, 1993). How women tell a story of survival when there is little on the public record to suggest that narratives of abuse are believed, may be very different to what they will say in a context where there is a broad belief not only that childhood sexual assault occurs and is unacceptable in current society but that it is experienced in a variety of ways by different people. The participants in this study had all been exposed to groups in which they were believed and their behaviours were not judged.

White & Epston's (1990) notion of *storying* is relevant to this research. The women narrate their life journeys in ways that give meaning to and organise the experiences in a 'sequence across time' (White & Epston, 1990:10). As narratives are constructed as a sequence across time some things are left out. By listening to other women's stories, however individual women are given clues about accessing the parts of their own stories they haven't assessed as fitting into the dominant theme of their own narrative. This provides the potential for recognition of parts of their experience which aid healing. An example of this would be recognising how they have been able to successfully protect and parent their own children. As Mitroff & Kilman (1978:27) say, 'the best stories are those which stir people's minds, hearts and souls and by doing so give them new insights into themselves, their problems and their human condition'. Accessing the parts of their experience when restorying their lives as survivors of childhood sexual assault allows the women to reshape themselves as thrivers. Hence the research group itself becomes a potential catalyst for change and (healing) growth. As White (1995) argues, these alternative stories give options for change.

Humans are forever telling stories. It is a natural way of being and is intrinsic to human interaction (Schafer, 1983; Hardy, 1968; Solas, 1995). When we tell the stories of our clients we are doing so in ways that meet the dictates of our profession and culture (Solas, 1995). As Solas (1995) argues, narratives give us a way to reflect on our experiences.

Through narratives we able to make sense of our experiences and find ways of constructing new narratives which give us more control over our lives. In order to 'counter normalising (meta) narratives', clients must be encouraged to tell their own stories in their own voices, irrespective of how fragmented, involuted and discordant they may be (Solas, 1995:35). In groups the telling of stories is primary.

Collecting the stories

Research process

This section considers how opting to do utilise a medium term group process determined how many women to approach to participate in the study and how women were selected to participate in the study. I discuss, with rationale, how many women were approached and how many chose to be involved ultimately. I present the time frame for data collection, where the group sessions would be held and how the sessions would be recorded and the material kept safe. I discuss how feedback and or dialogue between researcher and co-researchers was intended to occur and how ultimately it did occur. I describe how the research project was explained to the women, what their commitment would be and what would happen if they wanted to with draw from the research. Lastly, in this section I look at what process the women went through to decide on the specific content of the weeks.

Recruitment /Sampling

The rationale for the size of the sample in this research project is two-fold. Firstly as the project was exploratory and descriptive and to ensure that it was manageable I utilised only one group process. Secondly, because the data collection was to occur through small group discussion, the size of the group had specific relevance. The decisions made about the group structure is presented in Table 4.3.

All potential participants were contacted by the local Rape and Incest Crisis Centre [RICC] and asked if they were interested in being involved in the project. A decision was made to use judgement sampling (Burgess, 1984) where the women's qualifications to participate were already known to the Centre workers or myself. Ultimately a group of five women agreed to be involved. Four were women I had worked with in the past and the fifth woman was someone recommended by the RICC workers. All women had expressed an

interest in being involved in something that might assist other survivors and all were willing and able to be involved in a process which required a substantial time and energy commitment. A sixth woman, a local indigenous woman, regretfully withdrew just prior to the commencement of the group due to complex family issues.

Marlene Bogle (1988) and bell hooks♦ (1991) have raised legitimate concerns that research, which only involves white Anglo Celtic women, can assist in maintaining the myth that childhood sexual assault, is only a problem in white families, that in black families it is the norm. I recognise the non-inclusion of an indigenous woman in this study as a real limitation. The length of the research process and her complex life circumstances at the time did mitigate against her involvement. She was comfortable discussing her experiences with non-indigenous women and had been involved in similar survivor groups in the past.

Table 4.3 Group Work Decision Making

Issue	Decision	Rationale
Group Size	4 - 6 women	Memberships of this size produce the best outcomes when working in groups on sensitive issues (Brown, 1991, Mullender & Ward, 1992, Reid, 1991; Zastrow, 1997). Small groups allow each member enough time to participate fully and for relationships of trust and safety to develop quickly. For the purpose of the project it was imperative that this occur. I also needed to be realistic about the amount of time both the women and I were able to give to the project. The larger the group the longer it takes for everyone to feel comfortable enough to participate and for each to have a turn.
Number of Sessions	10 sessions held weekly	More than one session necessary to cover a subject as sensitive and complex as this. It also takes time to develop trust.
Timing of the sessions	10am – 12noon	To allow those women who were mothers of school age or younger children time to drop their children off or settle them in childcare. One woman had to drive over an hour to attend.
Duration of Sessions	1.5 hours – 2 hours	Time to settle in to session, enough time for all the women to share there stories and then prepare for the outside world again.
Venue	Rape and Incest Crisis Centre	It is a safe, comfortable environment. Counselling is available in the event of emotional upset.

♦ bell hooks does not utilise capitals at the start of her names, hence this choice is respected here and in the bibliography.

Process of Recruitment

I arranged with the RICC workers that they would discuss the project with each woman and give them my phone numbers. If they wish to be involved, the women would then contact me. Once the women contacted me I met with them individually to explain the nature and duration of the research process. At this meeting we negotiated dates for the research design sessions and if after this discussion they agreed to be involved in the study, they were given a letter and a consent form.

Ethical considerations

Several ethical issues needed to be considered at the outset of this research. Any research which involves humans must consider confidentiality and privacy, harm minimisation and informed consent (National Health & Medical Research Council, 1995). Each of these was pertinent to this study and will be discussed in turn. The study was granted full ethics approval by the James Cook University of North Queensland Ethics Committee, with whom I began this study in 1995 (Appendix 6).

Confidentiality

Because the women were to talk about the effects of childhood sexual assault on their lives and their journeys through a healing process, confidentiality was considered to be a major concern. The women were asked not to discuss what other women said in the group as part of respecting each other's confidences. The women were assured in the letter to participants (Appendix 1) and the consent form (Appendix 2) that their input would be kept strictly confidential and that under no circumstances would their names or any identifying characteristics be included in any report on this study. In fact this proved to be an area where the women's views conflicted with that of the researcher and the ethics committee. This will be considered further in chapter 5 where the women's discussion about choosing pseudonyms is presented but is essentially a matter of keeping secrets versus confidentiality. The women's feelings about that are most aptly shared as:

> *"Secrets are like cancer aren't they" [Joy: S5, p 12 ln 18]*

and

> *"Even nice secrets make me anxious" [Carol: S5, p 12 ln 20]*

While I have reported the women in the way they have requested I have included a safeguard. In case the women change their views about being identifiable in future, I have removed the name of the community in which the research occurred from this thesis. Given the nature of small communities like this one, I will make a special effort to falsify and disguise any identifying details in the thesis and any other publications to protect the identities of the participants. Keeping the data safe is of course equally essential in a study of this kind.

Recording of sessions

The women were asked what recording process they felt most comfortable with. Video recording, audio recording or process recordings were the options suggested. Accordingly each session was audio taped and the tapes were transcribed after each session. I also kept a field journal in which I recorded my reflections on the process and key themes to emerge each session. This journal was brought to the following week's session to guide my summary of what had transpired previously and so that the women could read and provide dialogue on what I had taken from the session if they wished to. A couple of the women provided written pieces [poems, journal extracts] to contribute to the study also. This was an option offered to all women. Thus the data sources for this study are the taped group discussions, written material provided by the women and my field notes with most emphasis being given to the group discussions. The audiotapes were fully transcribed and an example of the transcription is included as Appendix 5. The audiotapes are kept in a locked filing cabinet at the university, separate from the transcripts of the group sessions. The cassettes will be destroyed when the research process is completed. Individuals within the group will not be given a copy of the tapes to ensure confidentiality of other participants.

Harm minimisation

It was important that this process would not harm the women involved. This meant ensuring that the researcher was competent to undertake a group research process and that strategies were put into place to deal with unintended consequences, for instance how the women could be assisted through any distressing emotional responses to talking about their lives and experiences. After a number of discussions with sexual assault workers and women I knew who were survivors of childhood sexual assault I decided that in order to

ensure that the women where subjected to minimal risk of psychological or emotional distress by participating in the group they needed to meet the criteria listed in Table 4.4.

Table 4.4 Requirements of Participants

1. They have previously been involved in individual therapy regarding childhood trauma and its perceived impact on their lives, and/or
2. They have been in survivor groups and feel comfortable discussing their experiences and views about survivor issues in groups, and
3. Both the women and their therapist (if currently involved in therapy) agree that they are currently out of crisis, and
4. They have not been in a 'therapeutic' relationship with me for at least 1 year, and
5. They have a particular interest in talking about the processes they have gone through and are perhaps still going through in dealing with the effects of childhood sexual assault.

As it is not only possible but also likely that people who have experiences of abuse will find talking about their experiences distressing, especially if discussing their experiences over a period of time, measures needed to be put in place to ameliorate such distress. The RICC workers agreed to provide counselling and support for the women taking part in the study both during and after sessions as needed, should issues arise through the research process. All of the women who took part discussed this with the counsellor they relate to at the Centre and felt secure in this approach. Having been through survivor groups before they were all well aware of the reality that their discussions might 'trigger' crises and were therefore willing and able to seek help from their designated counsellor in the event of this occurring. One of the reasons for opting to run the research sessions from the RICC premises was because the women felt safe and supported there and the workers could assist as necessary. The research process was designed in such a way that the final two sessions, would have dual aims of debriefing and termination (follow up or referral as necessary) as well as giving the women the opportunity to own the 'making sense' process.

Group facilitation

Corey (1990) argues that group facilitators must be highly competent and this was an issue of concern for the ethics committee. As an experienced social worker with several years of experience running therapeutic groups for survivors of childhood sexual assault I felt capable of dealing with any group dynamic issues which had the potential to be destructive

to individuals within the group. As it transpired the women were very capable of managing their own group dynamics and I was able to remain outside their discussions, but it is imperative that a researcher utilising a group process to discuss such sensitive issues, is skilled in facilitating groups (Corey 1990; Zastrow, 1997; Jacobs, Masson & Harvill, 2002).

Informed Consent

The nature of informed consent is very important in this study. In endeavouring to ensure that the women who agreed to be part of the study were fully informed and able to consent I met with each woman individually and then provided each with a letter reiterating the nature of the study (Appendix 1). The women were asked to sign an attached consent form (Appendix 2) agreeing to take part in two research design sessions. Possible consent forms for the other sessions were also attached (Appendix 3 & 4). They were separated to allow ease of departure for the women if the felt unable to continue at each point in the process. None of them did.

Data Analysis

The issue of interpretation has plagued this study from its conception. Rather naively, I thought I could create space for the women's voices to be heard without interpretation. It took a long time for me to move beyond what Gesa Kirsch (1999) calls 'intellectual paralysis' about the risks involved in presenting the women's stories from my point of view. I struggled for so long with a question similar to that which Borland raised in her 1991 article, *How can I present my work in a way that gives the women 'interpretive respect' without relinquishing my responsibility to provide insight to my peers through this dissertation?* As a feminist I was right to be concerned about this. It has been an issue for feminist researchers for a considerable period of time (see Acker, Barry & Esseveld, 1996). Kirsch (1999:63) reasonably argues that regardless of our best intentions we risk misrepresenting others, that in fact it is not so much 'a question of whether, but how much' we misrepresent them. Inevitably, even the decisions I make about what to include and what not to include is a form of interpretive license. Kirsch continues, however that the best way of resisting this paralysis is to engage in active dialogue with those we study, particularly about setting the agenda for the research. Linda Alcoff (1991:23) furthermore advocates, that the way to reduce the likelihood of misrepresentation is by striving to,

‘create wherever possible the conditions for dialogue and the practice of speaking with and to rather than speaking for others’.

While I engaged in active dialogue around the agenda and design of the research process, ultimately I have limited the possibilities for ongoing dialogue with the women who participated in the study. I put off writing up their stories because I was paralysed about how to present them without appropriating them and in doing so created such a time delay that I am now unable to get all the women to assess the accuracy of my representation of their stories. This is both because five years makes a difference to how we see and think about things, and because we have moved on geographically also and because I no longer have contact with all of the women. As Dautermann (cited in Kirsch, 1999) argues,

> events recorded in qualitative studies cannot be repeated. By the time analysis and report are complete the 'realities' of the community have long since shifted and the report becomes an historical account (1997:252)

Having said that, the way I designed the research meant that the women were given opportunities to come and look at what I was drawing out of their discussions and to dialogue with me about the 'correctness' of my interpretations or why I was drawing out something rather than another thing. At the start of each session we recapped the key issues raised in the previous session (which I had recorded in my journal). In the second last session, I reminded the women that I would continue to come to the centre at the same time we had been meeting to work with the transcripts in order to draw out themes which I could articulate in my final report. I invited them to join me, as they desired, to have this dialogue. While they thanked me for this, none of the women actually came. Their commitment over the previous three months had been enormous and they felt confident that I would remain true to their voices.

Given Kirsch's (1999) assistance in thinking through this process, the women's stories will be dealt with in this thesis, in the following ways. Firstly I will use the headings of their issues sessions as themes under which to present their stories of healing particular parts of their lives. Secondly I will present their constructions of healing using the points of discussion they embarked upon in the final two sessions. Finally I will present a separate chapter considering what I learned which I consider beneficial for social workers and others working with adult women survivors of childhood sexual assault. By presenting the womens stories and my reflections in this way I feel comfortable that I have created the

conditions for dialogue (Alcoff, 1991) which values and hears the women actual voices, yet also allows me as research student to demonstrate my analysis and 'provide insight to my peers' (Borland, 1991).

Presentation of the findings

Ultimately it is important to recognise that we (professionals) have access to communication channels which marginalised people do not (Dominelli, 1997). Our responsibility therefore is to utilise that access for them. This thesis is thus focused towards social workers, service providers, policy makers and members of the broader community.

> It is part of the work toward liberation to collaborate in the projection of peoples' stories, narratives and myths outward to the institutions that have ignored or marginalised them. (Saleebey ,1994 cited in Saleebey, 1996:302)

Presenting their stories in this dissertation is guided therefore by both my commitment to survivor discourse and my understanding that I could be a medium (or mouthpiece) through which they could be heard. This was how the women in this study viewed it (see chapter 6). To stay true to the methodological considerations, presentation of the findings in this thesis contains considerably more verbatim statements and discussion than that normally contained in a qualitative research report. In chapters 6 & 7, where healing is constructed and the lessons for social workers are considered, whole discussions are sometimes included to give the reader some sense of the group nature of the research proceedings. While this would be unnecessary in the sense of simply illustrating an important issue or theme it is particularly important in considering the value of a group process for doing such research.

In presenting the data, I will sometimes not use all that was said by a woman when she was on a flow of thoughts, if it appears tangential to or would muddy the point she wanted to make. I make these decisions based on signposts given by the women themselves such as : "what I really wanted to say was…" or "sorry I went right off the point there didn't I?" When I do this it will appear in the thesis with three dots to identify that something is missing from the text presented. When the audiotapes were transcribed, each line was numbered (see for example Appendix 5). Therefore when I present the women's words in this text it will be <name, the session they said it in, the page of the transcript it appears on and the line numbers utilised>.

A criticism which might be levelled at my presentation of the data, is that I have not assessed the validity of the women's stories nor have I acknowledged or drawn attention to gaps or inconsistencies in stories (Trinder, 2000). I hope by now it is obvious that this is done deliberately. As the author of this work and facilitator of the research I have remained committed to presenting the women's stories without judgement as a sign of respect to them. For instance two of the women identified as having multiple personalities. By virtue of my philosophical positioning I make no judgements about the women's experiences of multiple selves anymore than I would judge any other aspect of their experiences. Where it comes up in this thesis, I represent the women's own constructions as carefully as I can. If, as I do in chapter 5, I mention that a woman identifies as having many different personalities, that "fact" has come from the woman herself. It is not my intention in this research to assess the "fact". In fact all "facts" about the women come from what they told the group or wrote down, none come from my observations or assessments.

Chapter Summary

This chapter explicated the methodology used in the study's research design and the method employed to act as a conduit for rural women survivors' voices to be heard. The rationale for choosing a critical postmodern framework was briefly summarised from chapter two and the necessary links made to the choice of collaborative group inquiry as the method of collecting the stories. Discussion on narratives and stories completed the previous introduction (chapter two) by demonstrating how the narrative approach made sense for this study. The limitations of the research design were discussed and the issues around data presentation and analysis illuminated. Having articulated the method of collecting the stories of survivors of childhood sexual assault utilising a group approach, the following chapter looks at the selection of the women who became the focal point of this study. It presents their life histories, their construction of the group and their naming of themselves and how they furthered the research design.

5

Steel Magnolias Healing Journeys:
Rural women speak of transforming their lives after the experience of childhood sexual assault

THE WOMEN AND THEIR LIVES.

I kind of think of healing as a kind of magical journey. There's definitely heaps of adventures in it. And I like the word healing not in medical terms but in a nurturing kind of term, in nurturing and self loving, and self-giving and exploration and journey. {Stormy, 1995: S9,p2]

- **introduction**
- **the rural community**
- **the women**
- **the naming of the group**
- **the structure of the group**
- **the group process, stages & dynamics**
- **researchers role in the group**
- **chapter summary**



Introduction

This chapter sets the scene for the following two, which articulate these five rural women's experiences of healing from childhood sexual assault. In this chapter I introduce the women who formed the group and present excerpts from their life histories so that the reader might come to understand who they were at the time the research took place. I discuss the women's reasons for the names they chose and the relevance of the pseudonyms to their healing process. By way of setting the context the rural community in which the study took place is described. The naming of the group and the decisions the women made about what they would talk about each week is presented. Later in the chapter the group process and dynamics, the stages the group went through and my thoughts and anxieties about my role in the group are discussed.

The rural community

This study took place in a small (population 3,500) Queensland country town. The women who took part came from the town itself or from one of the surrounding communities. The town has one rape and incest crisis service, a women's centre and a refuge. These small non-government organisations provide services for survivors of violence to a community of 17,000 spread across 103,00 square kilometres. Services are also provided by the three social workers based in the district hospitals. At the time this group process occurred, I was on leave from one of those rural hospitals where I had been the sole social worker for seven years.

The Women

The five women who chose to participate in this project are all rural women of Anglo-Celtic origin. With one exception, all had moved into the area as adults. Three of the women grew up in rural communities. All are mothers, dedicated to their children. For the purposes of this thesis their names are Stormy, Cicada, Marie, Carol and Joy. All the women knew at least one other member from a previous survivor group she had been in. To assist the reader in understanding these women, I provide the information that they have shared with me. It acknowledges their strengths and their constructions of themselves as survivors.

STORMY

Stormy is a 25-year-old single parent. She lives with her two young daughters in the town centre. Born in New Zealand, she moved to North Queensland when she was very young and has lived in this area most of her life. Stormy identifies herself as having multiple [103] personalities. Her pseudonym "Stormy" is one of those personalities.

> *I want to call mine Stormy, not so much because I want to hide, but because she's been a big part of my life. I have really worked/relied on her. I've asked her to go through this. She normally reacts angrily because when I come out of here she's going to be dizzy and blank and everything. So I want to do this for her because she has had a lot of pain. This is my dedication to her. [Stormy: S9, p6 lns21-24]*

Stormy's biological father sexually abused her from when she was of pre school age until her teens. She was neglected and emotionally and physically abused by both her father and mother. Other family members and friends of the family sexually abused her. Stormy's father was convicted of childhood sexual assault when she was in her teens and released on parole within two years. She was placed in foster care and was assaulted several times while in care. At the time Stormy was involved in this group, she and her sister were awaiting the outcome of a Victim's of Crime compensation claim. Stormy was also raped by her children's father.

Stormy attended school until Year 9. Her memories of her education experience are unhappy ones. She describes teachers as punitive people in denial, and the education system one in which she suffered endless humiliations. These added to the abuse occurring in her home.

> *The physical abuse became too much to bear and the sexual abuse became too much and then we were at the school where we were teased by the children at school and like forced, while everyone else was on parade, I'd be walking up to the showers with the teacher, and I would be punished because I was dirty and I had bruises and didn't have any school books or anything. [Stormy: S3, p6 lns3-6]*

Ultimately however, it was a high school teacher who responded compassionately to Stormy's neglected and abused state and took her to get help.

Stormy's parents still live together in a nearby town. Her relationships with her siblings are very strained. She has little contact with her two brothers. Her older sister who was also sexually abused by their father maintains contact with him, a situation Stormy finds incomprehensible. Stormy and her mother have a strained relationship. Stormy occasionally expresses suicidal thoughts, but sees her life improving.

Stormy is a talented artist. She paints and writes poetry. She is a regular contributor to "Sisan", Survivors of incest and sexual assault newspaper. She identifies as a strong woman, a survivor.

CICADA

Cicada is a 48-year-old single parent. She lives with her son on a small rural property 20 minutes from town. Cicada was born in England and is University educated. She has lived in rural communities for many years. She is a rape crisis worker. Cicada has a deep commitment to nature and conservation. Among other things, she breeds frogs. She chose the name Cicada because of the resemblance between the life of the cicada and her healing journey.

> *The cicada is an important symbol to me at the moment – for me as a survivor. A cicada spends many, many years underground – in the dark, in the dirt, crawling slowly upwards – seeing the light faintly and making renewed effort, pushing through at last into the light, into freedom. But there's still an incredible lot to be done – the cicada must now burst its old skin, shed it and leave it behind. Sometimes it seemed to me in my early days of healing that I was peeling off something like a skin, a sort of layer of filth that had stuck to me. I think around me was the stink of the perpetrator – I was peeling it off and coming out as something new, like the cicada who made incredible changes but now must pump her savings into life. She's very vulnerable at this moment – she is exposed and helpless – all she can do is crawl upwards if possible until she finds something that feels firm – and then hang on and change. Slowly her wings fill and grow strong but until they do she has no escape from the many predators who are all around her, searching for her. At last her wings are there at her command. She can fly free at last and ascent into the treetops for the party at the end of it all – singing with her kindred in the treetops. The cicadas are singing at my place at the moment. Each cicada's journey seems such a triumph to me – their joyful song lifts my spirits (it used to drive me crazy, but that was before I identified as a survivor). [Cicada: S9, p12 lns 20-34]*

Cicada's clearest memory of childhood sexual assault was of the kidnapping and assault by a stranger when she was six years old. In recent years she has become aware of abuse by a baby sitter at a much earlier age and by an uncle and her maternal grandfather during her childhood. She tells of being assaulted and sexually harassed through much of her teenage and adult life.

Cicada has a younger brother and sister. Her parents were divorced when she was young adult. They are now both deceased. Her memories are of a childhood where she felt alone, unwanted and unsupported by either parent, and afraid of her father. Her relationships with her brother and sister have varied over the years. Sometimes they are very close, at other times quite distant. Cicada is a strong woman who is proud of the changes she has made in

her life and in her ability to run her property and live without a man. Looking over her life she can articulate the changes and the growth.

MARIE

Marie celebrated her 40th birthday during the course of this project. She is married with two children. Her husband works away from home three weeks of every month. Marie is dedicated to her pre teenage daughter and son. She lives in another north Queensland country town not far from the farm on which she grew up. Marie now identifies as a lesbian. She has a year 12 education and is an avid book reader. She works as a volunteer at a community centre in her town. Marie is her actual name. She chose to be identifiable in this text. When I asked the women to choose a pseudonym she said,

> *Do we have to choose another name? I'd rather not. I'm quite happy to use my name… It's nice to know someone is looking after your interests, I suppose, but in the totally wrong direction. You know concepts of growing up in silence, keeping secrets, heh? Well, no more. [Marie: S1, p7 lns5 – 7]*

An employee on her family's farm sexually abused Marie from when she was three until she was five or six years of age. Marie describes her family as a loving caring one. Marie only told her family about the abuse a few years ago. Her parents were very upset and have been very supportive. She has used alcohol to blot out her pain. Marie is the youngest of three children. During her childhood she said her relationships with her brother and sister were not close. When Marie disclosed to her sister, a few years ago, she found out that the same man sexually abused her sister. Since then they have become very close. She now has a good relationship with her brother. Marie is preparing for her 'coming out' and is feeling good about herself and her life now.

CAROL

Carol is a 32-year-old single parent. She is dedicated to her small daughter and son. Carol separated from her husband of thirteen years, during the past year. Carol identifies as having more than two distinct personalities. She is a very intelligent woman, a high achiever with a year 12 education. Carol is active in the local community particularly with the Nursing Mothers Association & the school P & C association. She is a skilled craft woman. Carol chose to use her own name. She describes hating her name but feeling that trying to hide who she is only perpetuates the secret and continues the lie and she does not want to do that.

Carol is the eldest of five children, including four girls and a boy. Carol was sexually assaulted by her biological father for many years from when she was pre-school age. Their father sexually abused all the girls in the family. Carol's father served with the Australian defence forces so they moved around a lot, overseas and in Australia. A few years ago Carol told her mother about the abuse. Her mother confronted her father who admitted it. Her parents still live together. Her sisters maintain their relationship with their parents, leaving their children in their care. Carol currently has no contact with her family, as she believes to be with them is to be in denial and she can no longer do that.

JOY

Joy is a 43-year-old mother to three adult sons. Divorced after a long marriage, Joy now lives alone. Joy chose to use her own name:

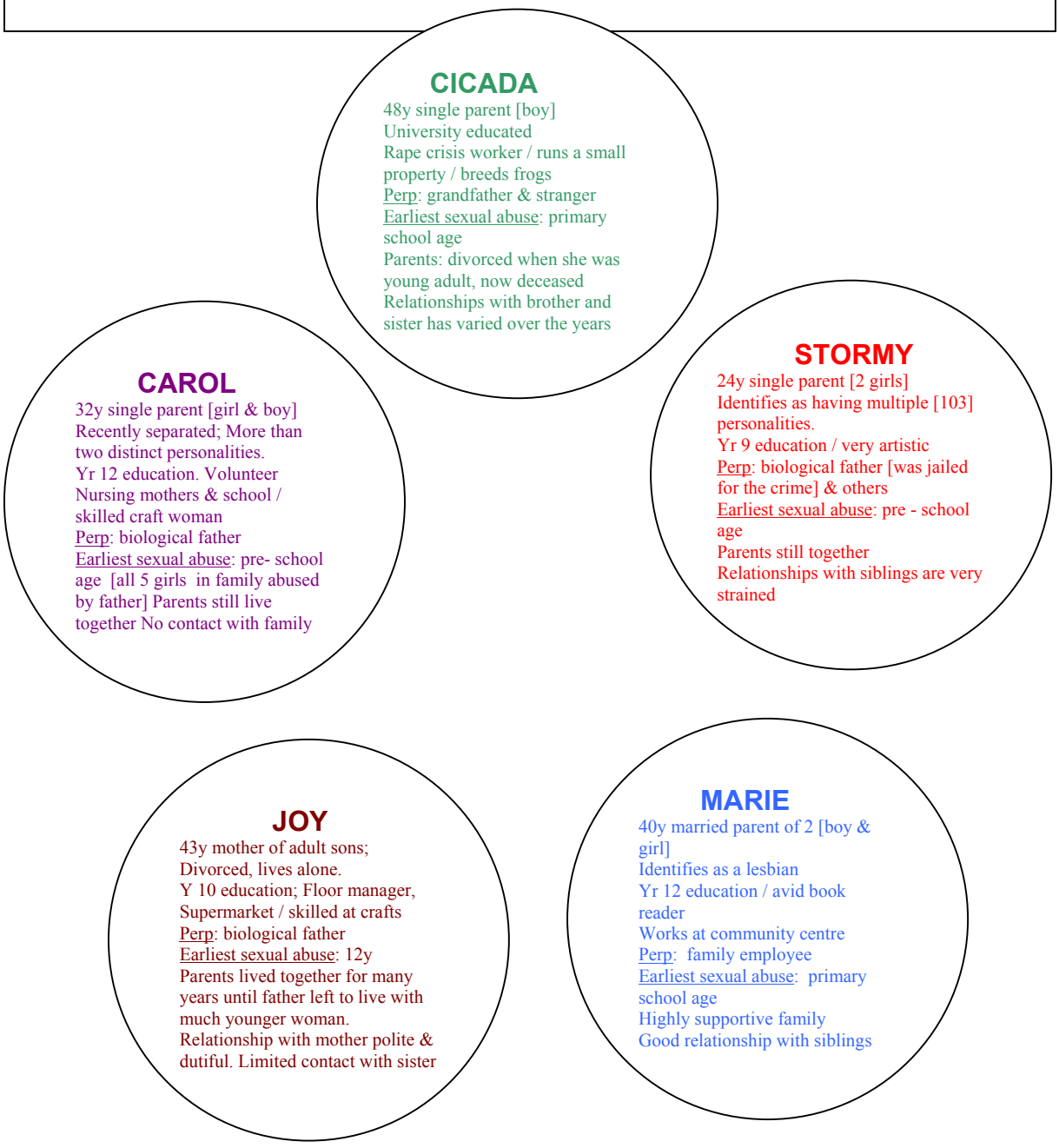
> *Yes, I am too [happy to use her own name] because I'd, like I said, I've been pretending all my life and I'm not pretending any more. People just have to take me at face value.*
> *[Joy: S9, p6 lns 27-28]*

Joy has a year 10 education and is a floor manager in a local supermarket. She maintains a strong commitment to her sons who seek their mother's guidance in most things. She is very skilled at crafts and sells her wares locally.

Joy's biological father sexually abused her from age twelve to sixteen. She is the middle child in her family of origin with two brothers and two sisters. Their father also abused her older sister. Joy had a close relationship when she was younger, with her older brother. Both Joy and her sister's marriages broke up after their husbands found out about the childhood sexual assault and the women began to work through the effects on their lives. Joy's parents lived together unhappily for many years until her father left to live with much younger woman. Her father is now dead. Joy's relationship with her mother is polite and dutiful. She has had limited contact with her sisters and brothers since the father's death.

These women formed the group that met for three months to talk about being a *survivor* and *healing* from the effects of childhood sexual assault. For a summary of these women's lives and strengths, see Diagram 5.1.

Diagram. 5.1 **Steel Magnolias**



The naming of the group

It was important for the group to have a name for a number of reasons. Firstly, we had to book a room at the local rape crisis centre to hold it in each week and in the absence of a title they began to call it *Kandie's group*. This went directly against my commitment to this being about the women and about their group owning the 'space'. Secondly it needed to be differentiated from the therapeutic groups which were held in the centre as all of these women had been involved in them. Thirdly, I thought the women's ownership of the group and the process might be greater if they named it. At my prompting the women had a discussion about the name in the second session. Initially they considered *Phoenix*. Cicada suggested that it was a good metaphor for them and their struggles:

> *We are the phoenix rising out of the ashes – a new generation replacing the old one; the old one being the abuse and its effects on us. [Cicada: S2, p 2 lns 20-22]*

Carol suggested Steel Magnolias from the film[1] of the same name. For her it represented struggle and the strong bonds which can exist between women:

> *It's about strong women with strong relationships between them, of acceptance; we've had to be strong. [Carol: S2, p2 lns 25-26]]*

The women discussed the importance of flowers and the scent of magnolias and decided that the title Steel Magnolias represented a search for positive expression and self worth. The imagery of strength, fine character and beauty certainly fits with my experience of this group of women. Thus *Steel Magnolias* was born.

The structure

In the first two sessions, the research design sessions, I played an active facilitation role. I suggested ten sessions overall. The first session focussed on clarifying the purpose of the project; reiterating the importance of following up any issues or feelings that might be triggered by any session, with a counsellor; confirming the timeframe; deciding on the structure of the sessions and getting to know one another. The second session focussed on setting some group rules or norms of behaviour, selecting pseudonyms and deciding on

[1] Steel Magnolias the film (synopsis)
Alternately hilarious and touching, it focuses on the comaderie of these six Southern women who talk, gab, gossip, chitchat, needle and harangue each other through the best of times - - and cry, caress, comfort and repair one another through the worst. They're soul mates in a rarefied way that assumes a cult of femininity - - sisters come hell and high water. The women … the steel magnolias of the title: Southern belles, flowery on the outside, but strong enough inside to survive any challenge, many of which are presented through the course of the narrative. http://www.geocities.com/steelmagnolias4life/synopsis.html Retrieved 23/08/02

what specifically would be discussed in the weeks ahead and collecting the second of the consent agreements. At the beginning of the second session I asked the women to reflect upon all aspects they considered important when thinking of their healing process, before they then reflected on and evaluated these experiences – that is made sense of them as far as healing was concerned. In some ways this was about brainstorming all the issues that most impacted upon them and thinking about how those things had changed over time. As noted in the previous chapter I had some options about how the sessions might be structured which I presented to the steel magnolias.

The women decided on a combination of life history sharing and setting a week-by-week program of discussion addressing issues that they brainstormed in the second week. With each issue they agreed to look at what their experiences have been and how they have healed or are healing. There was a lot of discussion about whether some issues were that relevant to others or not but the women agreed that it was important to discuss each of the things that mattered to someone. They were comfortable with the differences between them.

Carol requested that the group decide in advance what topic would be discussed the next week. She said that she preferred to have the chance to think about it and discuss it among her 'children'[2],

> *If not I will miss things and when I get home my children will be saying, "you didn't let me say what I wanted to say" and they would fight for control. [Carol: S2, p2 lns 21 – 23]*

Others felt that being informed ahead of time was also important so that they could,

> *Think about it see how I really feel and maybe peel back a layer. [Cicada: S2, 2p lns 25 – 26]*

The commitment of these five women to this study was considerable. Not only were they prepared to spend two hours per week for ten weeks over three months on this study but they wanted to be as prepared as they could possibly be for each session. Finally the last two weeks were focused on making meaning or sense of the healing process. At the end of the 'issues' sessions, we decided that the group would have an extra session, a celebration ritual to conclude the process. An outline of the structure is presented in table 5.2.

[2] Carol, Cicada and Stormy used [inner] 'children' to describe distinct parts of themselves

5.2 Structure of Steel Magnolia's Group meetings

Session 1 & 2	discussing the research together and making decisions about issues to be discussed and group rules
Sessions 3 – 8	focus on issues the women had generated
Sessions 9 – 10	final sessions to look at making sense of the healing process
Session 11	Party time - the women added this last session as a closing ritual

The actual topics discussed by the Steel Magnolias between weeks three and eight are summarised in table 5.3. These incredible women met weekly and shared their 'stories' with each other in my presence. They took responsibility for keeping the discussions alive and looking after one another. I was an observer and the recorder of their stories.

Table 5.3 Issues

Family of origin - parents, siblings [Dealing with them & how they dealt with our disclosures etc]

Perpetrators - How we've dealt with them

Sexuality - effects of the abuse on sexuality and the healing I have done [beyond survival]

Relationships & Trust
Parenting
Accepting, becoming more comfortable with, working with and integrating parts of my personality.

How groups and individuals in the community relate to survivors and their concerns [disclosures, raising the issue, counselling experiences, churches, doctors, schools]

The group process; stages; dynamics

Brown (1991) suggests that the first session of a group is usually characterised by anxiety about being rejected, about meeting new people, about the issues to be explored. As some of the women knew each other and most knew me, the levels of anxiety while high, soon

dissipated. They suggested that it was easier to get into things because they knew others and that knowing me had been a key factor in deciding to participate. Trust is considered a 'necessary ingredient' for people to begin to share their experiences (Seidman, 1991:84) and as discussed in the previous chapter, for survivors of childhood sexual assault this is an imperative (Bass & Davies, 1988). This is highlighted by the following discussion,

> *It makes a difference having you here Kandie. Someone I didn't know from the university might have rung alarm bells [Joy]*
>
> *We're used to you, we trust you [Cicada]*
>
> *Like a pair of old shoes [Marie]*
> *[laughter]*
>
> *yeah for someone to work with survivors you have to have their trust, you don't give that easily to strangers. I've heard all these wonderful things about her.[Stormy]*
>
> *Yep I'd probably get into the thing of saying what I thought she wanted to hear, not what I wanted to say. [Carol] [S1, p7 lns 44 – 57]*

Perhaps as a result of this and the women's comfort with each other and their individual commitment to the topic under exploration, a pattern of high energy and enthusiasm for the work was set in the beginning stage of the group process. Developing norms of behaviour for the group and testing the water around trust typified the first few weeks. The session, in which the women set the group rules, focussed around building safety. All of the women had been part of survivor groups in the past and had a good sense of what they required to feel safe to share their stories. The norms or protocols of engagement they generated are presented in table 5.4.

During the session where they discussed their life histories, the emotional support for one another demonstrated non verbally by smiling, nodding, wincing, shedding tears and times of silence, was incredibly moving and trust enhancing. In session four the diversity in the women's experiences became clearer. By week 5, there was a considerable change in the feeling of the group. The women spoke of being irritable or angry, of past issues reasserting themselves. The mood was low. It may have been due to the session focussing on perpetrators or a reminder to all of us that this is indeed difficult work. Often in the middle or transition stage however, groups do become characterised by conflict and the expression of negative feelings (Brown, 1991).

5.4 Steel Magnolias - Group Rules

- *Being respectful and considerate of each other*
- *Talking over people is out (Hear people out)*
- *Confidentiality*
- *Starting and finishing on time*
- *Acceptance of where everyone is at.*
- *Rescuing, counselling, interrogating, preaching, moralising and criticising is out.*
- *We are all equal here (leave 'other' roles outside)*
- *Staying on track/focused (responsibility of all.*
- *Equal participation (no one person to dominate)*
- *Fifteen minutes before end of session stop and check how the process is going and prepare for the outside world again.*

♣

The weeks were certainly getting harder on all of the women including myself. Stormy became more outspoken and volatile, Cicada, more introspective, Joy less confident in manner, Carol more fragile and Marie more outspoken. One woman did not turn up in session 7 and another in session 8. The former had a sick child and the latter phoned to say she couldn't face it that day. The organisation where the meetings were being held sent all their support workers away to a meeting one week so there was no one available to provide support for the women if required at the end of the session. While none of the women required counselling, it was troubling that this had occurred given the contract with them to be available. By week 9 the women were preparing to finish. While all members had been reminded throughout about the end of the group there was still the ambivalence about finishing (Zastrow, 1997) and leaving one another.

In week 10 we discussed how quiet Marie had been in many of the sessions. She assured everyone that she felt heard and was able to speak when she wanted to, but that she was naturally not much of a speaker. The most enthusiasm for some weeks however, came when discussing the finishing up ritual planned for week 11. The ritual party proved to be enormously beneficial. The women decided that it would involve both adult and child

activities to really take care of themselves. I presented each with a champagne glass and a scented candle chosen with their individual characters in mind. We talked through the impact of the group on each of us. The women saw me as one of them despite my silence and non-survivor status. We played games, drank champagne and feasted. We toasted survival and what wonderful women they are. They planned the development of a survivor network in the area and by the end of the session, any sorrow had been replaced by a sense of joy, achievement and growth possibilities in the future.

Researcher's role in the group

For the reasons noted in the previous chapter I chose to be an observer and recorder of stories during the group discussions. The role of observing without comment was a very difficult one for me. My group facilitation style is usually an active one. I kept a journal throughout the weeks and note repeatedly my uncertainty about whether it might have been better to pursue ideas and issues further. I constantly weighed up staying out of the process and letting the women tell their stories against questioning to know more for my own information and for the social work profession. I worried that I was not gaining insight into the healing process but did not want to intervene and direct them.

> *I am concerned about my role in the group – should I be more directive by asking questions to develop ideas more fully; controlling discussion more in terms of the time frame; by making more linking statements [consciousness raising, information giving]. Remember the group agreed to be responsible about time constraints, respect for each other etc and a group member usually will make linking statements. My gut feeling is that things that the women want to voice will come up again – I need to rely on that feeling and have faith in the women. Don't worry that you haven't got a full picture yet. [Allen-Kelly field notes: S4]*

In the end it became clear where the discussions were going and what healing meant for each of the women and I value the struggle and uncertainty as it assisted my empathic understanding of what the women had experienced and were struggling to deal with. The time it took for the women to talk about healing caused me to reflect on a few things. What was the benefit of working through the effects? Is it important to work through all the effects before healing is a real possibility? These questions and others were important in beginning to consider how to present the women's stories in this forum.

CHAPTER SUMMARY

This chapter, the first of three chapters which focus specifically on the women who participated in the group inquiry, sets the context for hearing the stories of a group of rural women survivors of childhood sexual assault. It began with an introduction to the rural community in which the study took place. It then discussed the individual women who became the Steel Magnolias. It is their stories which provide the substance of this study. The group structure, naming of the group and group processes have been discussed in detail. The changing dynamics in the various stages of the group process were described analytically and I shared my concerns about my role in the group process. The next chapter will provide the women's insights into the notion of healing and the meanings that they have made of their lives.

6

Steel Magnolias Healing Journeys:
Rural women speak of transforming their lives after the experience of childhood sexual assault

STEEL MAGNOLIAS CONCEPTUALISE HEALING

If I was going to say something to other survivors I would say: If you're thinking about healing or getting counselling, do it. It doesn't matter how old you are or where you are, do it. it's a really worthwhile thing to do, the freedom and the contentment that you can gain are worth just heaps
[Cicada: S10, p13, lns 13 –16]

- **Introduction**
- **Changes in the impact of child sexual assault on the 'self' and relationships between self and others**
- **Understanding / Constructing healing**
- **The role of the research process in healing**
- **Chapter Summary**



Introduction

The previous chapter introduced the women who agreed to be involved in this study. It included a summarised sketch of their lives; told the story of the gathering together as a group and how they structured the 11 weeks they spent together. Finally it considered the impact of the research on them. Clearly knowing who the women are and something of their histories is just the first stage in developing an understanding of how healing might be constructed. This chapter presents the Steel Magnolias' constructions of healing. It considers the commonalties in the five women's experiences and the individual differences between them. It takes us on their journeys. As noted in chapter 4, in order to remain true to the research design and my commitment to making a space for these rural women's voices to be heard, this chapter will contain large passages of the women's stories and discussions.

This chapter consists of three sections. The first section is laid out thematically, utilising the session titles that the women chose for each week of their engagement together. The session titles relate to perceived areas of impact of childhood sexual assault on the 'self' and relationships between self and others. This section includes a discussion of these impacts and the changes which have occurred over time.

The second section considers the meaning the women made of healing throughout this research process as a whole. This looks at healing as a process or outcome and considers whether the Steel Magnolias perceive healing in similar ways to that which is discussed in the literature review in chapter 3. For consistency, I have utilised the same headings in this section that are used in the literature review. The chapter concludes with a discussion of the part the research process itself was credited with in the women's healing journeys.

CHANGES IN THE IMPACT OF CHILDHOOD SEXUAL ASSAULT

For the Steel Magnolias healing encompasses every aspect of their lives. The issues and thus session titles, chosen by the women in which to construct their discussions of healing reflect this. By utilising those session titles, this section therefore explores the changes the women experienced in the impact of childhood sexual assault on the 'self' and on relationships between self and others. They are:

- Family of origin - parents, siblings
- Perpetrators
- Sexuality
- Relationships & Trust
- Parenting
- Accepting/Integrating different parts of my personality.

In each session the women discussed the impact of childhood sexual assault on either that part of themselves or their relationships what changes they recognised in the impacts over time. These changes are constructed as signs of healing. Essentially the commonalties and differences with respect to each of the areas of their lives and selves as described in the session titles, are discussed. The women's healing narratives are then presented in terms of similarities and divergent constructions.

Family of origin - parents, siblings

It is not surprising that the women felt that their relationships with their family of origin were deeply affected by the childhood sexual assault. I noted in my field journal that this session really made the diversity in the women's experiences of assault and healing, obvious [Allen-Kelly field notes, S4]. Clearly the impact of sexual assault within a family has a different impact on the dynamics of the family, both in the short and long term, than does sexual assault by a perpetrator external to the family. This is demonstrated in the narratives told by the Steel Magnolias about their families.

As noted in the previous chapter Marie had been sexually assaulted by an employee of her parents, not by someone within the family. She experienced and still does experience her family as loving, caring and sharing. She disclosed the assault to her parents in the year before the group process. Her family's reaction to her disclosure of assault was powerfully different to that of others in the group.

> *With my mother, I think it was a different era where they just don't talk about it, they keep it all to themselves. But we've still got a very good relationship and I love my father to death. He is just a most amazing man to put up with it all. We've got a closer relationship now after being honest. We had this honesty, this opening and clearing of the air. [Marie: S 4, p4 lns 32 - 36]*
>
> *Well, he's not much of a talker, he just keeps everything in and his response was he was crying and just to give me a big cuddle and a hug, that was worth a thousand words. It's something unsaid and it doesn't have to be said because I know how he's feeling. [Marie: S 4, p6 lns 12 - 14]*
>
> *When I told my mum? Oh, she just cried and cried and cried and then she said: "I didn't know and if I had have known I would have done something." And she used to say to me:*

> *"Now, is everything alright?" Because he used to take me to collect the eggs and he would do it anywhere, in his little house, anywhere and, of course, Mum thought things were alright – I was off collecting eggs – because I never, ever disclosed it. But she used to ask, (although I can't ever remember her asking): "Is everything alright?" And she had no idea and my sister hasn't even told her that he's abused her but I got drunk one night and I told Mum. So I must tell my sister because my sister said not to tell. But I thought: fuck it, there're too many secrets. [Marie: S 4, p5 lns 18 - 26]*

It is worth noting at this point however, that as Marie herself reflects, even though she was part of a deeply loving family, she felt unable to tell them at the time that someone was assaulting her. The implications of this being that no matter how caring a child's family might be, perpetrators of childhood sexual assault have ways of convincing children not to reveal their secret.

> *Apart from the abuse which I kept secret for years and years and years, of my childhood I've got really good memories – a nice mum and dad and I trust them impeccably but I still didn't trust them enough, or they didn't allow me to say: "Hey, this is happening." [Marie: S 4, p4 lns 17 – 20]*

> *My brother and sister have both got careers and I'm the one who is just "a fucking drop–out", you know, that's okay. Just thinking of growing up in that sort of so–called loving, caring family, the part that pisses me off is that the perpetrator, whatever he said, whatever he threatened, I can't remember, to carry that secret with you. And the dynamics of whether it's your father or our uncle or your grandfather, it was someone strange, someone who works for you, to make you carry that secret with you – just thinking about that. [Marie: S 4, p. 4 lns 42 – 46]*

The other four women had been sexual assaulted by a family member. Carol, Stormy and Joy were all sexually assaulted by their fathers while Cicada had been sexual assaulted by her grandfather. Cicada didn't feel protected or safe in her family. This came from her sense of her family as dysfunctional in that it was filled with sexual overtones and that her father had many lovers. Both Cicada's parents had died prior to this study commencing. Her relationship with her father was always fraught. However she had often been likened to him. In terms of healing the best Cicada felt able to do when he died was to find what she liked about her father and hold that close to her,

> *I struggled desperately to find a way to handle it because I just wanted to totally reject my father, absolutely and utterly, but I felt that I couldn't because 50 percent of me was him and I had always been told by my mother and by other people that I was very like my father. So the only way I could come to terms with this was to think very hard about him and find parts of him that I was comfortable with and think that that would be the bit that, if I had to internalise anything, I would internalise this bit that I did like. So I thought hard and found that I liked the fact that he could be very quiet, he could just sit and look – we lived on the coast, we lived near the beach and he always liked boats and the sea and he would sit and look over the bay and puff his pipe and be very contemplative. I liked that and I decided I liked that about him and the fact that he liked the sea and a couple of tiny, small memories I had from my childhood of being helped – I remembered him teaching me to tie my shoes up,*

> *to tie a bow in my shoes. So I just gathered up a few nice memories and a few parts of my father that I felt were reasonably okay and took those in. [Cicada: S4, p 13 lns 2 – 14]*

Stormy's relationships with all family members are very tenuous. During session 4, she expressed anger towards the sister who also assaulted her. She felt torn in her feelings towards her sister because on the one hand she sees her as a perpetrator yet on the other she recognises that she is also a survivor of childhood sexual assault perpetrated by their father.

> *I don't get on with my biggest sister at all because she abused me when I was little and she held me down while a friend of hers abused me. And she turned around later on and said: "It's better you than me." So there's this thing of trust where I don't trust her at all and there is a part of me that hates her and there's a part of me that identifies with her as a survivor. [Stormy: S 4, p 1 lns 43-46]*

Cicada, Carol and Joy talked about difficulties in their relationships with their siblings in some depth. Cicada has had an often-difficult relationship with her sister and her brother, which was healed in some way around the death of their father. Joy had difficulties coming to terms with the fact that while their father had also assaulted her sister, the sister still had a close and affectionate relationship with him prior to his death.

Marie, Cicada and Joy experienced difficult but improving relationships with their siblings as they acknowledged the sexual assault issues of their childhood and worked to move through those issues. When their father was dying Cicada and her brother and sister finally spoke frankly of their experiences of growing up. This brought them closer as they discovered that they all had experiences of their father as *a very sleazy, yucky man [Cicada: S4, p 11 ln 35]*. Now all three have good relationships with each other.

Similarly Marie's relationship with her brother and sister is closer since she disclosed the assault and talked to them about the healing work she needed to do in her life. Joy's relationship with her sister is now comfortable but not close. As noted earlier, she still finds it difficult to understand that their father also assaulted her sister and yet she was affectionate to him as an adult,

> *And then when you think of all the years when we were married and we still went down there on holidays, she'd go down and she'd sit on his knee, even when she was married, sit on his knee and be really close to him, and they'd cuddle even with her husband and son there. It used to make me sick. [Joy: S 4, p19 lns 39 – 41]*

As the oldest in her family of five children, Carol has experienced both a sense of responsibility for them and a sense of frustration with them because of the ways they have dealt with the assaults, as adults. The reader may remember from the previous chapter that all four girls in Carol's family had been sexual assaulted by their father. Carol's story

clearly demonstrates the relationships she has had with her siblings in the past and now, and how those relationships have been created and impacted upon by the assault perpetrated in the family.

> *There's five in my family and I was the oldest, even though there is a year in between each of us – there were two girls, then my brother, then two more girls. There was me who was very much isolated and alone and my sister and my brother got on very well and then my two little sisters, they got on really well too so I was very isolated and it just occurred to me when Stormy said that when it broke within the family the dynamics of those relationships remained. It's still very much that way with the four of them being split up into two's and there's me alone. But I thought I would give some background to what happened and where I am now. My sister went into counselling for sexual problems that she was having with her husband then. She couldn't function sexually and she knew about sexual abuse too and so she brought that up with the counsellor and the counsellor suggested that the four of us girls get together and talk about it. So I was up here and they're in Brisbane, so they paid for me to go down and before I went down my father became quite violent towards them. I had a sister and a brother still living at home and he threw them out. He was aware that something was going on because we were becoming empowered and he couldn't deal with that and the five of us children talking together was like "wow!" because as kids we were divided – divide and conquer, you know – we weren't allowed to talk together and we weren't allowed to play together and things like that. So he chucked out my brother and my sister and called us all "fucking sluts" and blah, blah, blah – the whole bit. He didn't say anything to me though because I hadn't spoken to him for years. So we got together and we talked a little bit about it but I had and still own a fair bit of heavy feeling and they didn't want to talk about the nitty gritty. I'm not sure what they wanted and it didn't do much for me and they certainly didn't want to tell Mum about it. So I went down there and I was quite happy and I thought: Good, we're going to be a family and sort all this out. But it didn't actually turn out like that. My mother wanted to know why I wouldn't go over and see my father. My sisters had sworn me to secrecy: "Don't tell Mum, we don't want to hurt Mum." So I just said I hate him and I don't want to have anything to do with him and she just put me immediately on this guilt trip: "How could you do that? He loves you, he worked three jobs for you." And here I am wanting to vomit so I said: "Fine, see ya." So anyway I came home and things were a bit better between my sisters and I but my brother was left out of that. [Carol: S4, p2 lns 16-45]*

Ultimately Carol's sisters agreed to her telling her mother but only if she didn't tell them that their father had assaulted them also.

Relationships with Mothers

All of the women talked about the role of their mothers in their healing process and the importance of those relationships. As noted previously, Marie's relationship with her mother is close and loving and her mother's own disclosure of childhood sexual assault has brought them closer together. Cicada discovered a sense of grief for and guilt about her mother as she worked through her healing process,

> *My mother – I've come, since I've been healing, to be totally convinced in myself that she was a survivor and that a lot of the problems in her relationship with her children came from that. So now I feel a lot of grief for my mother that she lived with the shit that I've*

> *lived with but she never found any way to let it out so it just quietly drove her balmy, on and off through the years. There was no–one, no–one to support her at all because we did our duty. There was no caring, really. [Cicada: S 4, p 13 lns 16 – 21]*

Particularly when she reflected on her mother and menopause.

> *I suspect my mother was going through menopause and my experience with menopause is that a lot of stuff comes up – it stirs stuff up and you look back at things – your hormones are all over the place, your emotions get churned up and you look back and I suspect this was happening to my mother but looking back was just dreadful for her. She couldn't do it so she went a bit balmy and would do very strange things. And when I look back at my childhood and think of some of these things now, it is so bizarre. My mother would be totally naked in the back yard, wandering around screaming and carrying on with all the neighbours and we, the rest of the family, would be upstairs eating breakfast ignoring it – ignoring it! I feel a certain guilt now that my mother never got any support for this from any of us. [Cicada: S 4, p 13 lns 26 – 31].*

Cicada's current experience of menopause has caused her to reflect on this time in her mother's life with empathy.

Both Carol and Stormy's mothers still lived with their perpetrator father even though the women had disclosed the assault by their father to their mother. Not surprisingly this meant considerable relationship difficulties between them which Carol and Stormy found difficult to reconcile. Carol's story of telling her mother about the assault and her subsequent reactions are enlightening about the complexities of relationships in families where the father is the perpetrator and for what ever reason the mother chooses to stay with him:

> *So I 'phoned her and said the reason why I don't leave my kids there or talk to my father is blah, blah, blah. And she didn't believe me. She actually hung up on me and then 'phoned me back. She'd confronted him and he'd admitted to all of it, just straight out admitted it but she didn't tell me that so here I am trying to keep the secret, that it was just me but she knew that it was all of us and then she just said: "What do you want me to do? What can I do? Do you want me to leave him?" Part of me is saying: "Yes, yes, pick me for once, pick me!" and then I said: "Look, I can't make that decision for you." I felt like I was the support person, supporting her. So then she felt really guilty and tried to buy me off with all these really expensive Christmas presents and I didn't want them and when they came up it was like poison, I didn't want them, I didn't want to touch them. So that's what's happened in the family. They still want to protect her. My sisters take their children over there and they've got girl children and they take them over there and leave them with her thinking that she's going to protect them, which is the biggest lie of all. And I find that very difficult because I'm where I am and the fact that I don't hide it and that I do want to talk about it, it's quite confronting for them. They don't want to hear about it. And it's affected my brother too because he knew what was going on. My sister told him about what was happening in the family. He rang me up and we were having a talk, so for a while we were closer. [Carol: S4, p 3 lns 7-24]*

Carol speaks about writing her mother a letter as part of her healing process.

> *So with my mother I actually wrote a letter to her through my healing counselling saying that I didn't want to have anything to do with her or her to have anything to do with my*

> *kids. It was what I needed because it was just such an enormous guilt trip and I felt so pulled all the time. And for five years she respected that but it got back to me through my brothers and sisters how hurt and how angry she was and they all.....oh God, I copped it, a real mental beating over that: "How could you do that to Mum!" The same old thing: "How could you be so mean to Mum?" I thought: tough shit! And she 'phoned me on my 30th birthday and we had quite a strained conversation and she said to me: "I can't let your 30th birthday go by," so I talked to her for a little while. I've just found out that she's really sick so I just wrote her a card but I'm at that stage now where I feel I can have limited contact and it's got to be certainly on my terms only. I won't buy into any games. So, we'll just see how it goes. So, really, I feel like I'm in the movies. They're all down there and they're all still protecting the same old dynamics, they're protecting him, and I'm here getting on with it! [Carol: S4, p 3 lns 35- p4 ln2]*

Joy's relationship with her mother has varied over the years. She expresses still holding her mother responsible for not protecting her, and then for minimising the assault when Joy disclosed it to her.

> *I always do things to help her. We've got a stall at the market and I go and I help her and I try to get on with her a lot but I'm not close. I can't cuddle her. I can't even touch her because I blame her, I still do. And it's wrong, so wrong. She was an innocent party, she really was, I believe that now. All those years when I was growing up I didn't believe she was an innocent party. I thought she could have stopped it. "Why don't you stop it? Why don't you leave him? He's not worth it." But, no, she was so dependent on him, that's the trouble. She never work and because there were ones younger than me, they still needed the home life. So I always blamed her because I always thought she could stop it and then I had it out with her a couple of years ago. I thought: I've got to have it out with her, I've just got to, it's screwing me up something shocking. So I went and I told her and my brother who lives with her and her first reaction was, she just laughed and just said: "That's in the past – forget about it." Oh God, did I go off! You wouldn't believe I went off my brain something shocking. I didn't talk to her for weeks. I just couldn't even bring myself to go and visit her and then one day she rang me up and I just went off my brain again. So one day I did go out and we did talk about it. She said: "Well, what happened?" Anyway, then I told her and I said: "You must have known. "She said: "I didn't." She said she knew about the other one, my sister, because she tried to stop him. She confronted him and he said: "Just shut up and mind your own business. I'll do what I want!" So she stayed out from that day on. [Joy: S4, p7 lns 29 – 47]*

Clearly the way each woman's mother responded to the disclosure of assault had a major impact on the way the woman were able to relate to and view their mother from then on.

It appears, from what the Steel Magnolias had to say about their families of origin, that healing relationships were difficult when a member of the family was the perpetrator of childhood sexual assault. Techniques utilised to heal the survivor's sense of self with respect to her family ranged from writing letters, to establishing clear boundaries around their relationships to disclosing the assault to family members. Relationships with siblings were difficult if the sibling still maintained a relationship with the perpetrator, especially where disclosure had occurred in the family. Familial relationships were therefore mostly difficult for each survivor except Marie. This may be because none of Marie's family

members had a personal relationship with the perpetrator and/or due to the family's supportive response to her disclosure. For the other women, all familial relationships [except with the perpetrator] had improved since the assault had been acknowledged in the family. Healing seemed to be about no longer feeling divided or in competition with one another or keeping the assault secret.

Perpetrators

Not surprisingly, engaging with the perpetrator[s] of the childhood sexual assault was deemed a significant point of healing for the women. This engagement didn't necessarily need to be in terms of direct contact with the perpetrator. It could range from criminal prosecution or physical confrontation, or could take the form of creative visualisation revenge scenarios. It could even be about informing others of the assault that the person perpetrated.

Confrontation

Without explicitly stating it, there seemed to be a sense among the women that confrontation of the perpetrator was an important part of healing. It might be that again the influence of literature like *The Courage to Heal* has been felt by the women and taken on unconsciously. As discussed in the previous chapter however, the numbers of perpetrators and the circumstances of assault against the women as children varied. In terms of healing, the women acknowledged that this meant that some perpetrators could not be confronted. Whether or not they were trusted family members, the women expressed the need to work in counselling on symptoms related to the actions of perpetrators on them. For instance Carol spoke of working through her extreme fear of dentists which originated in sexual assault by a school dentist.

> *I've always spoken about my father being the abuser but there's been others as well. There was my uncle and the school dentist which was really great and which was why I had an enormous paranoia of dentists because he was fixing my teeth and molesting me and every time I moved he'd jab the thing into my mouth so I wouldn't be able to move and it was just awful and I went into the toilets to vomit afterwards. It was just terrible. I could never work out why I had this extreme fear of dentists and it was only through counselling and being with my body feelings that I worked out what was wrong. [Carol S5, p3 Lns 41-46]*

The fact that some perpetrators live in other countries and none of the women in the group had the financial means to return to those countries, meant that confrontation was not an

option for them. For Carol, however, the assault by her father was considered pivotal to all the other abuse she experienced and it was him that she felt the most need to confront. In chapter 5 it was noted that Carol's father had assaulted all the girls in the family. As the oldest she felt responsible for not protecting her sisters and thus confronting her father with what he had done had extra meaning for her. Here is her harrowing account of that confrontation:

> *But anyway, about my father, I have confronted him about what happened. It was just after I told my mother and I'd just got into counselling and I'd done a fair bit of reading and they were saying talk to him about it. So I went and did this and we organised it and I thought, great, we'll talk about this and we'll get some clarity for me. And so we met somewhere neutral, down at the beach and, blow me down, he brought my mother! It was like: God, how can you do this! My sisters were there too and they wouldn't talk in front of my mother about what was going on. They wanted to protect her. And so we were talking there and he was really weird. I just remember going there and feeling so out of it. It was like they were all this little clique and I was out of it causing all these hassles. And the other kids, all they were mainly interested in was why we were beaten and he said: "Oh, if you annoyed your mother, I wanted to make sure you didn't hurt your mum", encouraging that feeling of protecting Mum. And I asked him something about why he did it to us because at that stage I only thought it had gone on for a few years, not all the time that it had, and he told me all this rubbish. It was just like this book, what he was saying about how...what did he say?...he wanted to show us what not to let others do – which I think is really funny now! And I'm just looking at him and thinking: the shit that's coming out of your mouth, how can you sit here! What else did he say? He wanted to be the first and he knew at that stage I was thinking of prosecuting him, which is still on but I'll get to that in a sec. And he said: "If you're going to put me in jail, make sure I know so that I can fix things up for Mum." So I just felt like about this small – you know, I'm going to do this to my father and hurt my mother – so a big guilt trip and I was really, really angry. And he said that he'd plead guilty but I realised later that that was so he wouldn't have to go to trial – he'd just go guilty. It was revolting and I was really, really angry. And the kids were talking and they were really uncomfortable and I could see quite clearly that they'd been set up just for me. They really didn't want to do anything about it, they just wanted to pretend that it didn't happen. He used to call me "girl" as a term of endearment. I hate it, I hated it then and I hate it now. Towards the end of the conversation he said: "What are you thinking about, girl?" or something and I wanted to cry. I was just so angry and I thought: how can you talk to me like that? and yet another part of me was thinking: "Oh, he's still talking to me, this is great." But I went with being angry and I just looked at him and I said: "I don't fucking understand you." And I just got up and walked away and I went to my car and turned around and there was my fucking sister in between my mother and my father with her arms around them, consoling them. I just thought: I can't stand this! So that's the last contact I've had with him. Prosecuting is still an option. [Carol: S 5, p4, lns 9 - 43]*

Protecting other children from the perpetrator

While she was unable to protect herself and her sisters when they were children, Carol is adamant about protecting her own children from him. She does this by denying him any access to them. It worried her that her sisters still leave their children with their grandmother but she felt unable to influence their decisions. Carol's mother still lives with her father but her sisters believe that she would protect them from any harm.

> *There's been so much other stuff come down. The kids don't see him – I've told the kids basically what he did, my kids, which is why we don't see him and he's not going to see them, but my other sisters and brother, they drop their kids off. They've got girl children. They just drop them off with my mother, he's around and I said to my sister, Chris: "Doesn't it worry you?" and she said: "Oh, I've talked to him about it." And I said: "What did you say?" She said: "You know what you did to us as kids?" and he said: "Yes." She said: "Well, don't do it to Carly." And I didn't say anything but I thought: Yeah, that's a great deterrent! I need to cut off from that part of my family because I need some relationship with them but nothing that involves anything too deep because they're just in a total state of denial and they can't handle pain. [Carol: S 5, p5 lns 11-12]*

By reporting his assaults on her to the police so that if he is accused of sexually assaulting other children, she can provide corroborating evidence, Carol also felt that she was exerting some control over the assaults on herself. Through her discussions with the police it was obvious to her that it would be difficult for them to get a successful prosecution of him about the assaults on her. The requirement for specific dates and times so many years later made it virtually impossible.

> *One thing that I did do that I'm really proud of is that I reported him, through SCAN, to some place in Brisbane so if there's ever any other reports of him molesting any other children, I am a corroborating witness and I can provide corroborating testimony. That was bloody hard because I thought: Oh God, you know, I've made myself visible. But I'm really pleased. It was only a small thing to do but at least if someone else comes back, I'm there. [Carol: S 5, p5 lns 31-35]*

Prosecution through the courts

For Stormy prosecuting her father was very important. She needed to feel that justice was served in some way although notes a sense of disappointment in the criminal justice system around his sentencing:

> *When it came time to prosecute my father it was really hard for me because I had lost trust in the police because they had sent me home once before and said they didn't believe what we'd told them. I don't really remember going to court much at all. I remember the judge being there and they read out the statement and they asked me if I had any more to say and I said no. And then he went to jail. He got three years, he was in there for two and after eighteen months he was allowed to come home for weekends. [Stormy: S 5, p6 lns 17-22]*

At the time this study was undertaken, Stormy was involved in a criminal compensation case against her father.

Creative visualisation and gaining control

Using creative visualisation techniques and engaging in vengeful fantasies were noted to be important in the healing process because it gave the women a sense of control over their perpetrator, which they didn't have during childhood. Taking control of the relationship

between her and her father was a great sign of healing for Carol. She visualised calling him by his first name if she met him again. That made her feel positive and in control:

> *I think if I ever saw him again and I actually spoke to him I would probably say: "Hello Brian!" That would be the worst thing I could say to him because I would be on an equal footing with him and he wouldn't like that. If I called him fuck face or shit head or bastard, he'd just tell me I'm a stupid, puerile, immature kid – a fucking slut. But if I just said: "Hello Brian" and then totally ignored him that'd be good. Just turn away, no big deal. [Carol: S5, p16 lns 41-45]*

For Stormy, using creative visualisation and physical techniques, which focussed on her father perpetrator in his absence, was very effective in aiding her healing.

> *I've actually done some work on my father. This one's part of a pillow and I wrote it on the cover with his eyes and his mouth and his nose and everything and I ripped it to bits and it was actually a day when there were some big wigs coming here for something and they are all outside there and I threw a bit of fluff out the window and said: "There's his dick, that's the first thing to go out the window." And there's all these people standing out there but I found that was really empowering doing that, ripping and imagining that it was his body and I was tearing it all to pieces and I still keep that and look at that and think: Oh, I did that. That's something that I've done that feels like a gift, something that I've given myself. [Stormy: S5, p7, lns 16 - 22]*

Marie also used a form of creative visualisation to help her deal with the anger created by the perpetrator and the assault.

> *I find this difficult even though he's dead and I've got nothing physical there to remember, he's not around anymore but the more I think about I am still fucking angry, I am so angry. I was abused and he never allowed me to grow up normally and that still makes me bloody angry. I just hoped that he'd die a horrible death, that his fucking dick dropped off and then he got a disease of the brain. Those kinds of things keep me going. [Marie: S5, p7 lns 33 – 37]*

Vengeful thoughts were found to be helpful/useful by all of the women. This seems to support Bass & Davis (1988) proposition that forgiveness is not an essential part of healing.

Ridding the perpetrator from her mind was a real challenge for Carol,

> *I think my father screwed me literally and mentally as well. I've thought for the longest time that he's in my head. It doesn't matter what I do or what I say, it's been programmed by him. When we were growing up if I did something right, he'd told me to do it and if I did something wrong, he'd kick me when I was down: "You should have done what I told you." And when I divorced my husband it was like there was this little germ inside me saying: now maybe my father will love me, because there was this programme that I can't do anything on my own, it's been put in there by someone else and I've never had an independent thought. I had to work long and hard on that one. But I thought being screwed mentally... It was a power thing with my father: you can do that but I can go out and do this. Yes, it's pretty scary but I still do think that that's why I've got to not have any contact with him because I'll feel like he's in my head again and I can't handle that. There's too much going on in there without him being in there as well. [Carol: S5, p 14 lns 44 – 46; p 15 lns 1 – 5 & lns 17 – 19]*

Because of her experience of multiple perpetrators throughout her life Cicada felt that her healing hinged mainly upon acknowledging the assault by her grandfather. The memory of that assault has only resurfaced recently. The assault by her grandfather was experienced as so significant because she loved and trusted him, and because he brought excitement to their usually staid lives.

> *And I think perhaps one of the reasons why I've been angry over the last few weeks is I've talked a lot about my father, I've talked about my mother and I've talked about these others that were general men but I haven't talked about my grandfather. I have a memory but I doubt this memory too. I believe sometime that my grandfather raped me, again at Christmas time. It was my mother's father and if I'm to believe that my mother was abused, which I believe deep in my gut, wholeheartedly know, he was probably her abuser and yet she thought the world of him. I think because my father was English our home life was very repressed and straight–laced where my mother's family was continental and when my mother's father arrived that side of my mother came out more and life was more colourful and she laughed more and we ate different food, garlic in food, at last. But I think this particular Christmas he came back and we hadn't seen him for a long time and my mother was so excited and I think that it was on the night of this that he came up and came into my room and raped me. And I remember lying in bed and knowing that I couldn't tell my mother because it would blow everything sky high for the family Christmas – everything – and I couldn't do that to her. I think that's probably when I really, really stopped telling anybody anything and started really keeping secrets. [Cicada: S 5, p 11 lns 34 – 40; p 12 lns 1 – 8]*

Joy believes that her father's death allowed her healing to begin. It was after this time that she told her mother. She constructs healing in the recognition that she no longer needs to break things,

> *Since my father died some of the anger has started to ease but it wasn't straight away. Still for a couple of years after he died I still felt anger and I think, really, until I confronted my mother actually, I still feel angry with myself because I can't totally get close to her but I'm not as angry because I've let her know how I feel. I've brought it out in the open so I don't feel like wrecking things and throwing things around and I can actually sit for hours and just relax now. It's a good feeling. [Joy: S 5, p 18 lns 28 – 33]*

Hence, healing with respect to perpetrators of childhood sexual assault required the women to reflect upon the impact the person has on them as adults and to find ways to feel better about that. This has been done in a diverse number of ways. It includes utilising a variety of techniques to express the anger, hurt and pain to visualising him in pain, to cognitive techniques designed to rid him of power and control over their thought processes. Healing ranges then from disclosure to others, to visualisations in which the person gets their comeuppance to direct confrontation and court processes.

Sexuality & Healing

As recognised in the literature, the Steel Magnolias' identified their sexuality as the site where greatest harm was caused by childhood sexual assault. It was also viewed as the toughest area to progress, the hardest wall to breach on the healing journey. While all the women identified positive gains and changes in their sexual selves, most believed that this part of themselves and its intersection with others would never be totally healed. Cicada and Carol express most succinctly these two points,

> *I think that it's my sexuality it probably feels where I am most damaged. And through that, more damage has happened to me, through my sexuality, through all these dysfunctional relationships and to other people, too, who I've hurt without knowing why. I guess I don't know if I will ever heal sexually because what I find happening to me now as I go through my menopause, my hormones are changing and I think its maybe to do with my healing too. I'm more able; I am not compulsed by it anymore. When I question that my sexuality will heal, I mean whether I will be able to ever have a rewarding sexual relationship with anybody. I really don't know. [Cicada: S6, p6 lns35 – 42]*

> *Yes, like Cicada, my sexuality is where I was most damaged and where its possible where I'm most seen to be damaged when I am with someone because when you are with someone in a sexual setting, you're most vulnerable. I grew up with the programming that all men wanted to do was get into your pants, so I was very afraid of men – still am, very afraid. I don't think I'll ever be healed totally sexually – there'll always be triggers and stuff, but I know now that I'll stop, I'm not going to let myself be abused. [Carol: S6, p8, lns35 – 39, p11, lns 2 - 4]*

Marie felt that being in denial about her sexual preference was strongly linked to being sexually assaulted as a child. She considered that recognition and her public acknowledgment that she is a lesbian was a strong sign of health and healing. [Marie S6, p3]. Marie had denied her early attraction to women. She had previously thought that she was attracted to women because a man had assaulted her. Carol expressed a similar view around coming to recognise her own bisexuality [Carol S6, p 10]. Both Marie and Carol identified society's dominant view around heterosexuality as a contributing factor in maintaining the early denial of their own sexual orientation however. That view continues to affect the choices Carol makes even now,

> *And when I was working on my sexuality, it sort of became very clear to me that I would be happy to be in a loving relationship with either sex. Probably preference to a woman because I feel more comfortable with women, I feel safer with women and I related better to women. But there's a social thing that you have to be with a man, so that's I guess a bit of the war that's going on. [Carol: S6, p10, lns 45 – 49]*

The women described sex as something that they had agreed to in the past because it gave them a sense of control [Cicada: S6, p6], a way to get comfort [Joy: S9, p 4], and/or a feeling of intimacy [Carol: S6, p12]. They believed that this was brought about as a result of the assaults on them as children. Either they used their sexuality to give them a sense of

control, because they had been sexualised at an early age and it was therefore a normal thing to use to control others. Or they had sexual intercourse with men because that was the only way they believed they could get some physical comfort. Or sexuality was the only way they knew to provide an outlet to a wilder, freer, childlike side of themselves [Cicada: S6, p7-8]. Cicada felt that her sexuality had controlled her for a long time and that it no longer did so was both a relief and sign of healing:

> *So, its sort of like, this bit of hot stuff would turn into this thing and say "not tonight, darling, not tonight, not tonight, not this week, not this month" and it would just go on. And people, guys that really cared for me got screwed up in knots about all this stuff because I didn't understand it and at the same time I would be saying this is my relationship. This other part of me that controlled my sexuality would be acting out in another part so she could take me out to clubs, meeting sleazy guys and going off and having sex. A large part of me was horrified at this behaviour, but it just kept happening. And that compulsive bit about it - I used to hate that. And as I got a bit older I would have more control, I would have to control harder, to stop that side coming out and, I never managed it, even when I was married. Dreadful things, I did.*
>
> *I think it's to do with my healing too. I'm more able, I am not compulsed by it anymore so I'm in a really peaceful phase land I've learnt through this long, bitter experience that I'm far better off without a man in my life. I don't know if that will ever change. I feel, really, you know, really peaceful now in myself but I have to be aware of that side of me that owns my sexuality and I definitely let her have some outlet. Otherwise I know what will happen. She will create a drama. So I try to find out what other things she likes and let her do that. [Cicada: S6, p 7,lns 24 - 40]*

All of the women had been abused sexually as adults. This ranged from letting their husbands have sex with them to keep the peace [Joy: S6, p4; Carol: S6, p10; Marie S5, p10], to violent rape [Stormy: S 5, p 11]. The women identified the at risk positions they were in as a result of not understanding that it was okay to say 'No'. Much of their adult experiences of sexual relations with men, related to their feelings of being assaulted as children. They felt objectified, as if they were merely vessels not living human beings with feelings. The women talked about what they did to 'survive' sexual intercourse as adults because of their mental connection of adult sexual behaviour with the lack control they felt through the sexual assault in childhood. Spacing out was a common experience in adulthood during sexual experiences. The women describe it, thus:

> *…And so I just shut down and I used to never be there for sex. And I would just think of ice cream or having a shower afterwards or going to the toilet, thinking what am I going to do tomorrow, anything but this man on top of me going for it. [Carol: S6, p9, lns32 – 35]*
>
> *Isn't it shocking, I'd plan what I'd like to eat … I planned my shopping list … what I'd do afterwards …absolutely (nodding agreement and laughter) [Various women's comments: S6, p9, lns35 - 37]*

Healing the sexual part of them was seen to occur through a variety of behaviours and choices. All the women felt that spending time alone and getting to know and love the sexual self was essential. Getting to know and love the sexual self includes becoming familiar with and finding sexual pleasure in their own bodies. Recognising that childhood sexual assault indoctrinated them in such a way as to make them operate as someone's plaything was also common among the women. Cicada, Stormy and Joy believed that being celibate for a time was important in healing the sexual side of them selves. Saying 'No' to requests for sex from a partner when they were not interested was a clear sign of healing according to Carol, Cicada, Joy and Marie.

> *But it still takes a lot of guts to say: "Well, I don't want sex and until I do rack off". [Marie: S5, p10 lns 44 – 46]*

Being with supportive partners - those who understand and work with the notion of stopping sexual intercourse when the women are spacing out or getting frightened by memories, triggers etc is considered health promoting. Carol, Joy and Cicada expressed this strongly [Carol S6, p 10 & 11; Joy: S6, p 11; Cicada: S 6 p7]. Carol describes it thus,

> *I had that with my current partner now. I had a flashback while we were making love and he could feel it because I phased out and I'm going like this to him. And he said: "Are you alright?" and I said: "No, I can't do this," and he said that was okay. And then he just rolled off and just held me and we went to sleep and that is the most amazing feeling. Because I was scared to say no, especially when you're going for it because men don't like to be told you've got to stop! I found that just totally amazing because I'd never, ever had that before.*
>
> *It puts a whole different feeling in your body. It makes you, for the first time, see sex in a different way. You're giving because you want to. You're not being used.[Carol: S5, S5 p 10 lns 4-9 & 11-12]*

A number of other issues around sexuality and healing were specific to individual women. Really believing that it can be, and experiencing sex as a wonderful sharing experience, was significant in Carol's healing process.

> *I've actually come to that [responding to Cicada's statement that she had never felt that sex is nice]. From thinking that sex is disgusting and revolting, one sided, disgusting messy wet spot, horrible thing (laughing). That it is this sharing thing that you do with someone you really care about. [Carol, S6, p 13 lns17 - 19]*

For Joy it was about balancing being alone and having someone in her life.

> *Since my marriage was over I have not lived with anybody and it's hard to, but it's something I think we all have to do in order to heal, we have to just live on our own. I mean if you've got a husband, that's, you know, and you want to stay with him and working it out, is good, great. But if you haven't, this couple of years on your own is just so valuable – it has been for me…I think accept the way you are, what you've been through, let you grow in*

> *your own way and if a relationship, it just has to be a person that's there for you when you, you know, just there, not some take over. It's just got to be somebody that's willing to let you grow and be and heal, and I think in your own time it can work. I'm at this point where I've got a friend that will to do that. I feel like I want it to work so I'm working on myself because, you know, I think it's nice to have somebody in your life. [Joy: S6, p 15 lns36 - 49]*

For Cicada, realising that it was, in her words, 'skin hunger' that drove her towards sexual relationships with men and that she could find other ways of feeding that hunger which didn't lead her down abusive paths.

> *And something that I didn't say last week and I remember you saying if you want to say something, try and say it – that, certainly, when I was healing I was very aware of that desperate skin hunger, that desperate need to be touched and held which always led me into that riotous sexuality of my youth – that sort of anyone, anywhere, anytime, just as long as you hang on to me, you know! Something that helped me in my healing, because even if there was a man in my life I didn't feel free to really go and ask for that because 9.9 times out of 10 it would turn to sex which wasn't what I wanted. I've received a lot of that healing as far as the skin hunger goes from my cats and my dogs, especially one of each – the old tom cat who is neutered now, the old male and my little old doggy have just really fed that part of me, especially at night in my bed. In my bed my big old cat will sort of curl up against my back and it gives you that feeling of something to cuddle up to. [Cicada: S7, p11 lns 1-12]*

Clearly and not surprisingly the area where healing was the greatest challenge to the Steel Magnolias was Sexuality. Yet as has been demonstrated in the previous discussion, they all worked with and could identify the changes in this part of their lives and selves. The changes ranged from being able to say no to recognising their real sexual preferences and included developing techniques which gave them a sense of control over that aspect of themselves and their lives.

Relationships & Trust

Understanding the importance and meaning of trust is essential to understanding how the Steel Magnolias view relationships and how they are working to heal this aspect of their lives. For these women, as for others with whom I have worked and as reflected in the literature, the issue of trust is a significant one. Carol beautifully describes trust as a fragile gift and her words were expressed with sorrow that others don't recognise the gift:

> *It's a very fragile thing. And I think that I perhaps trust people who don't deserve that trust. To me, it's a gift and I think it gets used and abused. [Carol, S7, p4, lns16-18]*

The betrayal of trust by adults entrusted with their care as children means that in adulthood issues of learning to trust and of learning who to trust becomes an important aspect of healing. As recognised prior to commencing this study, my being trustworthy was

significant to these women. In chapter 3 I discussed this in some detail. Through their discussions in this group it became clear that all the women felt that they had trusted people in the past who subsequently betrayed that trust. This made them uncertain and often unwilling to trust anyone.

> *The ability to trust – and that is so easily broken. Somebody only has to hurt me once or twice and that's it – I don't ever trust again, never, no matter what they do, I just never, never, never trust [them] again. I feel that's something that is given, not something that's taken for granted and I'm sick of it, just so sick to death of it being taken for granted, especially by people who are supposed to be there to help, people in community centres, people out there that you trust and they just break it without even considering how you would feel. [Stormy: S7, p3 lns1-7]*

> *I didn't trust a lot of people and I still don't. It's really hard to trust people. I just wanted to be loved, just wanted to know what that was like so I trusted people enough to get that but then they'd just use you. I think everybody in my whole life that I've got close to has used me in some way and then you just get hurt so much. [Joy: S7, p5 lns35-36 & p6 lns1-3]*

Carol reflected that misjudging who to trust comes in part from being told as a child how she should think and feel. As an adult this means she doesn't honour her own feelings about whether someone is trustworthy and inevitably trusts someone she felt she shouldn't.

> *I guess, because of the way I was brought up being told what to feel and what to say and all that, I doubt how I feel so I give people that same trust. [Carol: S7, p4 lns 19-21]*

So the childhood patterning around trust goes into adulthood. For the survivor then healing, according to these women, is about recognising that those messages from childhood about trust and their feelings were wrong and testing those situations where they feel someone can be trusted. It is ultimately about learning to trust their own sense of other people and learning from their mistakes.

Relationships with other women

Of some interest is the fact that the Steel Magnolias mistrust both men and women. It is not gendered even though most of their abusers were men. Stormy was assaulted by her sister, as well as by her father and brothers, however all the other women were assaulted by men only. While it appears that the women do not generally trust men (there are some exceptions), many women are also not considered trustworthy. Survivor women are considered most trustworthy followed by women who work with survivors in an egalitarian way. Cicada believes that learning to trust other survivors is a sign of healing for her:

> *My relationships with women are a lot better. I've learnt to trust other survivors with myself more. I can tell them things that I still can't tell other people. I've learnt to trust that they won't reject the parts of me that the normal world would. Even if the normal world is*

> *in the shape of someone who actually likes me, they would still reject parts of me if I showed that to them, that's been my experience. [Cicada: S7, p 11, lns 12-16]*

Stormy also acknowledges survivors as the people she is must likely to trust,

> *Probably the only people that I'm ever going to be able to trust completely are other survivors who know where you are coming from, where your boundaries would be and what the expectations are. [Stormy: S7, p 11, lns32-35]*

Many of her experiences demonstrate why this might be so,

> *My mother was told this address by the Women's Centre[1] and at first I thought: Oh well, it's happened and I know that the women who work here can still protect me but I feel that this was the only place, a safe place, because she know my mum knows where I live. This was my safe place and I feel betrayed, enraged, bitter and angry and it's just not different now that.... the thing is we marched together for reclaim on Friday night and then a few days later I find out that no–one bothered to tell a new worker my circumstances and I am just so, so angry. [Stormy: S7, p 12, lns 11-21]*

She also demonstrates how important it is for survivors to feel that they can trust those who work closely with and relate to survivors.

> *I've worked very hard have a safe place for me to come to, to put in place people where I can come to and it's safe and I know that I can let my guard down, let my defences down. And I feel now that that has been taken away from me and I feel like I have been raped. That is what I feel like and what I'm going to do is write a letter to the Centre and make a complaint. And I'm going to put my feelings down on paper to show them that I am powerful, that I have the power and the strength and I'm not going to let them pull me down and I won't stay down for very long. But that trust has gone. I was just beginning to think: Well okay, I can trust now. This is okay. Things have changed and we're all marching down the street and I thought: This is great. It felt like Christmas and I saw all these women gathered together celebrating women getting together and fighting and saying to men that violence against women is wrong. And then I find that out and there's no trust there now. That's it. I think I've been kicked and hurt too many times and this is why I've realised now that probably the only people that I can totally trust are other survivors or other women who have worked with survivors. [Stormy: S7, p12 lns 33-36]*

On the whole the women suggested that they were learning to find value in and trust some non-survivor women. Cicada expresses this most succinctly,

> *I was saying I didn't trust anyone but survivors but I am learning to value women who haven't been abused as my friends. I am learning to look towards them for what it means to be normal, what it is to perhaps have had a happy childhood and as I begin to… I've learnt to value a lot …of the validation I get from women and a lot of encouragement because I am meeting women now who know that I'm a survivor and know that it's been a big struggle but who really encourage and support me to do what I want to do. I'm thinking of women who helped me become part of this ācapella group, who have really encouraged me. [Cicada: S7, p 13, lns 3-6 & 10–21]*

[1] The group was being held at the Rape Crisis Centre which is in a different location to the Women's centre.

The Steel Magnolias perceive themselves as different and in many ways stronger and more interesting than non-survivor women. This view is expressed in a very interesting discussion which took place in session 7. As noted in the glossary the term *Primrose* is the term that the Steel Magnolias used to describe women who had not been sexually assaulted as children. When looking back on their comments it seems to really be a description of women who hadn't suffered greatly or who were not working on issues in their lives. In fact one woman related to herself as one in the days prior to commencing her healing journey. This is the primrose discussion:

> *Sometimes I suppose, being a survivor, I think of myself as very special because I have insights and gifts that the normal primrose doesn't have. [Stormy: S7, p 15, lns 9-12]*
>
> *I think what I comfort myself with when I come across that is that they're quite shallow. People like that don't have the depths, no life experience worth speaking about. And that is the plus side of a being a survivor – you have this depth and you have this strength and also you're going to be much more strong and much more prepared if the world does turn sour on you. It's just sort of like you know that nightmare world, you know it exists and you know a way of dealing with it. Whereas what I think you called the primroses would just go: Ahhhhhh! and shrivel and die. [Cicada: S7, p 16, lns 13-20]*
>
> *And I think people who have had a hard road are much more interesting. [Carol: S7, p16 ln 22]*
>
> *I think you find when you do talk to people that they are interesting people to talk to. Even if they've got it all together, you can think to yourself: I bet you a dollar you've been down a rough road because it is true. [Joy: S7, p 16, lns 26-28]*
>
> *Yes, they've got it together because they've worked fucking hard. They haven't just got it. [Carol: S7, p16 ln 30]*
>
> *Yes, it's true. I think we're survivors and I find survivors really interesting people and we've been through a lot of tough times and I think you have to learn to be tough from a really early age. I know I've had to really just be strong all my life and take control and it's just been really a hard road but I just think we've got the edge over a lot of normal people! Because we have, we've learnt to get through life, we've learnt about a lot of these things and we're still learning whereas they've just had plain sailing all their lives. I envy them if they've had that but, at the same time, they've never learnt to deal with any stress. [Joy: S7, p16, lns 33-36 & p 17, lns 1-5]*
>
> *Now I'm well on my way to healing there's no way I'd want to go back to being a primrose – I value my strength and my struggle. [Carol: S 7, p20 lns 7-8]*

The primrose discussion demonstrates the women's sense of feeling like 'the other' but in fact of actually valuing this difference. It again reminds social workers that survivors may actually construct themselves as thrivers, as being in a preferred state, rather than seeing themselves as victims.

Relationships with Men

Given that all the women had been assaulted by men, it is not surprising to learn that relationships with men are difficult. However several of the women noted that it was an important part of their healing to learn to trust men.

> *...It's only in the last few months that I have become close to B and that's only because of the way he is. I don't have to struggle with it because he accepts me and he's not pushing anything on me. So I'm slowly learning to trust him and accept the relationship with him. ...It took two years but I thought, "It has to be when I'm ready to trust somebody again". [Joy: S6, p14 lns7 – 10 & lns19 –20]*

> *I've also been thinking about men, not sexually, but I've found that it was really necessary to think of and find some men that were nice. And I've got two so far and I think there are beautiful men in the world. One is a swami and he teaches me yoga. Another one is Arnie Mindel who originated process-oriented psychology that I worked with when I went to the three week intensive. He was a lovely man, who just really cared about people and I just really liked his energy. [Cicada: S6, p 18 lns26 – 33]*

Cicada went on to reflect on the fact that maybe it was that these two men were spiritual men that she was able to trust them. For Carol and Joy, gay men were those they felt most able to trust. In both situations, the underlying comfort seemed to come from the fact that these men would not make sexual demands,

> *My best male friend is gay and he's – that's wonderful for me. He's fabulous, just wonderful. And there's no worries of sex: Either that I'll get aroused or that he will. He once said to me, something about – you don't mind that I won't jump you? (laughing) I'll take that as a compliment. [Carol: S6, p19 lns1 – 4]*

Overall this discussion about relationships and trust highlights a number of things. Learning to trust is a key facet of healing as described by the Steel Magnolias. Relationships with women are fraught. Few non-survivor women are trusted and the Steel Magnolias value their strengths and their complexities. They believe they are strong and complex as a result of being survivors. Learning to trust men is difficult and yet is also seen as a necessary part of healing.

Parenting

Most of the women of viewed parenting as an area of challenge in their lives, and in their healing journeys. Remembering that Marie was the only woman in the group who had not been assaulted by a family member, all the others wanted to give their children better childhoods than they had.

> *I've said I want to give my kids everything I never had: love, respect, caring, appropriate discipline, enough food which I never had. [Carol: s7, p4, lns 21 –22]*

> *My parenting skills have now got better but that was the one thing I found very difficult – not to repeat the pattern of my parents. [Stormy: s7, p2 lns 33 – 35]*

The women recognised that at times they revisited the child-rearing patterns of their own parents. They noted that they worked at recognising when they were behaving in similar ways and making a conscious effort to change their behaviour. Joy saw parenting as a place where she could demonstrate that she was a good person, where she could do good things. She considers herself a good parent and recognises that she achieved the childhood for her children that she would have wished for herself.

> *I think when I had my kids that was a turning point for me. I had an opportunity to be a mother. I suppose that was one thing and that was good for me. It gave me the opportunity to have something for myself that I had control over, in a way, and I think it gave me the opportunity to give to my kids what I needed, so that was good. But I've never been possessive of them. I've let them just grow up as boys should grow up – independent – but I gave them lots of love. I was always there. I gave up work so I could be always there for them and that was good. So I think the parenting part was good for me. That helped me through a lot of the other stuff I couldn't deal with or hadn't had the opportunity to deal with. I was able to do a lot more as a parent as far as replacing stuff that I couldn't have myself and that was really a good thing for me. [Joy: s7, p5 lns 2-11]*

Importantly, therefore, parenting has provided part of her healing process,

> *They've had the opportunity to grow up as kids and not have to put up with what I had to. So I think that's been good for me. I feel like I've achieved something so I don't really go back into that child role anymore. As a matter of fact, I don't think I have for a few years because I think that part of me has been satisfied through my kids, the fact that I could give them what wasn't given to me has satisfied the child in me somehow. [Joy: s7, p5 lns 15 - 19]*

A deep commitment to the protection of their own children was seen as not only an effect but also a way to heal from the effects of childhood sexual assault for the Steel Magnolias. One area of discussion was about intergenerational abuse, a sense of previous generations abusing and being abused. The women were determined to see that stopped. Stormy describes this with respect to her family and her children,

> *And that's what has made me think that the abuse has happened in four generations and in this generation I'm lucky because I have places where I can go to that can help me heal and I have support so I am very fortunate that in my generation it is going to stop. My kids and their kids are not going to be abused if I can help it. [Stormy: S5, p 13, lns 39 –43]*

Carol took this further to discuss how she was teaching her children to protect themselves,

> *And actually with my children too, I can see how much I've been affected, you know. I'm very, very much into making them aware of their own bodies and THAT'S THEIR bodies and no one can touch them in a way that they don't like. That's anyone, that's me, their*

father or anybody. And that's not just in a sexual way, that's in a total way. [Carol: S6, p11 lns 7 – 11]

The next section considers the issues involved for those who experience different personalities or different aspects of personality. Those who experience this sense of fragmentation also discuss the impact of that on their parenting. For a more logical flow it will be therefore presented in the next session.

Accepting/Integrating different parts of my personality

Cicada, Stormy and Carol spoke of having more than one distinct part of themselves. They suggested that acknowledgement, acceptance and honouring all parts of the self were an important part of healing. Working towards integration of the 'parts' may or may not be important. Honouring includes listening to and caring for. This notion of the fragmented self[2] was constructed in different ways by each of the women. Large chunks of their stories are included here to enable the reader to get a deep understanding of their constructions. While Cicada identifies 3 separate aspects of self, which she is working to value and unite, Carol and Stormy identify several separate personalities. Carol had written her narrative of this down and read it out:

For many years I was aware of not remembering gigantic parts of my life. I'd be walking down the street, would talk to someone and I could see them walking up the other side of the street and part of me would be aware that I'd spoken to them but I wouldn't know what I'd have said or what I'd have done so I'd stay away. I'd try not to see one person too many times down the street. Extensive counselling and a lot of reading led me to an awareness of many people residing in me. Some are named; most are not. Acceptance has been and is still very difficult for me. For me the whole concept of multiple people carries a tag of being crazy. They've just come out so integration is not on the agenda at all. They're completely opposed to it and go totally berserk if I even start to think about it. Healing us has meant being aware of each set of needs and fulfilling them if possible. There's a continual process going on of consultation and feedback and negotiation, although they don't like that. Some of them are very small and they don't understand that there needs to be a bit of give and take. [Carol: s7, p3 lns 13 - 26]

Trying to integrate these personalities together has been very, very difficult. There's over a hundred of them in there so far – 103 to be exact – and some of these, as soon as I recognise them, they grow up and they go or they fly off and they go, some go backwards in age and some refuse to budge and they give me a really hard time. They affect me physically and they try to get control of my mind. Stormy was one of the biggest problems that I had. She had been, we think, ritually abused and abused by my father and my sister.

[2] As was stated in the introduction to this study, it is not the purpose of the study, to make judgements about how the women construct this or any other aspect of their experience of healing.

> *This was all happening at the same time so Stormy is very angry and so she really wants to end it and I constantly have a battle with her for me to live. [Stormy: S7, p1 lns 20 - 27]…But it's been a real struggle trying to get the personalities...they fight sometimes, they fight like kids and they all want different things. One wants a chocolate éclair, one wants to go and run round the block, the other one wants to go to sleep, the other one wants to get out the razor and kill herself and the other one wants to go down the street and scream. And it's trying to please all of them which is the hardest bit. [Stormy: S7, p2 lns 5 – 10]*

Cicada's sense of separate personalities was somewhat different to Carol and Stormy's. She described starting to work with different aspects of herself and after becoming overwhelmed she resorted to working with the 'three main parts':

> *I don't know if they are actually separate people but definitely separate personalities that have a lot of control at different times. Finding the child, working with the inner child, was a tremendous break through for me. I think that was really strong because she had been shut away in the dark alone for so long and letting her out and listening to her relieved a tremendous amount of pressure in my life and was very healing. [Cicada: S7, p6 lns 14 – 18]*

> *So I was aware of the child, I was also aware of the part that I talked about last week – the Gipsy. She's called Jetain because a lot of the time she talks to me in French, I talk to myself in French. I'd always been aware of her. She'd always been the wild and rebellious part of me and I think that she came out a lot in my 20's when I got away from my mother and the controlling atmosphere of my childhood and she just had a wild time. So there was the child and Jetain and then there was the part that I call "the Coper/Controller". She was the one who carried on, just kept things going, who coped but in order to cope she needed total control. [Cicada: S7, p6 lns 25 – 31]*

Carol and Stormy believe that having multiple people resident within creates difficulties for them in parenting their children.

> *My people have a tremendous effect on my parenting. They get very jealous of my outer children and triggers with the kids can bring them out, like Stormy was saying about not wanting to repeat the pattern – I won't be so much aware, I'll be just parenting the way I want to and then the trigger will happen and one of them will come out to help me or to deal with what's going on, so there'll be times when I'm not sure who's dealing with the kids. So that makes it very hard and I think it's a little bit hard for them too. But they're very tolerant. They sort of go with what's going on and if I've been over the top (I've got a couple who can be quite aggressive), then I've calmed down and sorted out what's going on, then an adult has to go and apologise to my kids. . [Carol: S7, p3 lns 11 - 19]*

> *As far as parenting goes, I had a real battle with parenting because my inner children were jealous with my children sometimes. When I first started my healing I found it very difficult not to lash out at the children – in fact, I punched and I bashed and I slapped my eldest daughter – and I realised in myself that I had the ability to hurt my kids, for the pattern to be repeated. That was an enormous battle, it took enormous strength to turn that around and I went through enormous grief, enormous crying and unbelievable anger but somehow I got through it and it doesn't happen anymore. [Stormy: S7, p2 lns10 – 16]*

For Cicada, working to support her inner child brought about an improvement in her relationship with her own child.

> *As I worked with my inner child and learnt to value and love her and validate her, my relationship with my own child changed dramatically too. I was much more able to be close and loving with him. [Cicada: S7, p6 lns 13 - 16]*

Joy felt that she experienced personality changes rather than having distinct parts of herself and so healing for her has been around recognising the characters she pretends to be and realising that she doesn't need to operate in that way any more.

> *I don't have all these people inside me – all these different people. I think personality changes are more me – and I suppose that's got something to do with people inside me, hasn't it – but I don't really relate to different people in there as much. I think when very young I got used to being somebody – not me. I don't know, it's only been in these last couple of years that I've been trying to find out what I really am all about because I think I grew up really not knowing who I was supposed to be or what I was supposed to be like. I only pretended all my life to be somebody that I probably wanted to be like in order to cover up I suppose. [Joy: S7, p5 lns27 - 33]*

Healing and the fragmented self

Carol recognises her need to work with her inner people and discusses healing this aspect as follows,

> *My healing involves a continual process calling for me to be aware and accepting and then being prepared to meet my people's needs to the best of my ability and then they'll help me. I'm aware that while I'm reading this that there's been a few people come out to help me get it right? Which is why there's a little bit of overlapping. They are tremendously resourceful, rich in experience and knowledge. They need to be out and they want to help me. I just need to let them and without them I would be dead. That's the truth. Not all are positive, some are very negative and aggressive and there's a couple who are actively suicidal so like Stormy, I have to be always on my guard. I need to look after myself, I need to not let myself slip too far and that's with triggers and things because I am out of control when triggers come up. So it's lots of positive sort of talk, positive experiences, although when my people come out and I'm not aware of it...I try to give them opportunities to come out with my writing and doing things that they like to do. [Carol: S7, p4 lns 2 – 13]… So I just need to do lots of positive things which is good. I can visualise, I've got a safe space where I can go to whenever I need to hide and the kids[3] can go there as well too, so no–one knows about that. That's just my safe space. So, really, integration is not on the agenda right now and it's still me trying to accept. I notice (I do it with my kids too) that I'll let them out for a little while and then when things get too hard I'll slam the door on them and they get really, really upset with that which I can understand. [Carol: S7, p4 lns17 – 22]*

Cicada's healing of this aspect of her life centred primarily around honouring the different and separate parts of herself. She describes her journey thus:

> *And I guess another of the break throughs was realising that she [the Coper / Controller] was a very valid part of myself. I never sort of recognised her or valued her. The child was dependent on her in a lot of ways but also didn't like her because she never let us have any fun. She was always trying to be responsible, trying to keep things together, so there was no room for fun. The Gipsy didn't like the Coper/Controller either: Oh God, she's just too boring, she wants to do the housework whereas the Gipsy just wants to go out and have a*

[3] "Kids" in this context are Carol's inner people.

> *wild time. She doesn't want to think about the housework or responsibility. So there was a lot of conflict all the time and that's very exhausting. The Coper/Controller was always very tired trying to stay in control and keep these other parts – she was very threatened by the Gipsy because the Gipsy was the one that would take us out and start taking risks. The Coper/Controller hates taking risks. She likes to know what's happening when it's going to happen and have it happen then. Also she didn't like the child. The child was shut away with all the negative feelings. The child, when she came out, was the one who sobbed and cried and was full of despair and just couldn't cope with the world at all. I think learning to understand the Coper/Controller and begin to honour her made an enormous amount of difference in my life too because, especially when I worked a lot with my inner child, it was like she got jealous but she was jealous of the time that I spent with my children. She felt very over burdened, very taken for granted, she kept on going but nobody ever said, "thank you". She just kept the outside world going, kept feeding me and my kid and kept things together but nobody ever said "thank you". And when I would work with my inner children, she would start to rage and want to just go: Well right, I'm leaving. You two get on with it! And she would want to withdraw which was utter chaos because then there was no–one to cope. There was a despairing child or a wild woman who just wanted to go out and get drunk! In either one of those the life just crumbled into total confusion. I would either be locked into despair and depression and crying and crying and crying and crying or I would be out partying on. So learning to say "thank you" and to do things for the Coper/Controller really, really made a difference – just little things like saying thank you for a meal to myself, especially if it's something I enjoy: Thank you, thank you. And I would just get this really warm glow. Or when I went to the garden shed and found that my garden tools were there, not abandoned somewhere in the garden or the last place I was working: Gee, thank you for putting the spade back! I'd feel really good. I don't know about integrating the different parts but certainly learning to co–operate between us has helped so that we talk to each other more. [Cicada: S7, p6 lns 32 – 37 & p7 lns 1 - 25]*

Much could be said about dissociative disorder and whether this is the condition some of the Steel Magnolias have described. For the purpose of this study however, it can most appropriately be noted that survivors can and do experience a sense of separate entities within themselves and that healing involves owning and honouring these separate parts.

UNDERSTANDING / CONSTRUCTING HEALING

In this section the Steel Magnolias narratives are presented in terms of the themes which emerged in the literature. Those themes are 1) Defining Healing, 2) Conditions which make healing possible, 3) Process of Healing, 4) Time required to heal, 5) Signs of Healing, 6) Impediments to the healing process, and 7) Tools and techniques for healing.

Defining Healing

The Steel Magnolias defined *healing* in various ways. Generally it was seen to be a journey or a process of working through and moving onwards. Working through pain, denial of self, denial of what really happened to them, towards understanding what is really important to them, becoming comfortable with who they are and recognising that they couldn't prevent the assault that occurred when they were children. It is about taking control of their lives

today, recognising old patterns and replacing and laying the blame where it rightfully belongs, with the perpetrator.

> *Healing for me has meant a journey out of denial and pain, to I guess still being in a lot of pain but actually having something to do. That I can do something about it now because I'm not in denial anymore about why I'm in so much pain. [Carol: S 9, p 3, lns 24-26]*

> *But I think healing – I won't get into the semantics of the word, I mean, I think it's a process that we all sort of go through, it's a word we are all familiar with. But I think its, yeah, a process where, well for me anyway, I'm not frightened of myself anymore. I can acknowledge what happened wasn't my fault and I haven't got to go and lead that life that was, how can I say, well like living a lie to cover up for what's happened to me, you know… So that's what healing has done for me – its reclaiming part of my life that was, that I had denied, lied to myself you know. And understanding that it wasn't my fault, you know – it was some fucking arsehole. Yeah [Marie: S9, p5, lns 30-35]*

Cicada spoke compellingly about the use of the word healing for the journey. She describes healing from childhood sexual assault as being similar to the physical healing process a boil on our skin goes through.

> *When I thought about the word "healing" I thought no, I really want to call it healing. I don't know, there may be other words too. I've often thought about the presence of my healing as being a bit like a boil, you know, there's this horrible festering stuff under the surface which builds up and up and up until it comes to a head that you can't ignore any longer and then when it bursts, that's probably the time when its most painful, when all the stuff is pouring out and you're very, very vulnerable. …Healing has been the knowledge that I have gained through, from what I've read and talking to other people who are further down the track. That's like what you put on a boil, to stop the infection or the drawing out and without that, it just heals over but there is still stuff festering… and up it comes again. And I thought my life had been a whole series of eruptions and it wasn't until I found something to put on it to actually cleanse and heal it and draw out the poison that I really healed. [Cicada: S9, p6, lns 29 - 44]*

Stormy also likes the word healing and defines it in the following way,

> *And I like the word healing not in medical terms but in a nurturing kind of term, in nurturing and self loving, and self-giving and exploration and journey. {Stormy, 1995: S9, p2 lns 12 - 14]*

The language of *healing* is language therefore that the Steel Magnolias all seemed comfortable and happy with.

CONDITIONS WHICH MAKE HEALING POSSIBLE

The Steel Magnolias identified a number of conditions which were important in ensuring that they were able to work through their issues and heal from the effects of childhood

sexual assault. These ranged from the need to have partners or other supportive people involved in their healing process, the stage of life at which the process is begun consciously, the ages of children and other aspects of their general life circumstances.

Partners involvement in healing

Marie did not want her husband to be involved in her healing journey.

> *I think you just believe in yourself and that you're doing it for yourself and don't try and bring anyone else into it, especially your partner.[Marie: S10, p4 lns 35 - 37]*

However Joy felt her husband's lack of support acutely when she began to face and confront the issues surrounding childhood sexual assault in her life. Like Carol, she felt that her marriage breakdown was in many ways attributable to commencing the healing journey.

> *...all I wanted was for E to come to me and be involved and say: "I want to help you, I want to be a part of your dealing with this – talk to me", but instead he just didn't want to know about it, he just thought.....I think he put a lot of blame on me. So I feel a little bit different there in the fact that I did want him to be involved, I did want to be a part of him helping me – instead he was just like another man saying, you know: "I just don't want to know about it, it's all bullshit", sort of thing. So that really hurt and I think if he would have become involved and tried to help me and tried to understand what I was going through, I think probably our marriage wouldn't have ended up being so stuffed.... Instead, he just shut me out and said, you know: "I just don't want to know about it." So that sort of sent us further apart. [Joy: S 10, p5, lns 7-16]*

While it seems that a supportive partner may be a benefit in the healing journey, not all survivors want their partners to be involved, while a partner who does not or cannot understand may actually make things more difficult.

Time required to heal

One of those areas, about which all the women agreed was that healing is an ongoing thing. It was not considered a time limited event. It may be that things would change but there would always be some part of their lives needing work.

> *And I think healing is not something - healing from a lifetime of child abuse, child incest is not something that can be achieved in a year, or six months there or something [Stormy: S9, p3, lns 7-9]*

> *Like Stormy just said, [it] doesn't take six months to fix, or two years, or three years, it seems to me to be a continual thing. Like, it took me 30 years to get here, it's not inconceivable that it will take me the rest of my life to actually be able to come to grips and function without these enormous highs and deep, deep lows, you know, to be a little less polarised, you know. [Carol, S 9, p3, lns 41-43]*

Process of Healing

Timing

The timing of when to work on the issues of childhood sexual assault was an issue the women reflected on. While they didn't consider that they had 'chosen' a particular time, some times were deemed to make the process more bearable. For instance, Joy felt that it was easier for her in that she did not start working with the issues of the childhood sexual assault until her children were grown up.

> *But it's been easy for me to get through these last few years because of the kids being older and I haven't had the stress of their demands, so that's made things easier. And I think if I had have tried to deal with this when they were growing up it would have been a lot harder, I really do, and I think the struggle would have been really hard whereas I was able to just shut it away […while they were younger…] and just go on with my life while I was attending to them. [Joy: S 10, p 5,Ls 29-34]*

Ongoing nature of the healing process

The Steel Magnolias all commented on the ongoing nature of healing. While some issues were worked through, others would require more work at a later time and always there would be some things to be dealt with. It is the nature of humans to challenge areas of change and growth each time a new experience is met. Joy considered that she had come a very long way on her journey, yet she told the story of a way she realised she worked non-stop so people would think well of her. She never believed she had the right to 'take it easy'.

> *Well - my life's been one cover up, and I always felt I never had the right to take it easy, to just do things for myself, I always felt I had to be doing, doing, and doing all the time, proving I'm doing something (laughs). Actually, most of the time I feel as though I don't want to do it, I don't have to please anybody. The fences still come up, you know, like I'm, on Saturday night I was talking to my friend, and I'm sort of still in agony with my leg at the moment and he said, we'll take it easy tomorrow, you know, just bludge. And its not right, I'm not used to a man telling me to take it easy (laughing). I'm used to a man saying, you know, expecting me to keep going you know he said take it easy, and don't do so much. But I can't do that – I can't, I've got to keep going, I've go to… and then, Sunday morning, I thought well this is not really me NOW, this is THEN. So I started to take it easy (laughing). I've go to shut off, shut off that old person, you know, I've just got to, 90% of the time I do; its incidences that trigger that old person off again, you know, that. And I thought, no, like stormy, I've come too fare I've come too far to do that, to go back. [Joy: S9, p4l, s 41 – P5 lns 9]*

Signs of Healing

Several signs of healing emerged from the narratives and discussions engaged in by Steel Magnolias. The list includes the ability to laugh; being alone and being happy being alone; the ability to control depression; the ability to appreciate the good in life; recognising

dysfunctional patterns or relationships; and an increased belief in self or improved self esteem.

Laughter

The ability to laugh genuinely was seen by the Steel Magnolias as an indicator of healing. Indeed it was even recognised by the members that they were laughing more towards the end of the long group research process than they had at an earlier time. There was a clear understanding of difference between laughter that covered up pain, anxiety fear and laughter that was pure appreciation of fun in the world.

> *To have a sense of humour, and just, that's not sarcastic or derogatory or deriding, but just to have this really good belly laugh about something that's funny and not feel guilty or that its wrong, or how I'm feeling is wrong, just to be able to laugh and be happy. I want to be happy, I think, I think that's where I want to be in five years time. And I get glimpses of it and I think that's happening. [Carol: S9, p4, lns 7-11]*

> *Actually we seem to be laughing more now than what we were in the first couple of weeks. I've don't know if anyone has noticed that but (yes)[*] (end in sight, I think)[*]. Yes. (laughing). [Joy: S 9, p4 lns 21-23] I think, I think its because we're, we're all more comfortable with each other. We've been through some hairy topics together; we've all emerged along through it. [Cicada: S 9, p4 lns 23-24]*

> *Like Carol I feel I went through a lot of what she is going through now, I can relate to that because I went through a time where I felt that I didn't have the right to laugh, or to be that free, you know. I feel like I've got that now, so. When I laugh, I said to somebody not long ago actually, there is a difference between laughing and laughing. There's laughing to just cover up what you're feeling inside and there's laughing because you really feel like laughing and that's now. I laugh because I want to laugh. Because I feel like my laugh now is like "real" not a cover up.[Joy: S10, p4, lns 32 –29]*

Humour is considered a wonderful thing, which has helped all these women to survive and thrive. As well as being a sign of healing, it is therefore also a part of healing itself. Much of this humour was in the form of laughing at themselves or making fun of perpetrators.

Being alone and being happy being alone

Living without a partner and being happy in that state was one sign of healing which Cicada, Joy and Stormy all articulated. In many ways this may relate to an increased sense

[*] Agreement from other women

of self esteem. It is primarily about realising that they did not need to be with a man to be happy and to have their needs met.

> *I've had to learn to deal with that myself. I've been now on my own for five years and it's been good! (Laughs) It's been wonderful! No one to have to answer to. [Joy: S 10, p 5, lns 18-19]*

Ability to control depression

Depression, which we know from the literature review, is a common effect of childhood sexual assault, was raised by each of the women with respect to healing. They recognised that they did not get depressed as often any more, and when they were depressed they were more able to get themselves out of it. Joy explains,

> *I don't go into depression like I used to and when I do get down I think I've managed to get to the stage where I can pull myself out, you know, to go and do the gardening or to go and talk to a friend or to just do things. [Joy, S10, p 6 lns 35-37]*

The evening out of their moods was considered a definite sign of healing. Here Carol looked forward to the time where she could:

> *...function without these enormous highs and deep, deep lows, you know, to be a little less polarised. [Carol, S 9, p3, lns 42-43]*

Marie recognised that she has become someone who can take control of her own feeling and emotions and look at what is happening using a more objective, problem-solving approach.

> *And healing has changed me immeasurable. I'm just, just a different person. Completely different person. I'm not on that roller coaster – I can control that roller coaster now. I can stop it and I can – anything triggers, well, OK, I can sit back and say " well yeah, what's really happening here?" and things like that. [Marie: S9, p5, lns 35-38]*

Ability to appreciate that there are good things in life.

Because so much of their lives had been lived with a view that life was a hard, hurtful place, where not even those closest to them could be trusted, healing can be seen in a view that life can be all kinds of things.

> *I can sort of see the nicer sides of life now. [Joy, S10, p 6 lns 37-38]*
> *And getting back that sort of feeling of contentment without having as many barriers, without having as many walls around me, I'm beginning to feel less isolated in the world. I can relate to other people, not just survivors – slowly, yes – and mostly only women and children. [Cicada: S10, p 20 lns 14 – 17]*

Life can be appreciated in all its many facets – this sense of optimism and excitement about the world is considered to be a strong sign of healing by the Steel Magnolias. This sense of optimism and enjoyment in living is revealed in Stormy's reflection on the rainforest,

> *The rainforest kind of regenerates, it's just constantly like a cycle and I find that there's always life happening, there's always things being reborn and from the decay comes life and it's just so magical the way the water drops drop on the leaves and the sunlight filters through and I imagine I'm a little gumnut underneath the tree ferns. The tree ferns are my favourite plants. [Stormy: S10, p 4 lns 16 – 20]*

Recognising dysfunctional patterns or relationships

Each of the women spoke of recognising unhelpful patterns or relationships in their lives. On many occasions this was about forming relationships with people to fill the gaps they felt the childhood sexual assault had created in their lives. Where they hadn't yet made the changes they sought, it was considerable progress that the issue was recognised for what it was/is.

> *I think one of my hang–ups that still happens is the fact that because I didn't get the satisfaction of a father/daughter relationship, just a nice, normal one, I still feel that I can – I think one of the things, and this is a problem, I know it's a problem – I can talk to men easily and I think that comes back to the fact that I'm still looking for that relationship. I felt just like a thing, not a daughter, just a thing you know that when you walked in the house he either was verbally saying something to upset you or he was like carting you off to the bedroom (speaker laughs) and everything was for his own satisfaction. [Joy, S10, p 6 lns 1-9]*

In this sense, Joy recognises that what she wanted from her father was a relationship where she could be treated kindly and looked after rather than being treated like an object. She seeks relationships with men where she can get this but ends up finding that she agrees to sex, in order to get the other, without necessarily wanting a sexual relationship. Thus allowing herself to be treated as an object once again. Her adult sons are assisting this part of her healing, by demonstrating that men can be expected to treat her well in non-sexual relationships.

> *My sons have been a big help there. Because they're adults now I can sit and talk to them and they don't judge me or anything. They just take me as a person. You see, they don't want anything from me, they don't expect anything from me, they don't want anything from me, they just expect.... I'm just another person, you know? . [Joy, S10, p 6 lns 12-17]*

Belief in Self – Caring for Self

Learning to believe in and care about oneself was seen as both a sign that healing was happening and part of the process through which healing occurs. It included recognising

that they did not need to cover up who they are or what they are thinking and feeling, for fear of rejection.

> *But I think from loving myself I've learnt a little bit more about what love is and I'm a bit more filled up by it.I think you have just got to have that love for yourself and I'm sort of learning to do that. [Cicada: S10, p 23, lns 9 – 11]*

> *What helps me to like myself is for me to do things for myself – buy little soaps, taking time out just for me [Stormy:S10, p 23 lns 20 – 21]*

> *I think that's where it all starts, I think you have to learn that you have to do these things for yourself, that you deserve time to yourself whereas before you put everybody else first, you made sure they got everything that they needed before you worried about yourself. [Joy: S10, p 23, lns 25 – 27]*

An increased sense of self was picked up by Darlington (1993) in her study on the experiences of survivors of childhood sexual assault, as being a significant sign of recovery also.

Impediments to the healing process

The impediments to the healing process ranged from lack of protection and support by community agencies, to non-supportive partners, to disbelieving counsellors, family and friends to judgemental workers and counsellors with poor professional boundaries. These issues have either been taken up in the previous section [supportive partners role in healing sexuality issues for instance] or will be taken up in the following chapter where it considers professional responses to childhood sexual assault survivors and service provision.

Tools and techniques for healing

Throughout the sessions the women spoke of a variety of tools or techniques which aided their healing processes. They used meditation, colour, music, communing with nature, aromatherapy, drawing, gardening, writing poetry and keeping a journal, working with their dreams and various techniques to assist them to release their anger.

Physical outlets for feelings

Some of the expressions of anger are violent, on the edge.

> *...ripping up pillows and writing swear words and obscene stuff about my mother and my father and stabbing it with pins and knives and stuff like that – I find that really enjoyable and being a rebellious child, doing stuff like just messing up the whole room and just walking away and coming back a few days later to clean it up. [Stormy: S10, p.5 lns 6 - 9]*

Other expressions of release are physical or verbal in nature but do not necessarily include focussing on anyone in particular. A number of examples were shared in Session 5, p 17 & 18]:

> *One thing that I learnt from my book, too, is that it talks about screaming inside the car. You get inside the car and wind the windows up and go Ahhhhh! You can also do it with a pillow, you can just yell into a pillow and that's quite good. Of course, my boys worry when I yell because I've got such a loud voice that all and sundry hear me! Give everyone a fright [Cicada]*
>
> *I like hitting my bed. I've got a T–ball bat and I hit into my bed. [Carol]*
>
> *Swimming is very good for me because I need some physical release. The abuse, as well as being mental, was physical as well and I need a physical release. I need it now. I need to go and do something. [Carol]*
>
> *I used to go and sit in the toilet and do a big yell before I'd go demurely down to the car to meet the fuzzy wuzzy (her son). [Cicada]*
>
> *Get on top of a cliff and go Ahhhhhh! [Stormy]*
>
> *Scare all the birds for miles. [Joy]*

Besides specific techniques for release of pent up anger, frustration and sorrow, housework for instance was seen to be a useful outlet and thus helpful to healing and to maintaining other aspects of their lives [session 5 p19]:

> *I bang the dishes around; get them in the sink and just bang! bang! bang! and before I know it I've got a clean kitchen. [Stormy]*
>
> *It's good to use it in that way. [Marie]*
>
> *I like to use my anger like that. I tidy up the rubbish bag because I use Woolies' bags and I'd throw them. Just because it's a bag of rubbish, it has no hope and it really relieves my feelings and I crash around. [Cicada]*
>
> *It's true, I can remember everything I did, I did in a certain way – everything – make the beds, hang the washing – it was always with no gentleness, it was always as if you were trying to rip all this stuff from inside of you. [Carol]*

These techniques are important when social workers consider the diversity in their clients. Some will simply not feel comfortable yelling or hitting a pillow but may be more able to engage with the notion of throwing their pent up emotions into cleaning or gardening. An activity like gardening of course can be a meditative, calming technique for survivors as noted by Joy,

> *But at home the best thing for me is gardening. I find when I get really down, gardening is one of the best things that I can do. I go out and I just feel so peaceful amongst my trees (laughs), I just feel like a different person. [Joy: S10, p5 lns 22-24]*

Work

Work has been important in the healing journeys according to Joy, Cicada and Marie.

> *I feel probably the best tool for me was work. It's been good for me to know I have to go to work every day and I have to deal with people and I can't carry all this with me to there and put it on other people in every day life. [Joy: S10, P5, Lns 20-22]*

The importance of this is perhaps mainly in remembering that survivors do not want to focus on the assault and the effects of the assault all the time. These women seemed to suggest that actually having time away from focusing on healing was also an important thing.

Writing

All the women except Joy considered 'Journaling' or writing down their thoughts and feelings a very important tool. Marie in particular, found writing a helpful way to work through her issues.

> *But its been a slow, a very painful process and I think a survivor being a survivor, it is the internalised pain, you know, no one else can see it, no one else can feel it. It's all in here and healing and the process of healing has enabled me to work through all that. Especially with writing, I mean I still write all the time, writing – if I'm angry, if I'm sad, even happy, god forbid, I still write. And things like that. Its given me the, well, the courage, the outlet, it think is the courage to get it all out, otherwise I think, I mean, I'd be dead, you know, or otherwise I'd be a junky or something anyway. I don't think I'd be a normal thinking person. I think I'd be a mess. [Marie: S9, p5, lns 38-46]*

When it came to using *journaling* as a technique however Marie cautioned others to consider how safe or secure they could keep such material. Here she describes her shock and anger at discovering that her husband had read her personal reflections,

> *I think my husband had been going through my personal stuff and reading. How I think that's happened is – you know that little paper I wrote on sexuality, I had it stuck right down at the bottom of my make–up bag and there's no need for him to be any where near it. It was one night after we'd made love and he was going the next day back off to work and he said: "Oh, by the way, your stuff's in your desk drawer now." I didn't know what he was talking about and, anyway, when I got back from ...[City name]... that day I went through it and, sure enough, there was what I'd written and it's all sort of fallen into place that he had read it because he was touching me all the time, like sort of saying that he loved me all the time, so I think that he has read it. That's made me fucking angry you know, I don't know what to do, whether to confront him or what, I don't know... Now I'm going to destroy my journal because I just don't want it around because I just can't trust him. Either put it under lock and key, but I've got nowhere to put it under lock and key. [Marie: S10, p4 lns 20-29; 33-35]*

While it has been in evidence in individual women's narratives earlier in this chapter, it is worth reiterating the importance of letter writing in the Steel Magnolias healing journeys [Cicada: S3; Carol: S4, 9; Marie S 9; Stormy S 10]. These letters are not always ones that are sent but which are seen to have value simply in putting it out on paper.

> *I've just thought of another thing that's helped me a lot and that's letter writing, writing, like that letter that I read earlier on, writing letters, angry letters to my father, letters to my mother, letters to my mother and father, letters to men in general! (Laughter). [Carol: S10, p 18 lns 28 – 30]*

Creative activities

Several of the women mentioned the importance of engaging in creative activities to forward their healing. These ranged from writing poetry to drawing, painting and making things. Stormy expressed strong views around the use of the word 'art' to describe what she did, and this was taken up in discussion, by other women. She preferred not to use the term art as she felt it had all sorts of connotations about judgement. That is, someone other than the creator judges art and she did not want the work she did to be judged by others. She describes some of her work and what it signals for her in terms of her hopes for healing,

> *And I did another one that was what I call a "healing" poster and it's got these lovely warm colours, green which is my favourite and the colours of the sun and the colours of the sunset – a purple colour, and there's a big sun on it and there's a man or a women or it could be two women. I sort of look at it and I don't say what it is – I say what I feel it is and they're naked and they're holding each other. There's one behind the other and she's got her arms up and I look at that and I think: that is free, that's free. And I look at that and that's freedom. It's safe, it's safe to be able to stand there naked with your arms up like this holding another person and for me that's sort of what I call it. That's a freedom, it's a goal to work towards. [Stormy: S10, p19 lns 5 – 12]*

Counselling & Group work

Since many of the services provided to survivors take the form of counselling or group work, it was expected that these areas would come in for some attention from the Steel Magnolias. There was variation in the women's experiences but essentially these were seen to be positive and helpful interventions.

Counselling

The women had varied experiences of counselling. All had found some counselling experiences helpful and had journeyed greatly in that process. Marie and Joy described it only as positive part of their healing journeys.

> *And for counsellors, well I've only seen C and I've seen you and I've only had... you know, it's been good. There's no sort of negative sides to counselling. [Marie: S10, P4 Lns 37-38]*

> *Like Marie, I haven't had a lot to do with counsellors and what I've had has been pretty positive. [Joy: S10, P5 Lns 1-2]*

In terms of the specific value of counselling, each of the women talked about those parts of themselves they had worked with in counselling. Carol identified her extreme fear of dentists through counselling. Stormy, Carol and Cicada came to understanding a sense of multiple parts to themselves in counselling. All had been encouraged and taught how to be assertive through counselling. While all had had significant experience of counsellors no difference was identified between social workers and other counsellors. While the women knew I was a social worker, there was nothing to suggest that they should make a differentiation and this is perhaps a limitation of collecting their stories in this way.

According to the Steel Magnolias, going into counselling requires preparation. Carol is adamant that a support system needs to be put in place:

> *If I was going to say something to other survivors I would say: If you're thinking about healing or getting counselling, do it. It doesn't matter how old you are or where you are, do it, but like Stormy said, try and make sure you've got a support system in place because it's going to get worse before it gets better and when it gets worse, that's when you need those supports – child care when you've got small children, someone you know you can go and talk to when it's all bubbling up. But it's a really worthwhile thing to do, the freedom and the contentment that you can gain are worth just heaps when you compare it back to that sort of life of controlling everything and keeping everything tight. It's so exhausting and pretending all the time, keeping up a front, pretending to be okay, being normal, normally functioning, it's such a strain. [Carol: S10, p 13 lns 13 – 21]*

Carol wrote a list of things which have been effective tools or techniques for her healing. These are listed here because many of them came from counselling interventions. They include: changing her self talk to more positive self talk; using positive affirmations; writing; swimming; laughing; focussing on body sensations; working with her inner children – playing with and re-parenting them and when she gets overwhelmed she has learned to put things in a box and deal with them later. She has a safe place which she can visualise when things get too bad for her. She releases her anger. She got out of a destructive relationship and she has regular counselling. She experiences the process of counselling itself as an aid for her recovery. Most importantly, she is committed to

maintaining her awareness of what is happening for her and to honouring where she is at in her journey. [Carol: written communication 24/11/95]

Group work

The Steel Magnolias deemed group work to be a very useful aid for healing. The women often commented on survivors groups they had been a part of and how supported and cared for they felt in the groups.

> *I don't get that understanding anywhere else, except in a group, that knowing, that free flowing feeling, anywhere else in the world except within a survivors' group. I don't get that from any other friends or acquaintances, relatives, psychologists, counsellors and I really do miss a group. I feel like I belong to a club. I feel like I belong. Somewhere in this world there is a piece from a jigsaw puzzle that is for me and I find it very grounding. [Stormy: S10, p3 lns 34 - 38]*

Groups are seen to provide a sense of belonging and the interaction potentially gives the survivor the missing piece of the puzzle which may further their own healing. They are also a source of comfort,

> *This is only me personally but I feel a comfort listening to other people, you know, no matter how traumatic it is. I feel sometimes it makes my situation look not so bad. And I know I haven't been through what Stormy's been through. [Joy: S10, p8 lns 10-12]*

> *But listening to everyone's history or herstory or whatever you want to call it is good, for me anyway. If I can accept that I'm doing things right for me in how I do and act, then it's okay. [Marie: S10, p 26 lns18 – 19]*

Clearly the concern by some practitioners about vicarious traumatisation (Herman, 1992; Hooper, Kowprowska & McCluskey, 1997) while being an important consideration was not a matter of concern for the Steel Magnolias. Vicarious traumatisation is the experience of anxiety or stress as the result of 'listening to other peoples stories and/or emotions' (Hooper, Kowprowska & McCluskey, 1997:32). The Steel Magnolias clearly felt that the benefits of group work greatly outweighed this possibility.

However it may be that this sense of comfort, being supported and empowered only relates in fact to groups with a particular style of facilitation or run from a feminist perspective. Cicada [S 10, p20 lns 4-7] acknowledged that the groups she values have been run in a very empowering way. As will be noted in her reflection on this research group later in this chapter, she considers that providing some structure but then allowing the group to self facilitate with minimal interference from the facilitator provides the best opportunities for

groups to be healing. For Stormy it is important that groups have a feminist orientation in order for her to feel apart of them,

> *I could be in a group of people that aren't survivors or they aren't feminist orientated women and I feel isolated. [Stormy: S10, p 18 lns 13-14]*

Later in this chapter, how this group process was in empowering and healing for the Steel Magnolias will be discussed. The design of the group and the role I played seemed to contribute to that.

Spirituality and the healing process

The Steel Magnolias discussed spirituality on several occasions throughout the research process. For some of the women it was essential to their healing process. Carol speaks of how developing a sense of spirituality gave her less of a sense of aloneness on her healing journey.

> *I think I'm working towards some sort of spirituality. For the longest of times I just thought there was just me. That's it. I had to deal with everything by myself and I think that's why I felt so lonely and afraid and so insignificant but I'm coming to a realisation that there is something out there that wants good things for me and I need to be open to that. I read a quote in one of the books I've got and I've changed the "him" to "her" because I don't believe that God's a "he"! It said: "God will not take you where Her love cannot protect you." And I thought that was really nice because I've been doing a lot of my healing on my own, under my own power, and I think that believing in this higher power who's good is a healing thing in itself in that I can pass a lot of stuff over to Her that I don't really need to be dealing with. Carol: S7, p22 lns 19 – 27]*

She describes a mother goddess figure in her view of spirituality.

> *I've got this image when I'm feeling really low of this lovely, really large woman holding me at her breast and she's cradling me and I'm suckling at her breast. Just like those lovely fertility figures that you see – a goddess – and I just feel incredibly comforted because she is enormous, she's huge and I'm just this tiny, little thing and it just makes me feel really loved and comforted. It doesn't matter what I do, what I say, what's happened to me, what other people have done to me, I'm still loved and that's incredible because I don't have that self love in here that I can give to myself. [Carol: S7, p 22 lns 30 – 37]*

In session 7 [transcript pages 23-25] a rather interesting discussion about Christianity and the way certain Christian churches made them feel about themselves erupted. I have included much of it because it demonstrates the depth of feeling the women experience about this area of their lives and healing:

> *I'm doing spirituality work at the moment with a worker and once a fortnight we sit down and read from the Bible. She has a lot of insight into the Bible and she knows a lot about Jesus and about God and all the people in the Bible and she can spin out quotes. She's a lovely old lady and I trust her completely. It's kind of learning and, for the first time in my life, it's something I want to do. It's not something anyone else is pressuring me to do. It's*

a relief to learn about religion and spirituality because I want to and I know that at anytime I can say: "Look, that's enough." And that's okay, she's not going to come down hard on me saying like: "In order to be saved you have to do this." She says: "God already loves you, you don't have to be saved to earn his love or his forgiveness." Just hearing that is wonderful and slowly but surely I'm learning to trust God again because I always believed that he was evil and I also believed, when I had the abortion, that I lost favour with him and that I was no good because I'd done a terrible sin. I'd committed murder but then I thought long and hard about it and I thought if I'd fallen out of favour with God, He wouldn't be helping me now and He has helped me. I feel His help all the time and I talk to Him during the day now. [Stormy]

No–one can really hurt me because I'm being protected by being loved and I find I can really get in touch with nature then and the kids and everything because I'm really into my spiritual side which has been just a non– starter. Especially thinking about religion, I'm really down on religion. My father would take me to Mass and he would be abusing me on the way and then on the way home but no–one picked it up. So I just think this idea of a vengeful god, I really don't believe it, I can't believe it because I've done so many things that have been wrong that I can't believe it. [Carol]

I don't believe in a vengeful god and what Stormy was saying about feeling so guilty because you had an abortion, that's always made me very, very angry even before I wasn't healing and knew I was a survivor because I knew I suppose deep within me, even perhaps unconsciously, that it was a far, far greater sin to bring a child into the world that you don't want because that's how I felt as a child. And I knew that it was better to stop a life than to bring someone into a life of endless misery and loneliness and pain. [Cicada]

Well, my higher power is all loving, all forgiving. She has this plan for me but it's my choice as to whether I go along with the good things that She's got planned for me or rail and carry on. So, I believe that She's all loving and all giving and all forgiving and I need that. I don't need this thing of being internally guilty and judged and I'm going to Hell and all this shit. I don't believe that, I choose not to believe it. I have a great deal of difficulty with a lot of my friends who are very, very strongly Christian but they're not spiritual. They're Christian. [Carol]

There's a difference. [Joy]

They're religious and I don't like religion. There's too much shit that goes on under this guise of religion. Some awful, awful things happen..... [Carol]

I think a lot of people read into the Bible wrongly like: You won't be loved unless you're saved. It's like God really loves you and he forgives you. You don't have to be saved in order to get that. You don't have to repent in order to get that. He already loves you. And just hearing that it really helps me because I think that there is hope for me. And I have choices too and if I decide to make the choice, well okay. There's no–one to judge me. I believe that none of us can judge anyone. God is the only person who can judge, who can say what you should and shouldn't do. Our job as parents to teach them ways to cleanse the sin or something like that and that just made me want to vomit. I was just so angry and I looked at my children and I said they're not sinful, I'm not sinful, I didn't ask for what happened to me...because of Adam and Eve.....and I just thought: Well okay, if you want to believe that, that's your choice but I think it's a load of fucking shit and I'm not going to accept it! [Carol]

I personally think that the idea of original sin was thought up by a lot of blokes trying to maintain power. It was the hierarchy of the church that brought all that dogma in, like Eve

was the temptress, she was the evil one, Eve was the woman, the woman. Children are bad. Men are okay no matter what they do! [Cicada]

I was thinking about this before, last night even: What happened before Jesus came? There was nothing and then suddenly He was here to show us the way and all this crap and it just doesn't work for me. [Carol]

I think it's a life giving force that's been around forever, it's just been shaping us and it's our choice whether we go with it or not. [Carol]

Clearly matters of spirituality are highly relevant to the healing survivor. The form which that spiritual journey takes however, can be quite diverse. The strong views shared about Christianity demonstrate a deep sense of betrayal by some of the churches. Only one of the Steel Magnolias seemed happy with engagement with Christianity. Others preferred their own form of spirituality.

The part this research process played in the healing journey

Participation in the research process itself was constructed as an important process in the women's individual and collective healing journeys. As well as being done in a way which the women felt acknowledged and validated them and their journeys, it also provided a forum through which they could share what they had learned with other survivors. The design and researcher orientation was considered to be relevant in how valuable the process was for them. Here they discuss how the way the group was planned and set up, effected their capacity to use it to enhance or assist their healing journeys:

And one thing I've really valued in the groups that you've run, Kandie, and I see it again is how little you interfere with the process, you know. You just really set it up and get some structure and then it's over to us and I really like that. It seems to work very, very well. It's like a gift you give to us. You sort of set this thing up and then off we go and take it where we need. I really appreciate that. [Cicada: S10, p20 lns 20 - 24]

I think we all do because I feel that too. It means a lot. [Marie: S.10, p20 ln 26]

I agree with Cicada. I feel as though the way that you handle it is a comfort for us because you're willing to just sit there and let us go, you know, whereas I think we'd feel a bit threatened if you were throwing questions at us because that would make us feel like you're the counsellor and we don't know anything. But because it's the other way around, I think that's why we can be so honest, that's why we can feel as though we're allowed to say what we feel, whether you agree with it or not or whether you know what we're feeling or how we feel – it doesn't matter, we want to say it, so we can say it. [Joy: S10, p21 lns 14 - 20]

It would feel like for me, if someone was throwing questions at me, like I was in a courtroom and I was being questioned by the prosecutor. That's what it feels like when people are firing questions, they're probing and investigating and it feels so clinical and so

superficial, whereas on a level like this, I'm the one that's giving the information, I'm the one who's in control. [Stormy: S10, p21 lns 22 - 25]

I don't think we could have a group like this if that was the case. I think if you had somebody running the group that was saying: "Now, what did you feel?" and "Why did you do that?" and "What are you going to do next?" I don't think you'd have a group because I would have been out of here the first day! (Laughter) [Joy: S10, p21 lns 27 - 30]

I think the fact that you can say whatever you like if you feel the need to say it that's where it's healing. [Cicada: S10, p21 lns 32 - 33]

Exactly. [Marie & Joy: S10, p21 ln 35]

Yes, because you can just let stuff out that's not so safe to let out anywhere else and talk about stuff and know that you'll be received and met. So there's sort of enough structure too so that you can think about the topic in the week before or in the weeks coming up to it and sort of think around it. [Cicada: S10, p22 lns 1 – 4]

I guess when I was thinking about what this process was like; I've really enjoyed it. I felt all my life like I didn't fit in anywhere, I always felt the same isolation and when I heard this Pink Floyd song called "Earthbound Misfit" I thought: Oh, that sums me up! I really felt like an earthbound misfit, like I didn't want to be here, I didn't fit in here. I've sort of managed to fit in places a little bit here and a little bit there but my deepest feeling of belonging is in a group of survivors. I think as I've gone through my healing I feel like I'm coming out the other side now. [Cicada: S10, p 20 lns 1 – 6]

Being part of a group was also seen to bring clarity to individual members. Many times throughout the process, women would say something like "after listening to x speak I started to realise that I also have operated in that way or it made me think a bit more about my own situation and I now think Y". This is exemplified in the following comments about the ongoing nature of healing. For the women themselves, the group research process illuminated that the journey wasn't over, that their own healing wasn't complete. At the beginning of Session 5 I asked how they were managing being part of this group process, how it was effecting them. Their discussion [S5, p 1 & p2] highlights the difficulties of being part of a group like this because of how much resurfaces. It also demonstrates the value of the group in providing individuals with insights into their emotional states and as a support in their healing.

I've actually felt really good talking about my healing and it has centred me a little bit because I've been so chaotic the last few weeks. I've been making lots of decisions and I'm feeling good that I am contributing to something that is going to be used for research. I'm feeling that there is some sort of value to my healing, there is a purpose. It's very good to have things come out that I have been dealing with. [Stormy]

I guess I could say it's stirred my feelings up a bit and I've been quite surprised. I've been aware of feeling angry. I've had other things outside to trigger my anger but I had to recognise that 80% of it was mine – at least resolved stuff resurfacing and to start looking at that and thinking what I am going to do with it.[Cicada]

> *I suppose I am very much the same. I thought that I'd come into this and talk about what was going on and I'd be unaffected by it but that's not happening. And like, hey, I've dealt with that and it's going to be great to share. It's a value, just like Shelley said and I just come away on Monday nights and I'm a wreck. I've got to deal with what's going on and I'm finding that, like you, its stirring up a lot of stuff and 95% of it is past stuff and it feels like I'm fighting ghosts which I thought I'd laid to rest and that's really quite hard – trying to deal with things in the present and sorting out what's present and what's past and the majority of it is the past. So it's good in the fact that I obviously haven't finished with it, not that I ever thought that I had, but I can never be complacent. It's not something I can just say: "been there, done that." [Carol]*

> *It's funny – I've never really thought about it. Listening to you guys talk, I've been really short tempered of late. I could really crack like that and it's all sort of gelling now. Perhaps there are still things there. I hadn't thought about it but yeah…[Marie]*

The value inherent in this group for providing the context and supportive environment for reflection and insight is corroborated by this insight of Carol's later in the discussion on that particular day,

> *I get so angry because I don't feel free of my father. I am still searching for that approval that I never got and it just came really crystal clear then. I just don't ever, ever feel free and it might be in dealing with people or being in a relationship or with my kids, the thing is it comes back to being brought up where I wasn't free. I never could think for myself and that makes me really angry and it's very hard to fight because it's a fear. Because in reality I am, but not mentally, and that makes me really, really angry. [Carol: S5, p18 lns 8-12]*

Healing however goes beyond individual gain and change. The women spoke of their reasons for taking part in the research process. Primarily there was a sense that, even though they still had much to go through on their healing journeys, they were also keen to share some of their learning to aid the process of others. As noted in the introduction, the research was constructed as a forum through which they could share information with other survivors.

> *I feel like I have something to teach to others. I think we just need the opportunity to do that. And it's very hard to go outside these walls, out there, and teach that. You don't get the opportunity out there. So I feel that through this [research project], hopefully somewhere down the track somebody will benefit from that. I hope so anyway. Otherwise you feel that its all, not for nothing because we're healing from it, but I just hope that somebody else outside this room gets the opportunity to heal from it as well. And I would be very happy if that happened. [Joy: S9, p5 lns 22-28]*

This corresponds with the literature (eg. Davis, 1991; Dinsmore, 1991; Bass & Davis, 1988; Herman, 1992) which has recognised the importance of doing something for others in the healing journey for survivors, sometimes referred to as 'the survivor mission' (Herman, 1992).

What is most clear from this part of the study is that healing encompasses every aspect of the lives of survivors. It is constructed by Steel Magnolias as a journey which does not end, but which when reflected upon shows that a certain distance or milestone has been reached.

Chapter Summary

This chapter presented the Steel Magnolias constructions of healing in three parts. The first, presenting the key points the Steel Magnolias wished to make about the various aspects of their lives which were affected by childhood sexual assault illuminated striking impacts wrought by childhood sexual assault. It also told a story of courage, hope and commitment to healing and transforming their lives and relation. The women shared both similarities and divergent constructions of healing. The second section considered the constructions of healing with respect to the themes from the literature. The chapter concluded by presenting the meaning that this research process helped the women to make of the notion of healing. What has emerged from this, which will be of specific relevance to social work practice, will be taken up in the next chapter, *Lessons for Social Work.*

7

Steel Magnolias Healing Journeys:
Rural women speak of transforming their lives after the experience of childhood sexual assault

Lessons for Social Workers

Working in anti-oppressive ways requires sensitivity, awareness of and a commitment to ending relations of domination and subordination.
It aims to end oppressive hierarchical relations and replace them with egalitarian ones facilitating individual and group fulfilment. (Dominelli, 1997: 247)

- **Introduction**
- **Insights for social work counsellors**
- **The importance of language**
- **Service provision issues**
- **Rural service provision**
- **Messages for advocates**
- **Chapter summary**



Introduction

The previous chapter reflected the Steel Magnolias' constructions of healing. This chapter focuses on what I have learned which might be of particular value for social workers travelling with survivors on their healing journeys. The presentation of data is based on my particular worldview and practice concerns. This chapter reflects my journey of discovery about counsellor attributes, about survivors needing to be treated as the experts of their own healing processes, about the importance of the language we use to discuss abuse, survival and healing and about service provision. It includes insights from the women's stories that will enhance social work practice, for instance a much greater understanding of how the fragmented self can impact on what the survivor is trying to achieve in the outer world. Some of the insights are new; some reinforce current notions of best practice.

Insights for social work counsellors

Counsellor attributes

Throughout the meetings of the Steel Magnolias, the attributes of 'helpers' for those on a healing journey were discussed. The attributes considered essential to support survivors' healing journeys are presented in Table 7.1:

Table 7.1 Positive Counsellor Attributes
• Having an open mind and being accepting.
• Believing survivor's story
• Accepting the survivor
• Having a willingness to learn from the survivor
• Not operating as the healing expert
• Being honest
• Recognising and acknowledging the limitations in their understanding of childhood sexual assault and healing processes.
• Making an effort to learn as much as they can about childhood sexual assault and healing from survivors, books, through specialist training.

The counsellor attributes considered favourable by the Steel Magnolias are similar to those described by Armsworth (1989) although the Steel Magnolias place a lot more emphasis on

recognition of the survivor as the expert. In terms of working with survivors these attributes mean:

- Validating the woman's coping mechanisms
- Working with the woman's strengths and building on those
- Not using the knowledge or the experience developed in this area of practice to tell survivors how to think and what to do
- Engaging the survivor around how she experienced the abuse if and when she wants to discuss it specifically and asking what she needs or wants to do to work through issues.
- Asking about whether someone has a history of childhood sexual assault when some of the known effects are apparent.

Around the time the research group was meeting there was considerable media attention being given to the notion of false memory syndrome and counsellors putting the idea in women's minds. It was therefore enlightening to hear what survivors themselves thought of the matter.

> *Another thing I'd probably want to say to counsellors is that if you've got someone it's okay to ask if you do it in a gentle, caring way – to ask if there are any sexual assault issues in that person's life if they seem to have a lot of symptoms and you're not sure where they are coming from. That was what helped me. No–one had ever asked me that question before and when they did it was like someone turning a key in a lock and opening a door. I'm quite sure if no–one had ever asked me I would still be hanging on to it all and keeping it a secret and keeping the hidden stuff and keeping the mask up. Asking is good. [Stormy: S10, p14 lns 20 – 26]*

On an entirely different tack one of the real irritants for the women, as exemplified by this comment by Stormy, was counsellors' giving advice.

> *It's really important to listen and the thing that annoys me is when counsellors give advice. That feels really abusive because nine times out of ten I've just wanted someone to listen to me and then sort it out for myself in my head…I find if that sort of happens all through the session, then I sort of think I'll keep all this, I won't open up as much. [Stormy s.10; p.3]*

Survivors in other studies have also raised this criticism. Burke (1992) cautioned workers, as a result of the feedback from the women in her study, not to tell women how they should feel or what they should do. Stormy's words identify the possible consequences for survivors of doing this. She suggests that survivors might stop sharing what they actually think and feel which clearly limits the therapeutic value of the counselling process. Social Workers while purporting to operate using notions of diversity between clients, and client

centred approaches, can still be guilty of trying to shortcut client healing processes by telling them how it should be or what they should do. Seeing/ hearing similar stories from clients can lead us to think that we know what someone is going through and how they could move through the particular stage they are in. While this may be the case, clearly this is not empowering for survivors and is experienced as patronising at best and abusive at worst.

Treating survivors as experts of their own condition was seen to assist the healing process because it increased the survivor's self esteem. Stormy noted how good it made her feel, to think that she was teaching someone else something,

> *...what feels good for me is when someone says, the counsellor says: "Oh look I'm not really knowledgeable in this area so can you just tell me about it, tell me about how you are feeling." ... And when they say that I feel really good, I feel: Oh good, it's my chance to teach someone about this stuff. [Stormy: S10, p 10, lns 32-27]*

This is healing because the woman begins to feel a greater sense of herself as a person with something to offer the world. In this way her self-esteem increases and she becomes survivor or thriver, not a victim. This reinforces the outcomes of Durant and Kowalski (1990) and Darlington's (1995) work, that it is essential to enhance people's self-perception of competence.

These counsellor attributes and ways of working with survivors considered most appropriate, by the Steel Magnolias are reflected in much of the previous research in this area. Palmer (1991) considers that managing an egalitarian process between worker and client, providing a safe and trusting environment and allowing the client to guide both the content and timing of intervention are essential aspects of counselling with survivors of childhood sexual assault. Darlington (1996), Palmer (1991), Pease (1994) and Westerlund (1983) have all documented the specific concerns to survivors of boundary violations, and perceptions of rejection and of being patronised. While boundary violations did not come up as an issue in the Steel Magnolias discussions, they did raise the importance of acceptance, honesty and equal relationships.

Impact of counselling on survivors lives

Talking about the impact of childhood sexual assault on their lives and working to change those negative impacts is difficult work for survivors. Opening the lid on the issues which

they usually seek to keep down and hidden so that they can continue to do what is required of them in the outer world, can create problems. Recognition of the impact of counselling sessions on women working through childhood sexual assault issues is essential if social workers want to contribute most effectively to the healing process.

> *I used to find that when I was first starting to deal with this a few years ago, when I was going to Kandie, I'd go home and I'd be an absolute write–off that day. I was just a complete mess and it did probably help the fact that I had to go to work. I always had to go to work first, so that it brought me around a little bit but it was still all there so that by the time I got home I was ready to just, I don't know, explode or do something… [Joy: S 10, p 5, Ls 3-7]*

Social Workers can assist the healing process by providing survivors with some timely warning about the impact counselling may have on them. This confirms the need to work with survivors to develop and put safety plans in place. It means being sure to discuss what might be the best time of day or week for counselling to occur so that the after effects don't create more problems in her life than she is ready to deal with. For instance in Joy's case it was important that it occur after work so that she didn't risk being explosive or depressed at work. At the same time it was important for her to have work to even her out again. Hence the ideal time for counselling for Joy ended up being mid week after a morning shift at work. In order to reduce the possibility of negative side effects of counselling, it is therefore essential that the worker has a good understanding of the woman's total world.

The women recommended that emergency plans be put in place before commencing counselling or group work programs. Emergency plans include ensuring that survivors have a list of emergency numbers such as lifeline, a list of people they could talk to when things were difficult, both friends and counsellors. For those with small children it was deemed essential that there was adequate and affordable childcare places available and that occasional care was available on weekends and during school holidays.

> *… The amount of stress that I've been through in the last few weeks is phenomenal and my kids just wouldn't have been able to cope and I'm so lucky that there is a child care centre here that I can take my daughter to and it's quite reasonable. [Stormy S10, p 9, lns 35 - 37]*

Like being mindful about the actual timing of counselling and how that might work best in a survivor's week, the importance of emergency plans cannot be understated. Emergency plans are highly recommended for any survivor commencing counselling because of the possibility of emotional trauma (Bass & Davis, 1988).

Useful Techniques

The previous chapter identified a number of techniques introduced by counsellors, drawn from their reading, or discovered themselves, which the Steel Magnolias found to be particularly useful in the healing process. Social Workers could employ these with other survivors to enhance their journeys. In summary they are: Creative visualisation; meditation; cognitive techniques such as the use of positive self talk and positive affirmations; swimming; laughing; focussing on body sensations; working with the inner children; using soothing colours around them; music; communing with nature; aromatherapy; drawing; gardening; writing letters; writing poetry and keeping a journal; working with dreams and finally various physical and verbal techniques to release anger [eg. yelling or hitting a pillow].

It is imperative to remember that the talkfest (my coined word for counselling processes which only include talking or dialogue) is not the only technique helpful to survivors. Neither is it necessarily the way all survivors understand what is happening to them. Stormy for example, said this as a way of describing how she felt one day,

> *It's just like a circle of black on a red poster – that would be what I feel inside. [Stormy:10, p3 ln16]*

It may also be that reflecting on paintings, drawings or writing done in the past gives hope for the future because of being able to see how far they have come. Certainly Stormy, Marie, Jill and Carol recognised this from reflection on the types of things they had produced over the years. The potential of any medium that allows women to reflect on changes and transformation through something visual over time is great (Allen-Kelly, 1995). Clearly this and a commitment to the survivor as expert of her own healing must mean offering creative alternatives in any therapeutic environment.

Practical support

The issue of practical support came up several times throughout the research process. Clearly, highly developed therapeutic skills will not help very much if women have child care problems or are unable to cope with feeding themselves or doing the housework and have no one to support them around these issues. This serves as a timely reminder about the need to do good bio-psychosocial assessments and engage the theory and practice of crisis intervention when working with survivors of childhood sexual assault. Social work

differentiates itself from other counselling professionals by its commitment to the socio-ecological approach or by situating the person within their environment and this is certainly one situation where that must be practiced.

Assumptions about the messages children have about sex

When a child has been assaulted it is important that the assumption is not made that they do not need information about the nature of sex and sexual relations generally. While they may have been sexually assaulted, they may not realise what sex is, they may not realise the consequences of intercourse and of course they may not understand what is right or wrong with respect to sex. Stormy for instance, had been under a care and protection order in Queensland and yet had never been given information about the consequences of unprotected sexual intercourse.

> *So I was quite surprised when I found out that I was pregnant. I didn't know how you got pregnant. My boyfriend told me that once a week his sperm kind of wasn't there, like it went to sleep or something and I couldn't get pregnant! And a couple of months later I find out that I'm pregnant and I was quite surprised. I was about four months' pregnant and I said to somebody – I thought I had a bug or something as I was quite sick – "How did I get pregnant? She couldn't believe it, that I didn't know anything about sex. I was never told anything by my foster parents or Family Services except that what happened to me was what the perpetrator's done was wrong and they gathered, I think, that I knew a lot about sex, [Stormy S5: p7 lns 8-16]*

That a sexually assaulted child might know nothing about sex has important implications for social workers engaging children in early intervention programs. It needs to be remembered that children do not necessarily make the connections between what has happened to them and this thing called sex. If they aren't taught or exposed to the idea of what something is or is not they will not necessarily recognise it. This may also require social workers to listen to children with what Tardieu (cited in Summit, 1988) called our 'child heart', not make assumptions from our adult perspective. It is essential that the child's conceptualisation of sex is explored and that they are given information about sex not simply about protective behaviours.

This might also prevent the problems for children and later in life as adults, because of the mixed messages about sex which childhood sexual assault has given them. The Steel

Magnolias identified that being given mixed messages around sex and sexuality created confusion.

> *Yes, it's true and the most confusing part of all I feel is that you're taught by your parents that this is wrong and that was wrong. I mean I got a flogging for walking home from school with a boy and yet here I am being abused by my father. It's not right to do something natural when you're a teenager – walk home with a boy in full view of everybody in the town – but you can be abused by your father – I mean that's okay. It's sick but it's okay. It's so mixed up. [Joy: S5, p 8 lns 30 – 35]*

This may be compounded by the widespread secrecy and societal denial around childhood sexual assault. People who are admired in the community in another role they play, for example the priest or the politician, often sexually assault children. This surely adds to the confusion a child and later an adult survivor might feel. These two issues, the first which acknowledges that children and adults who were sexually assaulted in childhood may not have any actual knowledge about sex, and the latter which recognises that the societal silence that surrounds childhood sexual assault may create dissonance in survivors have not previously been discussed in the literature on childhood sexual assault, yet they are very important.

Service provision issues

In her 1989 article, Lena Dominelli urged social workers to listen to survivors' views about service provision. As will be demonstrated in this section, the women in this study have invaluable advice and suggestions for service providers. The advice and suggestions range from service accessibility and waiting periods to special issues for rural services where choice of agency may not exist. Stormy wanted to caution service providers to look at how accessible their services are. She was particularly critical of intake processes which require survivors to give information to a intake or reception person in order to get to see a counsellor.

> *... I guess being able to just walk in and say: "Look, I really need someone to talk to" without having to justify it or verify what the pain is going to be in discussion, without having to talk to ten people before I get to see a counsellor – to just be able to say to someone at the front desk: "I need to see somebody – it's urgent" and that's it – leave it at that. Because when you walk up to a front desk there are people all around you, it's not really private and you don't want to go into a great discussion as to why you need to see someone. [Stormy: S10, p3 lns 21-26]*

When considering best practice up against the economic constraints of our current time, this may well be problematic for most services. How much more difficult it is then to also

provide services for the survivor who knows that she is about to go into crisis and needs preventative assistance. If we consider that these women are the experts of their own lives however, then the logical conclusion is that we provide service to prevent crisis and that self-assessment by the person is given authority.

> *Sometimes the inner children take over and I find it very difficult when I'm in that stage to ring and ask for help… But if I feel it coming on I can't ring up and say: "Look, there's not much happening at the moment but I think something might come up, I'm a bit confused." [Stormy: S10, p 8, ls 31-33]*

Service availability 24 hours a day was considered a key requirement for survivors healing from childhood sexual assault, with 24-hour phone services considered the minimum requirement. The requirement was about child care services also, not only counselling services. On several occasions, Stormy raised the issue of how important it was for her to be able to have her children cared for when she was in a state of crisis during her healing process. Social work's commitment to social justice would deem it appropriate to provide this level of support to a single parent whose family of origin include two of the perpetrators of sexual assault she has experienced. Advocating for increases in child care places and numbers of emergency placements are therefore seen to be an essential part of the social work response to survivors. If healing requires time, place and space to work through issues which create crisis, then advocacy must form part of the social work role in healing.

The other area of concern with respect to service delivery was that of having to wait for an extended period of time in order to get a counselling service at all. Moran & Nixon (1997) raise waiting periods as a matter of some concern also. They recommend a variety of responses including a time limited multidimensional model which is comprised of an intake session for every survivor who contacts them within a few days of contact. This is then followed up by fortnightly phone calls and within 3 months a few time limited sessions are provided. They argue that this has worked well for survivors in the Wentworth area (NSW).

In one of the later meetings of this research group, the women considered a procedure, suggested by Cicada [S10, p33], which may help service providers through this latter situation at least. It focussed around having a list of women survivors, who are willing and

able to support other survivors until they are able to get counselling appointments and beyond,

> *I suppose I've got an idea that's come up for me while this group has been going on, partly from things that have been said and I'd like to throw around. I would like to have some sort of – what would it be? – like a list of women who are survivors in the community and what perhaps they are prepared to do for other survivors, especially when they come in and they're really taking the lid off and that's when it's just really awful. Some sort of list of whether you would be willing to be part of that and what you would be willing to do or what you would absolutely not want to do so that we might be able to link up, so it's not just workers. [Cicada: S10, p33]*
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> *I think sometimes it just provides more support. It's very difficult sometimes just to get that support network in place for a survivor who, by virtue of the fact that they are very isolated from their family, doesn't often have friends, doesn't have people they can trust and it's really hard to get that sort of stuff in place, not the friend to foe, so it's not Lifeline, it's someone who understands straight away. "Oh yeah, I know what you're feeling, roughly. I know what this time feels like." [Cicada: S10, p33]*
>
> *And I think once they've made that first step with just another person who's a survivor, then they probably realise that they need more help so then they would probably be ready to deal with that. It's just making the first step that's hard. [Cicada: S10, p33]*
>
> *And there might even be things like, you know how Stormy was saying, occasionally getting help with the housework.... [Cicada: S10, p33]*
>
> *Or cook a meal, or take kids for a night or two, or are prepared to take little kids out for two hours just for a little outing or a drive or to take the whole family out at some stage or the mother or whatever you felt you could do. I think you'd have to make sure that you felt okay, that's why I say a list of what you would be prepared to do and maybe a list of what you wouldn't be prepared to do. You could say on no account do I want to look after anybody's children or whatever it is. [Cicada: S10, p33]*
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> *I think that's a good idea, Cicada. [Joy: S10, p33]*
>
> *Yes, I think so too. [Marie: S10, p33]*

This is a both innovative and considered response to the issue of long waiting periods. It demonstrates the importance of service providers generally and social workers specifically consulting with survivors about how some of these problems might be solved. If we take a strengths perspective (Saleebey, 1996) then that must include acknowledgement of the expert knowledge survivors bring to the issues of service provision. We need to adopt more of a 'relational reflexivity' in social work (Parton & O'Bryne, 2000). This occurs when workers and clients have joint say in service change.

Issues of service provision for rural survivors

Given the limited number of services in rural communities, there are some additional issues which this study identified. The most important issue is if there is only one service for survivors of childhood sexual assault in a small town, this can create significant problems for women accessing services. An example of this was noted in the previous chapter. Stormy expressed extreme anger at the women's service in her community because they also provided a service for her sister. Her anger centred on the fact that her sister was also a perpetrator of abuse against her. She felt that she was not allowed to talk about the abuse perpetrated by her sister because her sister was also a client of the same service. This therefore made the rape crisis centre a less safe place for her. Joy's sister was also a volunteer at the Centre for some time and this made Joy feel very uncomfortable. While her relationship with her sister was quite different to Stormy's relationship to her sister, the fact remained that having someone from her family working in the centre made it a place she could not really feel safe. As a result she only attended groups there and attended counselling at the local heath service instead. That two of the five women in this study raised this as an issue suggests that this is not an unusual or rare event in rural communities.

This potentially also creates issues for workers because they are hearing separate stories about the same family in which sexual assault occurred. Keeping the stories separate could cause considerable stress to the worker. For instance in Stormy's case it may have been difficult for the worker not to ask Stormy's sister if she had ever perpetrated abuse or conversely, if she was a particular type of person, may have begun to doubt Stormy's story. Given these issues it is to be expected that Stormy would feel that she was not allowed to tell this particular story. This becomes a major issue then for both services and their clients in rural communities. This suggests a number of things. Services must have more than one worker and different workers should see different family members. Where possible clients must be able to attend another agency for counselling. This has implications for funding bodies as all the funds for sexual assault counselling / interventions should not go to only one agency. Where there are more generic services such as community health services, they must also be able to provide services to survivors. Finally providing workers with supervision around these issues and how to manage them is essential.

Messages For Social Workers Advocating With Other Professionals

Some of the things the women talked about during this process have lessons for professionals other than social workers though it is important that social workers are aware of them so that we can advocate effectively on behalf of survivors. The legal, medical and educational systems were addressed by this group of survivors and provide important lessons for each. As Lena Dominelli (1989) maintains, social workers must advocate for changes to abusive processes in the medical and legal systems.

Legal system and the police

While considerable improvements have been brought about in the legal system with respect to the courts and police processes [see Patricia Easteal, 1998] the laws pertaining to survivors of childhood sexual assault still differ from state to state and prosecution remains difficult to achieve. Given that some survivors believe that prosecution is part of their healing process, social workers need to give some consideration to how survivors experience this process. Carol spoke with some anger and despair about trying to engage the legal system around prosecuting her father. Clearly we need to prepare survivors for these situations and we need to advocate for changes in law.

> *Prosecuting is still an option. It took a lot of courage for me to go and see, I think SCAN – Suspected Child Abuse and Neglect – down in Cairns and they really weren't interested because I an adult and it took me a lot of courage and a lot of counselling to think: okay, this is something I'm going to do, to go down there. And I talked to my sisters and they were really, really anti prosecuting. They didn't want it out. Only my little sister,P, said that she would support me but Chris said: "I'll go if I have to but they'll have to subpoena me." And they'd be my backups because I needed some corroborating evidence and I needed to remember what happened in Queensland because most of the stuff I could remember was when overseas and I could remember in every State but Queensland! They just said because it was so long ago we wouldn't extradite him and I came away feeling extremely powerless. I was really angry too because of the way they treated me – I'm here telling my story and there's people walking in and they're interrupting our conversation and I felt about this small and it made me really angry. [Carol: S5, p 4 lns 42 – 46; p5 lns 1-9]*

The NSW policies and procedures (1998) for working with survivors of sexual assault state that women must be able to chose whether or not to have police involvement. This was strongly reiterated in the current research. Of the five women, Stormy had had most involvement with the courts and the police. She states,

> *Let them [client] make their own decisions and to support you in whatever decision you're going to make, even if they [worker] think it's not best for that client, to make them feel that they're going to be supported no matter what decision they're going to make. And I think for someone who's been raped when they've come in, to let them decide for themselves whether they want to ring the police or whatever. And I would like to actually see a place, like if there was a bigger building, where the police could come to the actual rape crisis centre for the interviews. That would be really good instead of women going down to the police station, that makes you feel you're in a safe place.*

While it may be difficult for professionals working with sexual assault on a daily basis to allow the survivor control over this decision, in terms of their survival and healing it is imperative that the survivor is allowed this choice. Returning to the notion of healing as developing a sense of self-efficacy (Darlington, 1996) it is essential that women be given these opportunities to be assertive and to act in their own interests. Furthermore it is essential that social workers advocate with the police to maximise the protection of victim/survivors rights for the reasons noted in the National Standards of Practice Manual for services against sexual violence (1998:15),

> The Australian sexual violence sector has long recognised that victim/survivors' rights and wellbeing, control and choice, can be jeopardised by their involvement in Police processes.

Medical Profession

Two examples of issues experienced by Cicada with respect to the medical profession provide insight into some of the problems that survivors might encounter with the medical profession. The first example is about her doctor and treating the symptoms of menopause. Having recently commenced menopause, Cicada decided not to take HRT. When she was discussing sexuality and menopause in the group, it was clear that her decisions about not taking HRT (Hormone Replacement Therapy] had everything to do with the fact that with menopause her libido had dropped. Because she felt that so much of her life had been dominated by her libido, that her interest in sex had gone, was a positive for her,

> *I'm dead set against taking hormone replacement therapy – a couple of doctors have offered that to me to help with the menopause and I just think – if that's going to bring my libido up, NO WAY I'LL HAVE HOT FLUSHES, I'LL HAVE BLOODY PERIODS, I'LL HAVE HEADACHES! I'm happy with this. But I actually said that to one doctor and she sort of looked at me oddly – I thought, she doesn't know what I'm saying so I shut up. [Cicada: S6, p 8 lns 16 – 21]*

Unfortunately her doctor didn't ask her reason for not wanting it. This is one of those occasions when advocacy or training of doctors would be very useful. Cicada also narrated

a story from a much earlier time in her life, of being deeply disturbed and seeking help from a medical practitioner in Britain.

> *…And eventually with someone's help, after spending about 5 days or so rocking like a zombie in a corner, I went to see a doctor and he was totally and utterly useless. He, I sort of pulled myself to get to this doctor's appointment, managed to get there on my own and but once I got into, his room I sort of started crying and sobbing and I told him what had been happening and that I'd been crying a lot and couldn't stop. And that I wanted to know what was going on and he wanted to give me a prescription for valium and I said, no, I've had this too many times before and it doesn't help. So his answer was to write a prescription for antidepressants and I sort of said to him, very incoherently, "You haven't understood, I don't want to take drugs, I want to talk to someone, I want to find out why I'm like I am". He got up and opened the door and said "I'm very sorry Miss C but there's nothing else I can do for you. Your consultation is over, please go. I…I...I'll never feel worse than I did then. I just sat in the waiting room and cried actually, until one of the patients came up and asked me what was wrong and I said I wanted some help but I wasn't prepared to take drugs. And then the receptionist cam and got very angry with me and told me to go home. And I refused to go home. I said I won't go until someone does something about me… they'd come ever couple of hours through the day – my appointment was early morning- with a prescription and say "here take this and go home" and I just said" no, no, no I won't." And I was crying, crying the whole time, just sobbing and nobody's ever said, "What's wrong?"…Finally when it was time to close up and I was still there… they said would I go home if they got the health visitor to come and see me the next day. And I said "will she talk to me?" and they said" of course she'll talk to you". So I said "that's all I want. Sure I'll go home". And the next day she came to see me – she was really lovely. She arranged for me to have counselling and I began to actually pull my life together. [Cicada: S8, p9 lns6-44]*

Clearly finding out whether someone is a survivor of childhood sexual assault could have very important ramifications for health professionals.

Social Work and Child Protection Services

Most disappointing professionally for me, was the following story of the treatment of Stormy by a social worker in a health service. This is included here as much to demonstrate that social workers are not perfect in this service provision process as much as it is to have Stormy's voice about being disbelieved in so many of her attempts to seek help, to be heard.

> *I would have been 17 (years old). It was while I was pregnant that I found it very hard to cope. Social Security wanted me to work. I was sick, I got sick quite a lot and I ended up on the streets quite a few times when I was pregnant. At one stage I was admitted to hospital and two days later they were telling me to get out. I felt extremely suicidal and really depressed and thought there was no hope for me. I*

> *thought nobody cared and so I went to see the social worker there. I walked in there and told her how I felt and she said she'd heard of me, what a deceiver I was and what a manipulator I was. She said she wasn't going to see me, she wouldn't help me. So I threw a chair at her, picked up a chair and threw it at her and ran down, away. [Stormy: S8, p3 lns 17-27]*

Parton & O'Bryne (2000) argue that non-cooperation on the part of the client should be reconstructed as the client demonstrating how we should not help them. It is unacceptable that social workers would choose to use labels such as 'manipulative' and penalise survivors for their behaviour rather than trying to understand what is happening for the person.

Child protection Services were also found wanting as experienced and discussed by Stormy throughout the group process. She had been under their care after disclosure and placed with a number of foster families over the years before she ran away and ended up living on the streets for a time. Her experience of foster care was not a good one. The most difficult part of which was attempting to tell family services about one of her foster parents sexually abusing her.

> *Family Services wouldn't believe me. They said it was all in my head and that I was promiscuous. That kind of thing was normal, they'd say, for girls who had been abused. They said they are dirty and promiscuous and they said that was kind of normal that I'd imagine and I'd have these fantasies. So I didn't speak out about him [foster parent]. I just thought, I don't know, maybe that's what I'm there for – just to be men's little puppet. [Stormy: S5, p7 lns 3 – 8]*

The ramification of disbelief being that a child might become more and more dissociative in order to live with the trauma on a daily basis especially with other supposedly trustworthy people.

The importance of language

The notion that language constructs meaning is not new. Discussed in detail in chapter two, its relevance to this study has been highlighted. In childhood sexual assault literature the notion that language constructs the meaning people give to experience is no longer contested. There has been considerable discussion about the naming of people who have experienced childhood sexual assault as 'victim' or 'survivor' or 'thriver' as was discussed in the literature review. This language utilised to describe them was also identified as an

issue of significance to the Steel Magnolias. It emerged from their discussions in several sessions and is illustrated in the following comments:

> *And it's been realising that I don't have to be a victim. I can choose not to be if I don't buy into all that negative stuff and load it onto myself that I can. I think something ... SURVIVOR is for me a term I go through while I'm healing. I don't know what I would like to call myself when I'm no longer a victim, I haven't really thought of that but (do we need) I think I'm going (laughter/ chatter) from victim to a survivor, being unconscious (laughter). It's a fact. [Cicada: S9, p7 lns 1- 6]*
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> *There's a title of something somewhere which says, "thriving more than striving" – a thriver. [Marie: S9. p7 lns 8-9]*
>
> *(I like that)*. [Group murmuring, S9, p6 ln 11]*
>
> *There's something I want to say that I remember I did a ... what are those things, uhm, research things, you go through and tick all the boxes (questionnaire). (Yeah). Always they have in there "how long have you been a victim?" I always cross it out and I put "survivor". That really pisses me off when people say that, and they put that in their research. Everybody out there – DO NOT PUT "VICTIM". (laughter) *. PUT "SURVIVOR" [Stormy: S9, p7, ln 13-18]*
>
> *I think I've had enough; I've had enough of being a victim, of being seen as a victim anymore. I think to myself I'm a survivor. Its other people saying that I am a victim. I'm sick of telling people my life story and being told I'm a victim. [Stormy, S9: p 7 lns 21 - 23]*

and,

> *I used to think when I told people about the incest I wanted them to know how I was and why I reacted in ways that I did because some of the ways that I do react are very extreme and it's in response to triggers of what was going on in childhood. And then I started to think about it a bit more and I realised that some people would have the attitude of: "poor Carol – she was sexually abused as a child and this is how she is" and I don't really like people to be thinking that because I don't feel weak. I've done a lot of hard work and gone through hell to get where I am and I don't need that attitude. [Carol: S7, p18, lns 25-33]*
>
> *It's a hard one. I hate people thinking I'm weak. You work so hard to not be like that and you just tell somebody and I hate pity. [Joy: S7, p 19, lns 4-5]*
>
> *They treat you like: Oh victim! victim! But you're a survivor. [Joy: S7, p 19, ln 7]*
>
> *If we were victims we would be dead! [Joy: S7, p 19, ln 9]*
>
> *Exactly. We'd be vegetables! A lot of people when I tell them my life story and when I was a teenager they'd say: "Why aren't you on the streets? Why aren't you a prostitute? Why aren't you shooting heroin? [Stormy: S7, p 19, lns10-12]*

* Denotes group murmuring or agreement to the previous statement

> *Yes, you tell someone and they look at you and they'll say: "But you don't look like one. I mean, what the hell does a survivor look like? [Carol: S7, p 19, lns29-30]*

Given this issue of constructing people as victims or survivors or thrivers, it is worth reflecting on how Stormy reframes her experience of being a victim of childhood sexual assault. Being a victim is seen as an isolating experience whereas being a survivor is about connections with others.

> *When I'm around other survivors or people who work with survivors I feel connected to something and instead of using my incest, my child abuse and neglect as something that isolates me from others I use it as something that connects me because they have been abused as well. [Stormy: S10, p 18 lns 15 – 18]*

The message coming through strongly is that these women are not victims and do not want to be viewed as victims. As part of their healing they have worked through the issues of victim hood and wish to be seen as women of strength. They do not want to be pitied or patronised and consider the construction of themselves by others as victims, to be a negative thing. As was noted in the previous chapter, they constructed their identities as stronger than non-survivor women and had no desire to be like them.

Chapter Summary

The lessons for social workers discussed in this chapter about healing from childhood sexual assault range from the role of counselling in the healing process and what positive attributes counsellors can bring, to identification of techniques which survivors find helpful. It included a particular focus on the notion of the fragmented self and provided directions for possible consideration when intervening with survivors who experience a sense of a fragmented self. The chapter discussed issues of service provision broadly in terms of availability of counsellors and other services and the role of social workers in advocating for changes in service provision types. It raised the particular issues for rural service provision and suggested some possible solutions. Finally it considered social workers roles in advocating for changes in the legal and medical professions. All of these specific lessons refer to the role of social workers in assisting survivors healing processes. The final consideration for this thesis then is what is this thing called healing, as we now understand it. The final chapter discusses this and recommends some further study options to more fully assist survivors of childhood sexual abuse on their healing journeys. It reconsiders the research questions and analyses the study's success in meeting its goals.

8

Steel Magnolias Healing Journeys:
Rural women speak of transforming their lives after the experience of childhood sexual assault

Implications & conclusions

My very survival depended on me being as insignificant as, and a blended in, camouflaged as I could.be. I always sort of felt different because I always knew about the incest but I didn't , wasn't aware of the effect it was having on me…then I knew I just needed to talk… I'd go as far as I could with that counsellor then I'd go off on my own for a while. I found with counsellors there's been really positive stuff that's come out of it. They've helped me to discover the children inside… putting some strategies for supporting myself and you know, being really instrumental and helping on my healing journey.
[Carol:s8, p16 lns 20 – 34]

- introduction
- thesis summary
- implications for practice
- implications for knowledge development
- implications for practice
- further research
- conclusion



Introduction

This study set out to give voice to a very marginalised group of women (rural survivors of childhood sexual assault) about a poorly researched phenomena or process (healing from the effects of childhood sexual assault) in order to improve social work practice and service provision for survivors of childhood sexual assault. It differed from previous research in that it focused on *healing* specifically and sought an understanding of what that means to rural women survivors. Thirdly it addressed the research questions in a way that endeavoured to give survivors more control over the process and content of their storytelling. In doing these things the study intended to add to social work's knowledge development in both the content area of *healing* from childhood sexual assault and also in emancipatory methods for research with marginalised groups.

The study asked three questions:

1. How do rural women construct themselves after being shaped by the experiences of childhood sexual assault?
2. How have they transformed their lives and how do they construct this process?
3. What do social workers need to know/reflect upon to work effectively with survivors of childhood sexual assault?

It answered these questions using a collaborative group inquiry method to gather five rural women's narratives about transforming their lives after the experience of childhood sexual assault. These five women met eleven times over a three month period to talk to each other about what it means to be a survivor of childhood sexual assault and how they have both experienced the impact of abuse on their lives and also how they have healed themselves. The women were given a broad brief to talk about how they constructed healing. My role in these sessions included facilitating the research design sessions and then simply listening to and taping their discussions over the rest of the time. I returned to the venue for the groups for several weeks after the group ended to begin to develop a way of considering and presenting their stories in a form that would inform social work practice. The women were offered the opportunity to come and be part of that process although none of them did so.

The purpose of this chapter is to analyse how well it met its objectives, to discuss the implications of the findings and to reflect on what gaps still remain in this area of study. It begins with a summary of what has been covered in the thesis to this point. I then consider

the findings in terms of their implications for social work practice and service delivery. This includes a discussion about the issues that emerged from the study somewhat tangentially to the research questions. It considers the effectiveness of the methodology in answering the questions and the value of the method for social work research with marginalised groups. Finally, it considers what further research would assist this area of practice. This final chapter once again brings the women's voices to the forefront. While I am aware that it is not usual to bring direct quotes into the concluding chapter, I consider that it fits with the nature of the research to keep the women's voices central. I am choosing to do this in the same way that I would chose to acknowledge another scholars work in this area.

Thesis summary

The thesis commenced (chapter 1) by looking at the prevalence of childhood sexual assault in the western world and more specifically in Queensland, Australia which is geographic context of the study. It demonstrated the significance of the social problem. It argued that rural women are more marginalised than others because of the lack of resources common to rural communities and it questioned whether this might further impact on women's healing journeys. This chapter discussed my practice experience with rural survivors of childhood sexual assault as a motivating factor for doing the research and argued that it is important to explore more 'localised ways of knowing and acting' (Fook, 2000a: 130).

Next (chapter 2) the thesis articulated my view of the world and of social work practice. In doing so it provided the epistemological and theoretical underpinning of the methodology. I argued for a synthesis of critical theory and postmodern feminist approaches as the most useful conceptual framework through which to ensure that rural women's voices would be heard through the thesis. Critical theory framed the study with the idea that the personal is political, that structural inequalities exist for rural women and survivors, that survivor issues should not be viewed as the manifestations of idiosyncratic pathology, and that consciousness sharing is critical in empowerment of the oppressed. Postmodern feminism provided a way of maintaining a focus on diversity of experience and context, through its recognition that people have multiple identities and may be at different places on any healing continuum. This approach understands meaning as constructed through language and therefore I argue that healing can only be constructed through the discussions that privilege the speech of those who have survived childhood sexual assault.

Utilising Fook's (2000a) critical postmodern lens and Parton and O'Bryne's (2000) notions of constructive social work, the thesis began to articulate a position whereby the narratives of marginalised people, in this case rural survivors of childhood sexual assault, would be heard by service providers and policy makers. It argued that it was essential to operate from these positions in order to firmly situate the study within survivor discourse.

The importance of language and discourse is paramount in this study and this along with the use of narrative in the research design was introduced. I argued that the language utilised in this thesis is a political decision and consider it essential to use language that reflects the intensity of survivor's experiences. Dominant discourses are considered to be those through which the horror of childhood sexual assault or the anger of survivors is minimalised. The notions of *victim* and *survivor* were raised. *Survivor* is recognised as a term that implies strength, resilience and capacity and therefore most appropriate to the purpose of this study.

The literature review (chapter 3) critically analysed the current discourses about childhood sexual assault. It argued that of the three key constructions defining childhood sexual assault, only feminism's approach allows survivor discourse to gain credence. The psychoanalytic and family dysfunction discourses limit the way survivors of childhood sexual assault can understand their experiences and limit the way others interact with survivors. The first inhibits the notion of healing because assaults are either thought to be fantasies or if real, they are not considered harmful to the child. It is obvious that something cannot be an assault and at the same time harmless hence assault cannot be used to describe the act. This is an example of the way language and discourse prescribes what can exist.

While feminist constructions of sexual assault are not unproblematic I argued that feminist discourse provides the best base to develop a study constructed within survivor discourse. The problems associated with feminist constructions are about possible disempowerment as a result of grand narrative thinking. For example, not allowing for the special courage brought to survival by individual survivors, or not allowing survivors to explore feelings of being let down by their mothers, or assuming victim status at the time of assault, could lead to real disempowerment.

The literature review then analysed the considerable studies of the effects of childhood sexual assault, arguing that we cannot begin to understand healing unless we understand what someone is healing from. It included a focus on Australian phenomenological studies to compare with the larger more quantitative ones. It concluded that while there are some methodological problems with studies of short and long-term effects it is generally accepted that childhood sexual assault impacts on survivors in both the short and long term.

The last section of the literature review explored *healing* as a concept and/or process. The meaning of *healing* was assumed in the previous literature. It had not been defined overtly. The areas explored through the literature, included the conditions which make healing possible, the time required to heal, the process of healing, signs of healing and impediments to healing. Through this review the idea that survivors are experts of their own healing became accentuated along with a reaffirmation of the need to engage with diversity among survivors. This section included a brief discussion on group work with survivors of childhood sexual assault due to utilising the collaborative group process as the forum for the women to discuss healing.

The methodology chapter (chapter 4) argued that a critical standpoint model of research was best able to answer the research questions. With a focus on liberating, empowering outcomes it argued a research process that followed feminist research principles suggested by Fonow & Cook (1991) and Kirsch (1999). The focus was on validating women's experiences and stories, empowerment of participants and analysing how my own positioning shaped the research agenda. I noted two imperatives from survivor specific issues in defining methodological decisions. These are trust and control.

The chapter progressed to discuss a collaborative group inquiry method (Dodds, 1995). I argued that this approach was emancipatory in that it gave control over the content to the participants allowing them to discuss issues as much or as little as they chose to and as a group process it produced the opportunities for collectivising problems and solutions. Taking an observational role meant that I did not influence the direction of their conversations, which demonstrated respect for their capacities and expertise in constructing their healing journeys. The practical issues relating to the method were presented with a rationale for the decisions made. This included the number, duration and timing of group sessions, the recruitment process and data collection, management and presentation.

Chapter 5 introduced the rural community context in which the study took place and the five women who participated in the study. It provided an abbreviated life history of each woman from a strengths perspective. In this way it did not simply focus on their lives as a product of the abuse but looked at their strengths and capacities. Because of the commitment to enabling the women to have control over the structure and content of the group process as well as maintaining a focus on them at all times, this chapter also discussed the structure and content of the group sessions as well as the group process, stages and dynamics. It described the process of naming the group Steel Magnolias, and articulated my de-centred researcher role.

In chapter 6 the Steel Magnolias began to talk to us about what being a survivor of childhood sexual assault is like and the place of *healing* in their lives. Again to keep the focus on the women and how they journeyed through even this research process, their session titles were utilised to present their constructions of healing. This included a focus on families of origin, perpetrators, sexuality, relationships and trust, parenting and accepting or integrating different parts of the personality. In the second part of this chapter, the Steel Magnolias' stories were presented employing the themes from the literature. Through this section the women spoke of how they defined healing, the conditions which made healing possible, the process of healing, the time required to heal, signs that healing was occurring, impediments to healing and recommended tools and techniques to assist healing. This latter section included a discussion on counselling and group work and the place of spirituality in healing. These findings will be discussed more, later in this chapter.

Because of the hope that this method might prove emancipatory and in fact, assist the healing process, the women's responses to the research process was also discussed in this chapter. This evaluation was essential given the commitment of the study to grounding the discourse in the experiences of survivors and also because of the belief that healing is an ongoing process. Resoundingly, the women approved of the process and attributed it with furthering their healing journeys.

Finally chapter 7 focused on social work and on service provision. It considered the attributes and practices of counsellors found useful by the Steel Magnolias. The women discussed how the impact of counselling on them needed to be considered and planned for

by counsellors. It provided insights from the women themselves on techniques and. discussed a number of general service provision issues specifically issues considered relevant to rural communities. It also looked at a number of issues of relevance to the social work advocate role.

IMPLICATIONS FOR PRACTICE

The findings in this dissertation come directly from the women's narratives. Most importantly *healing* is constructed in a variety of ways. It is about freedom and contentment versus controlling everything and /or keeping up the pretence that everything is okay. It is about learning to care for the self and re-parenting themselves to ensure better childhoods for their own children.

This study revealed considerable diversity in how these women related to their families of origin and noted that some of this depended on whether the perpetrator resided within or outside the family. None of the women in this study were interested in having an ongoing relationship with the perpetrator. Where the man was their father created many difficulties in terms of relating to the rest of the family. The women were determined to protect other children from their perpetrator and dealt with his impact on their lives in a variety of ways from prosecution through the courts to visualising nasty things happening to him. The role of creative visualisation in healing cannot be underestimated and workers should seek to integrate this into their practice as appropriate.

Sexuality was the part of their lives the Steel Magnolias found most difficult to heal but it is also the area where healing was most obvious. Constructed as having the right to say 'no' and taking back control over one's body, was an important part of the healing process for these women. This is assisted by the engagement of supportive partners, although there will be times when the survivor simply wants to be left alone.

Constructed as a journey which goes on forever, healing for the women in this study was about recognising the changes they had made in their lives, recognising the strengths in themselves and rekindling a sense of joy in the world. Their journeys while having commonalities were also diverse. The implications for social work practice of this is once

again to work with each survivor as a unique individual who is the expert of her own experience.

Stormy's suggestion that workers ask about a history of childhood sexual assault when they notice the kinds of effects commonly visible in survivors, raises important considerations for social workers and others. This was seen to be what started some of the women on their healing journeys. Discussed in chapter seven this suggests asking this question might need to be an essential part of any assessment process.

The women told stories of being treated badly by workers, because they did not clean up after their children, when they were barely able to function. This speaks volumes about service providers' understanding of survivors and healing. Workers need to understand what is happening for a survivor of childhood sexual assault on a healing journey. Appropriate supports need to be put into place to care for the survivor while on her journey. These supports range from developing safety plans to ensuring that the school know why children (of survivors) might appear stressed, to providing practical support such as child care or doing some housework.

Breadth of Healing

Assisting the process of healing from childhood sexual assault is defined as a challenge not just for therapists, social workers and individuals, but also for society. It is a personal and social phenomenon (Theilmann, 1998). As Theilmann (1998:27) states, 'healing must be understood as a social and not just an individual event'.

As has been shown in the literature and through this research's findings, one of the effects of childhood sexual assault is withdrawal from society. This occurs not just by the survivor physically and emotionally withdrawing from others, nor through withdrawal into what becomes diagnosed as mental illness, but also other people withdrawing from the survivor. Where service reform has focussed on physical and mental illnesses in which this withdrawal and separation occurs, researchers have concluded that services need to be 'as local and as ambulant as possible' (Theilmann, 1998:28). In this 'new world' of service provision, the client, families, friends and professionals work together to plan service provision and be part of the healing process. Clearly this reform also has relevance for service provision to assist people healing from childhood sexual assault. The situation

where the community both values the survivor and assists the healing process is strongly indicated. Healing thus becomes the 'reintegration into society'.

If healing is considered such, then the implications are that social workers must:

- Work in the communities where survivors live
- Work one to one, therapeutically
- Bring women together in groups to enhance and consolidate a sense of belonging, of not being alone and of not being to blame
- Work with the community to support, care for, assist those who have been abused
- Work with survivors in the community to prevent childhood sexual assault and to provide the best possible help for those who have been assaulted

This has implications for survivors and the community as a whole also. It means that:

- Survivors may need to see themselves as playing a useful part in society by the insights they offer us;
- Survivors may need to see themselves as valued members of society by how the community assists and cares for them
- Survivors may need to be treated as valued and useful members of the society by utilising their skills and abilities.

Thus understanding healing as reintegration into society, not as fixed personal pathology, makes social workers and other professionals as well as the community generally responsible for healing, not just the survivors themselves. It also means that efforts to support healing must be broader in focus than simply working with the psychological and behavioural effects.

Survivor driven service provision

The women in this study demonstrated the incredible creative capacity of survivors to come up with versatile service solutions. Discussed in chapter seven, Cicada suggested services for survivors that utilised the strengths and capacities of other survivors rather than simply placing them on the inevitably long waiting list. This was a workable option that would make a real difference in the lives of survivors seeking assistance.

Rural practice

This research demonstrated that there are considerable issues for rural survivors of childhood sexual assault which must be taken into consideration. Recognition of the lack of choice of counsellor/social worker, lack of choice around service used and distances that have to be travelled to attend certain services were all highlighted. In chapter 7 the implications of this lack of choice and or service were made explicit. Survivors of childhood sexual assault might have to attend a service that a member of the family works in or is also accessing. Stormy's sister also attended the RICC to work on issues related to her experience of childhood sexual assault. However her sister had also abused Stormy when she was a child. In a larger place it would not be difficult to ask one of the sisters to attend a different service. In rural communities, as was the case in this study, there is often only one service available. Therefore referral is not an option.

The implications for practice are therefore three fold. Firstly, workers must be provided with education, support and supervision to ensure that they recognise the issues. Secondly, workers need ways of debriefing after seeing more than one family member due to the difficulty of balancing differing needs. Thirdly, in maintaining commitment to survivor driven interventions, where the survivor is the expert of her own condition, workers should discuss these issues with the women to see how they would want to manage it, not simply make assumptions and operate in a certain way.

IMPLICATIONS FOR KNOWLEDGE DEVELOPMENT

Two further issues emerged from the thesis that are important to professional knowledge development emerged. They are: issues around language, and working with the fragmented self. These concepts were not the specific focus of the study but emerged as a result of the particular methodology utilised. For instance, it was the group situation itself that provoked Carol into talking about her inner people. When raising the importance of knowing what was coming up in the following weeks, she articulated that her inner people would fight if she didn't have the opportunity to have an internal conference with them about the issue before verbalising their thoughts in the group. It was also the group situation that brought about an interest in the language that was proposed for the thesis.

Issues around language

As discussed early in the thesis, language was always going to be a matter of concern in a study of this kind. Because of the focus around discourse and the use of survivor discourse in framing this research, its importance must be assessed. In chapter seven, I discussed the concerns the Steel Magnolias raised about use of the terminology of *victim* and *survivor*. The women's comfort with and choice of the term *healing,* as the preferred term for their journeys was also highlighted in chapter six. None of the women constructed themselves as victims and were quite adamant that they did not wish to be described as victims. They argued that they had strengths and capacities for managing difficulties that they were proud of. Stormy's notion of the difference between being a survivor rather than a victim is the sense of not being alone. The women understood that recognising these strengths was part of the healing process. *Healing* as a term really appealed to the Steel Magnolias. To them it suggested growth, development and movement onwards. *Journey* was another term the women related to particularly well. *Healing* was a process they understood to reflect a movement from point A to point B. *Healing*, therefore, is a journey.

There is a further issue around language which is noteworthy in this study. The issue in question is the sanitisation of language that is often part of professional practice. This research revealed that using language that is genteel might in fact add to survivors' feelings of being poorly understood. This can occur when the language used, appears to soften the horror of the assault.

Sanitised language

The issue of what type of language I would be using in the thesis was a matter of interest for the steel magnolias. They were concerned that the strength of their views be represented accurately. Given 'swear words' were used regularly in the women's conversations, it was clear that a decision would need to be made about the matter.

> *When you do the transcripts and the thesis will it have the "f" word in it? (laughing)? [Joy: S9, p7 ln 7]*

> *Well yes I think it's very important [Cicada: S9, p7 ln9]*

Profanities and crude language are still flinched at when used in professional conversation. However, the women felt that such language portrayed a greater sense of the actual horror

of sexual assault and the men (mostly) who perpetrate the crime of sexual assault, than the sanitised language used by professionals.

On a number of occasions throughout the group discussions different women raised issues around the language used by professionals to describe assault and the perpetrators of those assaults. For instance, Carol was adamant about not using the phrase 'my perpetrator' to describe her father. She felt it portrayed him as something special, it ascribed a certain status to him and clearly that was the last thing she wanted.

> *I call him fuck face and dickhead. I don't call him my father. "Jerk off". I'm not going to say "my perpetrator" like it's an honour. Arse hole, fuck face, shit head, dick head, arse hole bastard! [Carol: S5, p Lns 35-37]*

This suggests that exploration of the impact of language needs to occur. A particular event occurred in one of the sessions which has remained with me. The language was so crude and that made the image absolutely shattering in its vividness. The conversation was about how limited, as children, their knowledge of sex was, and how ironic that was given that they were being sexually abused at the time.

> *Isn't it amazing – I mean you have a dick stuck in your mouth, stuck in your fucking cunt and not know anything about sex. [Marie: S5, p8 lns 27-28]*

This statement not only brought home to me the brutality of the abuse but also how language can actually soften the image of an act of violence. As one of the quieter members of the group, this coming from Marie was powerful indeed. How much less confronting it would have been if she had said 'isn't it amazing that you can be sexually abused and not know anything about sex'. It exemplifies the need for professionals to reconsider the language we use to discuss violence. As Christine Dinsmore (1991:18) says:

> We do not name the violence; we use such terms as rape victim and incest survivor rather than rapist, perpetrator or molester. This subtle linguistic phenomenon powerfully implies that women are the subjects (implying the cause of the action) of male violence rather than the objects.

Working with the fragmented self

One of the strongest lessons to come out of this study for me was about how the women constructed the fragmented self, what impact having several distinct aspects to themselves meant for healing, and for how we might work better with them. While it is not the intention of the study to label the women, the notion of the fragmented self is congruent

with Dissociative Identity Disorder (DID). Dissociation is a way of organising information which occurs at the time of a traumatic event or as a long term consequence of exposure. According to van der Kolk, van der Hart & Marmar (1996) people who are unable to integrate the totality of what is happening to them at the time of trauma compensate by compartmentalising it. In this way events, feelings and emotions remain unintegrated. Separating thoughts, feelings and memories of traumatic events allows the child to behave as if nothing traumatic happened. Particularly with repeated trauma and over time the child/woman can begin to use this dissociative process automatically at times of perceived threat (van der Kolk, van der Hart & Marmar, 1996). Essentially this means that a person with DID have within them two or more separate identities which may take control of the person's behaviour at any given time. The Sidran Foundation (1994) concludes that each identity has its own way of thinking, perceiving, behaving, remembering and relating.

Regardless of the way we view the notion of a fragmented self, it is clear that we need to be open to working with this construction if indeed the survivor is the expert of both the problems and solution. In the current study, three significant things were highlighted for me:

1. When survivors are confronted with a fragmented self, they have additional difficulties in endeavouring to heal. As both Stormy and Carol noted, the presence of angry and hurt personalities, puts them at great risk of suicide. What this says to me is that when working with a survivor who identifies herself as having several personalities, it is important that we ensure that we are engaging with the destructive ones, not simply the obliging ones who may present for counselling.
2. Carol's point that she needed time to have a discussion with her 'inner people' so that they could all feel heard was illuminating for me. That a conference was necessary to ensure that the various people, once heard would not then sabotage or hurt her is an important one for those of us working with people either diagnosed with or identifying as having multiple personality, dissociative disorder or some other construction of the fragmented self. It means very literally that the survivor be giving warning of issues to be discussed in counselling or group work. Assuming we are committed to doing no more harm this becomes a very important insight.
3. Parenting children in the outer world can be made more difficult because of, amongst other issues, the jealousy of the inner world children. This part of Stormy's

story which was quoted in more detail in the previous chapter, highlights that we must find ways to work with this construction of jealous inner children, if we are to aid survivors in parenting their outer children. This may have some particular ramifications for child protection work.

Finally Cicada noted that a sign of healing with respect to multiple identities is when there is a feeling of consensus or agreement within when making decisions. Another is using "I" rather than "we" when talking. The implication of this is listening carefully to how the person speaks about themselves, and getting a sense of the decision making process. It is outside the parameters of this study to make any further recommendations about working with survivors who identify as having quite different parts of themselves. On the basis of these findings however, it seems that more research could be done asking survivors who identify in this way, how we can assist them in their healing process. It is a whole further area of study.

IMPLICATIONS FOR RESEARCH

Effectiveness of the method

As noted in chapter seven, the Steel Magnolias considered this research process to be part of their healing journeys and a good way of assisting the women to develop their own meanings about what happened to them. At the end of the second last discussion session, while reminding the women about what they had decided to discuss the following week I suggested that they might like to give me some feedback about how the collaborative group process had been for them. Rather than wait until the following week they decided to discuss it then and there. Here's what they had to say,

It's been great. [Cicada: S9, p, 26 ln12]

I think it's wonderful in a group situation [Joy: S9, p26 ln13]

I found it really healing again although the purpose of the group hasn't been for individual healing; it has been for me [Cicada: S9, p26, ln14-15]
[Agreement Joy, Marie]

It's definitely brought things out in the open, if its out in the open you've got to deal with it. And that has been healing for me – to deal with it [Stormy: S9, p26 lns16-18]

I've now got a much bigger picture of it, sort of look at the whole thing, not just bits as I have done, as I've gone through. [Cicada: S9, p26, ln19-21]

> *I think that's true, there's stuff that someone else might mention and you just don't think about it until somebody else says something and then you think, gee, I felt that too. [Joy: S9, p26 lns 22-23]*

The method allowed the women to rest up at times and simply listen to others. At times it became an important tool of empowerment. By hearing others talking a woman might suddenly realise that she is stronger then she realised, as Carol reflected,

> *I'm sitting here feeling like the victim and then I hear the rest of you talking and I think – I forget how strong I am. I just let myself become a martyr and I mean, oh shit I don't need this (laughs) – yes I don't need this, this isn't me. I thank you for that. Like oh right, I can do this, this and this. I don't have to be like this. I just felt relief coming up and I say thanks for that. [Carol: S9, p 7 lns 43-48]*

In this way, the research method demonstrated effectiveness in doing what Dodds (1995) asserted that collaborative group work should do. It should have therapeutic outcomes as well as research outcomes for the women. It was also effective in delivering the answers to how rural women survivors construct them selves and change their lives and it delivered considerable useful knowledge on what social workers need to know or reflect upon. Listening to others stories, also allowed the women to develop their own stories further than they might have if being interviewed. Many times they would say, "when I heard you say blah, I …." These have been discussed as part of the implications for practice and knowledge development.

Finally this research, by utilising a collaborative group inquiry method, picked up a concern raised by a previous Australian study in this area. In her PhD thesis, Yvonne Darlington (1993: 311) suggested that it is important to capture 'the continuity of their (survivors) lives' and with that, the struggle involved in change as well as the sense of hope that carries them into the future. Capturing something of the journey from point A [time of abuse] to point B [the present day where a particular engagement with healing has occurred] was made possible by this focussed group process. Throughout this twelve week period, through various discussions in the group, the women were able to articulate the ways in which they have changed over the years and what they expect to do or experience differently in future. All of the women stated that doing the exercise of presenting their life history to the group enabled them for the first time to see their lives on a continuum and to therefore begin to recognise how far they had come. Doing this early in the group process enabled the women to respond to the topics under discussion in the context of journeying as opposed to

focusing simply on their experiences. As an example, in the session on perpetrators the Steel Magnolias did not only talk about how they experienced the perpetrator as children, they also talked about how they have engaged with the perpetrator as adults, to feel more in control. They also talked about what they plan to do in the future to strengthen themselves with respect to the actual perpetrator[s]. Therefore the study has been effective in terms of capturing the continuity of their lives and healing journeys.

Finally, as noted by Parton and O'Byrne (2000) it is not empowering to focus on what was done to people but rather on how they have managed their difficulties. This study with its focus on healing and its participatory method allowed the women to focus on what they had achieved, they were able to restory their lives. In this way the research met its goal of being emancipatory. By being concerned with the experience of women's lives and making room for stories of transformation it demonstrated a method highly compatible with social work's social justice mission.

The limitations of the research

That the research is based on the stories of five rural women means it would be inappropriate to extrapolate from this to the general community of survivors or even to the population of rural survivors. Its participants were all anglo-celtic women and therefore it is limited in what it can say about how other groups of rural women might construct healing. Greater diversity among the group in terms of ethnicity may have added a different depth to the research.

Research of this kind produces a huge amount of data. It is impossible to fully utilise that data in a thesis like this. Two hundred hours of discussions cannot be fully captured. The movement of time since the women actually met together may also be a limitation to this research. Recent discussions with rural NSW sexual assault workers did indicate however, that the things the women are saying, is equally relevant today as it was five years ago. A comment concerns my role as an observer, recorder and medium for the women's stories. By virtue of being in the room I will have changed the dynamics to some extent. While my intention to keep out of the process, could never be fully achieved as I was there, a discussion shared earlier in the thesis suggests that this was probably not a limitation. In fact that the women knew me, may have been valuable. On reflection though it could have

restricted what the women felt able to say. This would need to be a careful consideration when utilising this method again.

Further Research

This leads me to the notion of further research required in this area of practice. Clearly we need to discover more about social workers and the role of the community in the healing process. There is a real need to look at the personal/ political nature/focus of healing so that we can move beyond our focus on healing from childhood sexual assault as primarily an individual's problem.

One other area, which has not been addressed at all by this research, is healing from childhood sexual assault by the male survivor. This research has gone no way towards recognising the degree of childhood sexual assault experienced by male children nor understanding the experiences of men and therefore can make no judgments as to whether there are significant differences in what social workers may need to do to assist male survivors. While it was outside the scope of this study to address these issues, it is imperative that such research is done.

Similar research with indigenous survivors of childhood sexual assault is also long overdue. This research method should fit very well with indigenous modes of operating. There hasn't to my knowledge, been any studies which includes indigenous women survivors of childhood sexual assault.

CONCLUSION

The five women who participated in this study, did so because they hoped their words, their stories, would assist the healing journeys of other survivors of childhood sexual assault. They demonstrated that healing is hard work which requires commitment, dedication and a desire to be happier and more hopeful about life. They recognised the signs that their lives were transforming as being more able to laugh, as caring for themselves as well as their children, as getting beyond the parenting patterns of their parents, as being assertive. These women challenged professional language and ask us to reflect on the language we use and how that might expedite or make things more difficult for survivors.

The Steel Magnolias offered exceptional lessons for social workers and others. As well as providing insights into useful counselling procedures and (or particularly) the value of groupwork, they shared the sorrow caused by counsellors telling people what to do and how to think, and they came up with very creative service responses themselves. Their stories of disintegration, integration, and acceptance are truly courageous. They demonstrated for social workers that while there are similarities in their stories, there is also diversity, and that each survivor needs to be treated as an individual. At the same time their stories teach us that healing is about much more than a focus on the idiosyncratic functioning of individuals. It is about being part of a community of survivors. It is about the community and professionals valuing survivors and what they have to offer. These five strong, resilient, interesting, capable women provide inspiration about the capacity to transform ones life. Developed and presented within survivor discourse, this thesis ends with the words of one of the women,

> *I saw a counsellor who asked me really gently "do you think there could have been any sexual abuse in your childhood?" It was like opening a floodgate and I talked a little bit then because I hadn't had a session booked. And I went home with "The courage to Heal" and I read it, from cover to cover, that day and that night. And it was like I recognised myself on every page of that book…and I think that was the key in lots of ways. I just began to understand. So yeah, then I did a group and it was just amazingly healing. I could feel everything start to make sense. [Cicada: S8, p10 lns 42-49]*

Steel Magnolias Healing Journeys:
Rural Women speak of
transforming their lives after the experience
of childhood sexual assault

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Well we can try and educate the kids but I think the adults, unless they have dealt with their own problems, they are not going to listen to anybody else (yes, its true)
And you look at the community out there and you just imagine how many people living in this street alone have been through some kind of abuse in their life.
The community at large is not much different to us.
It's just that some have dealt with it and some haven't.
[Joy: S8, p27 lns 20-25]



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Steel Magnolias Healing Journeys:
Rural Women speak of
transforming their lives after the experience
of childhood sexual assault

APPENDICES

I found the biggest thing for me was fear of anyone finding out and then once you start talking about it…now I'm able to talk about it.
I mean you don't tell everyone you know, you pick and chose – the people who are going to relate to you, you wouldn't go and tell the man in the pub. They've been keen and supportive.

[Marie: S8: p 5 lns11-18]

- **Letter to participants** **1**
- **Consent form A** **2**
- **Consent form B** **3**
- **Consent form C** **4**
- **Example of transcript** **5**
- **Copy of ethics approval** **6**



LETTER TO PARTICIPANTS

Dear Cicada,

Thank you for agreeing to be involved in two discussion groups about a research process looking at "healing" from the effects of child sexual abuse. The group will be made up of yourself and 4 other survivors. I will be facilitating the group process.

As you know I am doing a post-graduate studies this year. To complete this degree I am required to do a piece of research and write up the research in the form of an academic thesis. I am interested in doing a piece of research which not only meets my academic needs, but which might also help workers in the future to provide a better service to survivors and most importantly which gives something back to you and the other women who have agreed to take part.

Working as a Social Worker with women who, like you, identify as survivors of child sexual abuse, has taught me many things. One of those is the damage done by "well meaning" workers in the name of helping. As a result I believe that any research with women asking them to talk about their experiences of 'healing' from the effects of child sexual abuse must endeavour to ensure that no more harm is done.

As a way of ensuring that, I would like for us to be collaborators or co-researchers in this process. I don't want to impose my will on you, but for us to work together to design the work so that we might all own it.

I have started with the broad concept of "healing" and would like for us to work within that frame, if only to give us some focus. Beyond that I want this to be yours in the sense that I record what you want to tell the world about being a survivor and 'healing' from the effects of the abuse in your life.

I have chosen to approach this through a group process for a number of reasons which I have attached. The primary purpose of using a group process is to facilitate the members control over the content and structure of the research process.

I have suggested two preliminary discussion group sessions so that:

i) We can begin to establish relationships with each other (I know some already exist);
ii) We can discuss what the project might focus on including any concerns you have about the project;
iii) We can design a consent form which suits this group;
iv) We can establish some 'rules' for the group; and
v) We can decide on the structure of the six suggested sessions.

I have suggested 90 minute sessions to give us time to relax into the session, have a reasonable length of time for discussion and time to wind up and prepare for the world outside again, without devouring too much of your time. Other reasons include wanting to prevent people from becoming tired and drained by the process and for the very practical

reason of containability - that is, being able to deal with the possibly enormous amounts of information that will come out of each session.

I am happy to discuss both the duration of each session and number of sessions with the group and for us to come to a mutually agreeable position.

If, at the end of the first preliminary session, you feel unable to continue for whatever reason please let me know as soon as you can. It would be helpful for me to know why you no longer wish to continue, but it is up to you whether you wish to discuss that with me or not. Also, if you are unsure about anything then I am happy to discuss and clarify any concerns you may have. You can of course withdraw from this research project at any time.

Once again, many thanks for agreeing to be involved. I sincerely appreciate your interest and motivation and will do all I can to facilitate a meaningful and positive experience for us all. If you are happy with this process and are willing to continue would you please sign the attached consent form and return it to me at the beginning of our first session. I look forward to sharing this experience with you.

Our first meeting will be on Monday, 4th September 1995 at 10 am at the Rape and Incest Crisis Centre in Marigold Street, Country Town.

Regards,

Kandie Allen-Kelly

25th August, 1995

CONSENT FORM

I have been asked to take part in two research design, group sessions to discuss the structure and process by which this particular group may participate in a research project on healing from the effects of child sexual abuse. I have been informed about the nature and purpose of these two sessions and understand:

1. That this is a group process and as such I will not be interviewed outside of the group process;

2. That my participation is voluntary and that I may withdraw from it at any time;

3. That I can choose not to take part in the actual research project beyond these two sessions;

4. That I will not be coerced, by any party to the research, to continue against my will;

5. That my imput will be kept strictly confidential and that under no cirumstances will my name or any identifying characteristics be included in any report on this study or in the researchers thesis;

6. That the previous condition does not prevent me from joining with the other women in the project in presenting the data in a way that we see fit which is distinct from the researchers thesis;

7. That I must not divulge any information given by other people in the group;

8. That I may request information about the study when it is completed.

_____ _____

Signature Date

CONSENT FORM

I have been asked to participate in a research project on healing from the effects of child sexual abuse though 4 - 6 group sessions. I have been informed about the nature and purpose of this research and understand:

1. That this is as group process I will not be interviewed outside of the group process;
2. That my participation is voluntary and that I may withdraw from it at any time;
3. That I will not be coerced, by any party to the research, to continue against my will;
4. That my imput will be kept strictly confidential and that under no cirumstances will my name or any identifying characteristics be included in any report on this study or in the researchers thesis;
5. That the previous condition does not prevent me from joining with the other women in the project in presenting the data in a way that we see fit which is distinct from the researchers thesis;
6. That I must not divulge any information given by other people in the group;
7. That I make a commitment to abiding by the rules of this group as decided by the group;
8. That I may request information about the study when it is completed.

_____ _____

Signature Date

CONSENT FORM

I have been asked to participate in the termination and making sense sessions of a research project on healing from the effects of child sexual abuse though 2 group sessions. I have been informed about the nature and purpose of these sessions and understand:

1. That this is as group process I will not be interviewed outside of the group process;
2. That my participation is voluntary and that I may withdraw from it at any time;
3. That I will not be coerced, by any party to the research, to continue against my will;
4. That my input will be kept strictly confidential and that under no circumstances will my name or any identifying characteristics be included in any report on this study or in the researchers thesis;
5. That the previous condition does not prevent me from joining with the other women in the project in presenting the data in a way that we see fit which is distinct from the researchers thesis;
6. That I must not divulge any information given by other people in the group;
7. That I make a commitment to abiding by the rules of this group as decided by the group;
8. That I may request information about the study when it is completed.

_____ _____

Signature Date

be still working on these issues and trust and as I said I want to reclaim joy, which I've never had. I want to be able to - that's personal joy. (Laughing) To have a sense of humour, and just, that's not sarcastic or derogatory or deriding, but just to have this really good belly laugh about something that's funny and not feel guilty or that its wrong, or how I'm feeling is wrong, just to be able to laugh and be happy. I want to be happy, I think, I think that's where I want to be in five years time. And I get glimpses of it and I think that's happening. I'm setting things in place with help through the counsellor and just believing in myself a bit. I mean, that doesn't happen all time, it's just getting more and more believing in myself which is something I've never had and which was never encouraged, you know, to believe in myself. So it's good doing that. So yeah, in five years time I'd like to be laughing and having a good time, and not feel like I'm burdened down, you know, by the weight of the world.

Carol

Laughing

All

Actually we seem to be laughing more now than what we were in the first couple of weeks. I've don't know if anyone has noticed that but (yes) (end in sight, I think). Yes. (laughing). I think, I think its because we're, we're all more comfortable with each other. We've been through some hairy topics together, we've all emerged along through it.

Cicada

I feel as though I've come a long way in moving, growing, or whatever you like to call it. I think healing is a word we could all use and will continue to use, but I also think that growing and just what we've learned from it and learning about ourselves I think is the most important thing, I think. As a survivor, and I can only speak for myself here, but I think growing up is like, you know, you're another person. You don't know who you are or what you want out of life. And I think you only learn that through healing. I know I have. Just in the past five years, or six years that I've been healing, I guess. Like Carol I feel I went through a lot of what she is going through now, I can relate to that because I went through a time where I felt that I didn't have the right laugh, or to be that free, you know. I feel like I've got that now, so. When I laugh, I said to somebody not long ago actually, there is a difference between laughing and laughing. There's laughing to just cover up what you're feeling inside and there's laughing because you really feel like laughing and that's now. I laugh because I want to laugh. Because I feel like my laugh now is like "real" not a cover up. You know, and I really blew people out when I first started to heal, dealing with this. They said "but you're a together person, we always thought you had it all together, you - know. Really I can't believe all this." Well - my life's been one cover up, and I always felt I never had the right to take it easy, to just do things for myself, I always felt I had to be doing, doing, and doing all the time, proving I'm doing something (laughs). Actually, most of the time I fee as though I don't want to do it, I don't have to please anybody. The fences still come up, you know, like I'm, on Saturday night I was talking to my friend, and I'm sort of still in agony with my leg at the moment and he said, we'll take it easy tomorrow, you know, just bludge. And its not right, I'm not used to a man telling me to take it easy (laughing). I'm used to a man saying, you know, expecting me to keep going you know he said take it easy, and don't do so much. But I can't do that – I can't, I've got to keep going, I've go to… and then, Sunday morning, I thought well this is not really me – NOW, this is THEN. So I started to take it easy (laughing). I've go to shut off, shut off that old person,

Joy

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EXPERIMENTATION ETHICS REVIEW COMMITTEE
ETHICS APPROVAL FOR
RESEARCH OR TEACHING
INVOLVING HUMAN SUBJECTS

424-265

*Principal Investigator:	Ms K. Allen-Kelly
*Lecturer-in-charge:	Mr P. Camilleri
*Department/School/Centre	School of Education
*Project title:	"Healing" from Child Sexual Abuse

*Delete as appropriate

ETHICS APPROVAL NO.

This project has been allocated Ethics Approval number : **H488**

1. All subsequent records relating to this project must refer to this number.
2. The Principal Investigator/Lecturer-in-charge is to advise the responsible Monitor appointed by the Experimentation Ethics Review Committee:
   (a) periodically of the progress of the project;
   (b) when the project is completed or if suspended or prematurely terminated for any reason.

Comments, provisos or reservations:

* APPROVED

Name of Responsible Monitor: Dr B. Cheers

Department: Social Work & Community Welfare Phone extension : 4221

Signature: D. Brooke-Taylor Date: 2 October, 1995

(D. Brooke-Taylor, Secretary, EERC
Research Administration)