

# Organised Abuse and Testimonial Legitimacy

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This paper will discuss the relationship between sexual abuse, invalidation and testimonial legitimacy with a particular focus on organised abuse. Using qualitative data drawn from a study of adult survivors of organised abuse, the paper emphasises how strategies of invalidation, disbelief and minimisation are embedded in children's experiences of organised abuse as well as in the response of others to organised abuse throughout their lifespan. This analysis troubles the distinction between everyday and legalistic notions of credibility and emphasises instead how the denial of testimonial legitimacy to children and women in a range of contexts is underpinned by relations of power that compound the gendered risks and harms of sexual abuse. The findings of this study suggest that the denial of testimonial legitimacy is a serious barrier to the wellbeing and safety of victims of sexual abuse, such as those disclosing organised abuse, whose life histories render them particularly vulnerable to strategies of invalidation.

## Background to the Research

Although most incidents of sexual violence involve one victim and one perpetrator, a significant proportion of victims report experiencing victimisation by more than one perpetrator (Kellogg and Hoffman 1997; Horvath and Kelly 2009; Harkins and Dixon 2010). In the case of child sexual abuse, victimised children and adults reporting multiple perpetrators have typically experienced more severe victimisation than victims reporting one perpetrator (Finkelhor and Williams 1988; Long and Jackson 1991; Casey and Nurius 2005) and they exhibit greater psychological distress and mental illness (Briere and Conte 1991; Leserman et al 1997; Steel et al 2004). Some of the most acutely ill survivors of multi-perpetrator sexual abuse disclose what La Fontaine (1993) has defined as 'organised abuse'; that is, incidents of child sexual abuse that involve multiple adults acting in a coordinated way to sexually abuse multiple children.

Health and welfare workers in diverse contexts have reported contact with adult and child clients with histories of organised abuse (Creighton 1993; Bibby 1996; Cooper 2004), including clients disclosing sadistic, ritualistic or otherwise extreme experiences of sexual abuse (Sinason 1994; Noblitt and Perskin Noblitt 2008; Sachs and Galton 2008). Such disclosures have received a scornful and bellicose reception amongst some journalists and academics (e.g. Loftus and Ketcham 1994; Guilliat 1996; Ofshe and Watters 1996). Mental health workers with clients with histories of organised abuse report that they are a particularly difficult client group to treat, with chronic and complex needs that render them vulnerable to self-harm, suicide and re-victimisation (Mollon 1996; Fraser 1997; Middleton and Butler 1998). Those professionals tasked to respond to cases of organised abuse have at times, found themselves trapped between the blowtorch of academic and media scepticism and their responsibilities to a group of severely traumatised and needy clients (Goddard 1994a; Goddard 1994b; Kitzinger 2004).

## The Research Project

This paper is based on qualitative data from the study *Adult Accounts of Organised Child Sexual Abuse in Australia*. The study was a life history project with adults with histories of organised abuse.<sup>2</sup> In light of the

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<sup>2</sup> For more information on the life history method, see Plummer (1983, 1995).

controversies over organised abuse, the project aimed to document, for the first time in Australia, adult survivors' descriptions of the contexts and arrangements that facilitate organised abuse. Recruitment notes were circulated through specialist agencies in the fields of sexual abuse and sexual assault. The notes invited people with histories of sexual abuse by groups or networks of perpetrators to participate in a conversational-style interview in which they could discuss their lives from early childhood to the present day. Twenty-one adults (sixteen women and five men, including a transgendered male participant) participated in the study. The project gathered over 700 pages of interview data as well as several hundred pages of life history documents, including autobiographical excerpts and diary entries provided to the project for analysis.

The primary findings of the research project, regarding the contexts and practices of abusive groups, formed the basis of my doctoral thesis and will be the focus of forthcoming publications. As I undertook the interviews, I was struck by the pervasiveness of disbelief and minimisation in the lives of participants, not only in relation to their experience of organised abuse, but in their narratives of childhood more generally. This pattern of invalidation had a strong resonance with the ways in which, as adults, they were labelled and stigmatised by the mental health workers and police officers whose intervention they desperately sought. A cycle or continuum of invalidation emerged from the interview data that extended beyond organised abuse and pointed to broader questions around gender, power and violence. The following section will introduce the notion of invalidation, and the paper will then highlight the continuum of invalidation that emerged in the study and conclude with some thoughts on its broader political implications.

## Invalidation

Psychotherapist Marsha Linehan (1993) has proposed that many of the interpersonal and psychosocial problems prevalent amongst women with a history of sexual abuse are the product of what she called their 'invalidating environment'. She defines an invalidating environment as 'one in which communication of private experience is met by erratic, inappropriate and extreme responses' (1993:49). In such an environment, where a private experience is expressed, it may be trivialised or the person may be punished: '[t]he experience of painful emotions, as well as the factors that to the emotional person seem causally related to the emotional distress, are disregarded. The individual's interpretations of her own behavior, including the experience of the intents and motivations associated with behaviour, are dismissed' (1993: 49). According to Linehan (1993:49-50), invalidation has two key consequences:

- The person learns that her understanding of her own experiences (such as her analysis of her own emotions, beliefs, motivations, thoughts and actions) is incorrect.
- The person learns that she is characterised by socially unacceptable personality traits, and that her experiences of herself and her world are attributable to these negative traits.

Linehan (1993) suggested that some families constitute particularly invalidating social environments, however she highlighted how invalidation occurs primarily to girls and women. She suggested that being over-ridden, undermined and enduring the imposition of others' views is a common and pervasive experience amongst girls and women in Western culture and she linked this experience directly to gendered inequality. In Linehan's (1993:52) view, child sexual abuse is both the paradigmatic example of sexism and the prototypical experience of invalidation. In sexual abuse, the child's needs are ignored and/or manipulated by an abuser who imposes upon the child his view of her as an object of sexualised domination. Sexual abuse thus reinforces the invalidating nature of the child's social environment and compounds the harms of invalidation, resulting in a lack of emotional competency as the child grows to adulthood struggling to identify, modulate or regulate her emotions, and devaluing her own opinions, emotions and experiences. There is now a body of literature linking sexual abuse and invalidation to a range of psychiatric and psychosocial problems amongst girls and women, such as eating disorders (Haslam et al2008), alcohol and drug abuse (Rosenthal, Lynch and Linehan 2005) and acute psychological distress (Krause, Mendelson and Lynch 2003).

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## Invalidation and Organised Abuse

In the study, participants described a range of contexts in childhood in which they learnt that nothing had happened when something had, that they were not feeling what they were feeling, and that expressions of distress or upset were futile since they would be either punished or ignored. Congruent with the research literature (Creighton 1993; Gallagher, Hughes and Parker 1996; Scott 2001), most of the twenty-one participants were subject to organised abuse by one or both parents, who sexually abused them and made them available for sexual abuse by other relatives and people outside the family. They often described how, after incidents of organised abuse, their parents insisted that the abuse had not taken place, describing their recollections of abuse as a dream.

If it had been a really bad night [of organised abuse], I would always be told the next day that it was nightmares. That it wasn't real.

*Lauren*

I can still hear him - coming home [from organised abuse], my father would say, 'You know that I love you. It didn't happen. You don't remember. You know that I love you. It didn't happen. You don't remember.' It still just completely fogs my head.

*Lily*

My father would say, if I questioned something, 'No, that was just a dream. That was your imagination and it wasn't real.' So you could never piece anything together.

*Isabelle*

In these excerpts, participants' parents sought to undermine their basic experience of reality by denying, immediately following very traumatic events, that any abuse had taken place. Lily described this denial as a kind of 'fog' that persists to the present day. Isabelle suggested that it was a strategy used by her father to prevent her from putting the 'pieces' together.

Invalidation was a core component of participants' accounts of organised abuse. During incidents of abuse, they reported that drugs, pain and fear made it difficult to distinguish what was real from what was not. In addition, many participants described abuse that appeared to have been designed to suppress their pain response by divorcing stimulus from effect.

They would tie you up on this equipment, and all your stuff would be off - except maybe a singlet, but sometimes that was taken off too, depending on the part of your body they wanted to access - and they would use, um, needles that they would insert into places on your body where it wouldn't be discovered. So it would be next to the nipple, up the vagina, under your nails. Things like that.

And you were told, on pain of death, that you were not to make any noise. Not allowed to make any noise.

*Kate*

In this quote, Kate describes how she was forced to suppress her natural and instinctive responses to pain. Many other participants reported similar kinds of ordeals, in which they were taught that any expression of distress was intolerable and would be punished in the most severe way.

These patterns of invalidation were not limited to abusive contexts, but were evident in participants' accounts of other areas of their lives. For example, in their home lives, participants recounted how they learnt that their personal experiences were incorrect and that their emotional responses were evidence of an inner pathology or fault. In particular, where they expressed any sign of distress or upset, they were often punished or else accused of being manipulative, disobedient and so on.

He [my father] would tell you what you were thinking and what you were feeling, and you had to agree. 'You did that because you are insolent'. My mum used to despair because I used to want to try and stand up to him and say, 'No, it's really like this'.

Sometimes there would be arguments, and sometimes it would be going on for ages, but eventually I would just have to back down and say 'Yes, you're right, I was thinking this, I was feeling that, blah blah blah'.

Eventually, even when I got older, one time, I was trying so hard not to cry, but I couldn't help it, and then I would start crying, and it'd be 'Oh, you see, now you are turning on the water works, trying to be manipulative'.

*Jo*

Participants described in some detail the burden of pain and shame that they bore as children as a result of organised abuse but home was not a safe place for them to express this pain or to find care and support. Just as they learnt during abuse, they learnt at home that any expression of distress would be met by a punitive response.

This was a pattern that also emerged from participants' accounts of school. We might imagine that school would be a place where the disturbed behaviour of an abused child might be identified by teachers. In this study, where participants presented at school with disturbed behaviours, the response of teachers was to hold the child individually responsible and to attempt to reform their conduct through punishment.

I'm only halfway through the first year, and I've pissed myself in class, and I was out of control. So they sent me off to this other school, it was, like - really small, really Christian, really hard disciplinarian ... The corporal punishment was really heavy, and that was all I needed at the time. As far as they were concerned, I was the devil. I had all these other horrible things happening to me, and that would spill over every now and again.

*Darren*

Darren's mother was addicted to opiates and she funded her drug use through sex work. She also made Darren available for prostitution. Home was not a safe place for Darren, whilst at school, he was labelled as developmentally delayed and treated in a way that reaffirmed his sense of his self as different and deserving of harm.

In this study, patterns of invalidation were repeated across multiple sites in participants' childhoods. In both abusive and non-abusive contexts, participants were told they were not feeling what they felt, that what they thought and believed was worthless and that what they remembered was imaginary. Where they felt pain or distress, they learnt they should be punished because they were being weak, selfish or disobedient. Participants were thus exposed to a range of interactions and practices that construed them as devalued and undeserving of protection, and it seems that they came to view themselves as such.

I felt I had a sewer inside of me. Sure, we all have a small intestine, but I don't mean that. It felt like, in my tummy, there was sewage, a sewage cesspool inside me.

*Anne*

I had such a sense of myself as being, you know, this corrupted, violated, horrible person.

*May*

I was taught that I'm poisonous. I learnt that if people touch you, if they love you, if you love them, the poison in you will kill them.

*Lily*

A number of participants described having had, or continuing to hold, a view of themselves as unclean and polluted. They used visceral and dehumanising metaphors (e.g. 'sewage', 'poison', 'corruption') to capture the force with which they had come to view themselves as a source of contamination. They discussed how their abuse became, over time, a natural and expected part of their life that accorded with the ways they had come to feel about themselves. For some participants, organised abuse was something that they came to welcome and seek out because, as Alex describes below, it 'fitted' with their understanding of their place in the world.

It [the abuse] fitted my picture of myself. Sort of. And the rest of my life as well – at school, and at home – it fitted that I was the one who ... I don't know, that there was something about me. It's hard to say it in normal words.

*Interviewer: When you say there was 'something about me', were you special in a good way? Or special in a bad way?*

Special in a bad way ... But also – that what they were doing was pretty normal, that this is what you do with someone like me. That's how – yeah, very much. Yeah, it was so natural. Because the sort of person I was, meant that this is how the world should respond to that.

*Alex*

In this quote, Alex linked the messages she received about herself during abuse to the messages she received about herself at home and at school. The pervasiveness of invalidation throughout all their experiences of childhood was such that many participants came to view organised abuse as a natural, everyday occurrence, and they experienced themselves as deserving of such harm. However, this pattern of invalidation did not cease in childhood, but rather it persisted for many participants into adulthood, particularly in their encounters with health services, the police and other agencies that they approached during times of crisis.

## Anne's Story

Invalidation was a pronounced characteristic of participants' accounts of their efforts to seek care and support in adulthood as well as childhood. One participant, Anne, described how, in her thirties, she left her three-year-old son Jimmy with her parents for a few days. When she came to pick him up he had a small bump in the middle of his forehead. Her parents told her that Jimmy had fallen off his bike, however, Jimmy stood up and said 'Grandpa put a nail in my head'. Anne and her parents laughed at this and Anne drove away with Jimmy. However, over the next few months, Jimmy began to talk more about what had happened during the weekend he stayed with her parents.

For months, he told me, 'Grandma kissed me too much that night. Grandma came into the room, and I was trying to fall asleep, and Grandma kissed me all over my body.' I didn't believe him at that point. But then he started saying a lot more ... And that's when it all came out. 'They peed and pooped on me. They scrubbed me in hot water to get the poo off. The shower was too hot. Grandpa put my head in the oven. Made me scared. I got nearly an asthma attack.'

I couldn't sleep at night, once I understood what he was saying to me.

Part of the reason that Anne couldn't sleep was because she had similar memories to those that Jimmy had described, but her parents had always told her as a child that her recollections of abuse were just a bad dream. In particular, she had memories of her father placing a nail in the middle of her forehead and tapping on it with a hammer, telling her he would kill her if she told anyone what was happening. Once Anne realised that Jimmy was disclosing sexual abuse, she called a telephone crisis service in great distress, and she was instructed to contact child protective services.

So we got pulled into the child protection thing, but it was as though he was raped all over again. Because then the legal stance was, 'Yes, we hear it. But you have no evidence. And he's under five. Off you go.'

I think she [the investigating social worker] just believed everything Mum and Dad told her. They came in, they said, 'Oh, she used to be a lesbian and a vegetarian, she's a troublesome daughter. She's just the black sheep of the family.' And I think this woman just believed them. Dad was a very senior official, and Mum was a qualified nurse. And I was nearly hysterical. No competition.

After her report of child abuse was found to be unsubstantiated, Anne found her father one morning trying to break into her house. She took her children and she fled interstate, where she changed her name. She only agreed to participate in the research because her youngest child is now an adult.

## Conclusion

In this study, invalidation emerged as the pervasive manifestation of power relations as they are expressed through strategies of minimisation, disbelief and denial. Invalidation was embedded within participants' experiences of adult-child relations, however it took an institutionalised form in their encounters as adults, with health, welfare and justice agencies. In this study, invalidation was both criminogenic and pathogenic. It was a social factor that enabled sexual abuse and formed a constitutive element of sexual abuse, whilst compounding the harms of sexual abuse and acting as a contributor to the burden of illness born by many survivors of sexual abuse. From a sociological perspective, invalidation served to inscribe power relations through the mental and physical health deficits of sexual abuse as well as the denial of testimonial legitimacy and the consequent withholding of resources, support and services.

This study suggests that survivors of organised abuse are differentially vulnerable to this strategy of power for a number of reasons. Participants had experienced persistent obstacles throughout their lives to having their basic needs recognised and met and so they live with a high burden of mental and physical illness and concerns about security and safety. In addition, the unique ways in which invalidation was embedded in their experiences of organised abuse was such that they found subsequent experiences of invalidation and disbelief overwhelming and struggled to mount an effective response. Survivors of organised abuse are therefore vulnerable and an easy target for those individuals, groups and institutions that use invalidation as a strategy of power.

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