1

The influence of childhood sexual abuse on the self from adult narrative perspectives

Anne Krayer, Diane Seddon, Catherine A. Robinson and Hefin Gwilym

School of Social Sciences, Bangor University, UK

Author Note

Anne Krayer, School of Social Sciences, Bangor University, UK; Diane Seddon, School of Social Sciences, Bangor University, UK; Catherine A. Robinson, School of Social Sciences, Bangor University, UK; Hefin Gwilym, School of Social Sciences, Bangor University, UK.

Correspondence concerning this article should be addressed to Anne Krayer, School of Social Sciences, Neuadd Ogwen, Bangor University, Bangor LL57 2DG, UK. Email: a.krayer@bangor.ac.uk

Abstract

The impact of child sexual abuse on the adult self is not yet clearly understood. We explored adult perspectives through the use of narrative interviews (N = 30). Three key themes or views of self were identified in all narratives to varying degrees: the worthless self, the self as unknown and the potential/developing self. Ambivalence and tension were present in all narratives. Individuals are challenged to integrate the sexual abuse experience in a constructive way and develop a more coherent perception of the self while supporting present agency and a positive outlook to the future. This is an on-going process and different views of the self may come to the fore at different times. The narrative method highlighted the dynamic nature of peoples' experiences at the same time recognising that the narratives themselves are in progress. Reactions to disclosure, social support and interpersonal connections are crucial at every turn.

Keywords: adult survivor, childhood sexual abuse, self, narrative research, qualitative

The Influence of Childhood Sexual Abuse on the Self from Adult Narrative

Perspectives

Traumatic experiences in childhood such as sexual abuse can interrupt the

development of a continuous and coherent sense of self (Finkelhor & Browne, 1985). The

construction of the self – the building of a life story - is an on-gong task which challenges

individuals to organise past and present experiences to provide a sense of meaning and

coherence (McAdams, 1993; 1996; Bruner, 1997). The self is constructed through the life

story in the interplay between the individual and their social world (McAdams, 2001).

Narratives about oneself aim to establish a coherence or continuity, and at the same time need

to be flexible to integrate new experiences and demands (Bruner, 1997). Life stories and

narratives can be damaging and constraining but also have a potential for growth and change.

Talking about the impact of childhood sexual abuse may make it possible to give meaning to

events and repair aspects of the self (Polkinghorne, 1991; Roberts, 2000).

Sexual abuse in childhood can affect an individual's view of the world and their

thinking, feeling and behaviour (Briere, 1989; Finkelhor & Browne, 1985). The experience of

childhood sexual abuse can be profound and long-lasting. Research has identified a number

of difficulties such as depression, substance abuse, problems establishing and maintaining

relationships and suicidal behaviour (Itzin, Taket & Barter-Godfrey, 2010; Fergusson, Boden

& Horwood, 2008; Friesen, Woodward, Horwood & Fergusson, 2010; Wilson, 2010). The

seminal conceptual framework developed by Finkelhor and Browne (1985) is helpful in

understanding the long-term effects of sexual abuse and the development of coping strategies.

They propose four dynamic factors that are associated with trauma: stigmatisation,

powerlessness, betrayal and traumatic sexualisation. Their framework captures the dynamic

and unique nature of each individual abuse experience; it highlights that experiences and

expectations of stigmatisation distort the individual's self-image and their sense of self-worth. The experience of powerlessness during the sexual abuse may contribute to a general feeling of having no control over one's life. This may be re-enforced if individuals are not believed and their experiences are not validated. Experiencing betrayal may not only refer to the perpetrator, who may have been a trusted adult, but may include family members who did not notice or support the child or young person at the point of disclosure. Traumatic sexualisation in childhood may lead to confusion about individuals' sexual self-concept and difficult emotional associations with sexual activities.

The traditional focus on negative behaviours and individual psychopathology has been criticised as too narrow and potentially disempowering (Anderson & Hiersteiner, 2008; Simpson, 2010). Adults who have experienced childhood sexual abuse are not a homogenous group and there are no simple causal relationships between sexual abuse in childhood and the well-being of individual adults (Walsh, Fortiere & DeLillo, 2010; Wilson, 2010). Walsh et al. (2010) highlight the dynamic nature of strategies individuals use to manage sexual abuse experiences over time; importantly they suggest that in some instances strategies that are generally framed as positive may have some negative outcomes and vice versa. Draucker et al. (2011) emphasise the need to move away from a focus on negative behaviours and propose a healing model which includes four stages: grappling with the meaning of the abuse, figuring out the meaning of the abuse, tackling the effects and finally laying claim to one's life. They emphasise that these are not necessarily linear stages that individuals go through and that some stages can be experienced simultaneously.

Not enough is known yet about individual life journeys and a more nuanced approach to understanding the dynamics and complexities of individual experiences overtime is needed. Exploring adults' interpretations of their experiences, behaviours and feelings

through narratives may allow for a better understanding of how individuals manage their lives in the face of adversity. This is of particular interest as it has been suggested that recovering from childhood sexual abuse involves integrating and re-interpreting past experiences in ways that give meaning to the past while at the same time realising that it is possible to alter the present (Draucker et al., 2011; Freedman & Combs, 1996; Saha et al., 2011).

The purpose of the qualitative analysis presented here was to explore the ways individuals talk about and give meaning to their experiences of childhood sexual abuse and the ways in which this influences perceptions of their adult selves. The findings are based on a larger study (Adult survivors and their families: current needs and service responses) that sought to inform policy, practice and service provision to better meet the needs of adults who have been sexually abused in childhood.

Method

The work was completed using qualitative methods of data collection and analysis; it involved narrative interviews with adults who had been sexually abused in childhood to explore their individual life journeys.

Narrative interviews

Sample.

Following ethical approval, we conducted face-to-face interviews with thirty adults who had been sexually abused in childhood (aged 18 years or over). Participants were recruited through third sector organisations on behalf of the research team. Adopting a pragmatic approach to recruitment, the sample included males and females across a broad age range, as well as those with experience of the criminal justice system and those who had not.

Individuals presently involved in criminal justice proceedings were excluded to avoid prejudicing the outcome.

Not all participants identified the individual that sexually abused them but those who did (n=25) all referred to someone known to them. Generally this was a father, step-father, their mother's new partner or an uncle. A brother or step-brother was mentioned three times and a mother once. In line with other findings (Higgins & McCabe, 2001), several participants mentioned multiple types of abuse and neglect in the family, such as emotional or physical abuse. Several participants mentioned depressive episodes and some were under the care of a community mental health team or in regular contact with a general practitioner.

Interview approach.

We elicited stories via the biographical narrative interview method (Wengraf, 2011), which is particularly effective when exploring sensitive topics (Holloway & Freshwater, 2007; Rapport et al., 2010), as it enables participants to define what is relevant to them and provides space for reflection. Our focus was on narrated experiences where the self is created and constructed through narratives in and through time (Polkinghorne, 1988; Squire, 2013). The experience-centred approach assumes that "narratives are sequential and meaningful; are definitely human; re-present experience, reconstituting it as well as expressing it; and display transformation or change" (Squire, 2013, p. 48). We take an inter-subjective perspective, which suggests that "narratives are cognitive structures through which an individual understands the world" (Smith and Sparkes, 2008, p. 16). The individual is recognised as the agent in the construction of their identity (Blumer, 1969). Making-meaning in a narrative involves narrating events and situations in a way to construct a particular sense of self, present outcome and/or anticipated future at a particular point in time (Polkinghorne, 1988).

As such, narrative selves are on-going and dynamic and depend on the perspective of the present and the reasons for telling (Mead, 1964; Riessman, 2002).

The biographical narrative interview method encourages individuals to produce a coherent narrative of the self (Wengraf, 2011). We used a generative question, which included all the core elements as outlined by Wengraf (2011), to elicit an uninterrupted narrative. The generative question focused on a thematic (adult survivor of sexual abuse) and a temporal area (adult years) of the participants' life stories:

> As you know we are interested in the lives and experiences of adults who have survived sexual abuse in childhood. In a moment, I am going to ask you to please tell me your story: all the experiences and the events that have happened during your adult years and are important for you personally. We don't need to know the details of the abuse.

> Start wherever you like and take all the time you need. I will listen and I won't interrupt you. I'll just take some notes in case I have any further questions for after you have finished telling me all about it. So, can you please tell me your story as an adult who has experienced sexual abuse as a child – all the events and experiences that have been important to you personally during adulthood? Please start wherever you like and take all the time you need.

The interviewer asked questions to clarify and/or extend issues raised when the narrative stopped. The interviewer was sensitive to the emotions of the participant and did not follow-up a particular issue if the interviewee seemed unwilling to expand.

The generative question made it clear that participants were not required to recall events that happened during childhood. As the narratives drew upon past experiences to make sense of the present, most participants talked about aspects of the abuse experience(s) and their

childhood, albeit to varying degrees. Interviews took 1.5 to 2 hours. Most interviews (n=27) were recorded, following participants' written consent, and transcribed with the exception of identifying information. Where consent to record was not given (n=3) detailed notes were taken and verbatim responses recorded in italics. Interviews took place in public buildings, such as the offices of third sector organisations. We made participants aware that a counsellor could be made available during or after the interview. In addition, leaflets containing information about support organisations were handed out during the debriefing sessions.

Analysis

Narratives were analysed for the meaning and selves participants constructed through their narratives (Riessman, 2002).We anonymised data and stored it in accordance with data protection requirements. The software package NVivo 9 was used to electronically organise and analyse the data. Detailed readings of the interview transcripts established a familiarity with the data and contributed to the identification of encapsulated emerging themes. A series of codes (free nodes) assigned a conceptual label to sections of transcript (Patton, 2002). The range and variation of themes was mapped using data displays. We compared elements of narratives within and between participants (Denzin & Lincoln, 1998). A chronological summary of the lived life was produced for each participant in order to be able to pay attention to sequencing and progression (Wengraf, 2011).   The analysis focused on: the lived experiences of individuals, process and change over time, and representations of the self (Elliott, 1995; Rosenthal, 2008). Themes reflect participants' interpretations of their lives or selves at different stages as narrated in specific events and situations (Rosenthal, 1993). In other words, we wanted to uncover patterns and variations in experiences expressed by participants. It has been suggested that individuals have unique self-defining narrative that share common themes (McAdams, 2001).

Detailed analysis and team discussion allowed for the identification of commonalities and contrasts, resulting in a more complex coding framework. The analysis and interpretation of the research findings as well as the policy and practice implications of the project were discussed with the Project Reference Group. This group comprised survivors and representatives from statutory and third sector organizations and was set-up to advise and support the research team.

Findings

Three key themes or views of self were constructed from the analysis of the narratives: the *worthless self*, the *self as unknown*, and the *potential/developing self*. Although the narratives reflected individual's unique experiences, all narratives contained these themes to varying degrees. There was a greater emphasis on the worthless and unknown self in the earlier parts of individuals' stories. Episodes in earlier years were described with hindsight by participants as chaotic and difficult with no room to stop and think. Specific events or turning points prompted participants to evaluate their lives at different stages and led to a realisation of the possibilities of change. At these points social support and interpersonal connections were crucial to enable a potential/developing self. Higher levels of reflection and evaluation of one's own behaviour during the narratives expressed in phrases such as "looking back" and "knowing what I know now" seemed to indicate a re-evaluation and integration of the past.

The Worthless Self

Low self-worth, negative emotions and dysfunctional behaviours such as substance misuse or self harm were a common feature in all the narratives and figured prominently in the earlier years of individuals' life journeys. All participants mentioned periods of low self-worth as illustrated by the following quote:

> Well, sort of, I think it's a sort of like a long history of having a lot of depression and anxiety and just total lack of confidence and feeling worthless. Survivor 5.1

Dysfunctional behaviours from the point of the participants looking back were explained as ways of coping with overwhelming feelings and emotions and managing memories. Living with low self-worth was an on-going theme in all narratives to a greater and lesser extent and for some participants presented a nearly insurmountable challenge, in particular for those who felt that they had limited or no control over their lives:

> It's what's moulded me to who I am, um, and basically who I am is a very screwed up person, you know, um, I think that's the hardest thing. It's hard for me to – to get my head round that. SUR 13.1

Narratives suggested that the experiences of the self as inherently worthless are reflected in abusive relationships with others and periods of promiscuity. Narrative explanations by participants for their behaviour at the time included: trying to heal needy and abusive individuals, not expecting anything better and deserving it, looking for closeness and love and looking for a way out of the family home. Periods of promiscuity were linked on reflection to seeking sexual power over others:

> I think because of the lack of love I had in my childhood, I did tend to sleep around a bit - when I was in my teens. Because I just wanted that contact even if it was only for five minutes I also realised that … […] in a sense it was me that had that power. You know? I would … because then you would have the power. SUR 20.1

Most participants had talked about the abuse at some earlier point in their lives to a member of their family. Responses tended to be dismissive, unhelpful, disbelieving or implied that the individual had somehow provoked or encouraged the abuse. Several

participants had asked for help in late adolescence or early adulthood and received negative

responses from services and people they trusted:

> A big experience right at the start of my adulthood, to have to you know, run out of
> the house, call the police, try and get some help and the police were involved, but they
> very quickly left. They were no help whatsoever […] I tried to tell them, but they
> didn't investigate that. They took my mother's word for it and left the family alone.
> There was no social services contact, no child protection team contact, none of that.
> SUR 8.1

Participants indicated that negative reactions from others were detrimental and

contributed to a "burying", "locking away" and "denial" of the abuse. In other words, the

reactions of others can inhibit or support further disclosure of the abuse and the seeking of

social or professional support. Not being heard made participants feel powerless and

replicated feelings of not being in control.

All participants talked about a time when they became aware that the sexual abuse in

childhood had affected their adult self and contributed to feelings of low self-worth. This

tended to come about through specific events (for example, a crisis or a life event such as the

birth of a child) or interaction with others such as professionals or friends and partners. In

some ways this was helpful as it explained certain behaviours and thoughts but in other ways

it led to feelings of anger and distress (why did this happen to me?) which are challenging to

deal with:

> Looking back I think all through my adult life, ever since my brother did that, I've
> had – I've definitely had bouts of depression and I've never been treated before, I've
> never been diagnosed before. But knowing what I know now and looking back, hmm,
> realising how low my self-esteem was, how much I hated myself, how worthless I

thought I was, I realise that it has affected my whole adult life, I just didn't remember why, hmm. SUR 38.2

All participants indicated that dealing with the affects of child sexual abuse is a dynamic process and suggested that there is a continuous need to work on thought patterns and behaviours. Issues around low self-worth are more pronounced when challenging life events occur, individuals feel powerless to deal with a situation or are lacking support from others.

The Self as Unknown

This refers to participants' perceptions about themselves and also perceptions about how well friends and families know the participant. Issues around the unknown self were present in all narratives and most narratives conveyed an on-going struggle and ambivalence. The perception of the self as unknown does not pre-suppose that individuals have awareness of or confronted issues about their abuse. Narrative passages about the self as unknown were related to not knowing who they could or should have been with the implicit assumption that they would have been a happier or more successful person if the sexual abuse had not happened. Although reflections on who we are, are not in themselves negative, several participants reported dwelling on who they might have been if they had not experienced sexual abuse during childhood:

> One of the hardest things to deal with is never knowing how this shaped my personality – how has it shaped who I am? What would I have been like if it had never happened? It's like you don't really know who you are. SUR 9.1

> But I look back and had I not – I don't know what it sounds like, 'cause I know it doesn't matter to you how it sounds, but it always – I'm not sure that I ended up

married to the person that I would have done had that not happened to me, hmm. […]

… have I sold myself short? SUR 38.1

Not knowing oneself also related to missing key individual memories. Memories played a major part in all narratives – memories may be suppressed or locked away for a time if they are too painful to face. Facing memories as an adult can be very difficult, in particular if reflection shifts earlier perceptions. For example, if the abuser was a father and the child perceived the sexual abuse as signs of closeness and love, the acceptance as an adult of the inappropriateness of this behaviour may be very painful. Some participants were not able to remember details or whole periods of their childhood which was very distressing if they felt that this would help them make sense of the experience. The following quote captures some of this ambivalence:

I feel as though there's a lot of stuff there that happened that I don't really know about or that – and it's not like I want to relive it or anything like that, but I want to – I want to be able to piece things together and sort of like go over it again as an adult, so that it can get properly into my memory, you know, um. SUR 8.1

Some participants talked about a loss or stolen periods of their young lives which they should have been able to experience and enjoy:

I've not experienced what other girls have – it's the ONLY thing that I can remember from my childhood. SUR 24.1

Narratives indicated that the sexual abuse experience in childhood presented a barrier to getting close to others which led to feelings of being 'unknown'. Establishing close friendships and partnerships with others means sharing significant life experiences. Perceptions of not feeling able to share these experiences led to feelings of isolation. This is linked to issues around trust and stigma. Nearly all of the participants had very difficult and

fraught relationships with their families. Negative reactions by others are particularly damaging if they are encountered repeatedly.

Some participants talked about others as not being able to see a multi-layered person anymore once the childhood abuse was disclosed but a tendency to reduce the individual to a one-dimensional victim or a potential perpetrator of future sexual abuse. The following quote is from a participant who felt very isolated and perceived that she could only rely on herself. Her experiences with friends, her partner and professionals had been very negative:

> I think it does, because you know, I don't like really trust anybody. I don't like anybody getting too close. I've always – I've never wanted anybody to know about the past you know and you just need to keep that distance you know. As I say, last year was the first time I'd ever told anybody [friend] and it just went really pear shaped. SUR 21.1

Not being heard was a reoccurring theme in all narratives and as already mentioned this reinforced perceptions of low self-worth and feeling cut-off from others:

> I think, I mean one of the big things I've struggled in my life with is not feeling heard, so I do, I'd like to make myself feel heard, and I think it's about – if there had been somebody there, a long time ago, who could have heard what I was trying to express, although I didn't even know what I was trying to express, I think it would have made life quite a lot easier. SUR 12.1

Participants who felt heard by others were more likely to develop close and supportive relationships and talk about themselves and the future in much more positive terms. This was linked to having been able to share experiences and feeling accepted.

The Potential/Developing Self

Narratives referred to the potential/developing self and perceptions of growth and change to varying degrees. Some participants conveyed a feeling of having progressed a long way on a journey with stops and starts towards a more positive perceptions of the self along the way. The following quote is from an older participant (60s) who had long-standing substance misuse issue. In more recent years she had started to address her addictions and feelings of low mood and self-worth after several previous attempts. Her narrative suggested that she felt more positive about herself because she knew who she was:

> I say I could have had a happy life and I would be a different person… different kind of person, in a sense. […] But … now I know who I am. I know what I am. And I suppose in a way I had to take this journey in order to come to this conclusion. […] And they [friends] say well wouldn't you have liked a better life? And I say yeah but I wouldn't be me, who I am now. SUR 20.1

Some participants were struggling to see a more positive future and some conveyed a turning point at the end of their narrative where they indicated a determination to overcome difficulties and work towards changes:

> I want to try to lead a productive second half of my life that's motivated and free from fear. So far I've been robbed of any sort of life but I'm determined that that will change. Don't know how, but it will change, it has to. SUR 29.1

Participants who struggled at the point of the interview framed their story more strongly in terms of a worthless and/or unknown self with fewer references to positive developments or aspirations for the future.

Terms such as healing and recovery were described as unhelpful by several participants as they felt it put the onus on them. Some had been given the feeling by professionals that they failed to work hard enough or progress. Hardly any of the participants

used the term survivor and several pointed out that the term narrowed them down to a person

defined by the sexual abuse in childhood. Participants who talked in more positive terms

about themselves felt they knew themselves better, understood how they got where they

were, and were developing or had a sense of being a multi-faceted person rather than a person

who has been abused in childhood:

> I don't want to talk about things is because it's painful, but also, because I don't want
>
> to be – the abuse has shaped my life and other factors of my life. I sort of choose not
>
> to be a victim to that. I don't want to sort of lay every single thing down in my life
>
> that's ever gone wrong, must have been down to abuse. SUR 12.1

Narratives which included a more nuanced understanding of thoughts, feelings and

behaviours indicated that participants had established a more coherent self but also a meaning

in life, feelings of agency and/or interpersonal connections. Participants who turned their

experiences into a positive force to help others through, for example, working in caring

professions, or who focused on personal growth and spirituality seemed to have a more

positive future outlook:

> I mean, I sort feel I'm on a mission now because I just – I just want to do anything I
>
> can to help other people along that path [volunteering for a charity supporting adult
>
> survivors of sexual abuse], that I'm more or less at the end of now, and hopefully,
>
> liberate people at an earlier stage. SUR 10.1

Supportive interpersonal connections with others seemed to be one of the most

important drivers for the development of a more optimistic and active sense of self. These

significant others did not always include professionals and in some instances participants

talked about actively avoiding professionals.

Perceptions of growth linked to current achievements and developments or more general hopes for the future, for example, a positive focus on maintaining and being good at one's paid or volunteer employment; having meaningful relationships with friends or a partner; spiritual elements in one's life; and setting specific future aims and goals. However, for some this included a degree of ambivalence:

I wonder if on some subconscious level I think by making a difference to people [working in child protection] that I'll be able to make a difference to – to myself I'll be able to change the past? I mean, that don't make any sense, but I wonder sometimes, oh I wonder. SUR 2.1

Narratives showed a tension between accepting what has happened and the impact this has had and moving on and seeing opportunities for change. In other words, individuals are challenged to integrate the sexual abuse experience in a constructive way to develop a more coherent perception of the self while supporting present agency:

All my life I felt like I was looking through opaque glass, not knowing. One day I knew and I started looking around it. Then I felt that I had moved beyond it but this is not true. It will always be there, it is part of the person I am, but it does not matter. It does not define me. SUR 38.1

Discussion

Three salient key themes or views of self, which were part of all narratives, were identified in the analysis. There was a pattern with the *worthless self* and the *unknown self* being particularly salient in the earlier parts of the life journey narratives and the *potential/developing self* becoming more salient in the later parts. All narratives demonstrate levels of ambivalence as suggested by previous research (McAdams, 1993; 1996; Reavey & Brown, 2007). Individuals need to make sense or meaning of the childhood abuse experience

in order to create a coherent self and for all participants this was a difficult and on-going process. Although an understanding of how what happened in childhood has influenced one's adult life is important, it is only a first step towards creating a more positive and active self. Accepting sexual childhood abuse and its potential effects on the development of the self over time is as challenging as is dealing with the sexual abuse experience(s). Acknowledgement to oneself is painful and requires the individual to deal not only with past experiences and memories but also with the reactions of others when seeking social and professional support. Our findings suggest that individuals are challenged to integrate the abuse in a meaningful way to provide coherence to their life story and at the same time move towards a more agentic self with their own strengths and weaknesses (Polkinghorne, 1991). Experiences of the *worthless self* and *unknown self* are stronger when individuals do not feel heard and or lack meaningful interpersonal connections and support in times of crisis. Participants whose narratives moved beyond simple recollection to include evaluations and reflections were framed more positively and looked to the future.

The findings presented here are in accordance with and extend previous research (Anderson & Hiersteiner, 2012; Draucker et al., 2011; Draucker, Martsolf, Ross et al., 2009; Finkelhor & Browne, 1985; Laitinen, 2009; O'Brien, Henderson & Bateman, 2007). For example, in accordance with Finkelhor and Browne's model (1985), all four traumagenic dynamics can be found in the narratives. The experience of the *worthless and unknown self* relate to the concept of stigmatization, powerlessness, traumatic sexualisation and betrayal.

The importance of the reaction of others to disclosure and the importance of social support and interpersonal connections has been highlighted previously (Draucker & Martsolf, 2008; Jonzon & Lindblad, 2004; Slager-Jorné, 1978). Our findings highlight the importance of family support at early disclosure in childhood and the negative impact that finding no

support at this point can have into adulthood. Slager-Jorné (1978) pointed out that only about one-third of family responses to disclosure of sexual abuse from children and young people were supportive and understanding. Parents tended to protect, deny or defend a perpetrator's actions in order to prevent disruption of the family. However, negative family responses to earlier disclosure in childhood can have a strong influence on disclosure into adulthood. For example, Draucker and Martsolf (2008) showed the importance of repeated opportunities for people to talk about sexual abuse in childhood which allows people to make sense of their experiences. They argued that this is a "complex, progressive and multifaceted" (p. 1045) process which is strongly influenced by the reactions of others. Our findings are consistent with research that suggests that disclosure is an on-going and complex process which involves interactions with others. Feedback and reactions to disclosure can provide the possibility of developing a more complex understanding of the experience (Draucker & Martsolf, 2008; Ullman, Foynes & Tang, 2010).

A re-evaluation of experiences and re-construction of the self needs to be grounded in feeling heard in a non-judgmental and supportive way (Laitinen, 2009). Being able to talk about the abuse experience allows individuals to break out of secrecy and isolation and to make sense of a traumatic experience. Importantly, making sense of the abuse may allow for an understanding of previous actions and thoughts and contribute to an understanding of the self in the present (Sells, Stayner & Davidson, 2004). Attaching meaning or making sense of the abuse experience is one of the stages identified in Draucker et al.'s (2011) healing model.

Our findings suggest that developing a coherent life narrative was important to participants, and in keeping with previous research increased participants' sense of control (Amir, Stafford, Freshman & Foa, 1998). As previously mentioned, it has been suggested that healing involves integrating and re-interpreting past experiences in ways that give meaning to

the past while realising that it is possible to alter the present (Draucker et al., 2011; Freedman & Combs, 1996; Saha et al., 2011). This is reflected in narrative approaches to counseling (Freedman & Combs, 1996; Morgan, 2000).

However, Reavey and Brown (2007) highlight the complexity and ambivalence connected to the challenge of accepting that the sexual abuse experience has influenced the development of the self and at the same time moving towards the possibilities of change. Draucker et al. (2011) suggest that healing is linked to the belief that the effects of childhood sexual abuse can be overcome and that people "feel empowered to live healthy and fulfilled lives" (p.156). Our findings suggest that participants who accepted that the sexual abuse experiences were part of them, but had resolved issues in how much this should define their future, focused on the potential/developing self and growth and change over time. However, our findings suggest that this is not a linear process and that expectations of growth and change are very individual.

It is important to recognise that this is a unique journey and the language used is very individual. Terms such as healing, recovery and survivor can be perceived as negative as they are seen as putting all the responsibility on the individual and reducing people to one-dimensional selves. This may also be linked to expectations about what recovery or healing should mean.

The current research highlights the potential of narratives to provide a detailed insight into how individuals deal with their experiences and interpret their current selves. The narrative method highlights the dynamic nature of peoples' experiences and at the same time recognises that the narratives themselves are in progress. Participants reflect on their lived time but the story is not yet concluded. Thus, the timing of the interview is important as participants may tell a very different story at a later stage. Future research following

participants over a long time-frame would be helpful in understanding the dynamic nature of how narratives change over the life course. Most, but not all participants had engaged in some form of therapy such as counselling which will have influenced in how they came to understand and talk about their experiences. The sample did not allow for comparisons in terms of, for example gender or age and further research is needed as the experiences and needs may be very different.

It is important to remember that narratives are told to an audience and participants will have had their own motivations for participation in the research which will have influenced how they conveyed their narrative (Polkinghorne, 1991). Participants in our study talked about their motivation to be interviewed in terms of sharing their experiences and creating a better understanding of what it meant to have experienced childhood sexual abuse. Some talked about raising awareness of stigmatisation and questioning conventional perceptions about what progress and healing means. Research suggests that sharing narratives of suffering may be a form of resistance as stories without a conventional positive ending may be difficult to hear (Frank, 1995; Harter, Japp & Beck, 2005).

Narratives can be told from different perspectives and these can contribute to create co-existing narratives which contribute to a deeper understanding. Future research should include narratives from significant others such as friends, families and partners as well as documentary sources. This would allow placing individual narratives in a particular place and time and exploring the cultural and political context narratives are embedded in (Goodson, 2013; McAdams, 2001).

In conclusion, the current study provided insights into the dynamic nature of adults' interpretations of child sexual abuse. The qualitative findings draw attention to the

ambivalence and tension faced by adults who have experienced childhood sexual abuse throughout their life journeys.

References

Amir, N., Stafford, J., Freshman, M.S. & Foa, E.B. (1998). Relationship between trauma narratives and trauma pathology. *Journal of Traumatic Stress, 11*, 385-392. doi: 10.1023/A:1024415523495

Anderson, K.M. & Hiersteiner, C. (2008). Recovering from childhood sexual abuse: Is a "storybook ending" possible? *The American Journal of Family Therapy, 36*, 413-424. doi: 10.1080/01926180701804592

Blumer, H. (1969). *Symbolic Interactionism: perspective and method*. Englewood Cliffs, NJ: Prentice-Hill.

Briere, J. (1989). *Therapy for adults molested as children*. New York: Springer Publishing Company.

Bruner, J. (1997). A narrative model of self-construction. *Annals of the New York Academy of Sciences*, *818,* 145-161. doi: 10.1111/j.1749-6632.1997.tb48253.x

Denzin, N.K. & Lincoln, Y.S. (1998). The landscape of qualitative research. Thousand Oaks, CA: Sage.

Draucker, C.B. & Martsolf, D.S. (2008). Storying childhood sexual abuse. *Qualitative Health Research, 18*, 1034-1048. doi: 10.1177/1049732308319925

Draucker, C.B., Martsolf, D.S., Roller, C., Knapik, G., Ross, R. & Stidham, A.W. (2011). Healing from childhood sexual abuse: A theoretical model. *Journal of Child Sexual Abuse*, *20*, 435-466. doi: 10.1080/10538712.2011.588188

Draucker, C.B., Martsolf, D.S., Ross, R., Benson Cook, C., Stidham, A.W. & Mweemba, P. (2009). The essence of healing from sexual violence: A qualitative metasynthesis. *Research in Nursing and Health*, *32*, 366-378. doi: 10.1002/nur.20333.

Elliott, J. (2005). *Using narrative in social research. Qualitative and quantitative approaches*. London: Sage Publications.

Fergusson, D.M., Boden, J.M. & Horwood, L.J. (2008). Exposure to childhood sexual and physical abuse and adjustment in early adulthood. *Child Abuse & Neglect, 32*, 607-619. doi: 10.1016/j.chiabu.2006.12.018

Finkelhor, D. & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, *55*, 530-541.

Frank, A.W. (1995). *The wounded storyteller. Body, illness and ethics*. Chicago: The University of Chicago Press.

Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities*. New York: W. W. Norton.

Friesen, M.D., Woodward, L.J., Horwood, L.J. & Fergusson, D.M. (2010). Childhood exposure to sexual abuse and partnership outcomes at age 30. *Psychological Medicine, 40*, 679-688. doi: 10.1017/S0033291709990389

Goodson, I.F. (2013). *Developing narrative theory. Life histories and personal representation*. London: Routledge.

Harter, L.M., Japp, P.M. & Beck, C.S. (2005). Vital problematics of narrative theorising about health and healing. In L.M. Harter, P.M. Japp & C.S. Beck (Eds.) *Narratives, health and healing. Communication theory, research and practice* (pp. 7-30). London: Lawrence Erlbaum Associates, Publishers.

Higgins, D., & McCabe, M. (2001). Multiple forms of child abuse and neglect: Adult retrospective reports. *Aggression and Violent Behaviour*, *6*, 547-578. doi: 10.1016/S1359-1789(00)00030-6

Holloway, I. & Freshwater, D. (2007). Vulnerable story telling: Narrative research in nursing. *Journal of Research in Nursing, 12*, 703-711. doi: 10.1177/1744987107084669

Itzin, C., Taket, A. & Barter-Godfrey, S. (2010). *Domestic and sexual violence and abuse. Tackling the health and mental health effects*. New York: Routledge.

Jonzon, E. & Lindblad, F. (2004). Disclosure, reactions, and social support: Findings from a sample of adult victims of child sexual abuse. *Child Maltreatment*, *9*, 190-200. doi: 10.1177/1077559504264263

Laitinen, M. (2009). Power in the narratives of Finnish women and men with an intra familial child sexual abuse background. *International Journal of Child & Family Welfare*, *12*(2-3), 74-86.

McAdams, D.P. (1993). *The stories we live by. Personal myths and the making of the self*. New York: The Guilford Press.

McAdams, D.P. (1996). Personality, modernity, and the storied self: A contemporary framework for studying persons. *Psychological Inquiry*, *7*, 295-321. doi: 10.1207/s15327965pli0704_1

McAdams, D.P. (2001). The psychology of life stories. *Review of General Psychology*, *5*, 100-122. doi: 10.1037/1089-2680.5.2.100

Morgan, A. (2000). *What is narrative therapy? An easy to read introduction*. Adelaide: Dulwich Centre Publications.

O'Brien L, Henderson C, Bateman J. (2007). Finding a place for healing: women survivors of childhood sexual abuse and their experience of accessing services. *Australian e-Journal for the Advancement of Mental Health, 6*, 1-10. doi: 10.5172/jamh.6.2.91

Patton, M.Q. (2002). *Qualitative evaluation and research methods*. (3rd Edition). Newbury Park, CA: Sage.

Polkinghorne, D.E. (1988). *Narrative Knowing and the Human Sciences*. Albany: Suny.

Polkinghorne, D.E. (1991). Narrative and self-concept. *Journal of Narrative and Life History*, *1*, 135-153. Retrieved from http://www.pasadena.edu/library/reserves/tfkeeler/engl1c/ PolkinghorneNarrativeSelfConcept.pdf

Rapport, F. L., Jerzembek, G.S., Doel, M.A., Jones, A., Cella, M. & Lloyd, M.A. (2010). Narrating uncertainties about treatment of mental health conditions. *Social Psychiatry and Epidemiology*, *45*, 371–379. doi: 10.1007/s00127-009-0072-y

Reavey, P. & Brown, S.D. (2007). Rethinking agency in memory: space and embodiment in memories of child sexual abuse. *Journal of Social Work Practice*, *21*, 5-21. doi: 10.1080/02650530601173508

Riessman, C. K. (2002). Narrative analysis. In A. M. Huberman & M. B. Miles (Eds.), *The qualitative researcher's companion* (pp. 217-270). Thousand Oaks: Sage

Roberts, A. (2000). Narratives and severe mental illness. What place do stories have in an evidence-based world? *Advances in Psychiatric Treatment*, *6*, 432-441. doi: 10.1192/apt.6.6.432

Rosenthal, G. (1993). Reconstruction of life stories: principles of selection in generating stories for narrative biographical reviews. In R. Josselson & A. Lieblich (Eds.) *The narrative study of lives*. (pp. 59-91). Newbury Park, CA: Sage.

Rosenthal, G. (2008). Biographical research. In C. Seale, G. Gobo, J.F. Gubrium & D. Silverman (Eds.) *Qualitative research practice* (pp. 48-64) Los Angeles: Sage Publications.

Saha, S., Chung, M.C. & Thorne, L. (2011). A narrative exploration of the sense of self of women recovering from childhood sexual abuse. *Counselling Psychology Quarterly, 24*, 101-113. doi: 10.1080/09515070.2011.586414

Sells, D.J., Stayner, D.A. & Davidson, L. (2004). Recovering the self in schizophrenia: an integrative review of qualitative studies. *Psychiatric Quarterly*, *75*, 87-97. doi: 10.1023/B:PSAQ.0000007563.17236.97

Simpson, C.L. (2010). Resilience in women sexually abused as children. *Families in Society: The Journal of Contemporary Social Services*, *91*, 241-247. doi: 10.1606/1044-3894.4001

Slager-Jorné, P. (1978). Counselling sexually abused children. *The Personnel and Guidance Journal, 57*, 103-105. doi: 10.1002/j.2164-4918.1978.tb05112.x

Smith, B. & Sparkes, A.C. (2008) Contrasting perspectives on narrating selves and identities: an invitation to dialogue. *Qualitative Research*, 8, 5-35. doi: 10.1177/1468794107085221

Squire, C. (2013). From experience-centred to socioculturally-oriented approaches to narrative. In M. Andrews, C. Squire & M. Tamboukou (Eds.) *Doing narrative research* (2nd ed.) (pp. 47-71). Los Angeles: Sage Publications.

Ullman, S.E., Foynes, M.M., & Tang, S.S.S. (2010). Benefits and barriers to disclosing sexual trauma: A contextual approach. *Journal of Trauma & Dissociation*, *11*, 127–133. doi: i: 10.1080/15299730903502904

Walsh, K., Fortier, M. A., & DiLillo, D. (2010). Adult coping with sexual abuse: A theoretical and empirical review. *Aggression and Violent Behavior, 15*, 1–13. doi: 10.1016/j.avb.2009.06.009

Wengraf, T. (2011). *Interviewing for life-histories, lived situations and ongoing personal experiencing using the Biographic-Narrative Interpretive Method (BNIM): The BNIM Short Guide bound with The BNIM Detailed Manual* (27th February 2011).

Wilson, R. (2010). Health consequences of childhood sexual abuse. *Perspectives in Psychiatric Care*, *46*, 56-64. doi: 10.1111/j.1744-6163.2009.00238.x.