THE LIVED EXPERIENCE OF RECOVERY FROM SEXUAL ABUSE FOR YOUNG ADULT WOMEN

by

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ABSTRACT

The purpose of this study was to provide an in-depth description of the lived experience of recovery for young adult women who had been sexually abused as children. Nine women participated in the study. In order to be a part of the study, the women were between the ages of 16 and 25 at the time of the first interview, and had been sexually abused before the age of 12 by a family member. Family members could include parents, step-parents, siblings, step-siblings, grandparents, aunts, uncles, and cousins. The sexual abuse must have been repetitive in nature and lasted for a period of 6 months or longer. The women had also participated in some type of therapy, for at least 6 months, where sexual abuse was the primary focus. As well, the women had some awareness that they were in recovery and were able to talk about their own experience of recovery.

The interviews and the data analysis followed a phenomenological approach. The researcher conducted four interviews with each participant over a twenty month period. Ten common themes representing the lived experience of recovery from sexual abuse for young adult women emerged. The lived experience of recovery (1) involves working through the denial of being sexually abused, (2) diminishes the lasting effects of sexual abuse, (3) helps the person move from a victim stance to a survivor stance, (4) is a journey of self-discovery, (5) fosters the possibility for improved relationships with family members, friends, and partners, (6) reduces the negative influence of the perpetrator, (7) encompasses a variety of therapeutic encounters, (8) helps the person to explore the ambiguity of memory, (9) influences future direction, and (10) is a complex process with no clear resolution. The descriptions of each theme illustrate how the women were able to confront and transform the trauma of being sexually abused.

The findings of this study describe how young adult women perceive the lived experience of recovery and illuminate what needs to take place so that recovery is possible. The lived experience of recovery is an interactive phenomenon which requires the women to explore the meaning of recovery both intrapersonally and interpersonally. As the women’s thoughts, perceptions, beliefs, feelings, and expectations change internally, the ways in which they interact with the world around them shift as well. The lived experience of recovery is both complex and perplexing. The findings from this study offer recommendations for counselling research and practice in the area of sexual abuse for young adult women.
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CHAPTER I:
THE SCOPE AND FOCUS OF THE STUDY

Introduction

The purpose of this study is to explore the lived experience of recovery from sexual abuse for young adult women. The term, lived experience, refers to the use of phenomenological inquiry in order to comprehend how the person has made meaning of a significant life event (Van Manen, 1990).

Traumatic life events, such as sexual abuse, can shatter people's basic assumptions about themselves and how the world works (Janoff-Bulman, 1992). The present literature on the consequences of sexual abuse suggests that people are frequently traumatized (Briere, 1992a; Finklehor, 1986; James, 1989; Mather, 1994). Some of the lasting effects include impaired self-reference, traumatic sexualization, stigmatization, dissociation, hypervigilance, self-mutilation, and suicidal ideation (Gil, 1988a/b; Herman, 1992; Matsakis, 1992; Terr, 1994). Sexual trauma can significantly alter people's perceptions, beliefs, expectations, emotions, and behaviours about themselves and their world.

The process of reconstructing one's internal and external worlds in order to lessen the impact of the lasting effects of sexual abuse is both challenging and difficult. This process, which encompasses confronting the trauma, focusing on the present, and planning for the future, is often referred to as recovery (Engel, 1989; Herman, 1992; James, 1989; Janoff-Bulman, 1992; Kritsberg, 1993). Recovery is a term which frequently appears in literature on trauma, abuse, and addictions whose synonyms include improvement, transformation, and revival.

This chapter includes an overview of the theoretical background to the study, and discusses limitations of existing research, the research question, the rationale for the study, the methodological approach to the study, and the definitions of frequently used terminology.

Theoretical Background to the Study

Most of the literature in the field of trauma and recovery tends to emphasize the traumatic nature of the ordeal and speculates less upon how recovery happens. The purpose of this study is to emphasize the lived experience of recovery and to focus less on the disabling nature of childhood sexual abuse.

Three theoretical perspectives on trauma and recovery are presented in this study. While each of these perspectives speculate upon the impact of sexual abuse, they were selected because
they focus more on the nature of recovery rather than on the traumatic aspect of sexual abuse. As well, each perspective reflects a different philosophical outlook on recovery. They are (1) the "shattered assumptions" theory (Janoff-Bulman, 1992); (2) "reclaiming the self" model (Women's Research Centre, 1989), and (3) the constructivist self-development theory (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1992). These theoretical perspectives and their relevance to this study are discussed in Chapter II.

**Limitations Of Existing Research**

The literature on women and the lasting effects of sexual abuse is quite extensive (Bass & Davis, 1988; Engel, 1989; Herman, 1992), but it does not necessarily distinguish between younger and older women. This distinction may be important because a younger adult female is less likely to be in the same socioeconomic situation as an older adult female, her responsibilities and commitments may be different, and developmentally, her expectations and perceptions of herself may vary. As well, some of the literature does not seem to address either the context of the woman's life or its influence in the recovery process. Research on the experience of recovery from sexual abuse for young adult women is limited. Currently, there is some literature which specifically addresses possible coping strategies for adolescents who have been sexually abused (Bean & Bennett, 1993; Mather, 1995).

Some of the literature provides stage models of recovery which are applicable to all types of psychological trauma (Herman, 1992; Matsakis, 1992). Herman (1992) applies her theory of complex post-traumatic stress to explain one stage model of recovery, while Matsakis (1992) uses the theory of post-traumatic stress to clarify her stage model. The process of recovery appears to be no different for someone who has been sexually abused than for someone who has had a crime perpetrated upon him or her, been raped or sexually assaulted, been involved in domestic violence, experienced a natural catastrophe, been in a vehicular accident, or participated in a war (Matsakis, 1992). While all of these events can be traumatic, the existing literature does not appear to determine how the specific type of trauma may influence recovery. This study strives to provide a detailed and comprehensive description of recovery from sexual abuse for young adult women.

In addition, the literature on the lasting effects of sexual abuse more specifically focuses on symptomatology and possible therapeutic interventions (Briere, 1992a; Gil, 1988b; Kritsberg; 1993), but not on the transformational process of recovery. This study seeks to explore all possible aspects of the experience of recovery.
The Research Question

Due to the limitations of the existing literature on recovery from sexual abuse, conducting research on the experience of recovery for young adult women is timely. A phenomenological method of inquiry was deemed to be appropriate so that a hermeneutical understanding of the meaning of recovery for young adult women could be constructed. Although a more detailed discussion of phenomenology is provided in Chapter III, it is important to acknowledge, at this point, that the research question was formulated following the philosophical principles of phenomenology (Giorgi, 1985; Karlsson, 1993; Van Manen, 1990).

As phenomenology is interested in discovering the meaning of a human event (Giorgi, 1985; Karlsson, 1993; Van Manen, 1990), the research question was developed to reflect this stance. Accordingly, the general question: "What is the lived experience of recovery for young adult women who have been sexually abused?" was created. This question was deemed to be broad enough so that all possible aspects of the lived experience of recovery could be explored without giving any particular emphasis to any one potential characteristic.

The lived experience is emphasized, as opposed to the experience itself, because this term more accurately reflects the philosophical premise of phenomenology that the person’s unique encounter with the event and how the person has made meaning of the event are the essence of phenomenological research (Van Manen, 1990). Accordingly, although the term "the lived experience" is used repeatedly throughout this study, it reflects an important aspect of the phenomenological method.

The interview questions (see Appendix E) emerged from the main research question. The interview questions were developed to investigate all possible features of the lived experience of recovery. They were designed to reflect the essential qualities of the research question, instead of investigating any particular theoretical notion or seeking to authenticate present research. The phenomenological perspective assumes that personal reflections of one's experience increase awareness and generate a new understanding about the phenomenon being studied (Sutherland, 1993). It was through the interview process that the personal experience of recovery was illuminated and the internal and external processes were highlighted (Sutherland, 1993). A more detailed discussion of the interview questions is provided in Chapter III.

Rationale For The Study

The reasons for conducting this study are seven-fold. First, literature on recovery from
sexual abuse has not yet thoroughly explored how a young adult woman makes meaning out of sexual abuse trauma; how she may move from being a victim to a survivor; and what the internal and external changes are which contribute to the recovery process. A more comprehensive understanding of recovery may, in turn, offer a broader perspective of what recovery encompasses both to someone who has been sexually abused and to therapists working in the field of sexual abuse. This could then lead to further developments in the treatment of sexual abuse, which may put more emphasis on the recovery process and less on the trauma.

Second, as has been mentioned previously, how young adult women experience recovery needs further exploration. This study presented the unique perspective of young women who have attributed new meanings to the sexual abuse event and its context. The transformational process is accentuated in this study. This perspective may be helpful for other young women who are looking for strategies to help them cope with the trauma of sexual abuse.

Third, how recovery contributes to the identity formation and the development of intimate relationships has not been thoroughly investigated in the literature. Learning about how intimacy influences relationships and what makes it possible for the person to interact with family, friends, and partners more positively would be helpful to both people who have been sexually abused and to therapists who want to put more emphasis on the recovery process.

Fourth, discovering which treatment interventions and self-help strategies have successfully contributed to the recovery process is worthwhile. In particular, learning how young adult women have dealt with suicidality, self-injurious behaviours, traumatic sexualization, dissociation, flashbacks, nightmares, anger, grief, and loss would contribute to what constitutes effective counselling practice.

Fifth, this study may be a prototype for further studies on the lived experience of recovery from sexual abuse. It would be of interest to use the same methodology to determine the similarities and differences of the lived experience of recovery for older adult women, young adult males, and older adult males. The effects of gender, culture, and different developmental stages in the lived experience of recovery have not yet been explored.

Sixth, this study provides the reader with a greater understanding of, and sensitivity to, the lived experience of recovery. The phenomenological method facilitates the development of themes as a way to analyze the common or general structure of the lived experience of recovery for young women. Consequently, the lived experience of recovery is illuminated in a profound way, taking
into account its many subtleties and characteristics.

Finally, a theoretical basis for the lived experience of recovery may be constructed as a result of this study. The purpose of phenomenological research is to explore the person’s unique experience of the event, which can often be a springboard to theory development.

**Methodological Approach to the Study**

A phenomenological method of inquiry was used in order to understand the lived experience of recovery from sexual abuse for young adult women. Phenomenology as a research method was derived from the philosophical tenets of qualitative research and phenomenology as illuminated by Giorgi (1985), Polkinghorne (1989), Valle and Halling (1989), Valle and King (1978), Van Manen (1990), and refined by Karlsson (1993). The descriptions of young adult women’s experiences of recovery from sexual abuse were obtained from four in-depth interviews with each woman. A more detailed discussion on the use of phenomenology and a description of the research design is provided in Chapter III.

**Definition Of Terms**

The terms "sexual abuse", "incest", "victim", "survivor", and "recovery" are expressions which are frequently used in the literature on sexual abuse and trauma. However, because the definitions tend to vary from text to text, it is important to describe how these terms were defined in this study.

**Sexual Abuse**

Although definitions of sexual abuse vary in the literature, the age of the child at the time of the incident and the nature of the sexual act are two factors which are the most commonly used in determining which events constitute sexual abuse (Briere, 1992a; Finklehor, 1986; Gil, 1988b).

Empirical research often assigns an arbitrary age as the cutoff point for being a child victim of sexual abuse. The age range for a child victim most frequently spans from infancy to age 17 or 18 (Finklehor, 1986). As well, empirical research (Briere, 1992a; Finklehor, 1986; Kendall-Tackett et al., 1993) frequently considers the age difference between the victim and the perpetrator to be an important criterion. Typically, for the sexual activity to be considered to be abusive, the perpetrator needs to be between five to ten years older than the victim and at least 15 or 16 years years old (Finklehor, 1986). However, more recent research now acknowledges that the age of perpetrator is no longer an important factor (Cavanaugh & Gil, 1992).

Activities which constitute sexual abuse have been categorized into two groups, covert and
overt abuse (Gil, 1992a/b). Covert abuse includes exhibitionism, staring at certain parts of the body, and making sexual propositions; while overt abuse refers to all behaviours where physical handling occurs, including fondling, oral sex, and anal or vaginal penetration (Finklehor, 1986). Just what exactly constitutes sexual abuse varies from study to study. It is apparent that, for the purposes of research, the broader definitions of sexual abuse increase the frequency of reported abusive activities (Wassil-Grimm, 1995), which may influence the results. At the same time, exploring various populations such as extrafamilial and adolescent abuse contributes to the present knowledge about sexual abuse (Finklehor, 1986).

This study employed the definition of sexual abuse, with some modifications, used in the research done by Sgroi (1982). This definition was used because of its comprehensiveness. The definition identifies a broad range of perpetrators and includes both covert and overt sexual behaviours which are abusive. Childhood sexual abuse is defined as sexual experience(s) in childhood (0-12 years old) between a child and a parent, step-parent, sibling, extended family member, surrogate parent (common-law spouse, foster parent), known adult (teacher, babysitter, neighbour), or stranger, where there is an age difference between the victim and the perpetrator (Sgroi, 1982). Sexual activities included covert abuse such as viewing or participating in pornography or exhibitionism, and overt abuse such as intimate kissing, fondling, masturbation of the perpetrator's genitals, mutual masturbation, fellatio, cunnilingus, vaginal and/or anal penetration (Sgroi, 1982). The activities are abusive when there was a clear power differential between the child and the perpetrator, which is based upon the victim's perception of the past event(s) (Jennings & Armsworth, 1992, Sgroi, 1982).

Unlike Sgroi's (1982) definition, however, the age difference between the victim and the perpetrator is not a criterion for inclusion in this study. Sexual activities become abusive when there is a power differential between the victim and the perpetrator, regardless of the difference in age between the two (Gil, 1988b). The perpetrator, despite his or her age, size, and gender, is always in a position of power and control over the child victim (Gil, 1987, Cavanaugh & Gil, 1992). "There is no power in being victimized" (James, 1993, p. 146). Through seduction, fear, confusion, or intimidation, the perpetrator coerces the child into watching or participating in some type of sexual activity (Gil, 1987), which makes the sexual contact unwarranted, unwanted, and either covert (non-contact abuse) or overt (contact abuse) in nature (Gil, 1988a).
**Incest**

While the term "sexual abuse" refers to any type of unwarranted sexual contact between a child and a person in power, the term "incest" refers to any type of covert or overt sexual behaviour between a child and another family member (Gelinas, 1983; German, Habenicht, & Futcher, 1990). "Sexual activity between close relatives by blood, marriage or adoption is considered to be incest" (Gelinas, 1983, p. 313). Family members include parents, step-parents, siblings, aunts, uncles, cousins, grandparents, as well as perpetrators who were involved or lived with partners who were related to the women in the study (Herman, 1981). "The crucial psychosocial dynamic is the familial relationship between the incest participants" (Sgroi, 1982, p. 10).

Incest considers the betrayal of the relationship between the child and the perpetrator where a pre-existing relationship with the child has been developed prior to involving the child in a sexualized manner (Gelinas, 1983). For the purposes of this study, incest is defined as any type of sexual behaviour (either covert or overt) between two family members who are related by blood, marriage, or living arrangements. Age differential between the victim and the perpetrator is not a factor because what determines the sexual activity to be abusive is the power differential between the victim and perpetrator (Laviola, 1992).

**Victim And Survivor**

Two terms, which are frequently used but rarely defined in the literature on sexual abuse, are ‘victim’ and ‘survivor’ (Bass & Davis, 1988, Kritsberg, 1993; Lew 1988). This study used the term ‘victim’ when referring to the time in the woman’s life when she was being sexually abused. This term conveys the state of helplessness, hopelessness, and despair which often permeates the person’s life during and after the sexual abuse encounters. The term ‘survivor’ suggests that the person is now engaged in the process of recovery, having developed some interpersonal and intrapersonal skills which have helped her to overcome the trauma (Janoff-Bulman, 1992). Although in this study, the researcher sometimes used the terms ‘victim’ or ‘survivor’ in reference to different stages in the women’s lives, the term ‘person’ was frequently employed because it more accurately reflects the philosophical tenets of phenomenological methodology (Van Manen, 1990).

**Recovery**

Finally, the term "recovery" needs to be defined. "Recovery" is only one of the terms in
the literature which is used to describe the wide range of experiences which constitute change and healing in the life of a person who was traumatized by childhood sexual abuse (Herman, 1992; Janoff-Bulman, 1992). In searching for an adequate definition of recovery, many sources had to be used because literature on recovery from trauma is still fairly new, particularly when recovery is discussed in the literature on trauma (Dolan, 1992, Engel, 1989; Herman, 1992; Kritsberg, 1993; Lew, 1988; Matsakis, 1992).

Recovery is a process which provides relief from the symptoms associated with sexual abuse trauma and facilitates the development of a positive and healthy outlook for the present and future so that the person can now live a "satisfying" life (Dolan, 1992). The person becomes "...Invested in the present and hopeful about the future, capable of feeling pleasure, free of particularly disturbing thoughts and feelings, and able to maintain close, emotionally significant relationships" (Janoff-Bulman, 1992, p. 170).

Recovery signifies a shift in feelings, expectations, and perceptions so that the person is no longer consumed by the lasting effects of sexual abuse on a daily basis (Bass & Davis, 1988). Through recovery, the person learns to live life more fully. "The recovery process is one of learning to live a satisfying life-to thrive instead of merely surviving" (Lew, 1988, p. 31).

Summary

The purpose of this chapter is to present the necessary background information to suggest that a study on the lived experience of recovery for young adult women would be worthwhile, as it may contribute to the present literature on recovery from sexual abuse and may provide new insights into understanding the process of recovery. This, then, may lead to developments in the theoretical knowledge of recovery and therapeutic practice. The lived experience of recovery from sexual abuse has not yet been thoroughly investigated. This study offers a phenomenological perspective on how young adult women experience recovery by first formulating individual structures of each woman's story and then by developing a general structure based upon the common themes.

In Chapter II, a thorough review of the lasting effects of sexual abuse is provided, false memory syndrome is explored, and the literature and stage models on recovery from a trauma perspective are presented. In Chapter III, the methodological issues are addressed and the results of the study are discussed in Chapter IV. In Chapter V, implications for clinical practice and future research are presented.
CHAPTER II: REVIEW OF THE LITERATURE

Introduction

This chapter is divided into three main sections. The purpose of each section is to provide a discussion on theoretical perspectives and relevant empirical studies on issues which are significant regarding the lived experience of recovery from sexual abuse.

The first section presents the literature on the lasting effects of sexual abuse. Developing an understanding of the lasting effects of sexual abuse is crucial because the person has to confront and work through the lasting effects of sexual abuse in order to make recovery possible (Briere, 1992a; Herman, 1992; Matsakis, 1992). Lasting effects refer to the various behaviours and psychological patterns which are manifested long after the sexual abuse has stopped. Self-development, perceptions of how the world works, coping stances, and affiliative skills are all impeded as a result of childhood sexual abuse (Briere, 1992a). A table (Table 2:1) is included in this section which provides an overview of the lasting effects of sexual abuse from both theoretical and empirical perspectives.

The second section discusses false memory syndrome. The purpose of this section is to provide some information about false memory syndrome in order to consider how it may influence the process of recovery. This section, by no means, addresses the full complexity of false memory syndrome and its surrounding controversy.

The final section examines both the present theoretical and empirical studies of recovery from psychological trauma. Six different stage models of recovery are presented, with a table (Table 2:2) which provides an overview of each model.

Theoretical Considerations Of The Lasting Effects Of Sexual Abuse

There have been many contributions towards the development of a theoretical understanding of the lasting effects of sexual abuse (Briere, 1992a; Briere & Runtz, 1993; Browne & Finklehor, 1986; Finklehor, 1986; Gelinas, 1983; Massie & Johnson, 1989). The theoretical perspectives suggest that (1) people who have been sexually abused as children tend to demonstrate more problematic behaviours over time than people who have not been sexually abused (Briere & Runtz, 1993), (2) sexual abuse is a significant long-term mental health hazard (Briere, 1992a; Browne & Finklehor, 1986), and (3) long-term behavioural and psychological effects of sexual abuse are common (Briere & Runtz, 1993). Two theoretical frameworks which
consider the lasting effects of sexual abuse are (1) the traumagenic dynamic model (Finklehor & Browne, 1985; Finklehor, 1986; Massie & Johnson, 1989) and (2) Briere’s post-abuse response model (Briere, 1992a; Briere & Runtz, 1993) (see Table 2:1). These two theoretical frameworks are discussed in this study because they are based upon empirical studies (Briere, 1992a; Finklehor, 1986) and clinical observation (Briere, 1992a). As well, they reflect two different perspectives towards the traumatic nature of sexual abuse. The traumagenic dynamic model examines the lasting effects of sexual abuse from a sociological perspective, while the post abuse trauma model explores the lasting effects from a psychological point of view.

**Traumagenic Dynamics**

Finklehor (1986) developed a framework designed to provide a comprehensive understanding of the range of lasting effects of sexual abuse based upon an extensive review of empirical studies on the lasting effects of sexual abuse. The traumagenic dynamics model identifies four factors which have an impact on victims of sexual abuse and profoundly change the victim's outlook on life both cognitively and affectively. The four factors are (1) traumatic sexualization, (2) stigmatization, (3) powerlessness, and (4) betrayal (Finklehor, 1986).

Traumatic sexualization "...refers to a process in which a person's sexuality (including both sexual feelings and sexual attitudes) is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of the sexual abuse" (Finklehor, 1986, p. 181). The person's emerging sexuality has been damaged and distorted which often leads to an aversion to either sexual contact or intimacy. The behavioural effects of traumatic sexualization include sexual preoccupation and compulsive sexual behaviours, precocious sexual activity, aggressive sexual behaviour, promiscuity, prostitution, sexual dysfunction (difficulty in being sexually aroused or achieving orgasm), flashbacks while engaged in any type of sexual activity, and inappropriate sexualization of parenting (Finklehor, 1986). The psychological effects include confusion over sexual norms and identity, inability to differentiate between love and sex, and negative attributions to sexual activities and erotic sensations.

Stigmatization addresses the shame, guilt, and secrecy which permeate sexual abuse. Often the child is blamed for the abuse itself, by the perpetrator, family members, and others in the community (Finklehor, 1986). The child may not be believed at the time of disclosure or may receive such negative feedback that guilt and shame abound and further secrecy is forced on the child (Massie and Johnson, 1989). Behavioural effects of stigmatization encompass drug or
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alcohol abuse, criminal involvement, self-mutilation, and suicidality (Finklehor, 1986). Lasting psychological effects of stigmatization include feelings of guilt, shame, low self-esteem, and isolation.

The vulnerability of the person as a child, the inability to protect oneself and control one's own fear, and the failure to stop the abuse, result in the lasting effect of powerlessness (Massie & Johnson, 1989). "Powerlessness -or what might also be called "disempowerment", the dynamic of rendering the victim powerless-refers to the process in which the child's will, desires, and sense of efficacy are continually contravened" (Finklehor, 1986, p. 183). The person feels trapped and afraid, and eventually believes that his/her own needs and desires have no significance because they are ignored by the perpetrator (Finklehor, 1986). The behavioural effects of powerlessness consist of nightmares, phobias, somatic complaints such as eating and sleeping disorders, running away, academic problems at school, truancy, and employment problems. The lasting psychological effects of powerlessness include anxiety, fear, depression, dissociation, aggression, low self-esteem, and a high frequency of revictimization (Finklehor, 1986).

Betrayal is the result of the person's trust being violated. The lasting behavioural effects are clinging, vulnerability to subsequent abuse and exploitation, allowing one's own children to be victimized, isolation, discomfort in intimate relationships, marital problems, aggressive behaviour, and delinquency. The psychological impact of betrayal includes grief, depression, an inability to trust others, anger, and hostility (Finklehor, 1986).

The traumagenic dynamics model is a useful way of developing a theoretical understanding of the lasting effects of sexual abuse. The model considers both the behavioural responses and the psychological impact that sexual abuse has. However, this model does not include how memory is affected by sexual trauma nor does it discuss how relationships influence the lasting effects of sexual abuse.

**Post Abuse Response Model**

Briere's (1992a) model is based upon an extensive review of many of the empirical studies on the lasting effects of sexual abuse, as well as his own clinical observations from working with sexual abuse survivors. He hypothesized that there are seven types of psychological disturbances which ensue as a result of sexual abuse. They are (1) post traumatic effects, (2) cognitive distortions, (3) altered emotionality, (4) dissociation, (5) impaired self-reference, (6) disturbed relatedness, and (7) avoidance.
Post traumatic effects refer to psychological symptoms which persist long after the abusive episode is over. Flashbacks, repetitive thoughts or memories about the abuse, and nightmares are all examples of post traumatic effects. The most frequent symptom of post-traumatic stress for sexual abuse victims is the occurrence of flashbacks (Briere, 1992a).

Cognitive distortions develop as a result of the psychological impact of the abuse. They reflect the feelings of helplessness and hopelessness which the victim often experiences and occur as a result of the person's shattered assumptions about the self and the world. "Because the experiences of former child abuse victims are, by definition, usually negative, these assumptions and self-perceptions typically reflect an overestimation of the amount of danger or adversity in the world and an underestimation of the abuse survivor's self-efficacy and self-worth" (Briere & Runtz, 1993, p. 314). Cognitive distortions lead to passivity, self-blame, and low self-esteem. Stigmatization and the person's own belief that he/she is somehow to blame for the sexual abuse intensify the cognitive distortions.

Altered emotionality takes into account the limited range of emotions which the person develops as a result of sexual trauma. The most prevalent effects include depression and anxiety. Depression is "the symptom most commonly reported among adults who were molested as children" (Browne & Finklehor, 1986, p. 152). Anxiety develops because the sexual abuse disrupts the life of the child, and the person is fearful that more abuse will occur. Anxiety leads to the development of hypervigilance which, in turn, influences how the person perceives certain situations. As a result, the possibility of developing an intimate relationship as an adult is generally impeded because the person is apprehensive and fearful (Briere, 1992a).

Dissociation is another lasting effect of sexual abuse. Dissociation provides the person with an opportunity to place the memories and effects of the abuse outside of normal conscious awareness, to alter or detach from the self so that the abuse happens to someone else, and to act as an analgesia (Briere, 1992a; Putnam, 1989). "These dissociative activities ultimately involve a trade-off: The victim sacrifices fully integrated functioning in order to lessen the sometimes overwhelming anxiety and pain associated with complete awareness of traumatic events" (Briere, 1992a, p. 37). Dissociation has been specifically linked to childhood sexual trauma (Briere & Runtz, 1990a; Chu & Dill, 1990; Goodwin, 1989) and often occurs during times of stress. Dissociation ranges from (1) disengagement, (2) detachment, (3) observation, (4) amnesia, to (5) dissociative identity disorder (Briere, 1992a; Briere & Conte, 1993).
Disengagement is the most commonly used strategy in dissociation, which "involves a cognitive separation of the individual from his or her environment at times of stress or trauma" (Briere, 1992a, p. 37). The person appears to be inattentive or withdrawn.

Detachment serves to prevent the person from experiencing the psychological pain associated with traumatic thoughts or memories and with upsetting events in the present. The person is not in touch with his or her feelings, and, often, may not even be aware of them (Briere, 1992a).

Observation "occurs when traumatized individuals experience themselves as watching (as opposed to participating in) events in which they are directly involved" (Briere, 1992a, p. 38). This includes both a sense of depersonalization of traumatic events and the sensation of having an out-of-body experience (Briere, 1992a).

Amnesia develops when the person has repressed or banished the painful memories of childhood sexual abuse from his/her day-to-day experiences. Amnesia appears to be more frequent when (1) the sexual abuse started at a young age (under 5 years old), (2) multiple perpetrators were involved, (3) there was some type of physical injury, and (4) the person felt his/her life was at risk (Briere & Conte, 1993).

The most severe form of dissociation is dissociative identity disorder (DID). Research indicates that, although DID is the least common form of dissociation, many suffer from it. Research also demonstrates that DID is closely associated with a history of childhood trauma (Briere, 1992a; Chu, 1993).

Impaired self-reference refers to the loss of self as a result of the sexual abuse. "Severe child maltreatment, including early and sustained sexual abuse, may interfere with the child's later access to a sense of self-whether or not she or he can refer to, and operate from, an internal awareness of personal existence that is relatively stable across contexts, experiences, and affects" (Briere & Runtz, 1993, p. 323). Impaired self-reference results in identity confusion, lack of personal boundaries, and a profound sense of emptiness. This makes it very difficult for the person to separate self from others which can lead to exploitation, difficulties with relationships and intimacy, or further victimization (Briere, 1992a; Briere & Runtz, 1993).

Disturbed relatedness alludes to the distorted ways in which the sexually abused person interacts with the world. "These various reactions and responses, although understandable given the survivor's early life history, nevertheless interfere with daily interpersonal functioning and
thus, access to critical social resources such as relationships, acceptance, and support" (Briere, 1992a, p. 50). Disturbed relatedness consists of intimacy disturbance, altered sexuality, aggression, and adversariality.

Intimacy disturbance impedes the development of intimate relationships (Courtois, 1988; Finklehor et al., 1989). The person is fearful of becoming vulnerable and so, is usually unwilling to trust someone else. Research on disturbed relatedness indicates that (1) adult survivors have fewer friends in childhood (Gold, 1986), (2) there are difficulties in social adjustment which contribute to a sense of isolation (Harter, Alexander, & Neimeyer, 1988), (3) developing trust in a relationship is very difficult (Bass & Davis, 1988), and (4) forming and maintaining intimate relationships are problematic (Courtois, 1988; Herman, 1981; Jehu, 1989). Adult survivors may not consider themselves worthy of having a relationship with a person whom they deem to be healthy or good (Conte & Schuerman, 1987) and may re-create the abuse through revictimization by becoming involved and staying in unhealthy and/or abusive relationships (Russell, 1986).

Altered sexuality is one of the most common lasting effects of sexual abuse (Briere, 1992a; Finklehor et al., 1990; Kendall-Tackett et al., 1993). Altered sexuality includes sexual dysfunction, a general distrust of men and/or women, a tendency to depend upon or overidealize the partner, preoccupation of sexual thoughts, and a history of brief, repeated sexual relationships (Briere, 1992a). "The frequent yet short-lived nature of these sexual encounters can thus be understood in terms of the survivor's need for nurturance and love, which she or he has learned can best be gained through sex, and yet, simultaneously, the survivor's historically valid fears of injury, exploitation, and/or abandonment in similar intimate situations" (Briere, 1992a, p. 53).

Assumptions regarding aggression in relationships tend to influence how the person perceives the meaning of relationships. Either the person seeks to avoid any type of interpersonal closeness or the person concludes that some type of aggression in an intimate relationship is permitted. For female survivors of sexual abuse, the acceptance that aggression is common in intimate relationships frequently ends up with the person becoming involved in some type of emotionally and/or physically abusive situation. Adversariality is the result of a person experiencing the world as a malevolent place, and thereby assuming that some type of trick or trade needs to take place in order to get one's needs met. Frequently, offering some type of sexual act is perceived as being appropriate (Briere, 1992a; Herman, 1981). Appearing to be good and/or acquiescent, acting passive, and/or
appearing to be selfless are other forms of adversariality (Briere, 1992a).

Manipulation is the flip-side of adversariality. Manipulation consists of behaviours designed to elicit caring, attention, affirmation, or validation from others. However, the manipulative behaviours more frequently evoke angry responses, which isolates the person even further, and provokes even more desperate acts of manipulation in order to get one's needs met (Briere, 1992a).

Avoidance consists of behaviours which are designed to keep any sexual abuse memories out of conscious awareness. The use of psychoactive substances, such as drugs and alcohol, is a good example of avoidance. Suicidality is perhaps the best example of avoidance. Suicide attempts often reflect a person's deep desire to put an end to all the pain in his/her life. Other avoidance behaviours include self-injury, engaging in frequent sexual activities with a variety of partners, binging or chronic overeating, going on spending sprees, and participating in activities which are potentially very dangerous. Rather than describing these behaviours as being addictive in nature, they need to be considered as coping strategies a person uses in order to deal with the overwhelming psychic pain (Briere, 1992a).

In the face of extreme abuse-related distress, often restimulated by revictimization and/or perceived abandonment or rejection, the survivor may engage in any of a number of external activities that anaesthetize, soothe, interrupt, or forestall painful affect. (p. 63) These behaviours offer temporary relief, provide a diversion, interrupt dysphoric states, act as an anaesthetic of psychic pain, gain a sense of control, replace feelings of emptiness, and relieve feelings of guilt and self-hatred (Briere, 1992b; Briere & Runtz, 1993). Tension-reducing activities are repeated because they do provide some calmness and relief from pain over some period of time (Briere & Runtz, 1993).

Briere (1992a) presents a thorough description of the lasting effects of sexual abuse and how these effects are typically characterized. He discusses both the intrapersonal dimensions which include the post traumatic effects, cognitive distortions, altered emotionality, dissociation, and impaired self-reference, as well as the interpersonal factors of disturbed relatedness and avoidance (see Table 2:1).

Empirical Findings On The Lasting Effects of Sexual Abuse

There have been numerous empirical studies on the lasting effects of sexual abuse using both qualitative and quantitative methods. The purpose of these various studies seem to be either
to discern which factors influence lasting effects of sexual abuse or to determine what are the lasting effects of sexual abuse. As well, developing an affinity for both the factors which influence the lasting effects and the lasting effects themselves will facilitate a better understanding of the process of recovery from sexual abuse. Consequently, the empirical findings are presented in two parts. First, the factors that influence the lasting effects will be explored, and second, the lasting effects will be presented.

**Factors Influencing The Lasting Effects Of Sexual Abuse**

Empirical studies on factors which influence the lasting effects of sexual abuse most frequently report on the relationship between the victim and the perpetrator, as well as the nature of the sexual contact (Beitchman et al., 1992; Fromuth, 1983; Laviola, 1992; Russell, 1986; Williams, 1993). Research seems to indicate that some of the factors which influence the lasting effects of sexual abuse include (1) the relationship between the victim and the perpetrator (Fromuth, 1983; Russell, 1986; Williams, 1993), (2) the number of perpetrators involved (Briere, 1987; Briere & Runtz, 1989; Peters, 1984; Williams, 1993), (3) the victim's age when the sexual abuse first occurred (Friedrich, 1986; Russell, 1986; van der Kolk, 1987), (4) the intrusiveness of the sexual activity (Friedrich, 1986; Laviola, 1992; Peters, 1984), and (5) the victim's self-appraisal of the event (Conte & Schuerman, 1987).

One factor which seems to influence the lasting effects of sexual abuse is the relationship between the victim and the perpetrator (Fromuth, 1983; Russell, 1986; Williams, 1993). The intensity of the emotional relationship and the bond of trust between the victim and the perpetrator determine, in part, the extent of trauma experienced by the victim (Briere & Runtz, 1986; Williams, 1993). This would seem to indicate that, in general, intrafamilial abuse is more traumatic than extrafamilial abuse (Adams-Tucker, 1982; Gomes-Schwartz, Horowitz, & Cardarelli, 1990; Williams, 1993). "However, there is no straightforward research connection between abuse by a parent and longterm effects" (Williams, 1993, p. 45). Kendall-Tackett et al. (1993) speculate that the degree of closeness between the victim and the perpetrator contributes more significantly to the lasting effects of sexual abuse than the specific familial alliance between the victim and the perpetrator. "Researchers should try to determine a measure of emotional closeness or degree of caretaking responsibility rather than relying on the kinship label of the perpetrator-victim relationship" (Kendall-Tackett, Williams, & Finklehor, 1993, p. 170).

A second factor which appears to influence the lasting effects of sexual abuse is
the number of perpetrators. Research has demonstrated that abuse by multiple perpetrators is more traumatic than abuse by one perpetrator (Briere, 1987; Briere & Runtz, 1989; Peters, 1984; Williams, 1993).

A third factor which seems to influence the lasting effects of sexual abuse is the age of the victim at the time the first sexual abuse event occurred. However, results of studying this factor are often conflictual. While Friedrich (1986), Russell (1986), and van der Kolk (1987) contend that early onset of sexual abuse is more traumatic than later onset; Conte and Briere (1989) conclude that abuse which starts at a later age is more traumatic. Meanwhile, Adams-Tucker (1982) and Gomes-Schwartz, Horowitz, and Cardarelli (1990) have determined that there is no correlation between the age at the onset of abuse and the later effects of the abuse. Kendall-Tackett et al. (1993) suggest that more research is still needed. Finklehor (1986) reported that the age difference between the victim and the perpetrator contributes more directly to the lasting effects of sexual abuse than does the victim's age at the onset of abuse (Williams, 1993).

A fourth factor which appears to influence the lasting effects of sexual abuse is the intrusiveness of the sexual abuse event. The majority of research supports the notion that the more intrusive the abuse is, the more severe the traumatic reactions to the abuse are (Adams-Tucker, 1982; Bagley and Ramsey, 1986; Beichtman et al., 1992; Briere, 1987; Friedrich, 1986; Fromuth, 1983; Laviola, 1992; Peters, 1984; Russell, 1986; Williams, 1993). The use of force, threats, violence, or physical abuse intensify the traumatic nature of sexual abuse (Briere & Runtz, 1990; Fromuth, 1983; Russell, 1986). In addition, "victims who are coerced, forced and physically abused feel more terror, intimidation, confusion, self-blame, and stigmatization" (Williams, 1993, p. 46). Some research has demonstrated that longer, repetitive abuse yields more lasting effects than sexual abuse which is short-lived (Briere & Runtz, 1986; Russell, 1986; Urquiza, 1988).

A fifth factor which seems to contribute to the lasting effects of sexual abuse is the victim's self-appraisal of the event (Conte & Schuerman, 1987). Although some research had concluded that the perceived meaning of the abuse can be as traumatic as the physical act itself (Finklehor, 1986) and the victim's self-appraisal of the situation is one way which the impact of abuse is processed (Kreitler & Kreitler, 1988), Williams (1993) observed that the studies examining the lasting impact of sexual abuse rarely consider the variable of perceived appraisal of severity.

In response, Williams (1993) conducted a study assessing the perceived appraisal of
severity by taking into account the relationship between the perpetrator and the victim, the number of perpetrators, the age of the victim, the extent and type of abuse, the duration and repetition of the abuse, and whether force was used. The results of this study are significant. They indicate that the impact of sexual abuse is usually long-term but is dependent upon how the individual appraises the abuse, the number of perpetrators who were involved, the amount of force used, and the available social support. "Duration of abuse, age difference between abuser and victim and age of onset were relatively unimportant in leading to long-term reactions" (Williams, 1993, p. 55).

While many articles have been written about the long term effects of sexual abuse, (Finklehor, 1986; Kendall-Tackett, Williams, & Finklehor, 1993; Wyatt and Powell, 1988), more recent articles have questioned which effects can be directly attributed to sexual abuse and which effects may be a result of other childhood experiences (Beitchman et al., 1992). However, the many studies which have now been conducted on the lasting effects of sexual abuse, clearly demonstrate that people who have been sexually abused report a wide range of symptoms and problems (Jennings and Armsworth, 1992). "A victim's account of abuse must not be discounted simply because she presents with symptoms not commonly thought to be associated with childhood sexual abuse" (Asher, 1988, p. 11). It would appear that a person's interpretation and attribution of the sexual abuse do play a part in determining whether there are lasting psychological responses. The degree of closeness between the victim and the perpetrator at the time of the sexual trauma also influences whether there will be any lasting effects (Davenport et al., 1994).

It is important to have more knowledge on the risk factors which serve as mediators between the abuse and abuse situation and the problems in living as experienced by the victim. Both the attributional beliefs of child victims of sexual abuse and how these beliefs are associated with the effects of sexual abuse need to be examined. As well, the phenomenon of victimization needs to be more fully explored (Conte and Schuerman, 1987).

**Lasting Effects Of Sexual Abuse**

Empirical research studies have determined that the most common lasting effects of sexual abuse include traumatic sexualization (Jennings & Armsworth, 1992; Massie & Johnson,1989), substance abuse (Beichtman et al., 1992; Finklehor 1986), self-injury (Bass & Davis, 1988; Gil, 1988a/b), suicidality (Beichtman et al., 1992; Finklehor, 1986), depression (Browne & Finklehor, 1986; Elliott & Briere, 1992b, anxiety (Beichtman et al., 1992; Jennings & Armsworth, 1992), aggression (Kendall-Tackett et al., 1993), low self-esteem (Bass & Davis,
Traumatic sexualization appears to be a lasting effect which is unique to childhood sexual abuse (Briere & Runtz, 1990; Greenwald et al., 1990). One aspect of traumatic sexualization is indiscriminate sexual behaviour (Briere & Runtz, 1993, Gelinas, 1983; Jennings & Armsworth, 1992). "Frequent sexual contacts may also offer distraction, excitement, and avoidance of perceived emptiness for some adults molested as children, as well as temporarily dispelling abuse-related emotional pain by providing more pleasurable, distress-incompatible input" (Briere & Runtz, 1993, p. 321). Another aspect of traumatic sexualization is aggressive sexualized play (Friedrich, 1991).

Substance abuse is often connected to childhood sexual abuse. "It seems likely, in this regard, that drug or alcohol abuse serves as a form of chemically induced dissociation, wherein the abuse survivor can separate from the environment, painful internal states, and distressing memories through the use of psychoactive substances" (Briere & Runtz, 1993, p. 320). The person can suppress feelings about what has happened and can maintain the sexual abuse secret through the use of substances (Jennings & Armsworth, 1992; Swink & Leveille, 1986).

Self-injury is another way in which a person seeks to reduce the lasting effects of childhood sexual abuse. "It most typically involves repetitious cutting or carving of the body or limbs, burning of the skin with cigarettes, or hitting the head or body against or with objects" (Briere & Runtz, 1993, p. 322). A pervasive sense of worthlessness seems to be an underlying factor which leads to self-injury (Swink & Leveille, 1986).

Suicidality is often considered to be the perfect escape from depression, anxiety, and an overwhelming sense of hopelessness (Briere & Runtz, 1993; Jennings & Armsworth, 1992). Suicidality encompasses both suicidal ideation and suicide attempts.

Depression is the most frequently reported lasting effect of childhood sexual abuse (Browne & Finklehor, 1986; Elliott & Briere, 1992b; Gelinas, 1983; Jennings & Armsworth, 1992; Lundberg-Love et al., 1992). It is also a general measure of psychological distress (Braver et al., 1992; Kendall-Tackett et al., 1993). "Depression has been a means of survival throughout
Anxiety follows depression as the second most frequent lasting symptom of childhood sexual abuse (Browne & Finklehor, 1986; Elliott & Briere, 1992b; Gelinas, 1983; Jennings & Armsworth 1992; Lundberg-Love et al., 1992). Anxiety manifests itself in a variety of ways. The accommodation process is one form of anxiety. The child endeavours, in any way possible, to preserve the image of the all-loving parents, despite the abuse (Braver et al., 1992). The child perceives him/herself as being bad, worthy of punishment, and consequently, forms a very insecure attachment to the caregivers (Briere, 1992a). Anxiety is also a result of hypervigilance, preoccupation with control, and an inability to interpret cues (Briere & Runtz, 1993).

Aggression is more commonly identified as a lasting effect of physical abuse (Briere & Runtz, 1990). However, in cases where the child was both physically and sexually abused, aggression is a lasting effect because "the child generalizes from her experiences with abusers and assumes aggression to be an appropriate form of interpersonal behaviour when angry or distressed" (Briere & Runtz, 1990; p. 361). The quantitative research survey conducted by Kendall-Tackett, Williams, and Finklehor (1993) indicates that aggression is a frequent lasting effect of sexual abuse at various developmental stages.

Low self-esteem is correlated with all types of childhood abuse (Briere & Runtz, 1990; Sgroi, 1982). Low self-esteem is a result of severe self-criticism, guilt, and an overwhelming sense of unworthiness (Briere & Runtz, 1990; German et al., 1990). It is also a result of the person having a negative body image (Swink & Leveille, 1986).

She begins to form her self-identity around the notion that she has responsibility for caring for people, but they have no responsibility to care for her in return. Essentially, she has no rights to reciprocity. (Gelinas, 1983, p. 320)

This is particularly true of incestuous relationships where the person is reminded over and over again that he/she has no rights (Gelinas, 1983).

Revictimization is often a result of the person perceiving that he/she is not worthy of establishing healthy relationships (Conte & Schuerman, 1987). Revictimization is more likely to occur when the person seeks to make sense of the sexual abuse experience by recreating it in a variety of relationships (Briere & Runtz, 1990; Russell, 1986). It appears to be more closely associated with incest and often explains intergenerational sexual abuse (Gelinas, 1983) and physically and/or sexually abusive relationships with partners (Swink & Leveille, 1986).
Inability to trust is a result of powerlessness and betrayal (Liem et al., 1992). The person does not want to be hurt again (Swink & Leveille, 1986). Frequently, however, the person becomes involved in abusive relationships because of an inability to discern what is appropriate and inappropriate in a relationship (Swink & Leveille, 1986).

Adult survivors of sexual abuse often have problems with sexual intimacy (Briere & Runtz, 1993). Empirical studies seem to indicate that there are five main problematic areas. The first is the fear of revictimization. The second is the inability to trust any sexual partner. The third is the inclination to fabricate the perfect relationship and the fourth is a result of being involved in a variety of transient sexual relationships (Briere & Runtz, 1993; Courtois, 1988; Herman, 1981). The fifth problematic area is the fear of becoming vulnerable (Swink & Leveille, 1986).

Flashbacks are described as being "sudden, intrusive sensory memories" (Briere & Runtz, 1993, p. 313) which are reminiscent of the sexual abuse. Flashbacks usually are a result of some type of trigger (Swink & Leveille, 1986).

Nightmares appear to be another lasting effect of sexual abuse (Gelinas, 1983; Swink & Leveille, 1986). The quantitative research survey conducted by Kendall-Tackett, Williams, and Finklehor (1993) suggests nightmares are a frequent lasting effect of sexual abuse at various developmental stages.

Dissociative phenomena are also lasting effects of sexual abuse (Gelinas, 1983; Jennings & Armsworth, 1992). Much research has linked dissociative phenomena to psychological trauma, specifically childhood sexual trauma (Briere & Conte, 1993; Briere & Runtz, 1993; Chu & Dill, 1990). Dissociative phenomena include depersonalization, disengagement, and dissociative identity disorder. Present research seems to link self-reported amnesia as being a lasting effect of dissociation, although more research is still needed (Briere & Conte, 1993). Self-reported amnesia (Briere & Conte, 1993) refers to the inability of the person to recall certain aspects of the sexual abuse. Present research indicates that partial amnesia is fairly common for adult survivors (Briere & Conte, 1993). Self-reported amnesia is more likely when (1) the sexual abuse is violent in nature, (2) multiple perpetrators are involved, or (3) there is a fear of death. Furthermore, there is an increased likelihood of amnesia when the sexual abuse starts at an early age and is of a lengthy duration (Briere & Conte, 1993).

Isolation is a common lasting effect of childhood sexual abuse (Briere & Runtz, 1993; Kendall-Tackett et al., 1993) because the person frequently had few friends when he/she was a
child and was not well connected with the parents. Isolation is a result of the inability to trust others and of having to maintain a family secret (German et al., 1990).

Other lasting effects may include eating disorders (Miller & McCluskey-Fawcett, 1993). Bulimia seems to be associated with childhood sexual abuse because binging and purging are ways to reduce tension (Briere & Runtz, 1993; Miller & McCluskey-Fawcett, 1993).

Although there have been numerous studies on the lasting effects of sexual abuse, some researchers have questioned the validity of the results. Nash, Zivney, and Hulsey (1993) contend that most of the studies conducted to date have limited one's understanding of sexual abuse:

First, over 75% of investigations on the effects of abuse were not carried out on children at all (Browne & Finklehor, 1986). Instead, the clinical research literature is dominated by retrospective, survey-type investigations examining the functioning of adults who report having been sexually abused as a child. Some important and interesting hypotheses about the developmental effects of abuse have been derived from these studies, but if we are to more fully understand the effectivity of abuse on children, we must examine children. (p. 401)

Research has clearly indicated that a sizable percentage of sexually abused children do not demonstrate characteristics of prolonged and painful pathology. The results of the research conducted by Nash, Zivney, and Hulsey (1993) found that intensely frequent and on-going abuse, even if it is short-lived, is more indicative of increased lasting effects than duration itself. Victims who were abused by multiple perpetrators seem to have more problems than those who were sexually abused by one perpetrator (Nash, Zivney, & Hulsey, 1993).

The present review of the literature addresses the current theoretical and empirical perspectives on the lasting effects of sexual abuse and clearly demonstrates "...the psychological toxicity of childhood sexual victimization" (Briere & Runtz, 1993, p. 324). Lasting effects of childhood sexual abuse can include post-traumatic stress, cognitive distortions, altered emotionality, dissociation, impaired self-reference, and disturbed relatedness. Abuse related responses are survival tactics which seek to anaesthetise, soothe, interrupt, or forestall future pain, and reflect the despair and horror which was experienced as a child. Revictimization is also a very real possibility (Briere, 1992a). However, it is important to point out that most of the empirical studies on the lasting effects of sexual abuse were a result of surveying college students, comparing clinical to non-clinical populations, and conducting retrospective studies. Few, if any,
of the studies appeared to include any visible minorities and cultural, ethnic, and spiritual differences were not discussed.

False Memory Syndrome

False memory syndrome, which is also referred to in the literature as delayed memory recall (Enns, McNeilly, Corkery & Gilbert, 1995), emerged as a significant issue to include in the literature review because many of the women discussed their experience of ambiguity of memory in the process of recovery. As well, some expressed strong reactions to the concept of false memory syndrome in their interviews.

False memory syndrome is one of the current “hot” topics in the field of sexual abuse (Enns, et al, 1995; Loftus & Ketcham, 1994; Pendergrast, 1995; Terr, 1994; Yapko, 1994). It first emerged in response to the belief that therapists facilitate the creation of false memories of childhood sexual abuse for many of their female adult clients, which then leads to false accusations made to (generally) family members and causes the breakdown and disintegration of the family (Pendergrast, 1995).

Advocates of false memory syndrome contend that, prior to beginning therapy, the client has no memories of being sexually abused. The therapist plants the false memories of familial sexual abuse because the therapist is obsessively convinced that childhood sexual abuse is the only possible explanation for the client’s present difficulties in adult life. Over time, the client believes the therapist and begins to have further false memories of her own. The client becomes so steadfast in her conviction that this false memory is true and, with the assistance of the therapist, will not stop until justice is served. This usually means that the client first confronts her family of origin, in the presence of the therapist, and then refuses to have any further contact with them (Loftus & Ketcham, 1994; Pendergrast, 1994; Wakefield & Underwager, 1994; Yapko, 1994).

One of the biggest areas of controversy in the false memory debate centres around how memory is recorded and the notion of repressed memory. Recent research indicates that "(1) not everything gets into memory, (2) what gets into memory may vary in strength, (3) the status of information in memory changes over time, and (4) retrieval is not perfect" (Gordon, Schroeder, Ornstein & Baker-Ward, 1995, p. 99). The less salient the experience is for the person, the less likely it will be stored in long-term memory.

In these cases, however, it must be recognized that what is remembered represents a
reinterpretation of the information that was originally placed in memory, and, as such, the
details recalled may be substantially altered. Moreover, the original events may not have
been encoded because of the child’s lack of understanding of the events in question at the
time they took place. (p. 102)

Memory is also influenced by the amount of exposure the person had to the event and the
age of the person at the time of the event. The relevance of the particular experience to the child
plays an important part in what is remembered and later recalled. Memory is a nebulous concept
because the content, meaning, and significance of a memory can change over time (Gordon,

Both passage of time and prior knowledge can exert a substantial influence on
the underlying memory representation. Moreover, children may be exposed to
a variety of experiences in the time between encoding and recall, some of which can act to
strengthen memory, whereas others can interfere with performance. In cases of sexual
abuse, experiences happening after an event that may alter the status of information in the
memory system include (1) the length of the interval between the occurrence of the event
and the subsequent report, (2) exposure to repeated interviews, (3) provision of
information that is misleading or is inconsistent with the original event, and (4)
participation in various therapeutic procedures. (p. 106)

In discussing traumatic memory, it is important to first define several terms. These terms
are suppression, repression and dissociation. Suppression refers to a temporary and conscious
decision to set aside the memory of a painful event for a short time. When a memory is
suppressed, the person can access it later. Suppression appears to be a fairly normal reaction to
unpleasant memories (Terr, 1994).

While suppression is a behaviour used to cope with difficult memories, repression is more
typically used to cope with a traumatic experience. Repression not only dismisses the memory
from conscious thought, it also eliminates the memory completely (Terr, 1994).

Dissociation is another phenomenon of trauma. Dissociation provides the person with the
ability to detach oneself at the time the traumatic episode occurs. “During a traumatic experience,
dissociation allows a person to observe the event as a spectator, to experience none, or only limited
distress; and to be protected from awareness of the full impact of what has happened” (van der
Kolk, 1996a, p. 192). While dissociation is a useful coping strategy at the time of the trauma, it
often becomes habitual, and gets in the way of everyday life. Nightmares, flashbacks, psychosomatic problems, suicidality, self-injury, and substance abuse are often lasting effects of dissociation (van der Kolk, 1996a).

Several hypotheses have been presented in an effort to illustrate how traumatic memory loss is possible. They include (1) cognitive explanations, (2) physiological explanations, and (3) the notion that different types of trauma influence memory differently (Enns et al., 1995).

"Cognitive models of memory loss and dissociation focus on problems related to perceptual disturbances and the processing of information related to trauma" (Enns et al., 1995, p. 219). It has been hypothesized that people who have been shattered by trauma resort to creating rigid self-schemas in order to ensure their survival in an unsafe world (McCann & Pearlman, 1990). The person does not process all the crucial information pertaining to the trauma, because the memory of the trauma is splintered (Enns et al., 1995; McCann & Pearlman, 1990).

The second hypothesis contends that at the time of the trauma, the person decides which events can be remembered, then will often bury all other aspects of the memory by repressing it, and will limit the associations and cues which would facilitate retrieving the memory (Enns et al., 1995). Physiological explanations of memory loss refer to the physiological changes associated with the limbic system and hippocampus. Previous research has indicated that trauma provokes "A cycle of massive secretion and depletion of neurotransmitters, which leads to hypersensitivity of receptor sites, permanent patterns of physiological over arousal, and difficulties integrating affective and narrative components of events" (Enns et al., 1995, p. 221). The end result is that the traumatic memory is not stored in any kind of temporal order, but rather is stored as sensorimotor images or fragments which render the memory incomprehensible (Enns et al., 1995).

A third hypothesis suggests that the skills of repression and dissociation occur spontaneously when they are frequently repeated. "In the case of dissociation, individuals learn to divide attention in stressful situations, and in the case of repression, the person learns to divert attention from unpleasant and emotional events" (Enns et al., 1995, p. 220). Trauma specialists argue that, unlike adults who experience and remember the event verbally, adolescents and particularly young children, record and remember events from a sensorimotor perspective (Chu, 1992). This explains why some memories first emerge through taste, sound, sight, smell, or touch. Thus, amnesia or an absence of memory is not uncommon and memories may resurface through a variety of senses. "In the clinical arena it is quite striking to encounter patients who are
otherwise highly intelligent, verbal, and articulate, but who literally have no words to describe their childhood traumatic experiences" (Chu, 1992, p. 353).

Finally, hypotheses have been developed which suggest that different types of trauma are remembered differently (Chu, 1992; Enns et al., 1995; Terr, 1994). Being unable to recall certain childhood events is not uncommon for people who have been traumatized, particularly when the trauma has taken place prior to adolescence (Herman & Shatzow, 1987; Briere & Conte, 1992; Chu, 1992).

Terr (1994) hypothesizes that there are two types of trauma. Type I trauma refers to a single traumatic event while Type II trauma refers to multiple trauma (Terr, 1994). Because Type I trauma is an unusual and unique experience in the child’s life, the child will usually be able to recall either most or all of the event. However, because Type II trauma is repetitive and on-going, the child becomes preoccupied by simply trying to cope with the abuse. The survival skills which the child employs includes psychic numbing, repression, and dissociation. Consequently, retrieving the memory is difficult because the child becomes skilled at not encoding the entire event (Terr, 1994; Enns et al., 1995).

Constructivist self development theory suggests that memory is descriptive. "It reflects the understanding that traumatic memory commonly involves the fragmentation or dissociation of aspects of the individual’s complex experience" (Pearlman & Saakvitne, 1995, p. 73). Five aspects of traumatic memory are (1) verbal (the story), (2) imagery (the person’s pictures and images of the trauma), (3) affect (the feelings before, during, and after the event), (4) body or somatic memory (the physical sensations which symbolize the trauma), and (5) the interpersonal memory (how present relationships reflect former abusive relationships) (Pearlman & Saakvitne, 1995).

All these aspects of memory contain representation of the abuse experience.

As a survivor gains access to the different parts, he can understand what happened, externally and internally; identify the central psychological themes; and work it through as a complete, integrated memory. When the memory only exists in fragments (e.g., an image without an accompanying verbal story, or the story with no affect), the fragments can intrude upon the survivor’s awareness and result in incomprehensible, intense affect or perhaps a flashback or panic attack. (p. 74)

Cognitive schemas, which are described as "the conscious and unconscious beliefs and
expectations individuals have about self and others" (Pearlman & Saakvitne, 1995, p. 68) are also
effected by trauma. Pearlman and Saakvitne (1995) refer to schemas which are most profoundly
affected by trauma as "disrupted schemes" which include "generalized negative beliefs about self,
others, and the possibility of having one's needs met constructively" (p. 69).

This section only touches on the aspects of false memory syndrome which are pertinent to
the lived experience of recovery. It would appear that delayed memory is possible and that some
people do not have any conscious memory at first of sexual trauma (Enns et al., 1993; Wassil-
Grimm, 1995; Whitfield, 1995). This would seem to be most convincing when there is a history
of long-term abuse with multiple perpetrators (Briere & Conte, 1993). Chapters IV and V discuss
the impact of false memory on the lived experience of recovery from sexual abuse for young adult
women.

Recovery From A Trauma Perspective:  A Review Of The Literature

Recovery is a term which appears in the literature on health, addictions, trauma, and abuse
(Gil, 1988b, Herman, 1992, Janoff-Bulman, 1992). The purpose of this section is to review the
literature on recovery from trauma and abuse. Both the theoretical and empirical findings will be
considered.

Theoretical Perspectives On Recovery From Trauma

This section offers several theoretical perspectives on recovery from trauma. The first
perspective, which hypothesizes that trauma shatters the basic assumptions that people have about
themselves and their world (Janoff-Bulman, 1992), explores recovery through a social psychology
lens. The second perspective, "Reclaiming The Self" (Women's Research Centre, 1989), offers a
feminist research interpretation of recovery. Finally, the constructivist self-development theory
(McCann & Pearlman, 1990; Pearlman & Saakvitne, 1992) provides a psychodynamic perspective
of recovery.

Shattered Assumptions.

Janoff-Bulman (1992) contends that, prior to any type of trauma, it is assumed that the
world works in accordance with how one chooses to live. The first assumption is that the world is
benevolent. Bad things cannot happen to good people. The second assumption is that life is
meaningful. Events are perceived as having a purpose and each experience is believed to be
significant. The third assumption is that most situations do not happen randomly. As long as one
interacts with the world in a positive way, negative events can be prevented because nothing
happens randomly. The fourth assumption is that the self is worthy. As a result, it is expected that the person is safe, protected, and invulnerable. Trauma violates all these assumptions and changes the way the person perceives and experiences his/her world (Janoff-Bulman, 1992).

Janoff-Bulman (1992) speculates that a person who has been traumatized by human-induced victimizations, as opposed to natural disasters, is far more likely to develop negative assumptions about the self and the world. "To be the victim of rape or other criminal victimizations, including incest and battering, involves an awareness that another person has intentionally harmed you" (p. 77). Human-induced trauma generally shatters beliefs about the self, which lead to a loss of self-respect, feelings of personal violation, and low self-worth. The person is forced to accept that bad things do happen, people are capable of great evil, and events are often random, uncontrollable, and occur without just cause. The world no longer makes sense; there is no safety or security (Janoff-Bulman, 1992).

The emotional experience of trauma includes intense fear, anxiety, and terror. The fear is in reaction to what has been experienced and the threat that it could happen again. Anxiety is a reaction to the feelings of uneasiness regarding one's personal survival and the belief that the world is a frightening and unsafe place. The person's belief system is destroyed. "The cognitions of anxious individuals center on themes of threat, danger, unpredictability, and uncertainty, and these are central to the emotional experience of victims" (Janoff-Bulman, 1992, p. 65).

The after effects of trauma include hyperarousal, hyperactivity, and depression. Hyperarousal and hyperactivity are the results of the person constantly being physiologically on the alert to respond to any further threats to the self because of the unpredictable nature of the person's world. Depression is a result of an emerging pessimistic world view which turns sadness into depression (Janoff-Bulman, 1992). The experience of loss is at the core of the depression. "Psychologically, the shattering of fundamental assumptions produces a state of both loss and disintegration; the known, comforting old assumptive world is gone, and a new one must be constructed" (p. 71). Confrontation with one's own fragility and mortality is sudden and direct. Nothing will ever be the same again. The abrupt disintegration of one's inner world is the essence of trauma (Janoff-Bulman, 1992).

Briere (1992a) illustrates how a sexually abused child copes with the shattered assumptions of personal invulnerability, a belief that the world is meaningful and predictable, and a positive belief in oneself. His abuse dichotomy depicts how the child internalizes the sexual abuse
experience:

1. I am being hurt, emotionally or physically, by a parent or other trusted adult.
2. Based upon how I think about the world thus far, this injury can only be due to one of two things: Either I am bad or my parent is (the abuse dichotomy).
3. I have been taught by other adults, either at home or at school, that parents are always right, and always do things for your own good (any other alternative is very frightening). When they occasionally hurt you, it is for your own good, because you have been bad. This is called punishment.
4. Therefore, it must be my fault that I am being hurt, just as my parent says. This must be punishment. I must deserve this.
5. Therefore, I am as bad as whatever is done to me (the punishment must fit the crime: anything else suggests parental badness, which I have rejected). I am bad because I have been hurt. I have been hurt because I am bad.
6. I am hurt quite often, and/or quite deeply, therefore I must be very bad. (p. 28)

In order for recovery to occur, the person needs to reconstruct a viable, non threatening, assumptive world (Janoff-Bulman, 1992). Three factors which seem to be particularly significant in the recovery process are "(1) the victim's ability to tolerate arousal and distressing emotions; (2) the victim's ability to creatively rework and reappraise the powerful new "data"; and (3) the support of close, caring others" (p. 172). A person who has a high tolerance for coping with arousal and distressing emotions will be more able to directly confront threatening material earlier and more often than a person who has fewer coping resources. When the person lacks the coping strategies, there is a greater chance that he/she will avoid or deny the trauma and then not be able to integrate the experience.

Reworking the data involves making social comparisons, developing positive self-attributions, and transforming the impact of the trauma. "People who can think flexibly and creatively, who can view and reshape from multiple perspectives, are apt to have an advantage in the aftermath of traumatic life events" (Janoff-Bulman, 1992, p. 173). The inner world of a trauma survivor acknowledges both the misfortune and the vulnerability of the trauma. The person realizes that tragedy can happen to anyone. At the same time, the possibility of tragedy does not permeate the person's assumptive views of the self and the world (Janoff-Bulman, 1992).
Reappraising the victimization requires talking, discussing, venting, and sharing trauma-related perceptions, beliefs, expectations, behaviours, and emotions. This often occurs in the context of support and safety. The process allows the survivor to look at the trauma, reappraise what happened, and work through the pain and suffering which the trauma has created. Receiving support and validation from others also contributes to the recovery process and the improved sense of well-being for the trauma survivor (Janoff-Bulman, 1992). For recovery to happen, the person needs to confront each aspect of the dichotomy and change his/her expectations and perceptions of the self and of the perpetrator (Berliner & Wheeler, 1987). The recovery process involves developing self-worth, recognizing that the sexual abuse was not warranted, and determining that the perpetrator is responsible for the sexual trauma.

**Reclaiming The Self.**

"Reclaiming The Self" is a theoretical perspective of recovery which was developed by a group of feminist researchers, who interviewed a large number of adult female survivors. The Women's Research Centre (1989) believes that recovery from childhood sexual abuse depends upon the ability of the person to find and build upon her inner resources. Breaking the cycle of childhood sexual abuse is a lengthy process. "It is a process of renaming and understanding as well as reclaiming what was damaged and distorted by the abuser" (Women's Research Centre, 1989, p. 201). "Reclaiming The Self" reverses the cycle of abuse.

The cycle of abuse permeates the life of the survivor of childhood sexual abuse (see Figure 2:1: The Survivor's Cycle). First, the person is sexually abused. Second, the person becomes very confused about what has happened, cannot make sense of it, and does not know what to do. Third, the confusion leads to self-estrangement, which leads to self-blame and a belief that no one cares. Fourth, the person develops survival skills in order to keep the sexual abuse a secret because she fears how others would react if the sexual abuse was made public. Fifth, the person feels trapped. She feels hopeless and helpless. Sixth, the rage and despair turns inward and a negative sense of self is developed. The person believes that there is something wrong with her and that if anyone knew the truth, she would be rejected. This cycle is repeated over and over again until it becomes habitual (Women's Research Centre, 1989).

"Reclaiming The Self" (see Figure 2:2: Reversing the Cycle) shows the process of reversing the abusive cycle and moving towards recovery. The development of self-acceptance is at the centre of reversing the cycle. Self-acceptance promotes the other aspects of learning to
Figure 2:1: Cycle Of Abuse: The Survivor’s Cycle

*Childhood:* Every child is vulnerable, dependent, innocent, needy.

*Child is Sexually Abused:*  
(physical, emotional, mental violation and abuse)

*The Cycle Continues*

*Negative Sense of Self:*  
I'm a bad person, everyone is better than me.  
I don't deserve better.  
I'm a phoney.  
If they really knew me they'd dislike and be disgusted by me.  
I deserve whatever I get.  
I don't know who I am.

*I'm Trapped:*  
It's my fault.  
I must keep the secret to survive.  
I'm responsible: I didn't stop it or tell anyone.  
I am responsible for who I have become.  
I can't change anything.  
I can't change my life or myself.

*Abuse Causes Confusion:*  
What's he doing?  
I don't understand what's happening to me.  
I don't like this but how can I stop it? What is normal?  
Where can I be safe?  
I can't do anything right.  
I don't know what's real, what's right.

*Self-Estrangement:*  
I'm always wrong, I can't be like everyone else.  
I'm not normal.  
I'm not important.  
No one cares how I feel.  
My feelings don't count.  
What I want doesn't matter.  
I don't want to be me.

*Survival Skills:*  
I have to hide inside myself.  
I have to protect myself.  
I can't let people see who/how I really am.  
How can I keep from exposing the real me?

(Women's Research Centre, 1989, p. 111)
Figure 2:2: Recovery: Reversing The Cycle Of Abuse

Exits: Reclaiming Self

**Self-Awareness:**
I value and use my thoughts and feelings.
I can make mistakes; everyone does.
I can learn new things and be flexible.
I appreciate myself.

**Empowerment:**
The abuse was not my fault.
I can shed the guilt and shame: they're his not mine.
I did the best I could as a child living under those conditions.
I'm remarkable for having endured abuse and its consequences.

**Self-Acceptance:**
I know myself.
I like who I am.
I respect myself for having lived through the abuse(s) of my childhood.
I am strong and able to learn and change when I want or need to.
I deserve to be loved and respected by others.

**Clarity:**
I was sexually abused.
I can separate out who I am from what I've thought and felt about myself because of being abused.
I have personal rights.
I have the right to set and enforce boundaries and limits.
I trust my perceptions.
I am much more than a sexual abuse survivor.

**Survival Skills:**
I can be myself to myself and others.
These skills have helped me to survive.
Now I can choose which ones to keep or change and which to put aside.

(Women's Research Centre, 1989, p. 203)
reclaim the self, and the other aspects of reclaiming the self further enhance self-acceptance. Unlike the cycle of recovery, where one event occurs prior to the next one, each aspect of reclaiming the self is not dependent upon any other aspect. However, in order to develop self-awareness, empowerment, clarity, and survival skills, self-acceptance must first occur. Self-acceptance marks the beginning of reversing the cycle of abuse. The person begins to like who she is and realizes that she ought to be respected by others. From there, the person may move onto self-awareness, empowerment, clarity, or survival skills. Self-awareness promotes new discoveries about the self and encourages appreciation of who the person is. Empowerment acknowledges that the person was not responsible for the abuse and celebrates the person’s tenacity to endure life during the time of the sexual abuse and after. Clarity refers to the person’s admission that she was sexually abused. The person has a better sense of rights and boundaries and has developed a more positive sense of self. Survivor skills are the means by which the person maintained her life throughout the sexual abuse and beyond. In recovery, the person has the opportunity to reflect upon these skills and to determine which skills are worth keeping and which need to change.

"Reclaiming The Self" is one way to theorize about the recovery process. "It is a process of making sense of the various ways a survivor has been affected by the abuse and how she has coped with them" (Women's Research Centre, 1989, p. 202).

**Constructivist Self Development Theory.**

Constructivist self development theory (CSDT) is based upon clinical observation and practice, and integrates psychoanalytic, cognitive, developmental, object relations, and social learning theories (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). It was developed in order to understand what characterizes the transformational process of moving from being a victim to becoming a survivor. CSDT defines trauma as an event or an enduring condition where the person has been unable to integrate the experience affectively and/or where the person perceives that his/her life or bodily integrity is threatened. As a result of trauma, the person’s frame of reference, including spiritual beliefs, becomes distorted, he/she no longer perceives a "benevolent inner connection with self and others" (Pearlman & Saakvitne, 1995, p. 60), psychological needs are not met in a mature fashion, there are cognitive distortions, and the memory system is altered (Pearlman & Saakvitne, 1995).

How a person adapts to and perceives the sexual abuse trauma is based upon his/her
personality, temperament, his/her attribution of meaning to trauma, and developmental level (Pearlman & Saakvitne, 1995). "A central premise is that the individual’s early development is central to his current way of experiencing and interacting with self and others" (Pearlman & Saakvitne, 1995, p. 58). Trauma interferes with certain developmental tasks depending upon when the sexual abuse took place, the duration of the sexual abuse, and the number of perpetrators. Achieving developmental milestones is complicated by early onset of sexual abuse (Pearlman & Saakvitne, 1995).

CSDT suggests that recovery from sexual abuse promotes the development of self-capacities (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). Self-capacities refer to a person’s ability to handle and regulate a range of feelings, maintain an inner sense of connection with others, and develop a more positive sense of self (Pearlman & Saakvitne, 1995). CSDT looks at the causal link between childhood sexual abuse and adult symptomatology, explores how the person deals with the memories of trauma, and recognizes the issues of loss, separation, and the need for connection (Pearlman & Saakvitne, 1995).

CSDT describes dissociation and repression as psychological responses which are used to protect a person’s sense of self from being completely consumed by the trauma. In order for recovery to occur, the person needs to develop an empathic understanding of the sexual abuse experience and its impact on childhood with his/her present identity and interpersonal world (Pearlman & Saakvitne, 1995).

CSDT emphasizes integration, meaning, and adaption. Rather than identifying a client as a collection of symptoms, it invites the recognition that each individual is an interactive, complex being striving to survive and to manage a particular set of life circumstances. The theory emphasizes the adaptive function of individual behaviour and beliefs, and the individual’s style of affect management. (p. 55)

CSDT supports the notion of individual differences. "CSDT understands the individual’s adaptation to trauma as an interaction between his personality and personal history and the traumatic event(s) and its context, within the social and cultural contexts for the event and its aftermath" (Pearlman & Saakvitne, 1995, p. 57). It also believes that people are influenced by factors outside of their awareness. The person’s symptomatology is seen as being adaptive in nature.

A trauma’s survivor’s symptoms reflect the unique manifestations of his
psychological needs and resources in the context of his past and current life conditions. Symptoms reflect the adaptive response of each individual to the demands of a traumatic experience; thus, in every symptom is a solution, something life affirming and protective of self and relationships. (p. 46)

Further, CSDT upholds the belief that the body experience is central to the recovery process. "The recognition that the body is the avenue of experience, that affect is experienced in and through the body, that need and desire are experienced in the body leads to the understanding that sexual trauma is experienced and encoded somatically" (Pearlman & Saakvitne, 1995, p. 46). Recovery seeks to make explicit aspects of the self which were formerly hidden, repressed, dissociated or forgotten (Pearlman & Saakvitne, 1995).

Each person's experience of recovery is unique. The meaning of recovery continues to change with each new event that a young woman encounters and integrates into her own belief system. The person's frame of reference, which includes his/her world view, identity and spirituality, is the basis for how the person makes meaning out of the experience. The world view refers to the person's philosophy, moral principles, general attitudes towards people, and how benevolent or malevolent the world is, how just life is, and the randomness or predictability of life (Janoff-Bulman, 1992; Pearlman & Saakvitne, 1995). Identity is the person's sense of self over time, in different situations and relationships, and in different emotional, psychological, and cognitive conditions with the self and others.

Spirituality can be described as being the place where identity and world view meet. It provides an avenue to explain an otherwise elusive part of one's experience. It gives meaning about how the self relates to the universe. "It has four components: orientation to the future and sense of meaning in life, awareness of all aspects of life, relation to the nonmaterial aspects of existence, and sense of connection with something beyond oneself" (Pearlman & Saakvitne, 1995, p. 63). The spiritual connection may be with a god, a higher power, nature, or some type of lifeforce.

Pearlman and Saakvitne (1995) have identified five psychological needs of a person, which are "safety, trust/dependency, esteem, intimacy, and control" (p. 68). Safety refers to the person's need to feel secure and protected from harm. Trust/dependency issues include being able to trust one's own perceptions as well as believing that others will meet the person's emotional, psychological, and physical needs. Esteem is the ability to value both oneself and others. Self-
intimacy refers to self-care, self-respect, and how a person responds to spending time alone. Control includes the ability to be in charge of one's own feelings, thoughts, and behaviours, as well as the desire to control others.

CSDT is a useful theoretical framework for understanding what the experience of recovery is. It takes into account the psychological, emotional, and spiritual transformations which are all part of the lived experience of recovery.

**Empirical Studies On Recovery**

Finding empirical studies on recovery was a challenging task. One of the few studies appears to be that of Kendall-Tackett, Williams, and Finklehor (1993), who examined longitudinal studies of lasting effects of sexual abuse and factors which contribute to recovery. Factors which appear to contribute to the success of recovery include the (1) duration and the severity of the abuse (Friedrich, 1986; Laviola, 1992; Peters, 1984), (2) mother/daughter relationship (Dadds, Smith, and Webber, 1991); (3) internal attributions of the sexual abuse (Briere, 1992a), (4) extent of emotional bonding with the perpetrator, and (5) willingness to change (SARA, 1990).

The more physically or emotionally threatened the person felt by the perpetrator, the more difficult it is to begin recovery. As well, sexual abuse that only occurred once or a few times generally makes less of an impact on a person than long-term sexual abuse (Kendall-Tackett, et al., 1993). People who were abused repeatedly over several years and/or were abused by more than one perpetrator seem to need the longest recovery time (Engel, 1989).

The more emotionally supportive the mother/daughter relationship was at the time of the sexual abuse and after the disclosure, the less symptomatic the person is (Kendall-Tackett, et al., 1993). The person feels connection and support with the mother, and her perspective on the sexual abuse transforms quickly. The amount of emotional support the person has is also important. Support may include the non-abusive parent(s), significant family members, friends, the therapist, and a support group whose members deal with the lasting effects of sexual abuse.

The internal attributions are another factor in recovery. The less distorted or twisted the person’s cognitions become, the more successful the process of recovery is. How open and honest the person is about the abuse is another significant factor (Engel, 1989; SARA, 1990).

Reconnecting an individual’s affective, physical, kinesthetic, interpersonal, and assumptive experience to a context lays the foundation for the creation of personal narrative. The creation of narrative allows an individual to locate and experience himself in
the continuum of time, self, and relationships. (Pearlman & Saakvitne, 1995, p. 74)

**Stage Models of Recovery**

Stage models of recovery are yet another way to conceptualize the experience of recovery, incorporating both theoretical premises and empirical research. This section will present six different models of recovery. The first model, developed by Swink & Leveille (1986), is based upon working with and researching adult survivors of sexual abuse. It is written for helping professionals. The second model, presented by Bass and Davis (1988), offers both personal accounts as well other adult female survivors' accounts of recovery. Bass is a writer and Davis is an adult survivor of sexual abuse. This model presents a self-help guide to recovery. The third model, developed by Engel (1989) who is a therapist, is also written to be used as a self-help guide to recovery. Fourth, Herman (1992), a psychiatrist and a noted scholar in the field of trauma and recovery, presents a theoretical stage model of recovery for helping professionals. Fifth, Matsakis (1992), who is a therapist and a researcher, presents a self-help stage model on psychological trauma. Finally, Kritsberg (1993), who is both a therapist and an author who has written a variety of self-help books on recovery from alcoholism, presents a stage model on recovery from sexual abuse. A table (Table 2:2) comparing the different models is provided.

1. **Swink and Leveille's Model of Recovery**

   In their work with women survivors of childhood sexual abuse, Swink and Leveille (1986) have observed seven stages in the process of recovery. They are (1) disclosing the secret, (2) relinquishing the guilt, (3) catharsis, (4) orphanization, (5) reintegration, (6) confronting family members, and (7) creating a new self (see Table 2:2).

   Disclosing the secret is the first stage. Disclosing the secret means coming to terms with the sexual abuse without minimizing or denying its impact. Relinquishing the guilt is the second stage. Telling the story about the sexual abuse helps to alleviate the guilt. It is during this stage that the person struggles with questions such as "Who am I?" and "Where do I fit in?". The third stage is catharsis. This is when the person comes to terms with the reality that sexual abuse did occur and that he/she is not responsible for the abuse. A wide range of emotions occurs at this point, including anger, betrayal, rage, and sadness. Catharsis leads to development of the self (Swink & Leveille, 1986). The fourth stage is orphanization which refers to the process of distancing oneself from dysfunctional patterns in the family and no longer remaining the scapegoat or being manipulated. This may mean separating oneself completely from one's family.
Reintegration is the fifth stage. The person seeks support, nurturance, and guidance in healthy relationships. The sixth stage is confronting family members. The purpose of any type of direct confrontation between the person and the perpetrator is to break the secrecy, denial and manipulation surrounding the abuse and to give the person an opportunity to finally gain some control over the situation; not to seek an admission of guilt or an apology from the perpetrator. Letting the non-offending parent and any siblings know about the sexual abuse hinders the opportunity for further family secrets. The final stage of recovery is creating a new self. A new self is created as a result of self-acceptance, self-confidence, positive self-worth, and assertiveness (Swink & Leveille, 1986).

Swink and Leveille's (1986) model of recovery is based upon clinical observations from co-leading women survivor groups for a number of years. Although they claim that they have dismissed traditional theories and approaches, they really do not say how they replaced them. Further, they do not indicate how long recovery takes or what some of the behavioural or emotional indicators of recovery are. While they acknowledge that recovery is not easy, they fail to adequately address the challenging process of recovery.

**Bass' And Davis' Model of Recovery**

Ellen Bass and Laura Davis (1988) believe that recovery is not a random series of events but has distinct stages and can be viewed as being on a continuum:

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. (p. 57)

At the same time, it is not linear, but spiral: "...You can go through the same stages again and again; but travelling up the spiral, you pass through them at a different level with a different perspective" (Bass & Davis, 1988, p. 59).

Their model includes the following stages: (1) the decision to heal, (2) the emergency stage, (3) remembering, (4) believing it happened, (5) breaking the silence, (6) understanding it wasn't your fault, (7) making contact with the child within, (8) trusting yourself, (9) grieving and mourning, (10) anger, (11) disclosures and confrontations, (12) forgiveness, (13) spirituality, and (14) resolution and moving on (Bass & Davis, 1988) (see Table 2:2). The authors state that while most of these stages are essential to the recovery process, some will not be applicable to every person. The emergency stage, remembering the abuse, confronting the family, and forgiveness are
Table 2.2: Comparing Different Stage Models of Recovery

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<td>relinquishing guilt</td>
<td>understanding it wasn’t your fault</td>
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<td>remembering &amp; mourning</td>
<td>emotional (feel the feeling)</td>
<td>active healing</td>
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<td>catharsis</td>
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<td>confronting abuse</td>
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<td>confronting</td>
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<td>creating new self</td>
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not always necessary. Bass and Davis (1988) observe that some people do not experience complete turmoil when they begin the recovery process. They also contend that while some people will not have memories of being abused, they intuitively know the abuse occurred. They further suggest that confronting the family is not always wise or recommended, and that while forgiveness of others is not necessary, it is important to forgive oneself (Bass & Davis, 1988). This model is often one with which survivors, who are seeking some type of self-help, come into contact and use. The model is easy to read and understand and seeks to help the survivor feel somewhat more at ease and less apprehensive with the notion that recovery is possible.

The decision to heal involves making a commitment to doing something different with oneself. The emergency stage refers to a sense of chaos that a person may experience when first confronting the abuse. Remembering is becoming in touch with the memories which the person may have previously ignored or denied. Breaking silence occurs when a person tells someone else about what happened as a child. Understanding it wasn’t your fault refers to the process of the person no longer carrying the blame for the abuse, and instead, puts the blame onto the perpetrator. Making contact with the child within is learning how to develop self-awareness. Trusting yourself is when the person begins to develop personal intuition and is more willing to become self-reliant. Grieving and mourning is the stage which acknowledges the losses which accrued as a result of the sexual abuse. Anger is described as the backbone of healing because it frees the person from the confinements of the past. Disclosures and confrontations provide opportunities to challenge the perpetrator and/or others who were involved with the sexual abuse. Forgiveness considers the need to forgive oneself and the possibility of forgiving the perpetrator. Spirituality explores the possibility of considering a higher power in one’s life. Resolution and moving on describe the process of integration as the person moves through these stages, possibly again and again. The person has new resources and is able to move on from the sexual abuse (Bass & Davis, 1988).

**Engel’s Model Of Recovery**

Through her extensive work with adult survivors, Engel (1989) has observed that the recovery process consists of seven steps. These steps are (1) facing the truth, (2) releasing anger, (3) confronting the abuse, (4) resolving relationships, (5) rediscovering the self, (6) self-care, and (7) forgiving oneself (see Table 2:2). Engel (1989) argues that facing the truth and breaking the silence are vital. It is of utmost importance that a person tells the truth about what really
happened. The person has to face the truth that the sexual abuse did happen and that it has lasting effects. Without facing the truth, the person remains controlled by the abuse (Engel, 1989).

Releasing the anger is the next important step. Anger towards the perpetrator and to other people who were not willing to protect the child victim needs to be managed in such a way that a person will gain strength and vitality through dealing with anger constructively. The release of anger is crucial, because unexpressed anger turns inward, making the person feel guilty, inadequate, and worthless. Releasing the anger has many benefits which include improving one's self-esteem, having hope, releasing physical tension, having freedom to experience feelings of pleasure, love and joy, gaining personal power, becoming an independent person, improving one's personal relationships, affirming one's innocence, and becoming a survivor rather than a victim. However, releasing anger is often very fearful. The person is sometimes afraid of retaliation, of hurting someone else, or of becoming a perpetrator (Engel, 1989).

Confrontation and resolving personal relationships are two other important steps in recovery. Confrontation is a way to resolve relationships which have given a person difficulty, including relationships with perpetrators, the non-offending parent(s), other relatives, and friends. Engel (1989) provides guidelines on how to do confrontations. Resolving relationships gives the person the opportunity to determine which relationships are healthy and worth maintaining, and which relationships need to be terminated. The person is then ready to make the necessary changes (Engel, 1989).

Rediscovering the self is the next vital step along the path to recovery. Self-discovery involves developing one's own set of values, beliefs, priorities, and feelings separate from one's family. Self-care is learning how to attend to one's own personal needs. This includes learning how to value and respect oneself, nurture oneself, express one's own feelings and opinions, make one's own decisions, and trust oneself. Forgiving oneself is also necessary. Forgiving involves absolving one's body for how it reacted to the abuse and prevents further personal blame for the sexual abuse (Engel, 1989).

Engel's (1989) model offers a self-help guide to recovery from sexual abuse. This model is based upon her own personal journey of recovery from sexual abuse and her group work with adult female survivors.
(4) Herman's Model Of Recovery

Herman (1992) divides recovery into three stages which are (1) safety, (2) remembrance and mourning, and (3) reconnection (see Table 2:2). The whole purpose of recovery is to restore power and control to the survivor. To do that, safety must first occur. Safety happens when the survivor gains control over his/her body. This includes meeting one's basic health needs, getting enough sleep, eating well, exercising, and feeling in control. Control over the environment includes living in a safe place, having financial security, and developing a self-protection plan. Social support is another vital safety component (Herman, 1992).

Once the person has developed a sense of safety, he/she can move to the second stage of recovery, which is remembrance and mourning. Transition from the first to the second stage of recovery is gradual:

Little by little, the traumatized person regains some rudimentary sense of safety, or at least predictability, in her life. She finds, once again, that she can count on herself and on others. Though she may be far more wary and less trusting than she was before the trauma, and though she may still avoid intimacy, she no longer feels completely vulnerable or isolated. (Herman, 1992, p. 174)

While Herman (1992) points out that recovery is not a linear process and that the person may take a break and do other things in his/her life for a while, the memory of the trauma will return and demand attention. It is during the second stage of recovery that the person tells the story of the trauma so as to integrate it into his/her own personal life experience. In telling the story, the meaning of the trauma is also explored.

"The traumatic event challenges an ordinary person to become a theologian, a philosopher, and a jurist" (Herman, 1992, p. 178). The survivor is called upon to articulate the values and beliefs that she once held and that the trauma destroyed. The person has to reconstruct the story so as to give the trauma meaning.

Mourning occurs as the story is processed. It is a task which is both very necessary and dreaded. It is necessary because the person needs to fully explore the losses and betrayal that occurred because of the sexual abuse. Mourning is a dreaded activity because often the pain is overwhelming.

Survivors of chronic childhood trauma face the task of grieving not only for what was lost but also for what was never theirs to lose. The childhood that was stolen from them is
irreplaceable. They must mourn the loss of the foundation of basic trust, the belief in a good parent. As they come to recognize that they were not responsible for their fate, they confront the existential despair that they could not face in childhood. (Herman, 1992, p. 193)

This stage of recovery has a timeless quality about it that can be very frightening. However, a time will come when the telling of the trauma will not bring about such intense feeling. The trauma will become a part of the person's life experience and will become a memory, like any other memory. "It occurs to the survivor that perhaps the trauma is not the most important, or even the most interesting, part of her life story" (Herman, 1992, p. 195).

Reconnection is the final stage of recovery. This occurs as the person becomes less focused on the trauma and more focused on what lies ahead. The person develops new hope and energy. Time moves forward once again. The person is able to rebuild his/her life in the present and can think about the future. Herman (1992) compares reconnection to the process of immigration. The person needs to build a new life which is completely different than the previous one. There is both great wonder and uncertainty about the freedom involved (Herman, 1992).

It is during the third stage that the person comes to terms with being a victim and is fully aware of the effects of victimization. The person is now ready to experience and maintain power and control in his/her life. This stage involves participating in disciplined challenges to fear, such as enrolling in self-defense courses or going on a planned wilderness trip. "These chosen experiences offer an opportunity to restructure the survivor's maladaptive social responses as well as her physiological and psychological responses to fear" (Herman, 1992, p. 198). While keeping in mind that the perpetrator is responsible for the sexual abuse of the past, the person can now explore ways to prevent further victimization (Herman, 1992).

Confronting the perpetrator and/or disclosing to non-offending family members may be another important part of this stage of recovery, but only when they are timed correctly and planned for by the person. The person needs to have complete control over the situation, and be able to talk about his/her experience without the fear of retaliation. "The power of the disclosure rests in the act of telling the truth; how the family responds is immaterial" (Herman, 1992, p. 200). Reconciling with oneself is also important. This often involves letting go of living on the edge, refraining from jumping from crisis to crisis, and learning how to live a more peaceful day-to-day life. "From a position of increased power in her present life, the survivor comes to a
deeper recognition of her powerlessness in the traumatic situation and thus to a greater appreciation of her own adaptive resources” (Herman, 1992, p. 204). The person begins to appreciate his/her own unique strengths and wants to connect with others. This comes about as the person learns how to develop appropriate trust and knows when and when not to trust others. Issues of intimacy and identity become important.

Herman’s (1992) model of recovery provides a thorough exploration of what recovery entails and the many different tasks which the person needs to do. She delineates the developmental aspects of recovery, and emphasizes that unless the previous tasks are accomplished, the person cannot successfully complete the next task. As well, Herman (1992) addresses the possibility that recovery is an on-going process.

(5) Matsakis' Model Of Recovery

Matsakis (1992) believes that healing consists of three stages. The first is the cognitive stage, when the trauma is remembered and reconstructed mentally. The second is the emotional stage when the person is able to feel the feelings associated with the trauma. Finally, the third is the mastery stage when the person experiences empowerment, and finds meaning in the trauma so that he/she can move from a victim to a survivor stance (Matsakis, 1992) (see Table 2:2). Matsakis (1992) cautions that the healing stages do not necessarily follow any particular order, but will depend upon the person's unique experience. She also claims that healing is a lifelong process. While some people want to get the trauma resolved as quickly as possible, Matsakis (1992) recommends dealing with the trauma in doses. It is not necessary to deal with all aspects of healing all the time.

Matsakis' (1992) notion of recovery was developed to be applicable to all types of psychological trauma. This is another example of a self-help resource. She uses many examples to illustrate the different stages.

(6) Kritsberg's Model Of Recovery

Kritsberg (1993) has three stages of recovery: (1) discovery, (2) active healing, and (3) integration (see Table 2:2). Discovery involves putting the pieces of the puzzle together from childhood. There will be times when a person will not believe that the abuse ever happened and other times where the person will think that he/she is going crazy. Gradually, however, the person will begin to accept that sexual abuse occurred. Kritsberg (1993) akins this phase to riding an emotional roller coaster. Denial and resistance are common elements during this phase.
The active healing stage takes place once the person becomes less focused on whether he/she was abused, and puts more energy into what he/she can do to heal. Active healing provides the person with the opportunity to know him/herself in a new way.

The work of active healing involves releasing those pent-up emotions associated with the abuse, finding personal boundaries, and learning self-nurturance. Each survivor has a personal blend of issues to work through; these issues often include sexual intimacy, risk-taking, and simple physical health. At this stage the previously frantic search for healing becomes calmer and more stable. (Kritsberg, 1993, p. 79)

Active healing involves a commitment to wrestling with the lasting effects of sexual abuse. It occurs when the person is involved in therapy or goes to a support group. While active healing is an internal process, a support group is important as group members can validate the abuse experience and encourage recovery. A support group may facilitate the possibility for the person to work through the many emotions associated with the abuse, build personal boundaries, and learn self-nurturance. As recovery continues, feelings of hopelessness and helplessness will diminish and relationships will improve, along with the desire to become more involved in other activities and experiences. Sexual abuse will no longer be the predominant issue in the person’s life (Kritsberg, 1993).

"Integration is a most gratifying stage of recovery. It is the point at which survivors can actively recognize (and marvel at) the healing that has taken place" (Kritsberg, 1993, p. 80). Accompanying integration is a great sense of freedom. The abuse no longer controls one's feelings and actions. The pain associated with the sexual abuse diminishes dramatically. Integration allows the person to reclaim feelings, history, and personal power by confronting the past (Kritsberg, 1993).

Kritsberg (1993) also provides a self-help perspective. The reader is encouraged that recovery is indeed possible.

**Summary**

While each model presents the stages of recovery from a unique perspective, all the models have certain key issues in common (see Table 2:2). The first task is coming to terms with being sexually abused, which is referred to in the models as disclosing the secret (Swink & Leveille, 1986), decision to heal, emergency stage, remembering it happened, and breaking silence (Bass &
Davis, 1988), facing the truth (Engel, 1989), safety (Herman, 1992), remembering the trauma (Matsakis, 1992), and discovery (Kritsberg, 1993).

The second set of tasks can be referred to as active healing (Kritsberg, 1993). These tasks include relinquishing guilt, catharsis, orphanization, reintegration, and confrontation (Swink & Leveille, 1986). They also include the victim’s understanding that it was not his/her fault, inner child work, trusting the self, grieving and mourning, anger, and disclosures and confrontations (Bass & Davis, 1988). Other tasks include releasing the anger, confronting the abuse, and resolving relationships (Engel, 1989). Herman (1992) refers to this stage as remembrance and mourning, while Matsakis (1992) calls this the emotional stage because it is during this stage that the person deals with the feelings around the sexual abuse.

The last phase can be depicted as reconnection (Herman, 1992), mastery (Matsakis, 1992) or integration (Kritsberg, 1993). Swink and Leveille (1986) call this phase creating a new self, while Bass and Davis (1988) refer to this phase as forgiveness, spirituality, and resolution and moving on. Engel (1989) divides this phase into three main tasks: (1) rediscovering the self, (2) self-care, and (3) forgiving self. During this phase, the person integrates the experiences of the past, moves on to life in the present, and makes plans for the future.

All the models confirm that recovery is a non-linear process and that there can be starts and stops. As well, each model emphasizes that recovery takes time and commitment (Bass & Davis, 1986; Engel, 1989; Herman, 1992; Kritsberg, 1993; Matsakis, 1992; Swink & Leveille, 1986).
CHAPTER III: 
METHODOLOGY

Introduction

The intention of this study was to explore the lived experience of recovery for young adult women who have been sexually abused. Phenomenology was deemed to be the most appropriate methodology because its purpose is to explore how a person has lived through and has made meaning of a specific phenomenon (Karlsson, 1993; Sutherland, 1993; Van Manen, 1990). This chapter will first elaborate on the philosophical tenets of phenomenology as methodology, the study design will be discussed, and then the procedure will be explained.

Philosophical Tenets Of Phenomenology As Methodology

Phenomenology is the study of experience in the every day life of a person (Giorgi, 1985b). It seeks to answer what and how, instead of why. The phenomenological descriptive level: "...traces out the structure, or the essential constituents, entailed in the experience, i.e., the logos of the phenomenon" (Karlsson, 1993, p. 14).

Phenomenology has its roots in philosophy. It was adapted by the field of psychology and began to be used as a method to study human experience in reaction to scientific positivism which sought to investigate human behaviour but was unable to explore the human experience behind the behaviour (Colaizzi, 1978; Giorgi, 1985b; Polkinghorne, 1989; Valle, King, & Halling, 1989). Phenomenology explores the lived experience of a 'person', not an 'individual', which is a biological term, or 'subject'; a term used in quantitative literature (Van Manen, 1990). The term 'person' is used because it reflects and values the uniqueness of each human being, and fits into the philosophical framework of phenomenology. "[P]henomenology is, in a broad sense, a philosophy or theory of the unique; it is interested in what is essentially not replaceable" (Van Manen, 1990, p. 7).

Phenomenology as methodology continues to be refined and developed. Various names have been given to this methodology including phenomenological psychology (Valle, King, & Halling, 1989) and hermeneutic phenomenology (Van Manen, 1990).

Phenomenology does not adhere to one hypothesis, instead, it strives to be as open as possible to the data, in order to discover what "there is". It focuses on the experience of the phenomenon in question, and traces out the structure within the experience. Phenomenological research begins with the lifeworld of the person. The lifeworld, according to Van Manen (1990),
is the natural attitude of every day life, which is original, pre-reflective, and pre-theoretical in nature. "We might say that hermeneutic phenomenology is a philosophy of the personal, the individual, which we pursue against the background of an understanding of the evasive character of the *logos* of *other*, the whole, the *communal*, or the *social*" (Van Manen, 1990, p. 7).

Phenomenology seeks to gain insightful descriptions of the way in which people experience the world without taking the experience and putting it into classifications or taxonomies. It also permits more direct contact with the experience (Polkinghorne, 1989; Van Manen, 1990).

Phenomenology systematically uncovers and describes the structures and the internal meaning of the structures of the lived experience. It is not concerned with the facts of the event, but with the essence or the experience of the event, and how the person gives meaning to it. Phenomenology describes these meanings, gives them depth and richness, and "...attempts to explicate the meanings as we live them in our every day existence, our lifeworld" (Van Manen, 1990, p. 11).

Phenomenological research is (1) the attentive practice of thoughtfulness, (2) a search for what it means to be human, and (3) a poetizing activity. Thoughtfulness in phenomenology involves a mindful, heedful wondering of what it means to live a life so that the human struggle can be better understood. In searching for what it means to be human, phenomenology explores how a person has experienced and has made meaning out of a particular phenomenon. It is poetizing because the original experience has been carefully thought about and language used in writing about the experience is that of the person (Van Manen, 1990).

Creating a phenomenological text is the intent of the research process. The nature of phenomenological writing is to describe and edify an experience using anecdotes as a way to deepen the significance of the lived experience. The description becomes powerful when it significantly reflects the experience of the phenomenon itself. Writing about the phenomenon fixes major thoughts and concepts on paper and serves to objectify the lived experience. Phenomenological writing requires a certain style which is unlike other techniques because it requires responsive reading. What is said *in* and *through* the words is significant. Writing also demands rewriting so that the parts and the whole come together in such a way that there is great insight and sensitivity to the phenomenon being studied (Van Manen, 1990).

Maintaining a strong and oriented relation to the phenomenon is also crucial. "Whereas hermeneutic phenomenology has often been discussed as a "mere" descriptive or interpretive
methodology, it is also a critical philosophy of action" (Van Manen, 1990, p. 154). The researcher develops situational perceptiveness, discernment, and profound understanding. The process of this thoughtful learning leads to new ways to reckon with the phenomenon being studied. The theory of the unique is then developed (Van Manen, 1990).

**Research Design**

The research design includes the interview structure and the bracketed presuppositions.

**The Interview Structure**

Making contact with the phenomenon is the most direct way to understand the lived experience of what is being studied. This can be done by requesting a person to write a description of the phenomenon or by interviewing the person. Of the two, the interview is recommended because it provides a rich opportunity to explore and gather the necessary material to gain a profound understanding of the phenomenon. The researcher remains in close contact to what is being explored (Van Manen, 1990).

The interview needs to be largely unstructured and open-ended so as to not prejude or contaminate the data. It is designed to explore the person's feelings, perceptions, expectations, yearnings, and beliefs about the lived experience of recovery (Satir, Banmen, Gerber, & Gomori, 1991). Active listening and process questions (Satir, et al., 1991) are used so that the meaning and significance of the lived experience can be fully understood. The nuances of the phenomenon and the unique story of each person are carefully examined (Polkinghorne, 1989; Van Manen, 1990). Using an interview format provides the researcher with the opportunity to clarify anything which may not be understood at first. The content of the interview is discussed in more detail in the data collection section.

**Bracketed Presuppositions**

Bracketed presuppositions refer to the task of self-reflection where the researcher determines and acknowledges the assumptions and hypotheses which he or she may have prior to conducting the research (Sutherland, 1993; Valle et al., 1989). A crucial aspect of doing a phenomenological study, which is often overlooked, is delineating what the researcher's approach to the data is. "Phenomenology has emphasized the perspectival and relational nature of human experience, and much of human science research has been conducted with an open acknowledgement of the inseparability of researcher and research results." (Walsh, 1995, pp. 333-334). Approach is the term used in reference to the relationship between the researcher's
Bracketing is an on-going process throughout the data analysis as well. Through this task, the researcher’s implicit perceptions and beliefs about the phenomenon are made more explicit to reduce distortions or biases in the data analysis. It is important to make the implicit as explicit as possible and for the researcher to constantly be aware of, recognize, and process his/her presuppositions. "The task of the human science researcher is to document implicit aspects of the approach through which a phenomenon was understood" (Walsh, 1995, p. 336).

I have decided to discuss bracketing for this study in the first person in order to clarify my presuppositions and so that I can communicate more personally with the reader.

I have many roles which I fulfil in my daily life. I am a wife, a mother, a therapist, a student, and a woman who has been interested in the field of sexual abuse and recovery for a long time. As a wife and mother, my main interests are how to maintain a marriage and a family free of any form of abuse and how to protect my own children from being abused or exploited in their own lives. These ideals are very important to me, which played a significant factor in choosing my career path. However, the ideals and the realities of the world in which we live are often in conflict, and as much as I want to protect my own children, I realize that I also need to make sure that they have the skills to protect themselves. This study helped me to realize the tenacity of the human spirit and to promote the principles of self-responsibility and resilience in my own family.

As a therapist, I have worked in the field of sexual abuse and related trauma for over ten years. I have worked with sexually abused children, adolescents, and adults, and have often wondered what contributes to the experience of recovery. I have observed that some people have been able to resolve their trauma and move on with their lives, while others seem to be stuck and struggle to make sense of what happened to them. I decided to do this study so that I could learn more about what contributes to the experience of recovery and so that I could use what I have learned in doing therapy.

As a student, studying some aspect of sexual abuse has been a constant goal. My focus shifted to the study of recovery from sexual abuse because it is my belief that much of the present research focuses on the traumatic nature of sexual abuse but not on recovery. I would like this study to provide both some insight on the process of recovery and a sense of hope. I believe that recovery is possible. Recovery is a result of rebuilding one's inner world and making new contacts with the external world. People who seem to experience recovery have a good sense of
who they are, have developed positive self-esteem, and are future-oriented. As well, I believe that recovery is time-consuming and often has many starts and stops. For me, recovery means being able to move from a position of confusion, depression, and anxiety to a position of healing and wholeness.

As a woman who is committed to bringing about awareness about the devastating effects of sexual abuse and the possibility of recovery, I believed it was necessary to provide an opportunity for others to tell their stories of recovery. I wanted to study young adult women because this age group has always had a certain appeal to me. I enjoy working with this age group because these women often seem to have a unique perspective of the world and a creative spirit. They are in the process of discovery about who they are and where they want to go and I enjoy participating in both their excitement and their pain.

I believe that the lived experience of recovery is a process which evolves over time. The person moves from a place of numbness and confusion to a place of acceptance and can move on in her life. I also believe that the lived experience of recovery has no final endpoint. It may no longer have the same importance in the person's life as it did while she was in therapy, but she never forgets that she was sexually abused and there are on-going lasting effects from the sexual abuse that can only be resolved as the person moves on in the lived experience.

**Procedure**

This section delineates the (1) selection of participants, (2) data collection, (3) data analysis, (4) time frame of the study, (5) ethical considerations, (6) limitations of the study, and (7) investigator triangulation.

**Selection Of Participants**

Nine people participated in this study. Seven people responded to a letter of recruitment (see Appendix A) posted in several counselling agencies in the lower mainland of British Columbia and two were recruited by fellow participants. Each person first contacted the researcher by phone, the researcher then determined whether the person was eligible for the study by asking several questions (see Appendix B), and if the person met the criteria, an appointment was scheduled for the first interview.

In order to participate, the person had to be between the ages of 16 and 25, had to have been sexually abused by a family member prior to the age of 12, had been in therapy for a minimum of six months where working on the sexual abuse was the primary focus, and be able to
talk about her experience of recovery. All the women fit into the age category, with the average age being 22. Family member was loosely defined so that it included common-law relationships, extended family members, and people who became like family, such as foster children. In this study, family members who were perpetrators included biological and adoptive parents, uncles, cousins, brothers, foster brothers, and step-brothers. This provided an opportunity to explore whether some relationships were more potent than others.

Each person participated in some type of therapy where childhood sexual abuse was a primary focus. All the women had been in individual therapy for a period of at least six months. As well, eight had participated in group therapy led by a qualified therapist and four had participated in self-help groups run by peers. Two had also been hospitalized on psychiatric wards because they were high suicidal risks. At the time of the first interview, two were still in individual therapy, and one was in group therapy.

By the ninth interview, the redundancy of information and saturation of themes became evident (Lincoln & Guba, 1985; Sutherland, 1993). Saturation means that (1) no new or relevant data emerged with respect to a theme, (2) the theme development accounted for variations, and (3) the relationships between the themes were well established (Strauss & Corbin, 1990; Sutherland, 1993). The saturation of themes indicated that no further recruitment of women was necessary.

Data Collection

Data collection, from a phenomenological perspective, generally involves interviewing people about the lived experience being studied. The data for the study on the lived experience of recovery from sexual abuse for young adult women were collected over a series of four interviews. The study took place over a period of 20 months.

The researcher started the first interview by asking the woman to sign a consent form indicating that she would participate in the study (see Appendix C/D). An opening statement was then read (see Appendix E). The statement provided the woman with some background to the study and addressed the issue of confidentiality. She was also told that she could withdraw from the study at any time. The interview began with the question: "Can you think about a time when you began to deal with the sexual abuse and all that surrounded it in a way or ways that you found helpful?" (see Appendix E). The response then led to other questions. Although the researcher had made a tentative outline of possible questions that could pertain to the lived experience of recovery, based upon the literature review on the lasting effects of
sexual abuse and recovery, these questions were not strictly adhered to, nor was a time limit set on
the length of the interview. The interview format and the use of process questions (see Appendix
E; Satir et al., 1991) enhanced the interview as needed. The average length of the interview was
between 90 minutes to two hours. This interview was audiotaped and later transcribed.

Once the first interview was transcribed, it was broken down into meaning units. Each
meaning unit was a complete thought or idea expressed by the participant. The meaning units were
then rewritten from the perspective of how they contributed to the understanding of the lived
experience of recovery. This procedure is called transforming the meaning units. The second
interview took place after the participant had received a copy of her transcript, the meaning units,
and the transformed meaning units. This interview was designed to clarify any information which
was ambiguous from the first interview and to ensure that the transformed meaning units reflected
the person’s own experience of recovery. This interview was between 60-90 minutes in length.
Notes were taken by the researcher. Often, the participant had also made some written notes which
she shared with the researcher.

The third interview was arranged after the woman had received a copy of her individual
structure. The individual structure is the person’s story of recovery written from a
phenomenological perspective. The interview was designed to go over the individual structure and
to ensure that the individual structure accurately reflected her experience of recovery. Notes were
taken by the researcher. This interview lasted between 60-90 minutes.

The fourth and final interview took place after the participant had time to read through the
general structure of the lived experience of recovery for young adult women. The general structure
focuses on the common story of all the participants’ lived experience of recovery. An interview
format (see Appendix F) was used and the participant was asked to discuss her reaction to the
general structure and to comment upon her involvement in the study. This interview was audio-
taped. The interview lasted about an hour. Time was left at the end of the interview to thank the
participant and to have some type of closure.

The interview format was used because it best replicates every day discourse and permits
the person to freely describe the lived experience of recovery in her own terms and at her own
speed (Sutherland, 1993). At all times, the researcher sought to demonstrate empathy, respect,
and consideration towards the woman, both verbally and non-verbally. The emotional well-being
of the person was a primary focus. Any discomfort, either verbal or non-verbal, was noted by the
researcher and immediately explored. In one situation, the woman requested that certain information not be included in the final transcript or subsequent analysis, and this request was followed. Any presuppositions the researcher had about recovery were put aside, through bracketing, during the interviews and the data analysis. The person was given a choice of where the interviews were conducted. Some were held at the researcher's office, while others were held in the person's home. In all cases, the researcher sought to insure that the venue was safe for the person, that confidentiality would be maintained, and that there would be no interruptions during the interview process.

**Data Analysis**

The lived experience of recovery from sexual abuse for young adult women has not been well developed in the literature to date. To get to the essence of the experience of recovery, phenomenology was the method of choice. Procedures for conducting data analysis used the format developed by Karlsson (1993) and consisted of the following steps:

1. Transcribe the interview: both the initial and final interviews are transcribed.

2. Divide the transcript into meaning units: the transcript is read and re-read until the researcher develops an understanding of how the person has experienced recovery. Then, the researcher breaks down the transcript into meaning units. Each meaning unit is designed to reflect one aspect of the person's story of the lived experience of recovery (Karlsson, 1993). Example:

   jo: Can you think about a time that you started to deal with the sexual abuse and all that surrounded it in a way or ways that you found helpful?

   ja: That was when I was in the hospital. I was in Children's Hospital for two months at the psychiatric ward there.

   This was divided into the following meaning units:

   That was when I was in the hospital. (001)

   I was in Children's Hospital for two months at the psychiatric ward there. (002)

3. Transform the meaning units: Each meaning unit is transformed and re-written to reflect how it pertains to the lived experience of recovery from sexual abuse for young adult women. Transformed meaning units make the implicit explicit. A comment is written following each transformed meaning unit (Karlsson, 1993). Example:

   (001) **Transformed meaning unit:** It was while S was in the hospital that she first realized she could do something different about the sexual abuse instead of putting herself
in physical and emotional harm.

**comment:** S started her journey of recovery while she was in the hospital.

(002) **Transformed meaning unit:** The lived experience of recovery may include time spent in a psychiatric hospital.

**comment:** Recovery first began during a two month stay in an adolescent psychiatric ward.

(4) write the individual structure: the person's story is re-written based upon the transformed meaning units (Karlsson, 1993) which are grouped into clusters of themes. In re-writing the person's story, the researcher asks: "What is essential to this person's experience of recovery and how are these themes reflected in her transcript?" (Sutherland, 1993). In re-telling the story, the emphasis is on the person's story of the lived experience of recovery. Example:

Jade decided to begin the recovery when she was hospitalized in a psychiatric ward for two months. "And that's when I started understanding why I was doing this and why these things were going through my mind and everything". Jade was hospitalized after making a serious suicide attempt. The twenty-four hour care she received in the hospital helped her to come to terms with the circumstances which led up to the suicide attempt. While in the adolescent psychiatric unit, Jade started to develop a sense of worth. "And that is when I actually began to like myself". She also began to discover alternatives to her self-destructive behaviour and decided that suicide would no longer be an option for her. Life was now important, "And I now have the will to live". (from Jade's individual structure)

An example of an individual structure is found in Appendix G.

(5) write the general structure: After all the individual structures are written, the researcher writes the general structure. The researcher becomes reimmersed in the original data, contemplates the clusters of themes which have already been developed and then, integrates them in such a way so as to develop a comprehensive description of the phenomenon of recovery. It is necessary to demonstrate the connection between the description of the experience and the illumination of this experience by the researcher. The general structure is the result (Karlsson, 1993). Ten common themes on the lived experience of recovery for young adult women emerged from this study.

Example:

One of the ten themes is: **The lived experience of recovery encompasses a variety of therapeutic encounters.**
A discussion on various therapeutic encounters, including spending time on a psychiatric ward, is found in Chapter IV.

**Time Frame Of The Study**

This study was conducted over a period of twenty months from the time of the first interview to the time of the final interview. Each woman met with the researcher four times. The first interviews were conducted between November, 1994 and July, 1995, depending upon when the person contacted the researcher. They were audio-taped, after receiving permission from each person to do so. The second interview was conducted once the first interview was transcribed, the meaning units were delineated, and the transformed meaning units were written. The participants received copies of each of these, were given an opportunity to read them and to respond to any queries in writing, and then a second interview was conducted to clarify any ambiguous information and to ensure that the analysis reflected the intended meaning of the first interview. After receiving a copy of the individual structure, a third interview was conducted. This interview was designed to ensure that the subsequent analysis reflected the intended meaning of the first interview. Upon the completion of this interview with each of the women, the general structure was written.

In order to write the general structure, the researcher returned to the original transcripts, the meaning units, the transformed meaning units, and the individual structures to search for themes. This was a lengthy process which took about five months to complete. The general structure was written based on the themes which emerged from the data. Each woman received a copy of the general structure and the final interview was conducted during the first part of 1996. The final interview was also audio-taped and any salient factors were included in the revised general structure (see Appendix I for a further review of the time frame).

**Ethical Considerations**

Ethical considerations and safeguards in this study have been developed to ensure the anonymity of the women involved. In order to maintain confidentiality, no identifying information about the person was revealed. As well, each person was asked if she would like to use a pseudonym and three chose to do so. The issue of confidentiality was discussed with the women prior to the first interview. The purpose of the study was discussed with each woman and a consent form was signed which explained the person's rights of anonymity, confidentiality, and withdrawal from the study at any time (see Appendix C, D). Parental permission was sought for
any participants under the age of nineteen (see Appendix D).

The interviews were designed to gather as much data as possible on how young adult women experience recovery. In seeking to gain as much information as possible about the lived experience of recovery for young adult women, the researcher sought to restrict her questions and comments to the research topic and used them only when clarification and elaboration were needed.

**Limitations Of The Study**

As with any other type of research methodology, there are certain limitations to using a phenomenological approach. However, by meeting the characteristics of a phenomenological approach, the limitations are less restrictive. The characteristics of the phenomenological approach include (1) fidelity to the phenomenon as lived, (2) primacy of the life-world, (3) the descriptive approach, (4) expression of the situation from the woman’s point of view, (5) the development of the general structure, (6) the biographical emphasis of the data, (7) the engagement of the researcher, and (8) the search for meaning (Giorgi, 1975). These characteristics, as well as reliability and validity, are discussed in this section.

"Fidelity to the phenomenon means allowing anything that the subject feels is worthy of mentioning to be registered as data as well as making explicit the perspective of the researcher" (Giorgi, 1975, p. 99). Each woman was provided the opportunity to discuss her lived experience of recovery in the way which best suited her. The researcher had made every effort to bracket all presuppositions prior to the interview and sought to be with the woman fully.

Every attempt to maintain the primacy of the woman’s life was made. The focus of the interview was to understand more about the lived experience of recovery. The person discussed the lived experience of recovery from her own perspective and used her own sense of language to give it meaning.

Using a descriptive approach requires making meaning out of other people’s use of language. "Language is the major means of communication in every day life and phenomenology tries to make more rigorous this universal means of exchange by circumscribing attitudes, delineating aims, and providing adequate contexts for all descriptions" (Giorgi, 1975, p. 100). As such, the researcher sought to insure that her understanding of what the person said had the same intent as what the person meant to say. Clarification was achieved in a number of ways.
During each interview, the researcher sought to explore any use of words or phrases which were ambiguous. Also, at the time of writing the transformed meaning units, the researcher asked questions at the end of any transformed meaning units where the woman’s response still seemed to be unclear.

Example:
ja: Yeah, like I had been seeing my counsellor for about three months before that and that wasn’t doing anything for me, it wasn’t doing anything because I was scared (031)/

Prior to hospitalization, S had been seeing a counsellor for three months. However, counselling had not resolved anything for S because she was scared.

**comment**: S felt that the counselling prior to hospitalization had not been of any help.

*(What were you scared about?)*

The woman had an opportunity to either respond verbally in the follow-up interview or could write down her response and give it to the researcher. However, the woman was not required to answer any further questions. Most of the women responded either in writing or verbally to any other questions which were asked.

In accordance with the notion of using a descriptive approach, the women’s perspective of the lived experience of recovery was developed. The women’s own words were frequently used in order to articulate the general structure of the lived experience of recovery. As well, the women were given several opportunities to verify the analysis of their own story: at the completion of the transformed meaning units, at the completion of the individual structure, and at the completion of the general structure. It was very important to elucidate each participant’s own interpretation of her situation and to ensure that her own ideas regarding the phenomenon being studied were stated.

The construction of themes which resulted in the development of a general structure of the lived experience of recovery is an acceptable practice when using a phenomenological approach. Now, precisely because lived meanings are not always known explicitly but must be discovered and thematisized, interpretive procedures have to be used. But this is not an undermining of the research so much as an acceptable limit so long as the context of the interpretation is made clear. (Giorgi, 1975, p. 100)

As the researcher continued to re-immerse herself in the data, through re-reading the transcripts, the transformed meaning units, and the individual structures, clusters of themes became apparent.
After classifying the clusters of themes, there were opportunities to develop more general themes which applied to all the women in the study.

The biographical emphasis of a phenomenological approach cannot be overlooked. By its very nature, phenomenology derives its key terms and meanings from dialoguing with the data. "This means, however, that the initial data, at least for human subjects, must be biographical and personal because all human phenomena are temporal, historical, and personal" (Giorgi, 1975, p. 101). This is the very essence of the phenomenological approach and does not need to be perceived as being a limitation to the study.

The researcher was actively engaged in the data analysis. A possible limitation to a phenomenological study would be if the researcher becomes overly involved in the data analysis, and is no longer able to derive any meaning from the event. However, bracketing the presuppositions is one way to avoid this situation because this is a conscious activity which highlights certain biases the researcher may have about the phenomenon.

A phenomenological approach strives to make meaning from the raw data provided by the participant about the lived experience. "The value of the phenomenological approach is the direct access it provides to meaning by interrogating the qualitative aspects of phenomena" (Giorgi, 1975, pp. 101-102). Reliability determines whether the results would be the same, if one were to follow the same procedure, for other young adult women who have been sexually abused. The reliability of conducting a phenomenological study seems to be quite good. "Reliability is equally present because, whether one is working within a subject or across subjects, the same question elicits comparable descriptions" (Giorgi, 1989, p. 111).

Validity is concerned with whether the findings can be trusted and used for the development of treatment or policies about the phenomenon being studied. "Although the documentation does not prove that the conclusions of the study are correct, they can allow the reader to check to see if the general description is indeed supported by and derived from the data" (Polkinghorne, 1989, p. 57). For a phenomenological study to have validity, the following question must be answered: "Does the general structural description provide an accurate portrait of the common features and structural connections that are manifest in the examples collected?" (Polkinghorne, 1989, p. 57). A study has validity if (1) the researcher did not influence the woman's answers so that the responses were not reflective of the woman's lived experience, (2) if
the transcript reflects the intended meaning during the interview, (3) if any other alternatives to
how the data were analysed have been discussed, (4) if one can go from the general structure back
to the transcripts and determine how the themes were derived, and (5) if the general structure holds
true for other populations (Polkinghorne, 1989).

To the researcher’s best knowledge, the women were not influenced to answer one way or
another. The questions were not leading and focused on process rather than content (Satir et al.,
1991). The transcripts reflected the intended meaning of the interview. Each woman received
copies of her own transcript, her own transformed meaning units, her individual structure, and the
general structure. Feedback was continually sought by the researcher so that each woman’s
experience was clarified and had meaning for her. Each woman stated that her description of the
lived experience of recovery was accurately represented.

Another way to maintain reliability and validity in a phenomenological study involves
investigator triangulation. Investigator triangulation serves to displace the potential bias of the
main researcher by inviting reviewers to study both the original data and the themes from the
general structure in order to determine whether the original transcripts were accurately represented
by these themes (Denzin, 1989). Two reviewers, both with graduate degrees and experience
working with young adult women who have been sexually abused, participated in this task. This
will be discussed in detail in the following section.

The generalizability of this study of the lived experience of recovery from sexual abuse for
young adult women has not yet been accurately determined. A discussion of this issue is presented
in the section on investigator triangulation and is an area for future research as outlined in Chapter
V.

Investigator Triangulation

Investigator triangulation was used in order to move beyond the biases of the main
researcher and to determine the validity and reliability of the data analysis (Denzin, 1989). Two
independent co-researchers were asked to participate in this process. Both co-researchers have
graduate degrees and presently work with adult female survivors of trauma. The first independent
coresearcher, Cris Boyd, has a Masters of Education degree in Counselling Psychology and has
spent the last 5 years doing therapy with adult survivors, mainly female, in a mental health setting.
The second independent co-researcher, Heather Whiteford, has a Masters of Social Work degree
and has spent over 15 years working in a large social service agency providing both therapy to
children, adolescents, and adults who have been sexually abused, as well as providing supervision to other therapists.

Each co-researcher received two different transcripts (after receiving permission from the women) of the first interview, as this was the source for the development of the general structure, and a copy of the themes and sub-themes of the lived experience of recovery (Brooks, 1995). These transcripts were randomly chosen. The co-researcher was asked to read the transcripts and scrutinize the themes. Each of them was then interviewed separately by the researcher (see Appendix H) and the interviews were audio-taped and later transcribed.

Both co-researchers stated that the list of themes and sub-themes accurately encompassed each of the women's stories of recovery, "What I did is I took the themes and as I went through each transcript, I asked in my mind 'Okay, is each of these themes represented?', and, to me, they were, everything that you put on to your themes were there, they were somehow represented in each of the people's transcripts" (Cris). "They seemed to come out loud and clear in the interview" (Heather). As well, the themes were congruent with how the co-researchers experience the process of recovery with their own clients.

Cris commented upon the women's inner strength and how they used their intuition. She talked about their resilience and sense of empowerment:

One thing that strikes me is that both of those women somehow found their own source of power, their own-they were able to say this is who I am, this is what I need, this is where I'm going, and they had-I don't know if this true about anyone who gets therapy, or if this is something special about the person, that this person has the ability, or some inner strength, some people might call it ego strengths, it seems like they had a tremendous amount of strength.

Both of the co-researchers also discussed the influence of the mother/daughter role in recovery:

I think it is important to address this, not from the point of view of female bashing or mother bashing but the importance of the mother/daughter relationship, and if we look at it from a prevention standpoint, where could we help the mothers and daughters develop their relationships at a younger age so that that bond is stronger. (Cris)

As well, Heather observed that the sexual abuse was only one aspect of what the women were dealing with, "What resonated for me was that so much of the work isn't just sexual abuse,
it's everything else, all these strands of other abuses that they have experienced, sexual abuse trauma is one of many". This was similar to Cris' observations that the women were vulnerable to multiple abuse, suicidal ideation, and somatic complaints.

Both co-researchers stated that the themes were a useful way to consider the broad spectrum of recovery, "It provides a useful map to the therapy process" (Heather). The themes illustrated a wide range of components that make recovery possible:

Talking about everything else without the hub [the lived experience of recovery involves working through the denial of being sexually abused] doesn't work, but not being able to talk about everything else does not work either and somebody else saying that when they went to one counsellor that was all they could talk about was the abuse and they didn’t want to do that, so it’s interesting, in a way they’re both essential to recovery. (Heather)

Other salient issues included the multiplicity of perpetrators, spiritual development, the mind-body connection, and the resourcefulness of the participants. Their comments on these issues were reflected in some of the later revisions of the general structure. The co-researchers confirmed that the themes seemed to accurately reflect the participants’ stories of recovery, which enhanced the reliability and validity of this study.
CHAPTER IV: 
RESULTS 

Introduction 

The purpose of the study is to explore the lived experience of recovery from sexual abuse for young adult women. Nine women ranging in age from 16 to 25 participated in the study. In order to be in the study, each woman, had been sexually abused by a family member prior to the age of 12, had participated in therapy which focused on the sexual abuse for a minimum of six months, and was able to talk about how her life had changed since the time of the sexual abuse. This section provides a description of the women, presents the emerging themes generated from the lived experience of recovery, and discusses the general structure of the lived experience of recovery.

Description Of The Participants 

The following gives a brief description of each of the women in the study. The description includes the name the person wanted to use in the study, the person’s age at the time of the initial interview, the nature and the extent of sexual abuse in the person’s life, the family dynamics at the time the abuse was occurring, and what the person is currently doing. Although all of the women were given the opportunity to use a pseudonym in the study, only three chose to do so. The other women used their own names. The women are presented in alphabetical order.

Bridget 

Bridget had just turned 19 at the time of the first interview. She was living in a basement suite with a friend and was on income assistance. She had not completed high school and was hoping to find employment soon.

Bridget’s parents immigrated from the United Kingdom prior to her birth and Bridget has a younger brother. Her parents divorced when she was about 9 years old. She described her father as an alcoholic and her mother as emotionally distant. After the divorce, Bridget and her brother visited their father on weekends.

Bridget recalls being sexually abused by her father from the time she was very little (before the age of 5) to the age of 12. She was also sexually abused by her brother. The father’s behaviour consisted of making sexually explicit statements with the promise that Bridget would have his child one day, fondling, and finally, vaginal intercourse. Her brother’s abuse mimicked that of her father. The brother would often inappropriately grab her. Bridget also recalls being
molested by a stranger in a mall and was involved in an abusive dating relationship when she was 15.

After being raped by her father, Bridget disclosed to her mother what had happened. She stopped seeing her father. Her mother reported it to the Ministry of Social Services and the disclosure was investigated. The police decided not to press charges because there was a lack of evidence and because the father passed a polygraph test. Bridget participated in individual and group therapy around the sexual abuse for about three years, and eventually went into foster care for another three years because of a highly conflictual relationship with her mother.

At the time of the final interview, Bridget was living with her partner and was working. She has no contact with her father and is developing a more positive relationship with her mother. She is hoping to go to college one day and is interested in taking courses on creative writing and psychology.

**Brooke**

Brooke was 24 at the time of the first interview. She was married and living with her husband. She was working full-time.

Brooke is the youngest of 5 siblings. Her father immigrated from Germany when he was a young man. Her mother is a member of a First Nations tribe from northern British Columbia. Her mother left the family when Brooke was 5 years old and her father brought up the children. The mother maintained some contact, but was not around on a daily basis. Brooke describes her parents as being alcoholics and remembers being very poor.

Brooke recalls being sexually abused by her father from the time she was little (before the age of 5) to the time she turned 19. The sexual abuse ranged from fondling to vaginal intercourse. She recalls her oldest brother trying once to sexually abuse her. During high school, Brooke describes herself as being very promiscuous.

Her father's suicide attempt signified a turning point for Brooke because that is when she decided to speak up about her sexual abuse. She disclosed to her husband and then found a therapist specializing in the field of sexual abuse with whom she could work. She was in individual and group therapy for about a year. Her father killed himself shortly after she started the individual therapy.

At the time of the last interview, Brooke and her husband were hoping to start having children. Brooke was still working full-time but wanted to explore other career options. She
described her relationship with her husband as being more loving and supportive. She has contact with all her siblings and is trying to develop a more positive relationship with her mother.

**Dayna**

Dayna was 22 at the time of the first interview. She was living on her own and was a full-time university student.

Dayna and her older sister were adopted. Dayna describes her childhood as being emotionally, physically, and sexually abusive. Both her adoptive parents abused her. Her father was an alcoholic. Dayna now maintains regular contact with her birth mother and, shortly after the first interview, she met her birth father.

Her mother's sexual abuse consisted of inappropriately touching her, starring at her while she was getting dressed and in the bathroom, and making sexually suggestive/explicit statements to her. She also hit Dayna and continued to physically fight with her until Dayna was about 18. The father's sexual abuse consisted of fondling, as well as vaginal and anal penetration. Dayna cannot remember a time in her childhood when she was not being sexually abused by both parents.

Dayna made many attempts as a child to disclose the sexual abuse but was unsuccessful. She eventually disclosed to a therapist when her health deteriorated. Dayna has had a wide range of individual and group therapy for substance abuse, eating disorders, and sexual abuse.

At the time of the final interview, Dayna was working part-time and going to university full-time. She is currently considering going into the counselling profession. Dayna was still living on her own at the time of the last interview. She has no contact with her adopted sister or parents. She sees her birth father occasionally and maintains a positive relationship with her birth mother.

**Jade**

Jade was 16 at the time of the first interview. She was going to high school and was living with her mother and her younger sister.

Jade grew up as an only child until she was 10 years old. Her mother had been an alcoholic and Jade was used to her mother going on binges and then disappearing for several days at a time. Jade and her mother used to live with the maternal grandparents and she was sexually abused by her maternal uncle.

Jade cannot remember a time in her life when she was not sexually abused by her uncle. She did make several attempts to stop the sexual abuse, but was sexually abused by him up until
the time she was 15. The sexual abuse mainly involved her masturbating her uncle until he reached climax. However, in the last incident, the uncle digitally penetrated her. Jade was involved in a variety of sexually abusive dating relationships and was raped shortly before disclosing to her mother about her uncle sexually abusing her.

After being raped, Jade made a suicide attempt and was hospitalized because she was recognized as being a high suicide risk. She spent four months on an adolescent psychiatric ward and began her process of recovery at that time.

Jade has been in individual and group therapy for the sexual abuse. At the time of the last interview, Jade was still living with her mother and her younger sister. She still sees her uncle at family gatherings. Jade was working but was planning on completing her high school requirements within the next year.

Judy

Judy was 25 at the time of the first interview. She was on a medical leave from work because of a benign brain tumour. She was living in the basement suite of her parents’ house.

Judy has an older brother and her parents are still married. She always felt that she had to compete with her brother when she was younger because he was a better student in both academics and athletics. Her relationship with her father was highly conflictual and continues to be tense. Her relationship with her mother has improved over time.

Judy was sexually abused by an older male cousin from about the time she was 7 until she was about 14. The sexual abuse consisted mainly of fondling. Judy has a vague memory of being sexually abused by a female daycare worker when she was between 4 and 5 years old. She was sexually assaulted by her brother’s friend as a teenager, as well as being involved in a sexually exploitive relationship with a former partner, which Judy describes as being a series of date rapes.

Judy eventually disclosed to her mother about her cousin touching her and the abuse stopped. Judy has been in a number of group therapy situations and has done intensive individual therapy focusing on the sexual abuse.

At the time of the last interview, Judy was still waiting to go into surgery. She was engaged but was living at her parents’ house. She was planning on going to university and talked about going into the counselling profession.
Mairi

Mairi was 22 at the time of the first interview. She was living with her mother and was a full-time university student. She was planning on going into medicine after completing her bachelor’s degree.

Mairi is an only child. Her parents divorced when she was about 12. Her mother was an alcoholic. After the divorce, Mairi lived with her mother for a while and then moved in with her father. She made a serious suicide attempt when she turned 16 and was hospitalized for several months. It was while she was in the hospital that she began to get flashbacks of her father sexually abusing her.

Mairi recalls being fondled by an uncle and a family friend. She never told anyone about the uncle, but did tell her mother about the family friend. Her father’s sexual abuse ranged from fondling to sexual intercourse. At 16, her father told her that he did not want anything more to do with her because she was too old, which prompted the suicide attempt.

Mairi disclosed about her father’s abuse to one of the nurses in the hospital and her allegations were investigated by Social Services. Charges were laid by the police and Mairi had to go to court. After her testimony, the judge dismissed all charges against the father, citing that Mairi was a victim of false memory syndrome. Mairi has had no further contact with her father.

Mairi has been in therapy since she was first hospitalized. She has also participated in some group therapy.

At the time of the last interview, Mairi was recovering from another suicide attempt and is still dealing with highly intrusive flashbacks. She remains in therapy and continues to live with her mother. She has just completed another year at university and is now considering a career in social work.

Nicole

At the time of the first interview, Nicole was 21. She was living with her partner and was unemployed. She was looking for work and was hoping to go to college some day.

Nicole is an only child. Her parents divorced when she was about 2 and she did not see her father again until she was 9. She maintains sporadic contact with him. Her mother has been living with her present partner since Nicole was 3. The partner had a son who was a few years older than Nicole, whom Nicole refers to as her step-brother. The step-brother lived with them intermittently from the time Nicole was about 7 until she was about 16.
Nicole was sexually abused by her uncle and her step-brother. She was involved in a wide range of pornographic activities with the uncle from about the time she was 8 until she was 12. The sexual behaviours ranged from watching pornographic films and cartoons to acting in them, and engaging in a wide variety of sexual activities including vaginal and anal intercourse. Her step-brother started fondling her at the same time and was also involved in the pornographic activities. He also had vaginal intercourse with her. The sexual activities with the uncle continued until the police seized some videotapes and Nicole was identified as being one of the children. The police informed Nicole’s mother. Charges were laid against the uncle and Nicole testified in court. He was sentenced. The step-brother’s sexual behaviour stopped when he moved out of the house. Several years later, the step-brother committed suicide.

Her uncle was released from prison for good behaviour and did make contact with Nicole several years ago. Since then, the police have also contacted Nicole because of allegations that her uncle is abusing other children.

At the time of the last interview, Nicole was working full-time and still living with her partner. She was planning on leaving her job at the end of the summer because she had been accepted into a medical technology program for the fall.

**Paper Cat**

Paper Cat was 22 at the time of the first interview. She was living with her parents and was working full-time as a counsellor at a treatment facility for recovering male alcoholics.

Her parents immigrated from England when Paper Cat was a child. She describes her father as being emotionally distant and her mother as being mentally ill. Paper Cat has an older sister whom she describes as being emotionally abusive.

Paper Cat was sexually abused by her older foster brother from the time she was 9 until late adolescence. The sexual abuse ranged from fondling to vaginal intercourse. She was also molested by a stranger at a bus stop, which was very traumatic for her. Paper Cat has some vague recollections, usually in flashbacks, of being sexually abused by a female daycare worker prior to the age of 5. She was also sexually abused by an older female friend and was molested by a mall Santa. Paper Cat was also involved sexually with many men until she was about 20.

Paper Cat has been involved in a variety of therapeutic experiences, including being an active member in Alcoholics Anonymous and Narcotics Anonymous. She has been in therapy for several years around the sexual abuse and has also participated in group therapy.
At the time of the last interview, Paper Cat had just finished working with her individual therapist. She had decided to contact a new therapist who specialized in EMDR (Eye Movement Desensitization and Reprocessing) to help deal with the reoccurring flashbacks and vague memories of the female daycare worker. She is still working at the same place. Her mother had suffered from a psychotic breakdown and her parents had recently separated. Paper Cat is developing a more positive relationship with both her father and her sister.

**Victory**

Victory was 25 at the time of the first interview. She was a full-time university student and was planning to go into medicine. She was living with her partner.

Victory’s father immigrated from Hungary as a young man. Her mother is French Canadian. Victory describes her father as being a very impulsive, angry man and believes that her mother suffers from dissociative identity disorder. Victory grew up as an only child until the age of 12, when her parents adopted a baby boy. Within a year after the adoption, her parents divorced and her father moved to another country. Victory visited him by herself on holidays.

Victory was sexually abused by her father from the time she was little (before the age of 5) until she was about 13. The sexual behaviours ranged from learning to talk to her father in a provocative manner, to fondling, and possibly to vaginal intercourse, although Victory is not sure. She first realized that her father’s actions were sexually abusive when she watched the movie "Something About Amelia", which is a story of father/daughter incest. Her father’s reactions to her having her first menstrual period when she was visiting him made her decide to stop visiting him.

Victory first sought therapy through a support group for sexually abused women. She has also done some intense individual therapy and decided, last year, to run her own support group for young adult women who have been sexually abused.

At the time of the last interview, Victory had just changed individual therapists and was working on some of her ambiguous memories. Victory is still a full-time university student and continues to hope to study medicine. She and her partner were in the process of moving out of student housing and her adopted brother is now living with them. Victory has no contact with her father and very limited contact with her mother.
Emerging Themes

Following Karlsson's (1994) method for conducting phenomenological research, a thematic description of the phenomenon of the lived experience of recovery emerged through (1) gathering data from audio-taped interviews, (2) transcribing the interviews, (3) breaking the transcript into meaning units, (4) transforming the meaning units, and (5) writing individual structures of each woman’s own experience of recovery. Every theme and sub-theme reflect an essential aspect of the lived experience of recovery from sexual abuse for all of these young adult women. They are:

**Theme 1:** The lived experience of recovery involves working through the denial of being sexually abused.

**Theme 2:** The lived experience of recovery diminishes the lasting effects of sexual abuse.

The lived experience of recovery lessens the impact of dissociation, flashbacks, and nightmares over time.

**Theme 3:** The lived experience of recovery helps the person move from a victim stance to a survivor stance.

The lived experience of recovery:
- develops personal strength and tenacity.
- helps the person to confront the chaos in her life.
- transforms the meaning of trauma.

**Theme 4:** The lived experience of recovery is a journey of self-discovery.

The lived experience of recovery:
- fosters emotional development.
- enhances spiritual development.

**Theme 5:** The lived experience of recovery fosters the possibility for improved relationships with family members, friends, and partners.

The lived experience of recovery:
- changes relationships with family members.
- changes relationships with friends.
- changes relationships with partners.

**Theme 6:** The lived experience of recovery reduces the negative influence of the perpetrator.
**Theme 7:** The lived experience of recovery encompasses a variety of therapeutic encounters.

**Theme 8:** The lived experience of recovery helps the person to reflect upon the ambiguity of memory.

**Theme 9:** The lived experience of recovery influences future direction.

**Theme 10:** The lived experience of recovery is a complex process with no clear resolution.

These themes form the framework for the development of the general structure of the lived experience of recovery.

**The Common Story**

Although the lived experience of recovery from sexual abuse for young adult women is not intended to be a hierarchical model of recovery, it would seem that there are certain tasks in the lived experience which must take place before other tasks can occur. At the same time, however, there are a variety of ways that the person may enter into the lived experience of recovery. As well, certain tasks, such as working through the denial of being sexually abused, seem to be multi-layered.

The person generally begins to develop an awareness of what the lived experience of recovery may mean through working through the denial of being sexually abused. Beginning to confront the denial that she was sexually abused is usually triggered by an external event which is often out of the person’s control. The person feels compelled to somehow let go of her secret that she was sexually abused and so, she discloses to someone about what happened to her. Frequently, after making a disclosure where her story is acknowledged, she decides to get some help and generally seeks some type of individual therapy. The therapeutic experience facilitates further opportunities to work through the denial that she was sexually abused.

As the person is able to process the impact of what happened to her as a child, she becomes aware of some of the lasting effects of sexual abuse in her life. Through therapy, she develops an understanding that suicidal ideation and self-injury are common reactions to being sexually abused. She also learns how the sexual abuse has contributed to her perspective of sexuality and intimacy. She acquires coping strategies to help her deal more effectively with dissociation, flashbacks, and nightmares.

Therapy also influences the person’s desire to experience life and learn more about herself.
She begins to see herself as a survivor rather than a victim and recognizes that many of her coping strategies were ways to help her get through the sexual abuse trauma, but are no longer helpful in her life. She starts to believe that she can take control of her own life. She does not allow things to affect her the way they used to because she now has different strategies to deal with the ups and downs of her life. As well, she develops a more philosophical perspective on the meaning of her sexual abuse trauma. Working through the denial enables her to change the impact of the trauma from something that was disabling and abhorrent to acknowledging that she survived the trauma, and determining that she is a person who is resourceful and creative. She appreciates the personal qualities which she has that made it possible for her to get to this point in her life. She begins to focus more on the positive aspects of her life and less on the negative influence of the sexual abuse.

Through this change in perception, which is often influenced by therapy, the person begins to have a sense that she is moving on in her life. She is more willing to become responsible for her own decision making and actions and is less likely to let everything around her just happen. She begins to enjoy life and develops an appreciation for the small daily pleasures. She also feels better about herself and becomes somewhat more hopeful about future possibilities. She is more open to new experiences.

One of the more profound changes, which often begins while the person is in therapy, is how she changes emotionally. Typically, prior to the lived experience of recovery, the person may be either angry or withdrawn. She usually has to work through her feelings of anger and aggression before she can move on in recovery. Therapy often provides either the strategies or the venue to confront her rage. The person confronts her denial that she was sexually abused once again as she works through the anger. However, as she is able to do some of this work, she is surprised that she can feel other emotions. She eventually learns what happiness is.

The emotional development contributes to a more positive attitude towards life, and this, in turn, may lead to spiritual development. Spiritual development usually first begins as the person cultivates a philosophical perspective about the abuse. She contemplates upon how she was able to survive the sexual abuse and acknowledges her inner strength.

The spiritual development also includes building trust. Building trust in herself begins when the person relies more upon her own personal intuition. She learns to trust some other people in her life through the development of friendships. She has a sense that she is part of a
larger picture. Finally, she may also begin to believe in some type of higher power, and her life becomes more meaningful in this context. Her life has purpose and value.

At the same time that the person is developing intrapersonally, she begins to relate to her environment differently. She moves from a place of isolation to one where she is able to connect with others. This can happen with family members, friends, and partners.

With family members, the person begins to accept the limitations of what her family can provide her, and as a result, her expectations become more realistic over time. In particular, the mother/daughter relationship usually improves as a result of the lived experience of recovery. Her change in expectation reduces the anger and hostility that the person used to have and helps her to develop a more positive attitude towards her mother. She finds different ways to connect with her mother which are more constructive.

Another significant change for the person is the role of friends in her life. Through the development of friendships, the person has an opportunity to experience emotional intimacy. She learns that having others around her can be a positive experience and sharing her story with people that care about her can be helpful. In particular, it is important for the person to connect with other women, as it is a way for her to learn more about herself and her world.

If the person is ready to develop a relationship with a partner, she is less likely to be with someone who is emotionally, sexually, or physically abusive. She wants a relationship which will enhance who she is and encourage the development of personal growth. She becomes more assertive about her expectations.

Along with the changes in relationships with family members, friends, and partners, the person’s perceptions of the perpetrator also shift. She is no longer as fearful of the perpetrator as she has been in the past and refuses to allow him/her to control the rest of her life. By working through the denial that she was sexually abused, she no longer blames herself for what happened; she now knows that the perpetrator was entirely responsible for the abuse.

Occasionally, when the perpetrator was the father, the person expresses a desire to have a non-sexual relationship with him. By no longer blaming herself for what happened, she can reflect upon the positive aspects of this relationship. She misses the positive aspects of the relationship she shared with her father.

Often the person’s interpersonal development first begins in therapy when she finds a therapist who is supportive and respectful of her. She generally takes her time in finding a
therapist who is qualified to work with survivors of sexual abuse and who is also empathic and patient. The therapist plays an important role in helping the person come to terms with her denial of the abuse.

As well as individual therapy, the person may become involved in group therapy. Group therapy plays an important role in helping the person to no longer feel so isolated. She learns that, while her story may be different, her reactions toward the sexual abuse are often similar to others. She realizes that she is not the only one who has been sexually abused and can develop some meaningful relationships with others.

At times, the person may have other therapeutic encounters which can include hospitalization. Hospitalization is usually a positive experience because, as with the group therapy, the person can connect with other people who have also been sexually abused. More importantly, however, she also meets staff who are supportive and helpful and show kindness and acceptance in ways which the person may have not experienced before.

As the person develops intrapersonally and interpersonally, coming to terms with the denial that she was sexually abused leads her to confront her memories. Memories of the abuse are often ambiguous and as such, she strives to make meaning out of an experience where the memory may be either unclear or repressed. She may only have a vague sense of what happened to her which often emerges through flashbacks or nightmares. Memories of other abuse incidences may be more vivid. While she longs for more clarity, she does not doubt her experience. However, her ability to recall specific memories feeds into the present controversy over false memory syndrome. At the same time, she feels no need to prove that her own situation is authentic.

With the shift in how the person interacts with her inner and external worlds, she no longer finds the sexual abuse as debilitating as in the past. Instead, she begins to embrace life in the present and starts to plan for the future. Her new perspective helps her to become future oriented. She starts to make plans about what she wants in her life and considers what she would like to do personally and professionally. She sets up goals for herself, and while, these goals may change, her hope for a better future does not.

At the same time, while the person is able to point out changes that she has made, both in terms of how she sees herself and how she interacts with others, she acquires more wisdom about the lived experience of recovery. She learns that recovery is a complex process, and while there are many successes in her life, the sexual abuse leaves a damaging legacy. Although her personal
and professional goals are now possible and achievable, she still has times when the lasting effects of sexual abuse overwhelm her. She may continue to struggle with suicidal thoughts, self-injury behaviours, intense anger, flashbacks, or nightmares. She has times when life no longer seems worth living and getting through the day is a daunting task. She is aware that there may be situations where she will be triggered by the sexual abuse and does not know how she will handle it. She sometimes has to fight to keep her new expectations and perceptions in place and works hard to prevent negative thinking. She learns that life has its ups and downs and that her experience of recovery is a journey of self-discovery. She discovers that the layers of denial are many. The lived experience of recovery is a day to day process and the learning is never complete.

The General Structure Of The Lived Experience Of Recovery From Sexual Abuse For Young Adult Females

The general structure of the lived experience of recovery for young adult women from sexual abuse is based upon the themes and sub-themes which have already been presented. The general structure reflects the common struggles which each woman had to overcome in order to move from a place of worthlessness and isolation to one of meaning and being in contact with the world around her.

The Lived Experience Of Recovery Involves Working Through The Denial Of Being Sexually Abused

Working through the denial of being sexually abused requires the young woman to admit to herself and to others that she was sexually abused. It is quite common for her to either deny that she was sexually abused and/or that the sexual abuse has affected her life. Denial is sometimes a result of minimizing what happened to the person as a child, "I basically said 'No, nothing happened, I'm fine, I'm normal, I just made false illusions to myself'" (Victory). Denial occurs when the person does not see the connection between her present behaviours and past life events, "I've realized all the places where just his betrayal has affected my life, all my trust issues and all that, you know, always afraid that, you know, it looked so innocent" (Paper Cat). Denial can also be a result of repressed memories of being sexually abused:

I didn't start getting those memories back until I was about twenty-four I would say, well probably till I was twenty-three, I started feeling that something wasn't quite right, it's like when you remember that it happened, it's slow and gradual but you definitely know there's something picking at you, something's not right, you start getting flashbacks and
memories and dreams and stuff like that. (Judy)

Denial seems to be connected to the unwillingness or inability of the person to believe in and trust her own perceptions:

It was really learning to trust what my body was really telling me...because I was living in a body that I basically hadn't trusted for almost twenty years...so it was really hard for me to start trusting what I was really learning about myself because it was coming from inside and up to then I thought that only what was coming from the outside was really true, you know, what other people were telling me. (Judy)

Perceptions are further distorted through the frequent use of drugs and alcohol:

You see, I hid my pain in drugs and I think it saved me, I was nine years old when I started drinking, by the time I was eleven I was using pot, by the time I was fifteen, I'd tried everything except for heroin and cocaine, and I think that's what really saved me, during the crucial years of my life, when I should have been developing, I was just subduing everything and in a way I think it did me more good than it did harm. (Dayna)

Feelings of powerlessness and helplessness increase the denial, "And that's the first day I got drunk and I stayed drunk after you know, and so that's the first person I told about any sexual abuse, and then, I said nothing for about the next seven years" (Paper Cat). Denial is strengthened by keeping silent about the sexual abuse. "I describe my denial as not allowing anyone to know my secret that I was abused (Brooke)". As long as the person keeps silent, she cannot confront her sexual abuse.

Working through the denial is a continual process. As the person works through the various themes of the lived experience of recovery, she is compelled to confront the reality of her own abuse over and over again. This is a repetitive process because denial is so insidious. Working through the denial also involves dealing with the feeling that something is wrong, reacting to events which are devastating and compelling, and making a disclosure.

Often long before the person was able to identify that she had been sexually abused, she had a pervasive sense that something was wrong, "I felt something was wrong, but I just couldn't put my finger on it" (Victory). Sometimes the feeling that something was wrong was a result of an external event, "I mean it would have happened sooner or later, I would have figured out this wasn't the thing to do, but then, when that [participating in a sexual abuse prevention program at school] happened, I was like it totally threw me off" (Jade). Other times, it was the result of an
inner awareness, "It's when I started to say 'Well, I need to deal with a lot of stuff here, I've got these issues coming up'" (Nicole). The person often felt different, "The way they were reacting to things and the way I was reacting to things, I knew something was different, I just didn't know what" (Victory). Frequently, there was a great sense of isolation, "I just really never fit in anywhere ... like I knew a lot of people, but I really had nobody to hang around with... so I felt... um... very excluded from a lot of things" (Judy). Addressing the feeling that something was wrong was first possible when the person could start to question the appropriateness of the perpetrator's behaviour, "No one ever told me this was the wrong thing at home, for the longest time, I can remember, this was love" (Jade).

The event which activated confronting the denial was often extreme in nature, "The point I knew that things were getting better was actually when they felt that they were getting worse, I don't know if that makes sense, in that I actually became not just emotionally but physically aware of some of the pain" (Dayna). The person experienced chaos and confusion:

There was like major issues going on at home, between my mother and I, my mother was suddenly getting ill again, and she was talking about putting my brother up for adoption and just the whole, there was a hodge podge of things going on in the home, so basically I guess, chaos... chaos. (Victory)

Some of these events included a suicide of a parent (Brooke), near-fatal suicide attempts (Mairi, Bridget, and Jade), drug and alcohol problems (Paper Cat and Dayna), and physical health problems (Dayna, Victory). The immediate compelling event often served as a trigger for the person to begin to reflect upon her history of sexual abuse, "And that I guess [beginning the lived experience of recovery] all started because I got into substance abuse recovery" (Dayna). "What triggered that I finally felt I could discuss this, and do something about it to change my life was my abuser, my father, had tried to commit suicide" (Brooke).

In an effort to reduce the chaos, the person had to admit how the sexual abuse contributed to her present situation. "It started dawning on me that I had been abused emotionally and physically, as well as mentally by people in my life and I was still allowing myself to be abused by them by staying in the situation... and I realized that what had happened early on in my relationship with my boyfriend" (Judy).

The person took on the responsibility of breaking through the silence and denial, "And so I guess just from inside, it was time, it was just time for me to do something about it" (Brooke).
She became motivated to do something different with her own life, "Even though he [the father and perpetrator] has made his choices [committing suicide], that's not my choice in life" (Brooke).

Working through the denial involved making a disclosure to someone else about what had happened. By telling her story to someone else, the young adult woman hoped to change the situation and have something different happen in her life, "That it would stop and a magic wand would be waved and I'd be taken out of the situation and torment" (Brooke). The disclosure was often an urgent plea for help, "I was scared but I couldn’t keep it to myself any more and I had to tell her" (Bridget).

Making a disclosure was risk-taking for these women. There was a lot of anxiety. "Some very scared thoughts and feelings, a lot of uncertainties to say the least, very confused, muddled up thoughts, you know, ‘Which way do I go?’" (Brooke). Many feared being rejected, "scared that I was going to lose my husband" (Brooke), and that they would not be believed, "I was really afraid coz I didn't think that she'd believe me and I thought that she'd think I was making it up" (Bridget). They worried about what the impact of disclosing would be, "I was really upset coz I felt like I was ripping the family apart again, coz they had been ripped apart once when they got divorced" (Bridget). "I felt like I was actually letting her down because I had been doing pretty well, and we were talking discharge, and then to say this, and it changed everything again, we were back to the bottom" (Mairi).

When the disclosure did not result in stopping further abuse, the person was often silenced for a time. She felt abandoned, "It was like that was the first knife in the back, that we told this guy [a social worker] that we needed help, he helped them [her relatives] but he left me here, it was you know, like ‘thank you’, and even at six, seven years old you can figure it out, you can figure it out" (Dayna). She was also disillusioned, "I believed that if Zenith 1-2-3-4 [a toll free child help line telephone number] wasn't there, then there really is no one to help. It hurt and scarred me emotionally" (Brooke). In response, she would find other ways to deal with the pain, "I went and got drunk and I thought ‘Wow, this works even better than counselling’ and that's why-it took away the pain right away. I don't remember getting home that day" (Paper Cat). However, the urgency to break the silence compelled the women to keep telling, "That's what I wanted, to finally get it out of me, to purge it out of me" (Dayna).

Making a disclosure to an appropriate person was a freeing experience, "It felt so good to get it out. That it was bottled up inside for so long. It was wonderful to let it go" (Jade). The
disclosure allowed the person to confront her denial and to break through the secrecy, "I got out of a lot of isolation by telling certain individuals in my life the exact details of my life to the best of my ability at the time, you know, even the most shameful things" (Paper Cat). Telling her story to a safe person helped to alleviate feelings of guilt, anxiety, and despair, "Open up and talk to them about my life, about my abuse and things like that and with those people, it's not shameful" (Brooke).

**The Lived Experience Of Recovery Diminishes The Lasting Effects of Sexual Abuse**

As the person works through the lived experience of recovery, her perceptions about herself and the sexual abuse change. At the beginning of the lived experience of recovery, her perceptions were usually negative, "I'm dirty, all this stuff, you know, I'm dirty, I'm bad, I'm wrong, no one will love me, no one will want to be near me, no one will want to touch me or hug me or anything, you know, like there's still that" (Dayna). However, over time, the person develops different attributions of her experience, "It's [the sexual abuse] made me into who I am, and I'm not totally disappointed with that" (Nicole). She becomes more resilient, "I know that I'll always have it [memories of the abuse], and I'll always be hurt by it, but I'll always have me too" (Mairi). Learning from past experiences is a rich foundation on which to build the present. "I think a lot of this stuff is something to really use, rather than hide it in your attic, build upon it and use it" (Mairi). The lived experience of recovery helps the person to separate herself from the damaging effects of sexual abuse, "There are other times, like when I'm thinking about my dad and I feel like the awful person he made me feel like, but really, I, I have a me now, before I didn't and one thing I always learn is that I'm going to be here, and I'm going to be alone with me" (Mairi).

The change in perspective towards the sexual abuse makes it possible for the person to alleviate some of the lasting effects of sexual abuse which include dealing with suicidality, self-injurious behaviours, the impact of traumatic sexualization, and lessening the impact of dissociation, flashbacks, and nightmares.

Suicidality is a broad term which encompasses both suicidal ideation and suicide attempts (Briere, 1992a). Suicidal ideation is a common reaction to the negative effects of sexual abuse. The person was often overwhelmed with feelings of hopelessness and powerlessness, "Like this life is brutal, I don't want to be here, I hate my life, I hate everything about, I don't want to be here
any more" (Brooke). Life had no options, "I was not worthy of saving or protecting, I was not wanted, just like my mother had told me" (Dayna). Suicidal ideation often led to the person making attempts to take her own life, "I got really depressed and I took an overdose and I ended up in the hospital" (Mairi).

The lived experience of recovery helps the person find meaning in her life, so that suicide no longer is an alternative, "I look around me and see what I have, you know. I think about everything that was taken from me but I see everything I have" (Jade). Her attitude changes, "and it was sort of a feeling inside-it was calmer" (Mairi). Discovering that life has meaning and that she was a worthwhile person, started once when the person believed that someone had acknowledged her cry for help.

People really started to ask me what was wrong and they were actually really willing to listen to what I had to say, instead of brushing it off, 'Oh, she's just fourteen and she's having all these hormonal problems, and it's typical, every teenager's like this', coz then people started to really ask questions, 'What's really going on?'. (Bridget)

She began to realize that someone else cared about her, "As she [the primary nurse] walked by, she stuck her head in, and she just said, 'How are you doing?', rather than 'What were you doing?', she just said 'How are you doing?' and she actually came in and sat with me" (Mairi).

Eight of the women had either thought about and/or made suicide attempts. Mairi, Bridget, and Jade were hospitalized because of their attempts and both Mairi and Jade were placed in adolescent psychiatric units because they were considered to be high risk. Only one person in the study did not consider suicide. This was because her overwhelming fear of death made life endurable, "I would much rather have a really crappy day than die" (Nicole).

Self-injurious behaviours ranged in severity from skin pricking (Victory, Bridget), to slashing oneself with a knife (Mairi, Paper Cat), to burning oneself with cigarettes or matches (Mairi). Self-injurious behaviours were used as a way to relieve the overwhelming emotions:

If I was feeling pain, it was to get out of feeling pain, when I dissociated I used to feel like I wasn't alive, and seeing blood, feeling pain would remind me, 'Yes, I was alive, I know I'm alive here'. When I was feeling shame, I slashed because I deserved it you know, 'Yeah, I deserved to feel this pain, I deserved to have these scars', when I was feeling powerlessness, it was a really good way to get power, 'Look how tough I am, I'm in control, I can make myself bleed, you know and I can make myself feel pain or not, you
Through therapy, the person learned new ways to cope with the lasting effects of sexual abuse. "I've since found other ways to do that actually, using sensory things, instead of pain. I use things that feel nice, things that smell nice, things that taste nice, things that have beautiful views, and things that sound nice" (Paper Cat). She discovered that she had choices, "I just took that into things that were healthier for me" (Paper Cat). She found new ways to deal with feelings that used to terrify her. "I'm not that desperate to release anger or pain any more, now if I'm mad I'll say 'Look, you're really pissing me off, I cannot deal with you right now, give me an hour, let me think, don't let me say things that I'm going to regret later, talk to me when I'm calm'" (Bridget).

Traumatic sexualization refers to the distorted perspective the person has towards sexuality, intimacy, and relationships because of the sexual abuse (Finklehor, 1986). Often the person was trained at an early age to be sexually precocious:

I didn't even realize that I had been socialized to be sexual with my father in my words and stuff, I knew that if I wanted something from my father the way to talk to him and things was like 'puffy-wuffy daddy' and rub his arm and cuddle up to him and stuff like that, and I had been taught to do these behaviours. (Victory)

As her personal boundaries were either not allowed to develop or were violated at a young age, she frequently associated sexual activities with love, and as an adolescent, lacked the guidelines to know what was and was not appropriate sexual behaviour. "I just didn't know, that's how I thought guys, not just guys, that's how I thought people would like me was if they could touch me and things like that" (Brooke). She was hoping that the sexualized behaviour would get her the approval which she yearned for, "that I would be accepted and that somebody would take care of me, that happened to me at home, in order for me to be loved, they were allowed to touch me" (Brooke).

Traumatic sexualization also increases the risk of developing relationships which are abusive (Briere, 1992a). Many of the women were involved in dating relationships which were emotionally, physically and/or sexually abusive. "It was a relationship where he wanted sex all the time and I just couldn't...I didn't really understand what was so good about it....I just...to me it was really horrible....so, he would hop on and do his thing...and uh, you know, it was really gross, and so after a while, I didn't want him to touch me anymore" (Judy).
The impact of traumatic sexualization is decreased when the person learns about what sexual behaviours are appropriate and which are not. This can be through friends, "A friend of mine said, ‘Well, why don't you just give up men? Why don't you take a while away from them?’" (Paper Cat) or sometimes in therapy. As the person’s knowledge was developed, her perceptions changed, and her expectations became different. "I wanted to get a healthier life and I knew that was part of it" (Paper Cat).

Sexual abuse also misrepresents the concept of intimacy, "I mean I didn't know the word intimate could mean anything else but sex" (Paper Cat). The lived experience of recovery promotes a different notion of what intimacy is through the promotion of non-abusive relationships. "I've learned how to be emotionally intimate with people, telling someone exactly who I am and them exactly who they are at a real gut level-honest, that's what I've learned intimacy is. It's kind of neat" (Paper Cat). The person became less fearful of intimacy, "I'm not afraid to have people touch me anymore" (Bridget); and less reactive, "I'm not afraid that if somebody says 'I love you' that they are automatically going to hurt me" (Bridget). She discovered that not everyone is abusive, "And that not everyone's like my dad, there's a lot of good people, there's a lot of people who are really decent and who really do care" (Bridget). She gained the freedom to explore and develop her own personal experience of intimacy, "like being able to have an intimate relationship with someone on a very emotional, a very cognitive level, that kind of thing, and be okay" (Dayna).

The Lived Experience Of Recovery Lessens The Impact Of Dissociation, Flashbacks, And Nightmares Over Time.

Dissociation, flashbacks, and nightmares are common lasting effects of sexual abuse (Briere, 1992a). Dissociation is a coping skill frequently used by the person to detach herself from the pain of being sexually abused. It continues to be used, however, after the sexual abuse has stopped and frequently becomes uncontrollable, "Everything gets unreal and it looks like that slow kind of dream like state, and I can't feel my hands and I can't feel my face, and my head goes fuzzy and my legs go numb" (Paper Cat). The person frequently has flashbacks while she is in a dissociated state.

Flashbacks are disturbing memories which emerge and are linked to a traumatic experience (Briere, 1992a). They can often be fragments of a memory and incorporate a variety of sensory stimuli from smells, sounds, certain voice tones, colours and images (Chu, 1992). The flashback
projects an image of trauma and the person is immediately caught up in the image and often is unaware of anything else that is going on at the moment, "feelings of intense emotion triggered by facial expressions, very dramatic but disjointed reactions and images" (Victory). The flashback is somehow connected to a present stimulus which is indiscernible at times, "Like every so often I'll get those feelings of what it was like sitting in that court room, the court room will come back to me, not necessarily the event but just the feelings and how insecure I felt and that sort of thing" (Nicole). Flashbacks can be one of the first ways that the person begins to remember the trauma of being sexually abused. "I started feeling that something wasn't quite right, it's like when you remember that it happened, it's slow and gradual but you definitely know there's something picking at you, something's not right, you start getting flashbacks and memories and dreams and stuff like that" (Judy).

Flashbacks often escalate at the beginning of therapy or as new memories are being discovered. Some of the women intuitively know when a new memory is about to surface:

I know in my mind that happened to me and my body has felt it, but I don't have the clear cut memory of it. It's kind of foggy, it's kind of there, and I know it's happened, but I don't have the memory of it, and I don't have the emotions attached to it. (Victory)

The lived experience of recovery helps the person to realize that flashbacks are a part of the recovery process. She learns, with the help of other survivors, group facilitators, and therapists that she will get through the flashbacks, "and I know the pieces will come together eventually" (Victory). She learns how to take care of herself as she goes through this process and gives herself time to work through the memory.

Nightmares are common. For some, the nightmares are vivid reminders of sexual trauma, "like they used to be very, very sexual and almost mimicking the kinds of things that I experienced" (Dayna). Sometimes the nightmares are so real that the person will do all she can in order to avoid sleep. "I've been going through that the past few months where I maybe get a few hours sleep every day, or I'll wake up every 90 minutes because I don't want to fall into R.E.M. sleep because I'm afraid of dreaming" (Victory). A fear of the dark is often associated with the nightmares.

There always had to be a light on behind me, like if I go from this room, to the hallway, to my room, I go turn on the hallway light, turn off this light, turn on my bedroom light, turn off the hallway light, go in my bedroom, turn on my lamp, turn off the big light, turn off
the lamp and run to bed, always. (Bridget)

In times of stress, the flashbacks and the nightmares will often increase. Being able to
diminish the lasting effects of sexual abuse takes time and requires developing some insight about
the nature of trauma. A part of this process is acknowledging that one’s own behaviours were not
crazy but reflective of the circumstances in which they were involved. The behaviours, which are
often the most difficult to understand, all appear normal in the context of child sexual abuse
trauma, "it's not abnormal-it all fits into this puzzle" (Victory), "I was just a normal kid reacting to
an abnormal situation" (Bridget).

The lasting effects of sexual abuse defined who the person was, how she coped with life,
and how she viewed the world, "How much the abuse had taken control of who I was, and still
who I am-and how I reacted to things, just to my entire world, my perspective on the world,
everything" (Victory).

**The Lived Experience Of Recovery Helps The Person Move From A Victim Stance To A Survivor Stance**

As the person works through denial, develops strategies to deal with the lasting effects, and
learns about herself, she moves from a victim stance to a survivor stance. Being a victim means
the person has not yet taken control of certain behaviours in her life, lacks personal boundaries, is
unable to be assertive, and has no hope for her life. The lived experience of recovery helps the
person confront her victimization, so that she can learn how to manage her anger and aggression
more effectively, and develop positive coping strategies to deal with the lasting effects of sexual
abuse.

The evolution from victim to survivor takes time. As a victim, the person feels ensnared by
her past, "Maybe I lived in the past too much but it's a past that's hard to get out of" (Bridget).
Hopelessness is part of the victim stance, "This happened to me and this happened to me, and my
life is crap and look what he's done" (Bridget). There is also a sense of helplessness at times:

Your friends probably won't be able to help you that much, coz usually they got their own
problems and dumping something as serious as sexual abuse on them is a pretty unfair
thing to ask someone who's not trained in it to deal with, coz what are they supposed to
do? They're your age, they got their own problems, they're failing school too, so, no,
asking for help's a very hard thing. (Bridget)

Another aspect of the victim stance is the feeling of powerlessness, "I didn't understand
what it was about me, and like so many things happened, that's when it gets hard to think that's not you that's causing them, and that's when the guilt builds up lots" (Jade). At the same time, however, leaving the role of victim is sometimes hard to do, "And I spent a lot of time, I feel that I'm entitled to, it might sound bad, but I feel that I'm entitled to feel sorry for myself for a while, I think I did it for a little bit too long" (Bridget).

The term "survivor" is used to indicate the changes the person has made to overcome the sense of victimization which she experienced as a result of being sexually abused, "I learned how to turn it around and be a survivor instead of a victim" (Bridget). The person can now acknowledge that she was sexually abused, "A big thing I had to overcome was saying the words 'sexual abuse', I think it took me like two years before I actually said the words" (Dayna). She perceives herself differently. "I'm not a victim of incest, I'm a survivor of incest" (Bridget). The person has ownership of her life and a sense of purpose, "You have control coz now it's your life and they'll never be in it again" (Bridget). The past is behind her, "I'm able to realize that the past is the past and that what's done is done, and it's happened, and it's not going to happen again because I learned so much from it that it never will happen again" (Bridget). The person becomes more self-reliant.

It's more like being there for yourself all the time, because counselling is really, really great, you learn how to integrate those skills and be there for yourself because the counsellor can't be there you know twenty-four hours a day, you got to learn to function and be clear to yourself and learn how to live a fairly normal life. (Judy)

She starts to direct her own lived experience of recovery:

It begins to be much more an individual, self-healing process and I think when you begin to get to the adult level where you are not so much in therapy all the time, but you're still reading, you're still learning, you're still journaling, you're still getting insights, you might be visiting groups, visiting with other sexual abuse survivors that you know or have gotten to know through group or therapy or that type of thing. (Judy)

Finding more successful ways to deal with anger and aggression is another important aspect of shifting from a victim to a survivor. As a victim, reacting to situations with anger and aggression was typical for many of the women, "I used to just look for people to fight with" (Dayna). Fighting was one way for the person to feel that she had some control over a situation, "I used to definitely beat the snot out of those boys, that was my main, I guess, physical
outpouring of anger, it was always boys, none of the girls were even considered really" (Nicolé). Being aggressive was a form of protection, "That was my defense right, if I turn everything into anger again and I got my fists raised, or you know, a knife in my hand, or a scowl on my face, you're less likely to hurt me, then if I'm sitting there crying" (Paper Cat). Frequently, the anger and aggression were very visible in the school setting. The person did not fear any possible consequences:

I remember grade eight, I got kicked out of a class for swearing at the instructor, coz I mean at that point in my life, I felt like I had nothing to lose, I mean he told me that I was disrupting his class, and I told him like 'Go do yourself, what do I care, right, it's like you cannot do anything to me that my parents haven't already done' and so, that's basically where I was at, that's the mentality I was at. (Dayna)

The anger and the aggression were described as being defences, "My intentions were to protect myself at all costs, but I didn't have the skills to do it appropriately" (Dayna).

Transforming the anger has been difficult for all of the women, "I knew that if I lived in anger that I was going to be this way my whole life, and I couldn't do that" (Jade). Each woman found the means to release her anger in less aggressive ways, "And now, when I'm angry, I take a shower, or rip up a comic book, or do something that doesn't hurt anybody" (Jade). She often learned these skills in individual or group therapy, "like maybe being angry and going home and beating my pillow for a little while and being mad because I didn't get to the place I wanted to be on time, that's okay" (Dayna). Transforming the anger facilitates the grieving process, "And I think the last little bit of it [anger], all this grief hit me and I just sobbed and sobbed and sobbed...that was it, it was over, I knew I was done, it was a really powerful experience" (Paper Cat). It also provides access to underlying feelings:

I was always in touch with the anger, what it [working through the anger] helped me do was to get through the anger, to get past the anger, so that everything under it, everything I was turning into anger, the fear and the pain and the sadness and the grief and that, everything I turned into anger was a protection, and also because I really didn't know how to deal with my feelings. (Paper Cat)

Transforming anger and aggression promote the development of a more assertive style of communication, "I'll put my foot down, and I'll go 'No, I have to keep my own boundaries around me'" (Victory). Being assertive means taking control, "and I'm going to do it my way"
Learning how to be assertive takes time. "I noticed that when in order to set a boundary, it didn't come out like it would now, in a very calm 'Please don't do that, that's very offensive to me', it would have been 'Get the fuck out of my face', like 'Leave me alone' or something like that" (Dayna). The person learns to speak up about issues which are important to her, "I found the strength to say 'Like somebody speak up, we need to take care of this, like this is a serious matter in our lives'" (Brooke). Change occurs as a result, "Even though at that time I was uncomfortable with the way I was doing it, I noticed it was a change" (Dayna). "That [speaking up for myself] was a huge, huge step in my life because as I said, I've just always been the baby of the family, and let them baby me and things like that" (Brooke).

In moving from a victim stance to a survivor stance, all the women found themselves grieving for the childhood which they never had, "I missed just having a life" (Paper Cat). They mourned for the time that was taken up by the sexual abuse, "My abuse happened from when I was eight to thirteen, such a big chunk of my life" (Nicole). They grieved their loss of innocence, "The freedom to be the sexual person I was born as, un tarnished, unshamed, undamaged" (Paper Cat). Through the grief and mourning, they speculated about what they would have been like if they had not been sexually abused. "I would have liked to have known where I would be now, you know, it's a very interesting thought, 'What would have happened if I hadn't been abused? what kind of person would I be?'" (Nicole).

The grieving process causes the person to consider what some of the long-term ramifications of the sexual abuse are. "I've lost the ability or what feels like the freedom to wear whatever clothes I want because there's that protection need" (Paper Cat). She admits that her distorted perceptions are a result of being abused as a child, "Every single thing in my life, everything I see, everything I do, everything I feel, everything I react to or everything I don't react to has usually to do with the fact that I have been sexually abused" (Paper Cat). At times, the person finds it very difficult to distinguish between the sexual abuse and her own identity:

It's all I am and I've been feeling like that recently too, it's like 'This is all I am, take away the sexual abuse and there's nothing left of me'. I feel real ripped off or real frustrated or real saddened by the fact that I feel like that's all I am, you know, geez, if I wasn't sexually abused, I wouldn't have anything to talk about, if I wasn't sexually abused I wouldn't have anything to think about, I wouldn't have any reason to feel. (Paper Cat)
The Lived Experience Of Recovery Develops Personal Strength And Tenacity.

One of the benefits of moving from a victim stance to a survivor stance is experiencing personal autonomy, "It's been a long haul, but I have my life back and I'm taking control of it, finally" (Brooke). The lived experience of recovery promotes making choices and taking responsibility for one's own life, "Hey, you know, I need to live" (Brooke). Personal strength and tenacity help the person to stay focused, "and having enough patience to see it [the lived experience of recovery] through" (Bridget). In moving from a victim stance to a survivor stance, the person no longer feels that she is controlled by her memories of being sexually abused, "Now I can look at the shelf that holds the books of my life, and, you know, like I said, sometimes a book will fall off and hit you in the head, but now I have the strength to put it away" (Bridget). She is in charge, "It [the sexual abuse] hasn't destroyed me and I am in control" (Bridget). She makes her own plans, "I want to come out of my shell and not be afraid" (Brooke), and is responsible for her own actions, "I choose and I think and I plan" (Bridget). Personal strength and tenacity replace former coping strategies with healthier, positive ones, "taking away all the old ways and starting new" (Mairi).

Personal strength and tenacity reduce negative self-talk. "I realized that there was tapes going on and I had to shut them off" (Victory). The transformation from victim to survivor allows the person to develop confidence in her own capabilities, "Believing that I can actually do things on my own has been really hard" (Bridget). She learns how to combat the negative influence of others, "I know what happened, I know how it felt, I know what happened to me, if they don't want to believe me, then tough shit, I'm going to deal with it in any way I know how and whatever, they can live in their fantasy world" (Dayna).

As the person develops personal strength, she acquires more appropriate personal boundaries. As a victim, the person had no idea of what personal boundaries referred to, "I didn't know what a boundary was" (Brooke). Building personal boundaries helps the person to set limits, to interact more appropriately with others, and to assert herself. This process frequently involves trial and error, "I went to extreme changes that 'I'm my own person, and I'm going to be this and I'm going to do that' without even thinking of his [her husband's] feelings" (Brooke). Experimenting with more appropriate ways to be with others is part of being a survivor. "I'm a survivor and I've made it this far, I can sure as the heck make it that much further" (Brooke).
Personal boundaries help to break the secrecy of the sexual abuse, "I had to stand up for myself because no matter how horrible things could become, I personally was going to start healing and no longer keep the secret that I am a sexual abuse survivor and dad was the perpetrator" (Brooke). The person recognizes that putting herself first is a part of setting boundaries, "The boundaries that I needed to set up for myself, that were positive but honoured myself and put me first before the people around me 'coz that was really important" (Judy). Personal boundaries encourage self-responsibility, "I make the decision and I live with the decision when I give up my time or myself or my resources...um...not that I have to or that I'm guilited but because I want to, not because I feel like they're not going to love me if I don't do this" (Judy).

Developing personal boundaries reduces enmeshment, "I can allow myself to be just me as an individual, but I can also make myself a part of the group, which I would get really confused with before" (Mairi). The person perceives herself as having a separate identity, "I've broken a lot of chains with my mother" (Victory). She discovers how to set appropriate limits:

I think one of the things recovery has given me too is rather than, like when other people's baggage is present, rather than picking it up and taking it with me, is that now I may be able to lift it up and feel how heavy it is, but then I put it back down and I walk away. (Dayna)

**The Lived Experience Of Recovery Helps The Person To Confront The Chaos In Her Life.**

In moving from a victim stance to a survivor stance, the person is often overwhelmed by the chaos in her life. Chaos can either be internal or external. Internal chaos includes being in conflict with oneself, "a lot of guilt, and disgust with myself, feeling like I had done the wrong thing" (Brooke); "I still felt self-loathing and just disgust" (Dayna). The person is completely dissatisfied with who she is, "I wanted to create a totally new identity of myself. That's what I wanted to do. I wanted, you know, to change as much as I could about my life because I didn't like the old me at all" (Jade). External chaos includes events over which the person has no control, "And after one day of testimony the judge decided that I was delusional" (Mairi). In confronting the chaos, the person takes responsibility for her victim stance, "Like putting myself in a position where I was being victimized by the outside world and then having to realize that part of this is my own doing, I've put myself in this position" (Dayna). Confronting the chaos helps the person move from a victim stance to a survivor one.

Learning how to live a more ordinary life is part of confronting the chaos. In order to live a
more ordinary life, the survivor starts to connect with people whose lives have not been affected by trauma. "People who have formed like a healthy sense of identity, or a healthy sense of who they are, they feel the feelings, they go through the thinking, they experience whatever they experience and then they just go on" (Dayna). The trauma takes on less importance, "And it got to the point where I didn't have time to go to the group" (Nicole). Deciding to live an ordinary life is the result of realizing that change is needed, "I knew that I could no longer live my life the way that I was" (Brooke). The person does the best she can to bring the change about, "I wanted to try and just be normal and fake it, you know" (Dayna) and reflects upon what she is experiencing. "I feel pretty normal, I feel well-adjusted, I don't have any vices except for the occasional ice cream cone, that kind of thing" (Dayna). Finding balance promotes the development of an ordinary life:

I mean there's always negative and positive things...the challenge is to be able to fix up them both at the same time...you know, and what's really important to me is to keep balance which I never had before and um...just kind of assessing things now and then just to make sure that there is balance, I'm not here too much and I'm not there too much...being even kiltered...not just with part of myself. (Judy)

Keeping balance in one's life involves maintaining all aspects of the self. "I think if we neglect one part of ourselves, we know it all too soon, you know...the whole thing really goes and then you're sort of in a crisis situation again and you know that things are wrong or off" (Judy).

At the same time, living life on the edge has an addictive quality and it is sometimes difficult to leave the chaos behind in search for a more ordinary life, "It was hard to give up the crises all the time" (Mairi). Being in crisis provoked an immediate response, now, life is more mundane. "It was 'if you did this and you did that' someone had to respond to it, and now there's no responses, it's not a big moment, it's just kind of every day grind" (Mairi). It takes time to appreciate a less chaotic lifestyle, "Now I realize is a lot better than the crises, but at the time I didn't" (Mairi). Often it is the small acts of kindness which promote balance and reduce chaos, "So that's what changed it and like there are little moments and stuff, books people gave me and things and that's what did it" (Mairi).

As the person moves from a victim stance to a survivor stance, she interprets her experience of being sexually abused differently, "You learn to live with it and make it the best that is possible to see" (Judy). She validates herself for surviving the experience, "I actually still think it [my childhood] was pretty good because I like the person I am now and who I am now has come
through all the stuff I've gone through" (Mairi). She confirms her strength and resilience in overcoming the trauma of being sexually abused, "It's obviously affected me and although I wouldn't choose to do it again, I think that it's not exactly worth it, but I think that it's not such a bad thing in the end, and so I'm glad I am whom I am, so the childhood and the abuse, it gets put into perspective" (Mairi).

**The Lived Experience Of Recovery Transforms The Meaning Of Trauma.**

Reframing the trauma gives meaning to adversity and changes the person's perceptions of how the sexual abuse has influenced her life, "Like since I did that peer counselling group with abusive relationships and basically just life being fifteen, it's totally put into perspective my relationship with my mom" (Bridget). Attributing positive characteristics to the experience of childhood sexual trauma transforms its impact on the person's present life:

Life is a day to day learning process, and yeah, you're going to have good days where everything seems like a rainbow and you're in enchantedville and you're going to have days where things are really rotten and you're going to wish oh I was never born and that's just the way it is. And getting through those days where life doesn't seem worth living is what makes us stronger and makes those enchanted days so much better...and that I think is the real difference. (Judy)

The person becomes hopeful:

I had finally realized that as bad as life can be and as much as I had been hurt throughout my life through the abuse and things like that, which had stunted so much growth in my life, that there was another side, that there was a good side, through his loss, I finally realized that I needed to learn to trust people, I needed to learn to be honest, and I needed to learn to communicate and open up. (Brooke)

She feels more optimistic, "I regained feelings, trust, boundaries, support, communication, love". (Brooke) and recognizes that she does have options in how she can live her life, "You have choices" (Brooke). Her outlook is more positive.

I always seemed to be swimming upstream in a downstream kind of life you know and I was expending so much energy doing that that I really didn't understand that there were good things happening in all those bad things, coz it was so negative that I just didn't see them and now. (Judy)

Giving meaning to adversity develops a social conscience and a desire to change the status
quo, "I look back and see well maybe if it hadn't happened to me that I wouldn't be where I am now and that I wouldn't be in the position of helping other people the way I want to and that it really gave me a big learning base of experiences" (Judy). The person frequently seeks out ways to contribute to her community, "Like I do peer counselling and volunteer work and it helps me out a lot because I feel like I'm giving back to the people that helped me" (Bridget). "I do a lot of volunteer work, I do school, and I try to help other people, because so many people have helped me" (Mairi); "all through my own recovery, I've been helping others" (Victory). It is important for her to speak up on behalf of those who have been sexually abused, "If I can help people understand it, then people will know that it can happen to anybody" (Bridget).

Developing a sense of humour enhances her new perspective. "I really realized that if it hadn't been for the off-handed humour you know, being able to laugh at myself, if it hadn't been for the laughter I don't think I really would be here today" (Judy).

The lived experience of recovery makes it possible for the person to appreciate the small things in life, "Just really valuing things never really used to be important to me before but it really is important now, like uh..it really sounds corny but stopping to smell the roses and things like that that I never seemed to do before" (Judy); "Not everything has to be major and you don't have to rely on like big huge things to make your day perfect, stop and smell the roses, don't rush past them and ignore them" (Bridget). The person can handle situations without reverting back to negative coping strategies, "You can figure out more and not everything has to be really complex" (Bridget). There is a shift in perspective, "It might be the same old shit on just a different day, but at least it's a different day" (Bridget).

Giving meaning to adversity has made it possible for the person to cope with a situation differently. "I used to be ashamed. I'm more accepting of it now but still naive of native heritage" (Brooke). An event, which would have traumatized the person in the past, no longer has the same impact.

When the judge was making the decision, I'm sitting there and I'm thinking 'Okay, I'm going home and I'm going to overdose, I'm going to die', but by the time the judge finished, I was like 'Well, I'll just go home you know, hug myself and I'll have some hot chocolate' and that was just in two minutes that I could go from that to that. (Mairi). She learns that she no longer has to be controlled by her past.

Changing my name back to my birth name is a significant step, it's putting the seal on that
portion of my life and saying 'This is done, like this is done, and there will be days where it comes back and it goes away, but it's done, it's just done and that's it'. I actually try and visualise in my mind, how they used to melt the wax and then seal it with an emblem to be delivered, for whatever reason, and to me, that's what it's like, I've taken all this stuff, and I've enclosed it and I'm going to seal it. (Dayna)

**The Lived Experience Of Recovery Is A Journey Of Self-Discovery**

Self-discovery is an important aspect of the lived experience of recovery. As the person continues in the lived experience of recovery, she learns more about herself, and is able to reclaim the parts of herself which were taken away because of the sexual abuse. "He tried to take everything that I was away from me, but it didn't work" (Bridget). The journey of self-discovery gives the person ownership of her life and a sense of purpose, "It's my life and I know where I want to go, and I'm going to go there, whether he likes it or not" (Bridget).

The lived experience of recovery promotes self-responsibility, "I've come a long way and I have the strength to go on and to do more and to keep changing and to keep growing" (Judy). The person is committed to the lived experience of recovery and believes that she has a purpose, "My basic mission I think here on earth to help other people explore what is inside of them so that they can help themselves and get through the pain and get on with a really nice life" (Judy). She looks at her strengths, "I can make decisions about how I want to live my life" (Jade) and sets some personal goals for herself, "be stronger, it's still really hard for me to say 'no'" (Jade).

At the same time, the lived experience of recovery is like being on a roller coaster, "Everything is so new, emotions, boundaries, self-esteem. You have your ups and downs through it all. Some things that you do or learn are very empowering, whereas some of the healing processes can be extremely emotional and draining" (Brooke). Self-discovery requires on-going learning, "I've learned so much about myself I know that there's that much more to learn" (Brooke). The person is willing to confront her past, "It really became increasingly important to me to get to the bottom of what it was—that thorn in my side. To really understand" (Judy). She becomes more aware of herself, "being me" (Brooke) and her perceptions of herself change.

When I think about the monster inside of myself, that there was this swirling black pit in there...um...that really now when I look at it, and that was a real understood little child of myself, that was hiding in there, there was no monster in there, I mean the monster really was the remembering, I mean the sexual abuses were the swirling black stuff, but inside of
all that was just the hurt little me in there that was just longing to be accepted again and not, um...quarantined anymore, you know, not evicted. (Judy)

The lived experience of recovery requires internal change, "I started to learn about myself" (Brooke). Life has new meaning, "I've learned what life is all about, and that it's not all bad and all evil" (Brooke). The internal change is often described as being, "A strength that made me realize that if I truly want to survive I'd better be willing to do something about it. I guess recognition and willingness" (Brooke). The person is pleased to discover that "I'm a pretty strong person and that there's something inside of me that kicks in and keeps going" (Bridget). She becomes more confident, "And I know pretty much, most of the time, who I am, like I know what makes me me, whereas before, I just had no idea coz I was really, really, really insecure" (Bridget) and is no longer ashamed to talk about being sexually abused. "I didn't want to say anything coz I was afraid that people would laugh at what I had to say, but now I have enough strength, and enough courage, and enough guts, and enough belief in myself that I can talk about it" (Bridget).

As a result of the inner change, her attitude towards life is transformed, "It is the feeling of being alive" (Brooke). The lived experience of recovery is "a must do, a must do" (Brooke) because "It has taught me so many tools to deal with in life that I never had before. It has taught me to be an individual, to love myself unconditionally" (Brooke). The lived experience of recovery opens up possibilities and develops personal potential, "there's a lot more inside me that I can start to let out now, I kept hidden for so long" (Brooke). Life is valuable, "Life is too short, it can be gone like that" (Brooke).

Journal writing has contributed significantly to the journey of self-discovery. Each person still uses journal writing, "Any time I do have something come up, you know, I start pulling out the journal, and reading and that sort of thing and it helps" (Nicole). The journal writing is both a safe way for the person to process her on-going difficulties and concerns as well as a place to celebrate her victories. "I'm never alone, it listens to everything I need to vent without talking back. It's my sounding board. Anything I'm feeling, I can write about it" (Brooke). Journal writing is a positive coping strategy. "It's been a really good release because I can write down anything that I feel on a piece of paper and I don't have to show it to anybody, and it can mean something to me" (Bridget). It is one way to clarify feelings, perceptions, expectations, and yearnings, "It helps you get your thoughts straight, and sometimes when you put it away for two weeks, take it out and read it and it will make more sense in two weeks and just to keep it on
paper, it's like having a record of it, it really helps things become clearer" (Bridget). Journal writing is an effective problem solving strategy, "It might still be the same problem, but it makes more sense and then you could find an answer" (Bridget).

Self-discovery results in the development of positive self-esteem. This often begins with the person's realization that the sexual abuse was not her fault, "It's not my body's fault and not my body parts' fault that this guy abused me, it's this guy's fault that I got abused. It's everything to do with him and nothing to do with me, except for the fact that I was vulnerable" (Paper Cat). Positive self-esteem happens gradually, "It's like a slow acceptance that you're really okay-it does, it takes years, well, for me, it took years" (Judy). Self-esteem is enhanced by a change in the person's world view:

I didn't feel like it was the end of the world anymore, and I felt that there really was hope that I could change, that I could be different and then I really during my early twenties, I really got a sensation that I could, could be anything that I wanted as long as I worked for what I wanted. (Judy)

The person is more aware of who she is as her positive self-esteem develops. "I have a me now, before I didn't" (Mairi). "I would say that if you had to measure it in percentage, my personality or whatever, I would say it's maybe about 25 or 30%, and it's been growing slowly as I start to realize that I do have some good" (Nicole). Self-esteem develops as the person feels more secure in her present situation, "Now I'm just at a safe place, I'm doing better than I was before" (Jade). Although the person may still not like certain aspects of herself, "I'm not that bad, but I'm not as good as I should be, I'm not as good as I would like to be" (Jade), she appreciates herself now. "It's weird to look into the mirror and like what you see. It was not like this before" (Jade). Her self-perception has improved, "I am a totally different person" (Jade). She now has a sense of worth, "I love myself as opposed to hating myself-I couldn't stand myself, I didn't want to be in my body, around my body or anywhere near it, now I really enjoy the person that I am, it's like two different worlds, before I was not just any where or any shape okay and now I'm quite okay" (Judy). The person no longer believes that she is inherently bad and corrupt because of the sexual abuse, "I have a new concept of who I am, of what I am, and with that went realizing that I was a good person" (Mairi). Positive self-esteem helps the person to reflect upon the progress she has made in recovery.

I think that for me, it's been pretty important for right now is knowing that a) I am a
survivor and b) I am a recovering drug addict and c) I am all these other things that you could look up in a textbook and label but I'm also a very normal person and I can live a successful life. (Dayna)

The lived experience of recovery also promotes positive self-care. "I really make time for things that are important to me" (Judy). She pays more attention to her inner process, "I was looking a lot more inside than outside, what other people said didn't matter as much" (Mairi). She uses her inner resources and strengths to get herself through difficult times, "I followed my own goals rather than ones people set for me or what was expected" (Mairi). Increasingly, she relies upon her own intuition when assessing a new situation, "I just do my own thing because I believe that it's right, so I think it's just that I have the voice within myself that's right, it feels good, it feels good to be alive" (Brooke).

The Lived Experience Of Recovery Fosters Emotional Development.

The lived experience of recovery enhances emotional growth. The person often moves from a place of numbness, "I really hadn't been dealing with feelings and things like that" (Brooke); depression, "There was no hope whatsoever" (Dayna); to a place where a variety of emotions can be experienced, "So feelings have come back" (Brooke). Emotional development generally starts while the person is in therapy. This is often the first time when the person has the opportunity to explore feelings, "I wasn't very much in touch with my feelings at the time I got into counselling, not very much, just barely" (Paper Cat). Therapy often helps the person to feel safe enough to explore feelings, "All this neat stuff happened, and I realized to allow myself to feel that rather than running away" (Paper Cat) and teaches strategies which the person can use to gain access to her feelings, "I talk to somebody, I write about it, I play music, I write poetry, I do work with clay, I do paintings, I do drawings, I do other writing, I do all the stuff to get the feeling out, I talk to people and I pray, and I just sit there and allow myself to feel" (Paper Cat).

The person discovers that crying is an acceptable way to deal with her pain, "I just allow myself to cry, which is real new for me, you know, I've only been doing it in the last couple of years" (Paper Cat); "Some days I just cry because of what happened" (Mairi). In addition, she often experiences happiness for the first time, "It took a long time to understand that happiness can't be bought or borrowed—that it comes from inside and is a state of being NOT just a state of mind" (Dayna). "I felt anger and guilt and humiliation and jealousy and all those things, but I never felt happiness. And it's a really neat feeling" (Jade).
The lived experience of recovery makes it possible for the person to take care of her own problems, because she is no longer as emotionally needy.

I've come from that person that just couldn't deal with my life without having somebody, without having a therapist around, I couldn't deal with my emotions, to being able to be there for myself and so that was, it's like really starting to understand all yourself, not just part of your self and not just liking the nice part, but liking all of yourself which includes all the nasty feelings or thoughts, or the I'm not good enough, or I'm really bad, or I'll never be this, so it was accepting all of that and being okay with that, it was a big difference. (Judy)

The person becomes less reactive to what other people say and do. She no longer responds as impulsively as in the past, "[to] be able to sit and take your feeling and to say 'Well, why am I feeling this way? and let's look at that'-instead of the feeling" (Nicole).

The emotional development contributes to a more positive attitude towards life. "I'm not afraid to say 'I love you' and I'm not afraid to show my feelings, you know, to an extent" (Jade). The person seeks more interaction with others, "now I attend school, and watch my sister, and I help out at home, and I'm active in the church and I help my grandma, and I'm doing a lot of things, whereas before I was 'Don't even ask me'" (Jade). Life can be pleasurable, "I have a lot more enjoyment for life than I ever did, I haven't felt homicidal, I haven't felt suicidal in years" (Paper Cat); "Not everything has to be horrible, I look on the brighter side of things now" (Bridget). The person feels more optimistic, "I think that the world has a lot of potential to be a really good place and that there are places in the world that are excellent" (Bridget). Choosing how to view the world is a personal decision, "You can be part of the dark side or the bright side, it's up to you" (Bridget).

The lived experience of recovery reduces negative thinking, "It's either this way or it's not this way, you were a survivor or you weren't a survivor and there was no in-between and what I'm learning today is that everybody's got stuff" (Dayna). She becomes less rigid and judgmental, "I think that's why I'm finding recovery has broadened my sense of being able to accept other people and saying 'Yeah, everybody's got stuff, everybody's got something in their closet but it's not to me to judge them for that'" (Dayna). Developing tolerance for others is another aspect of emotional development:

And knowing that 'Yeah, not everyone that I go to university with came from the same place
as I did', and they're not going to be able-just like I cannot understand or conceive of what it's like for them to have a tight knit family relationship, they cannot conceive what it's like for me to be a recovering addict, a survivor of abuse, and you know, all this other stuff, just like I cannot comprehend their stuff, they cannot comprehend mine. (Dayna)

As a result of developing tolerance, the person's social skills also improve. "I'm able to have respect for myself and for other people, like not only respect as in 'Oh, I respect your morals and values’ but respect for you as a person and your feelings" (Paper Cat).

**The Lived Experience Of Recovery Enhances Spiritual Development.**

The lived experience of recovery facilitates spiritual growth and, in turn, spiritual development reconciles trauma and makes recovery possible. "I think that everything happens for a reason and that there's somebody somewhere or something somewhere that won't give you anything that you can't handle" (Bridget). The person's philosophical perspective shifts to accommodate the trauma instead of discounting or denying it. "I've learned that everything that's happened to you, you have to learn from it otherwise it will destroy you" (Bridget). Spiritual development may or may not include incorporating a belief in a God-like image, "Like I don't believe in God or anything" (Bridget), but does include a growing appreciation of self, "Even if people try and destroy you and take everything away from you, nothing can hurt you if you believe in yourself" (Bridget). Part of the spiritual development is learning to trust the self and others, "faith in yourself and faith in the people around you and faith that they are trying to help you" (Bridget). Faith develops as the person feels supported by others, "They want you to get better and they want you not to hurt any more" (Bridget).

Acknowledging that there is a connection among people is another aspect of spiritual development. "I've also come to believe in one spirit of the whole earth, not a god kind of thing but just a spirit of everyone" (Mairi). Everyone has something to contribute in life, "Everyone plays a role" (Mairi). The person has to have enough faith in herself to allow herself to experience spiritual awareness. "I don't know exactly where to go from here, but I'm just going to keep doing what I'm doing" (Paper Cat).

Spiritual development provides meaning to life, "There's some kind of a force guiding us because there has to be" (Nicole). Life has a reason, "There's got to be something, some goal for this thing that's going on out here, whatever you want to call it, but I don't know" (Nicole). The person has a sense of purpose, "to live in the present. Yesterday is done with, it's the past."
Tomorrow is yet to be here, it's the future, I can't control what's not here. I need to be physically, emotionally present today. Live my life and hope that I can make the right choices for my life" (Brooke).

At the same time, spiritual development is unchartered territory, and each person has to find her own way. "I've just started going ‘Is there a God, is there not a God? What happens when we die?‘" (Nicole). The person often has many questions:

I've been going through a little of a struggle, and a lot of people have been telling me, ‘Well, what's going to happen is that you're going to get to know your higher power better, your relationship with your higher power's changing, it's going to come out better and stronger', and so, I'm just waiting for that to happen, and doing talkin', I'm doing writing, I'm doing lots and lots of prayer about it, and so, I'm just waiting for whatever's supposed to happen, happen. (Paper Cat) 

Spiritual development increases as the person becomes more actively involved in her spiritual life. "I pray regularly, every night, and that's one of the things that I've changed since starting recovery, you know. It's one of the things that has helped in my recovery" (Jade).

The Lived Experience Of Recovery Fosters The Possibility For Improved Relationships With Family Members, Friends, And Partners

The lived experience of recovery is both intrapersonal and interpersonal. The interpersonal processes include confronting sexual abuse, diminishing the lasting effects of sexual abuse, moving from a victim stance to a survivor stance, and discovering the self. At the same time that the person is developing intrapersonally, she is also changing interpersonally. She seeks to improve her relationships with some family members, friends, and partners, and is also willing to let go of other relationships which are detrimental. She begins to understand how her various relationships may influence her lived experience of recovery. The lived experience of recovery challenges her expectations and perceptions of her varied relationships. The three most common areas are (1) relationships with family members, (2) relationships with friends, and (3) relationships with partners.

The Lived Experience Of Recovery Changes Relationships With Family Members.

Family dynamics are challenged by the lived experience of recovery. As a result, the person's relationship with each family member takes on different meaning, some more positively
than others. It begins with the person changing her own expectations of what her family can provide, "With my family there are just some things I won't even talk about anymore, I won't allow them to push my buttons the way I used to and I had to do that, not to be angry at them but to be okay with me to be involved with them" (Judy). Her expectations of her family become more realistic, "Like my dad has a certain way about him and you respect that coz that's just who he is, and my brother has kind of a self-centered way about him and you just kind of love him for who he is and my mom is kind of passive-aggressive with my dad, and you just kind of you know accept it" (Judy).

The relationship between the person and her mother is a significant one in the lived experience of recovery. The mother was often physically and/or emotionally unavailable during the time the sexual abuse occurred. "It was the way of life. If she was present, great. If she wasn't, I'd assume she was out on a drinking binge" (Brooke). In childhood and adolescence, the mother/daughter relationship was often a conflictual one. "I remember just hating my mom, thinking that she was such a bitch" (Bridget). Frequently, the daughter did not even want her mother around, "And when I was eight, I told her to just leave me alone, I didn't want any more hugs good night, I didn't want kisses or anything" (Bridget). "I was so mean to her, like we didn't have any relationship at all" (Jade). However, as the person’s attitude starts to change, her expectations and perceptions of her mother are transformed:

I learned that, this whole time when I thought she was completely against me, that she was only trying to do what was best for me only she never told me, and I wished that she would have sooner so that I didn't waste so many years hating her. (Bridget)

She appreciates her mother more, "She's got her life together, she stopped drinking, she has like only one man in her life now, who isn't always in her life but he's been the one man for a very long time, she's gone from being a secretary to being head staff at a group home, for like, she's been working for seven years, she's done a lot" (Jade). For six of the women, the relationship between mother and daughter has become more positive, "She stands up for me and doesn't take it lying down like I would" (Mairi); "My mother is my best friend" (Jade). For these women, the mother/daughter relationship is much more appreciated, "It's been really good, we've come a long way" (Nicole).

At the same time, however, certain aspects of the mother/daughter relationship may continue to be difficult to resolve, "She gets angry when I have a flashback or when I have a
nightmare, if I'm sad and upset, all she can say is he's a jerk, and she can't accept why I would be sad, and she's angry, and I'm lost" (Mairi). The history of sexual abuse continues, at times, to put a rift in the relationship. "It's like even now my mom will say to me 'I don't know why you want to keep dredging up the past', well, there's a simple answer to that, I'm not really dredging up the past, my past keeps finding me" (Judy). The mother may need to seek therapy for herself prior to developing a relationship with her daughter, "I'm not sure [of what kind of relationship I would like with my mother], I guess one where first she would seek counselling to heal all of her wounds. From there, one where we would find common interests so we'd have things to talk about" (Brooke).

For the other three women, the mother/daughter relationship remains distant. Dayna's mother continues to be abusive. Victory's and Paper Cat's mothers still show signs of mental illness.

The relationship with the non-abusive father has frequently also been a conflictual one, "A real logger-head type of relationship where we just couldn't get along and he was just as stubborn as I was" (Judy); "I still can't get over my dad, he still drives me nuts" (Nicole). However, changing her expectations of what she wants from her father has usually made a positive difference, "By letting go of expecting something I have left lots of room for anything to happen. When you quit hoping for people to change, it's amazing to see what can happen. My dad and I have gotten closer in some ways, ways I never expected" (Judy).

For the most part, siblings did not play a significant role in the lived experience of recovery for this group of women. Many of the women were either only children or had siblings (including step-brothers, step-sisters, half-sisters, half-brothers) who were either significantly younger or older than the person. In the case where the person had siblings closer in age, the siblings had either been sexually abused by the same perpetrator (Brooke, Nicole) or had also been perpetrators (Bridget, Brooke, Nicole). Some of the siblings who had been sexually abused, were currently in therapy and moving along in their own lived experience of recovery, "The talking and the sharing and things like that, that's just starting to grow again, just starting to grow again" (Brooke).

The Lived Experience Of Recovery Changes Relationships With Friends.

Friends are important in the lived experience of recovery because they provide the opportunities for the person to interact with others, develop social skills, and experience emotional intimacy.
As the person begins to develop more self-awareness and self-acceptance, the qualities which she expects in a friend change. "My friends were like 'You've changed so much, how come you've changed so much? You don't like to party anymore'. 'Well, I grew up'" (Jade). She learns to handle peer pressure more assertively, "You don't have to do what everyone else is doing just coz everyone else is doing it" (Bridget). Her expectations reflect her transformation from a victim to a survivor:

I just wouldn't accept certain things from people in my life...like, if they were going to call me all the time when they wanted something and wouldn't bother returning my calls when I had called them, it was a real one sided type of relationship where I was always giving, giving, giving, giving all the time and not getting anything in return...those relationships had to go. (Judy)

She looks for friends who are supportive and accepting, "You have to have real loving and nurturing people that are going to love you for exactly who you are come hell or high water or whatever happens that they're going to be there for you" (Judy). She becomes more discerning:

I would really rather have a few really good friends, like really empowering friends than a lot of acquaintances, so that's a really big difference because I don't have an overwhelming number of people in my life that I can call really good friends, a lot of them are really acquaintances but that really suits me just fine because I know that if I need to talk or say something or whatever, they'll listen to it and have perspective about it and not judge me for what I've just said. (Judy)

Finding friends with whom the person can experience closeness and emotional intimacy is a powerful experience. "I'm able to be the most vulnerable with her and she knows everything about me and that's kind of a nice feeling" (Paper Cat); "Open up and talk to them about my life, about my abuse and things like that" (Brooke). Positive friendships influence the person's perceptions of herself.

Especially for so long thinking that 'I'm damaged, there's something wrong with me', 'I'm bad', 'If you really knew me you wouldn't like me coz I sure in the hell don't like me', so having someone who still likes me no matter what I've been through my whole entire life, who still likes me, who still cares about me deeply, who still shares part of her life with me on a regular basis, on a consistent ...consistency, yeah, consistent, secure basis, that helps a lot. (Paper Cat)
Friendships are a source of comfort and validation. "All I try to do is remember how many people I know that really care about me and want to protect me and there are so many people that say I wish I could just take it away from you and I always think of that and that always helps, if anyone could, they would" (Mairi). The person perceives herself as being worthy and is more willing to reach out to others. "I let them take care of me and I never did that before" (Mairi). She develops socially, "I've never experienced that before, is having a female friend as a companion, it was either all or nothing, you were either totally 100% there or you weren't there at all" (Dayna). She is able to develop lasting friendships, "[I] realized, really found out who my true friends were, the ones that cared about me" (Brooke).

**The Lived Experience Of Recovery Changes Relationships With Partners.**

By the end of the study, five of the women had intimate partners. Three were living with their partners, one was engaged, and another woman was married. The relationship with her partner is challenged by the person's own growth, her need to set boundaries, and her desire to initiate different expectations.

I wanted to change the direction of our relationship to a more positive outlook on life in general, in the fact that life can be too short, I would like us to both learn to communicate immediately when an issue arises, instead of being afraid of hurting one another's feelings, I'd like to quit feeling selfish and needy. (Brooke)

Confronting the sexual abuse frequently puts the relationship with the partner in jeopardy. The person is afraid of what the partner's reaction may be to her disclosure, "frightening. Afraid my husband might not be able to handle the whole truth. Would he think less of me?" (Brooke). There are times in a relationship where the person is concerned about what changes will occur because of her desire to work through the denial of being sexually abused, "We didn't know if we would make it, didn't know if we were going to separate and divorce" (Brooke). As well, her expectations of what she wants from her partner change, "So, it went to extreme changes that 'I'm my own person, and I'm going to be this and I'm going to do that' without even thinking of his feelings" (Brooke). At times, the process of recovery is self-absorbing.

So I did become very, very selfish. All of a sudden, trying to be completely independent which was very disruptive to the way we're accustomed to try to deal with issues together.

Only my needs, thoughts, and concerns were of importance. (Brooke)

Changing the relationship with a partner requires finding balance and becoming involved with the
partner in a meaningful way, "laughing isn't [different], but feeling and enjoying the laughter is" (Brooke).

For the most part, when the person has been able to talk about the sexual abuse with her partner, the relationship has improved, "It was like the beginning of our lives of what it should have been, eight years ago so it's just been a whole new marriage, it's special, it's so special, to live through all that" (Brooke). The difference in being able to talk about the sexual abuse instead of keeping it hidden has enhanced how the person views the relationship, "[It] is the healthiest one I've ever had in my life, of any kind of relationship, and I think that's very significant in showing that I'm getting better" (Victory). It is important, however, that the person indicates to her partner how she would like him to respond when she does talk about the abuse:

I told my boyfriend that I was sexually abused and he kind of looks at me and he goes ‘What do I say?’, you say ‘I don't know, I just felt you should know’, ‘Okay, thanks for telling me’, he goes ‘Should I say I'm sorry?’ and I said ‘No, coz that's like saying...well, yes and no, yes you're sorry that it happened, but no, because I am who I am now and it's made me into who I am, and I'm not totally disappointed with that’. (Nicole)

Sometimes, however, the lasting effects of sexual abuse can hamper the development of a positive relationship with the partner, "I always wonder, if you're not home on time 'What's he doing? Where did he go?'" (Nicole). The inability to trust and place a lot of confidence in the relationship can be an obstacle, "I haven't got the guts to ask him if it's going to be involving me or not because I don't want to push that pressure on him because you know, he doesn't know what he wants to do with his life yet" (Nicole).

**The Lived Experience Of Recovery Reduces The Negative Influence Of The Perpetrator**

As a result of the lived experience of recovery, the person's attitude and perceptions towards the perpetrator change. The person usually feels less threatened by the perpetrator as she develops her own inner strength and realizes that the sexual abuse was not her fault. However, because most of the people in the study were sexually abused by more than one perpetrator, the person may still be wary of one perpetrator but feel more resolved about another. The multiplicity of perpetrators makes resolution more difficult and creates a wide range of feelings and reactions for the person involved.

It is difficult to comprehend what would make someone violate a child in such an intimate
fashion, "How could he do that to me? How could an adult do that to a young child? Where's the rhyme and reason in that?" (Brooke). Instead of blaming herself, the person acknowledges that a trusted family member developed a relationship with her when she was a young child in order to engage in some kind of sexual activity with her. "I was only doing what I thought would make my dad love me more, that would make him never leave" (Bridget).

As a child, the person was often reluctant to disclose about the sexual abuse because of having a sense of allegiance towards the perpetrator, "I was too afraid to tell anybody because at the same time, I totally loved my dad" (Bridget). She believed that her relationship with the perpetrator was special, "I was always daddy's little girl, always, always, always, always" (Bridget). Being with the perpetrator was very confusing:

He was this nice friendly guy and he was always excited to see me, and always friendly and charming and smooth, and 'I want this guy to be my brother', 'Yeah, he's going to be my brother and he's going to protect me' and this is what he kind of put across to me, 'Yeah, I'll protect you and you can be kind of my little sister'. (Paper Cat)

The perpetrator's behaviour was usually deceptive and manipulative and often, the person was convinced that the sexual activities were acceptable.

He would show us things like pornographic movies and then he would give us stuff to try and mimic, whether it was outfits or toys or that sort of thing to mimic what was happening in the videos, and so I guess it was all a game, is what it felt like. I don't think it ever really, really hit me that it was anything really wrong until afterwards. (Nicole).

Her sense of reality became distorted.

He [the uncle] had ones [videotapes] that were like cartoons and ones that were real live people, and so I guess it was just like all in the mind, it was a cartoon or it was just a movie, what's wrong with that, if these people are making it, there can't be anything wrong with it, there's that justification. (Nicole)

It was further distorted if her body responded to the sexual contact. "It was physically pleasurable what we were doing, and I had a hard time, I spent many, many times with my counsellor saying 'I don't see how that was abusive, I don't see how that affected my life, I don't see how that did damage' coz he was so nice, he was so loving, he was so gentle and caring, and it felt good" (Paper Cat). "The biggest guilt about the abuse was that at times my body responded pleasurably" (Brooke).
This distortion of perceptions led to the inability to trust personal intuition. "I've realized all the places where just his betrayal has affected my life, all my trust issues and all that" (Paper Cat). Nothing was what it appeared to be, "You know, always afraid that, you know, it looked so innocent, and then afraid, you know, that it's going to go down to that abuse" (Paper Cat).

Being sexually abused by multiple perpetrators distorted the person's perceptions of the world even further. "A lot of my trust issues have been in major turmoil since then, you know, coz I'm thinkin, these people look safe, but I might be just as wrong now as I was then, and so I'm questioning pretty much everything" (Paper Cat). The women who were sexually abused by both male and female perpetrators often become more wary about developing any type of intimate relationship with either gender. "I've really noticed the impact that's had on my friendships with women and my safety issue with women" (Paper Cat).

In order to reduce the negative influence of the perpetrator, the person has made the decision to avoid any further contact with him or her. "They [the adoptive parents] try the manipulation game, they try the conning game and I'm not into it any more, I am very good at just saying 'no'" (Dayna). She has learned to set her limits and remain resolved.

The negative influence of the perpetrator is further reduced once the person deems the perpetrator accountable for his/her own actions. Prior to the beginning of the lived experience of recovery, the person internalized that the sexual abuse was her fault, "That's what I'm here for you know [to be victimized], and it feels like, you know, I have a sign plastered on me" (Jade). Through the lived experience of recovery, the person perceives the situation differently and learns that she did not do anything to encourage or invite someone to orally, anally or vaginally penetrate her. "I learned that the things that happened to me were not my fault, I was only little" (Bridget). She no longer blames herself for the sexual abuse, "It was something my dad had poor judgment on and he was [the one] that's responsible for the abuse" (Brooke). "I realized that everybody else is the victim and he's the only one that can take the blame for anything" (Nicole). Acknowledging that the perpetrator is responsible for the sexual abuse is a significant shift. "For so many years it was my secret, I had built it up for so long that maybe it was my fault. I had a lot of barriers to break through. I needed to speak of my experience to let go, opening up so honestly was frightening" (Brooke). "It's not my body's fault and not my body parts' fault that this guy abused me, it's this guy's fault that I got abused. It's everything to do with him and nothing to do with me, except for the fact that I was vulnerable you know" (Paper Cat).
By making the perpetrator accountable for his/her actions, the person’s attitude towards the perpetrator changes. "I have made peace with myself and him for something that has happened years and years and years ago, I can’t change that but I mean he’s still manifesting his own stuff, that’s his stuff to deal with" (Judy). The person is no longer consumed by anger, "It’s just that I made peace with myself and I let that go" (Judy). The past does not dominate her life, "I’m not saying that it was easy to just say ‘Well I forgive you’, I mean there was a lot, a lot of years involved-I saw there was more harm in holding on to my resentment for them than there was in letting it go because it was so in the past and I am so removed" (Judy). She feels less restricted. "I have more freedom than I did have, my box that I lived in was quite small, although it still feels small, there’s a little bit more arm room now, there’s probably room for a chair in there, you know, but before it was hunched down in a corner you know" (Paper Cat).

Once the young woman decides to make the perpetrator responsible for his/her behaviour, in some situations, she can, at times, then reflect upon the less negative qualities of the perpetrator. Five of the women were sexually abused by their fathers, and while none of them wished to continue in an incestuous relationship, three expressed a yearning to have a non-sexualized connection with their fathers. The desire to have some type of relationship stems from having some positive feelings toward the father. "He was the one who gave us the birthday parties, gave us the family picnics, gave us the bike rides, gave us the trips, all types of family trips" (Brooke). While she knows he is responsible for the sexual abuse, she can appreciate certain qualities that he does have, "Can he be both a good guy and a bad guy at the same time? I miss him but sometimes I’m very angry with him" (Mairi). "Knowing that he had an affectionate side, knowing that he had a caring heart, at least, but just a very disturbed one because I realized that although I hate him and I despise him and I think he’s a horrible man, I still can see that his intentions were in the best place" (Dayna).

Often, while the person was growing up, the father was around more than the mother, "Dad was there for everything, he was there for everything" (Brooke). The person would look forward to the time she would spend together with her father, "I remember my dad coming home from work, me being so happy, going to sit on the couch with him to watch M.A.S.H. and he passed out and I’d take the beer out of his hand, put it in the fridge, pull a blanket over him, and go to bed, and I was seven" (Bridget). She appreciated the efforts her father did make to be a part of her life, "Because he did become interested in our skating, he did become interested in our
baseball, he did drive us to games, he did pick us up, he did want to get to know the other parents, he did want to have people over, you know" (Dayna).

She is still often puzzled by his actions, "I don't believe that he did what he did because he wanted to do it, you know what I mean, and that really fucks me up, really fucks my head up, it was like he was being driven to do it [the abuse], impulsively, but he wasn't malicious" (Dayna). It is very difficult to resolve the conflicting feelings, "I don't think I can ever forgive him, I don't think I'll ever forget but that it definitely has been a struggle, that has been a very, very, very painful struggle" (Dayna). She agonizes with trying to make sense of her father's benevolence while still acknowledging his intrusive, sexualized behaviours. "The loss of a father figure that I finally realized as poor as we were he provided the best possible life he could to us" (Brooke).

She has to sort through a variety of emotions, "He's been my hardest conquest because there is actually a challenge of affection because there were times where he tried his best to be a father, but he just didn't cut it" (Dayna). She often hopes that she will be able to help her father, "For years I kept thinking, if he would only open his eyes, if he would only realize that this is how the world works, it could be better" (Dayna). She eventually needs to let her father be responsible for his behaviour before she can move on with her own life, "I've finally come to the point where it's not going to change ever, and that's when I got out" (Dayna).

The person frequently misses the close, caring, and special relationship she once had with her father. At the same time, any hope that she may have about a possible reconciliation with him creates anxiety. "In general, I feel like I want him around but I know that if he were, it wouldn't be comfortable, I wouldn't be able to go back to him...if it had to be that" (Mairi). She wonders what it would be like to have a positive, non-sexual relationship with her father, but she worries about whether she could ever trust him. To reconcile would mean that she would have to deny the sexual abuse, which is something she refuses to do, "...I would have to say it didn't happen and go back to the family, I couldn't pretend it didn't happen anymore" (Mairi). She sometimes is unwilling to explore certain feelings about her father. "I'm not ready to hate him yet, I've hated him in the past, I've hated him again later on, and right now, I'm kind of in a place where I just want to be indifferent, and I'm not ready to feel that hate and that rage again" (Dayna). She also wonders how she will react when he dies, "I mean I hate to say this but you know what really drives me mad is that I think that is really going to hit me when he dies" (Dayna).
The Lived Experience Of Recovery Encompasses A Variety Of Therapeutic Encounters

All of the women have participated in individual therapy with a variety of mental health professionals, including psychiatrists, psychologists, and counsellors. All have participated in group therapy facilitated by a therapist, four have been a part of a self-help group (Dayna, Nicole, Victory, and Paper Cat), one has had family therapy (Bridget), two have participated in drug and alcohol treatment programs (Dayna and Paper Cat), and two were hospitalized on adolescent psychiatric wards (Mairi and Jade) because they were high suicidal risks.

Some of the women had been exposed to therapy prior to seeking help for the sexual abuse. Victory had been in therapy as a child, while Judy, Dayna, Jade, and Paper Cat had been in therapy as adolescents for other reasons which were not connected with the sexual abuse. Most of these experiences were described as being negative.

What happened there is that she [the school counsellor] acknowledged to me that you know it was beyond her ability to help me, and demanded that I go to my doctor so I could get referred to a psychologist, like she made me even call from her office, and I realize now, but at the time I was just mad at her, now it was about feeling abandoned, it was about feeling like I was starting to get close to this person, where I could actually say what was going on, and all of a sudden being dumped, is what it felt like. I stalked her for many years. (Paper Cat)

Two of the women were seeking help for other issues when they had to come to terms that they had been sexually abused, "I was basically there at the sex therapist's to find out what was really wrong with me, basically there was nothing really wrong with me that wasn't there for a natural reason [that I had been sexually abused]" (Judy).

The decision to go into therapy regarding the sexual abuse was often triggered by an external event. The person was fearful of slipping back into bad habits, "I knew if I wasn't going to start dealing with it [sexual abuse] I was going to get loaded and I didn't want to be back in that hell, and so that's when I got into counselling" (Paper Cat). She recognized that she could no longer continue the way she was, "It was like, I can finally get this off of my chest, I've been dreaming about this, I've been thinking about this, I've been having these mental images of this for the last year" (Dayna).

And until I heal that part of myself, it will, I mean, that's one of the quote 'crappy parts
about ourselves', it doesn't matter where we go, we always take ourselves with us, so you can't run away from yourself, and I refuse to live in a state of confusion and struggle and fear and all those other terrible things that I went through for years, I am not going to live my adult years like that, I'm sorry. There is just too much else I want to do to be living under all that. (Judy)

The person sought therapy because she was hoping for something better, "That was one of my main reasons, like when I think of it right now, was to make him stop committing suicide" (Brooke). "I knew I could probably stay in the hospital the rest of my life with how I was going and I had to do something different and I had to stop, and stop what he did to me, I didn't want to be beaten by him, I just wanted to move on and live a life" (Mairi). The decision to go for therapy is often closely linked to the person's desire to move on in her life, "Get somewhere, deal with this, I wanted to get out, and not stay in [a support group] forever, deal with all the feelings and move on with my life and get it over with A.S.A.P" (Nicole).

Seeking therapy because of the sexual abuse was the first time that Bridget, Mairi, Brooke, and Nicole had sought help. "I needed to speak of my experience to let go, opening up so honestly was frightening" (Brooke). Three were encouraged by their mothers to seek help, "and then she phoned [a social service agency] and got me into one on one counselling and that was good" (Bridget).

Finding the right therapist was a challenging task. Each woman searched for particular characteristics to determine his/her suitability, "Just somebody that's going to listen to you, somebody's that's not going to lend a deaf ear towards you, somebody who would talk to me on my level and treated me like a human being, and somebody who would look at the rest of my life as well and how that contributed to my self-esteem problems" (Nicole). Other times, the person looked for some kind of sign to confirm her choice of therapist:

I was excited, for the fact that this was new for me to take a risk, making what seemed like a sensible choice in someone who I already knew, and I was sitting in her office the very first time I was there and I looked up on the wall and above me was the 'Serenity Prayer' hanging on the wall, and it kind of felt like a good omen, a good sign from my higher power saying 'Yeah, okay, this is the one'. (Paper Cat)

The person also wanted someone who was qualified to work with survivors of sexual abuse. "I figured, I need to see a therapist who specializes in dealing with survivors, I finally realized where
my mistake was, and I started doing my research and figuring it out" (Victory).

The therapeutic experience varied from one person to another. "I noticed that things got worse for me in terms of, I don't know how to explain it, mental stability, I just felt very disturbed a lot of the time, which I know is a process of recovery, I didn't feel like I was functioning really normal" (Dayna). Personal expectations often contributed to therapeutic outcome. One wanted more control in the therapeutic process, "I don't necessarily feel at this point I want to get into that pain and that dark, dark place again, what I want to talk about is what's happening in my life today" (Dayna). Another person feared being controlled by the therapist.

And so I had no expectations...just that she wasn't going to screw me over. I expected that she would not screw me over, well, I expected she would but I hoped she wouldn't...and anything else was a bonus, you know, what ever happens after that, you know, bonus, so long as she doesn't screw me over. (Paper Cat)

The women explored many issues in therapy. Success was measured in a variety of ways. "It took me about six weeks seeing my counsellor before I could say the word 'sexual abuse', so I think things started getting just a little bit better when I could actually say that word" (Paper Cat). Changes in relationships were experienced. "I regained feelings, trust, boundaries, support, communication, love" (Brooke).

Therapy contributed to the recovery process, "I kept going to counselling, and it started to get a little bit better" (Bridget). The person's sense of alienation was reduced, "The three years that I had gave me enough strength to understand that I'm not by myself, that it happened to thousands and thousands of other people, though it shouldn't, but it has" (Bridget). For the most part, therapy was beneficial, "definitely feeling much, much stronger" (Brooke). The person gained a different perspective of the sexual abuse, "It's his life, it's his choices" (Brooke); "The more you talk about it the more straight you get, you start to figure it out and then everything comes a little bit easier to deal with" (Bridget). She learned self-reliance, "This is my life that I've got to take control of otherwise I'm going to lose it and I don't want to" (Brooke). She also confronted her own fears, "Afraid I'd lose independence, boundaries, more self-esteem, my marriage and my will to live" (Brooke); "I kind of always felt like I had a constant shadow of my dad, the more I dealt with it, the smaller it got, which made it easier to deal with, the more I was able to talk about it, the smaller his presence got" (Bridget).

Successful therapy is dependent upon a variety of factors. One of these is a sense of
safety:

A big thing was, I remember when I was in the hospital, I had a bad day or something, there was just nothing to do about it, and so my nurses, they ran a bubble bath for me, and made me a grilled cheese sandwich, and played board games with me, just to be, and that was something. (Mairi)

Another factor is hope. "I knew that she wasn't there to push me to talk about it and I knew that she believed in me and I knew that she knew that I could get better" (Bridget).

Confidentiality is also important, "Knowing that it's confidential, and being able to talk about anything, from falling on the ground, to getting screamed at by my mom, to anything, you know" (Jade). As well, a positive therapeutic relationship is necessary, "I believe the therapist is a guide, an objective supporter, almost like a teacher, someone to provide knowledge, insight, reflection, support, but who can remain objective and indifferent to a certain degree" (Dayna). "The whole therapy thing with a person is dependent upon how much you like the person...or how much you trust them...or what you'll allow yourself to feel when you're with them" (Mairi).

The person discovers that therapy takes time. "I mean you can't expect to get over like nine years of abuse in one hour, it doesn't happen, and it doesn't happen in a year, and it doesn't happen maybe in two years or three or four, but it's all a step" (Bridget). She also learns when she needs to stop therapy for a while, "I felt like I was drowning and that it would never get better and so I had to stop, I had to say 'No, I don't want to drown any more'" (Dayna).

Group therapy can also be very helpful, "They were my sister survivors. A kinship was felt. We all cared about each other. In some ways it felt like home" (Victory). Getting support from people in recovery is one way to reduce the stigmatization of sexual abuse, "There were people that I could actually trust, who understood me, who understood where I was coming from, there was such thing as getting support with no strings attached, that there was no strings attached, that there was no price that I had to pay" (Victory). The sharing of experiences by the group members serves to normalize certain behaviours which she felt ashamed about prior to hearing the other members' stories:

It was just really nice to hear people say 'I totally know what you mean' and know that they weren't lying, and to be like 'I know where you're coming from, it happened to me too', or 'did you ever have anything like this?', or 'Did you ever feel like this or did you ever feel like that?' and everybody at the table could say 'Yes'. And you knew they
weren't saying it just to humour you, that really helped me a lot. (Bridget)

There is a sense of community, "It's weird, I don't know, things like this, things like abuse, I think it really pulls people together" (Bridget).

Self-help groups can also be of great benefit to the person. "I could go in there and be who I was and say how I was feeling, and they would just love me anyway, and I wouldn't need to talk, I would be supported anyway" (Paper Cat). Self-help groups can provide the person with a sense of family and belonging which she may not have experienced elsewhere, "And honestly and truthfully I feel more connection of family to the people I see at [the self-help group] than I do with my own family. I feel more supported" (Paper Cat). Self-help groups often provide a value system which the person can embrace, because, as a child, she did not have one. "I still attend meetings at least once a week and I try to live by the principles that have been set forth, honesty, willingness, open mindedness" (Dayna). Another person decided to set up her own self-help group as she did not find one that met her needs. "And I'm starting my own group here on campus because I'm not happy with-I checked out a few groups here and it doesn't click with me, that the members of the group aren't consistent enough" (Victory).

**The Lived Experience Of Recovery Helps The Person To Reflect Upon The Ambiguity Of Memory**

Many of the women expressed having unclear, vague, or repressed memories of certain aspects of the sexual abuse. The ambiguity of memory includes not being able to remember a lot of details about one's childhood, "I remember certain things, but I don't remember how old I was, I don't remember, you know, when it happened, I don't remember any of that" (Jade). It also includes having specific memory gaps:

It's like from about the age of seven and a half to the age about eleven, I have a blank of what family life was like. I remember the names of my teachers, a lot of the names of my schoolmates, I can name you the school I was going to, I can name you what school was like, which courses I had problems with and everything, I can remember my school life totally, but I can't tell you anything about what happened at home, it's an absolute blank, I can't tell you anything about my parents. (Victory),

As well as having no memory of an event at all, "I've been abused by three people, and two of them-an uncle and a family friend I remembered and my dad I didn't" (Mairi). This section explores the various ways which the people in the study have experienced their memories of being
sexually abused and what the experience of remembering is like.

Not being able to remember much or anything about the person's childhood is disconcerting, "It's awful, it's really awful" (Jade). Very little stands out for the person, "I don't remember learning to ride a bike, I don't remember any of that" (Jade). Often, the person cannot remember when the sexual abuse first started, "Every time I have one [a nightmare or a flashback] it seems like I'm younger" (Bridget). She may also be unable to recall a time when she was not being sexually abused, "I don't remember it not happening" (Jade). However, the memories the person does have are very specific.

I remember sitting downstairs at my grandma's when we lived there, and we were watching a movie, and he started masturbating, and then he asked me to do it for him, and then, I remember that my grandma was yelling down the stairs telling him to put me to bed as soon as the movie was over, and I remember he kept rewinding the movie-like fifteen minutes in, then he kept rewinding it and rewinding it again, so that it was never over, so that when she came down, it was still on. (Jade)

For the person who was sexually abused at a later age, there is a sharp contrast between the type of memories that she has from before she was sexually abused to when the sexual abuse started. The memories of what life was like before she was sexually abused are positive, "I grew up on a farm, we had lots of animals and I was really pet oriented, I always thought I was going to be a veterinarian when I was a little kid" (Judy); "When I was younger, I remember being, like when I was in grade one-when I was five, so I would have been in kindergarten, I remember being fairly happy and going to daycare and playing with everybody and being a nice kid, doing well" (Nicole). The memories are more bleak after the sexual abuse started, "I was just always waiting for something to happen to make my life better and I can always really remember being let down at Christmas and birthdays, that wasn't really what I wanted, it was never really right" (Judy). Certain images become generalized, "It's always the violence that I mostly remember" (Nicole).

Repressed memories are confusing. "Not having all the memories, I mean, like yeah, they're comin', they're comin, but still, not having the whole pictures, especially the daycare stuff, a lot of stuff has been revealed but you know, a lot of stuff I want to deny and because I don't have all the pictures I can deny it" (Paper Cat). At the same time, there is a fear of remembering, "I don't know if I want to subject myself to that pain" (Dayna). The person dreads what is hidden, "It's still really scary because I know the worst is yet to come because there are a lot of things that I
know in my mind have happened to me and my body has felt it, but I don't have the clear cut memory of it" (Victory). Putting the pieces of the puzzle together is a formidable task, "Because I've had really bad emotional kind of flashbacks, and I'm leery of actually remembering the events to it-it probably won't be as bad as just the emotion but it's still kind of scary, because you know how overwhelming it feels just to feel the feelings, never mind all the pieces together" (Victory).

Some people intuitively know when a new memory is about to emerge. Victory refers to this phenomenon as the "pre-flashback syndrome" (Victory). Being in the pre-flashback phase is scary because the person fears what the memory will entail, "And the thing is, I know my next memories will be worse, the worst memories are yet to come, and that's what I'm afraid of" (Victory). While the person knows intellectually that she will be able to handle the memories, she is still terrified about their content. "I know in my mind I've lived through this so I can remember this, and I'll deal with it, I'll be able to do it and stuff like that, but it's still scary, it's still scary because I know the worst is yet to come" (Victory).

Memories constantly change. One person observed that her memories of being sexually abused are less explicit since she has been in therapy, "And now, I mean it's all so vague" (Brooke). She can no longer pinpoint certain facts about her sexual abuse story, "It's like I don't know when the abuse started, I don't know when it stopped, I don't know when I had this discussion with my brothers, and brother and sisters and things like that" (Brooke). Memories may change because the person has worked through some of the issues and so, she no longer needs to have fixed details. Memories may also change because it is too traumatic to remember, "It is too painful to remember. It created so much damage in my life. I may have wanted to forget it ever happened" (Brooke).

The person is often at a loss about what to do with her memories. Frequently, memories seem to be harboured in the body and various physical symptoms are symbolic of the memory which has been stored, "To me, it was a body memory because the memory was associated with being penetrated anally at a very young age" (Dayna); "There is still a lot of pain buried in there, I definitely would be the last to deny that" (Judy). Sometimes, the physical symptoms subside when the person discovers the connection between the physical symptoms and her memories of sexual abuse.

I think that I had been seeing images for a while but I had just been trying to stuff it back, like ignoring it, right, like literally shaking my head physically and saying, 'Whatever, you
know, like I have a vivid imagination’, that kind of stuff, buying into all these sayings and that’s when the physical pain, that’s when the physical pain actually started. The longer and the harder I discounted [the images], the more ferocious the pain got, it was just incredible. (Dayna)

Disclosing the memory can release the pain from the body. "I even forgot while I was in the chair [in the counsellor’s office] that I had this physical ailment which for the past two weeks prior to that, I mean I couldn't even walk or lie down or sit or whatever, without knowing that that pain was there" (Dayna).

While the person continues to persist in order to know the truth about her past, the task is often both painful and difficult. "It's a continual process of overturning stones and looking for something else, looking for and returning to part of yourself that you buried so long ago. In one way it's like digging up buried treasure, in another way it's like digging up buried hell" (Judy).

False memory syndrome is considered to be a threat to the lived experience of recovery: It's an aching fear of ‘What if people really believe this, what if people stop believing me and start believing them, I'm right back where I started’ and that sexual abuse will become even more rampant, and not only does that mean that they're not going to believe me but it means that it's going to continue to happen, it can continue to happen and we just won't talk about it. (Dayna).

The person is not sure about how to handle the current controversy about childhood sexual abuse and false memory syndrome, "Sometimes I want to just fight even harder against them and sometimes I just want to sit back and think ‘Why bother?’" (Dayna). She would prefer not to remember more about her own sexual abuse, not because it did not happen, but because the memories are so painful.

I think I go through periods of doubt where I think where I question it it's more of me not wanting to believe, like when I go through periods and say to myself ‘Maybe this really didn't happen’, it's more of me going ‘No, I don't want to know that this happened, I don't want to remember that it happened, I don't want to believe that it happened’. (Dayna)

At the same time, therapists need to be accountable for how they conduct therapy and how they influence clients, "We don't need to attack the victims, but maybe we do need to force a little bit more responsibility onto the therapist" (Dayna).

For one person, false memory syndrome served as the basis for dismissing all the court
charges against her father, "The last thing I expected out of court was for me to be delusional, I thought it would be not enough evidence or something like that, so that, that really crushed me, if it had been there's not enough evidence I would be okay" (Mairi). A real concern is that false memory syndrome may become an easy strategy for the legal system to use on other victims of sexual abuse. "A few months ago actually, I got a copy of an article he had in the newspaper saying about how he got a man off by using false memory and that it was a lot easier to use as a defense than trying to say the person is lying, he was flaunting that he did it...I got really disillusioned by all that" (Mairi).

The Lived Experience Of Recovery Influences Future Direction

As each person in the study learned how to overcome the lasting effects of sexual abuse and moved from a victim stance to a survivor stance, the past did not have the same power over her that it once had. She started to live in the present and think more about her future. Becoming future oriented is a strong indicator that the person has worked through certain issues around the trauma of being sexually abused and is optimistic about her future. The person believes that she does have control over her life and begins to set goals for herself.

Leaving her past behind is demonstrated by what the person is doing in her present life and what she plans to do. For one person, it was when she decided to live on her own, "which even today it weirds me out when I'm walking up to the door and opening the key, I actually wake up sometimes surprised that I'm not in the bedroom that I grew up in for twenty years" (Dayna). For others, having educational and/or career goals are a sign of moving forward:

I took my counsellor training and I'm taking a medical officer administration course, I'm getting more into that field, I plan starting my B.A. in the Human Sciences...eventually I know I'm going to have my Ph.D. in child psychology with a counselling emphasis and that I'll be able to help other kids help themselves. (Judy)

Frequently, the person wants to make a difference in the world, "I'd like to spend at least one year in Africa working in a medical clinic and everything, but my main goal eventually is to establish an adolescent care centre, where you have a doctor, a psychologist, a social worker, just all kinds of resources available, just for teenagers" (Victory).

Becoming future directed is an indicator that the person is more confident in who she is, "I know pretty much most of the time who I am, like I know what makes me me, whereas before, I just had no idea coz I was really, really, really insecure" (Bridget). "It has taught me to be an
individual, to love myself unconditionally. Anything is possible if you believe in it enough" (Brooke). She has learned that life is what you make of it, "I feel a lot more in control coz I know I am, and that, your life is what you make and I honestly believe that" (Bridget). She feels stronger, "You can say what you think is going to change the situation instead of just letting the situation totally control you, you can control the situation" (Bridget).

The person is excited about life, "Something inside that feels still to this day very strong" (Brooke). She considers herself to be a person with capabilities, "I'm beginning to realize that career-wise I have a lot more to offer" (Brooke). The lived experience of recovery opens up possibilities and fosters personal potential, "There's a lot more inside me that I can start to let out now, I kept hidden for so long" (Brooke). The person has developed some positive coping skills, "Whenever I'm experiencing, like a really harsh mood swing, I'm starting to feel down or get down on myself, ‘Okay, why, what's going on?', It's time to take a look at what's going on in my life" (Nicole). She no longer feels so burdened, "I don't feel so bogged down" (Nicole). The lived experience of recovery creates more freedom, "I don't feel like I'm drowning almost in problems" (Nicole). Life is more positive than negative. "It's more sixty/forty the other way, it's more positive than it's negative" (Nicole). The quality of life has improved.

Each person has other aspirations she hopes to achieve as well. One goal is learning how to express her feelings more appropriately, both in terms of what she says and how she says it. "I'm hoping that I'll find the ability to identify it and say, ‘Okay, I'm feeling really hurt, but now is not an appropriate time'" (Dayna). A result of the lived experience of recovery is that the person has learned that how emotions were handled at home was often very inappropriate, retaliatory, and hurtful, "My mother was more vindictive, she'd reach across the table, if you weren't eating your dinner and stab you with a fork, like that kind of thing, at the back of a hand or whatever, he was more, that he would physically drag you away from the table, tear off your pants and whip your ass" (Dayna). Learning how to respond less aggressively moves the person forward in the lived experience of recovery. "I've come a long way and I have the strength to go on and to do more and to keep changing and to keep growing" (Judy). The person moves forward as well when she learns to lessen the lasting effects of sexual abuse, which includes "[Getting] rid of the nightmares" (Mairi) and "Stop wishing I was with him [the perpetrator], spend less of my time on him". Ending therapy is another goal, "I want to get out of therapy" (Mairi).

The person seeks to move forward, "Now I have enough strength and enough courage and
enough guts and enough belief in myself that I can talk about it [the sexual abuse]" (Bridget). She becomes less fearful, "I'm definitely not so scared any more, scared of what people think as much, I'm not afraid to be myself" (Bridget). The person wants to experience "living" (Jade), and take more control over her life, "I can make decisions about how I want to live my life" (Jade).

There are still certain aspects of the future about which the person is less confident. She sometimes wonders about what it would be like to be involved in an intimate relationship, "I have no idea when I'll be ready to find a husband or to trust a man" (Mairi). She speculates about whether she will have children, "Right now I couldn't, I know I would be a horrible parent" (Mairi), and, if so, what kind of mother she would be, "It scares me because one day I want to have children, and if this [sexual abuse] isn't accepted as a phenomena in our society, then my children are at risk and so are my friend's children and so are everyone else's children" (Dayna).

Despite the positive gains, overcoming sexual trauma remains difficult. "I don't understand if it's supposed to be so good, why has everything been so horrible? Why has everything been so horrible?" (Jade). The person would like to be able to confront the day to day issues without being burdened by past events:

I guess where I am now with it is, we're talking about things that have been just heaped up, maybe when I unpile everything and deal with all the stuff, I'm going to be on an even level, and then when one thing comes up, I'll be able to deal with that one thing and put it aside and have a clear path again until something else comes up, rather than sorting through the whole pile of shit. (Paper Cat)

Although her focus is more on the future, she is still influenced by her past.

The Lived Experience Of Recovery Is A Complex Process With No Clear Resolution

The lived experience of recovery has been described as being an unfinished process, "never-ending" (Judy), because it is perceived to be an on-going journey of self-exploration. "But the idea is that it takes a long time to get the main picture and some people don't even finish that" (Victory).

Getting through the day is a significant accomplishment at the beginning of the lived experience of recovery, "Then it moved to going back to school, because I missed a year of school, and then it became university, and now, it's medicine" (Mairi). At first, the person believes that recovery can happen quickly, "When I started I wanted to remember, to deal with
this, get this over with and get on with my life" (Victory). Over the years, her expectations about recovery change:

When I was fourteen, I was so drained and so just zombie-like that, I could talk, but I couldn't feel anything, I was totally numb, but then I got to be fifteen and then I could get a sense of where I was coming from a little bit more, instead of things being just words it was things that I meant, that took a long time too, for me to get up enough courage to say what I actually meant. (Bridget)

The lived experience of recovery is compared to the healing process after an extremely violent attack. "It would be like getting beat up really bad by like twelve people and they're all kicking you and punching you and hitting you with bats and you're in the hospital for a while and you're just numb, and you can't feel anything" (Bridget). Healing does not even seem possible, "and you don't want to deal with it coz it was so traumatic that you don't think that you can ever get better" (Bridget). Each layer of trauma has to be explored one at a time, "You'd get your first cast off, and all your bandages would come off and then, get another cast off" (Bridget) and it is a step by step process. "You'd learn how to walk again, and you'd learn how to talk again, and then you'd learn how to run" (Bridget). At first, the person has few coping skills, "I think the person I was before was a very well-intentioned, uninformed, and even at times, abrasive and ignorant, because my sole purpose was survival" (Dayna). There is a lot of inner turmoil, "I felt turned inside out most days" (Dayna). She often finds herself overreacting to what is going on around her, "every action or comment from another person caused an emotional reaction" (Dayna). As she begins to confront the lasting effects of sexual abuse, change occurs. "I think where I noticed the change happening was when I became aware of the fact that I was sort of standing up for myself a little more" (Dayna). She no longer feels so chaotic, "And where I'm at now is that I only feel turned inside out sometimes" (Dayna). Change remains on-going, although it may not be as easy to measure as it was at the beginning of the lived experience of recovery, "Even though I am still recovering, I'm stopped, I'm on a plateau and I'm okay with it, and I think that maybe a good word is that while you're on the plateau, I'm reinforcing what I've learned, you know" (Dayna).

Part of the change is personal growth, "When there's real growth going on, it's not just healing, you've gone beyond the healing, and you're growing and you're expanding, you're not just putting yourself back together, you're expanding and growing and I think that that really happens" (Victory). One person uses the metaphor of planting a garden to describe the lived
experience of recovery. "It's almost like taking a piece of land and saying you want to cultivate it for a crop, you got to get rid of all the weeds, you got to pull out all the crap, you got to fertilise it and you got to plant and then there's maintenance, once everything is in, it's maintenance" (Nicole).

The lived experience of recovery is complex. While the person's self-esteem has improved, she still needs to remind herself that she is a person of worth, "I need to remember that I am worthy" (Brooke). There are difficult days, "I still have my down days" (Brooke) and the lived experience of recovery requires constant work, "it doesn't just once it's fixed, stay fixed" (Brooke). What adds to the complexity of the lived experience of recovery is that bad things continue to happen and the person has to continue to deal with difficult issues. "There's one thing I've really learned in life is that life is never really fair, but life is what we make it" (Judy). The person cannot assume that there is a fairy tale ending, "I don't believe that there are any miracles but I definitely believe you can make a miracle" (Judy). Life is full of uncertainties, "I mean, who knows what's going to happen tomorrow, some other bad thing could happen and you got to start all over again" (Judy). The lived experience of recovery can help people deal with situations differently. Change is demanding and the result may not be what the person originally anticipated. "They don't tell you when you embark on the whole journey that things are going to change, they really are, there's a lot of changes and it is for the better in the long run, and I realize that, but right now, things seem very bleak" (Victory).

The lived experience of recovery can be discouraging at times. "It's almost like you wake up and you go 'Oh my gosh, it's back' or it never left" (Judy). Some days are better than others, "It's like sometimes even on a functional level I'll regress almost back to a little child" (Judy). The lasting effects of sexual abuse do not ever go away completely, "You don't get over it, you learn to deal with it, you learn ways of coping, but it does never go away you know, it's always there" (Judy). The lived experience of recovery is an on-going process which requires self-acceptance, "It's just a continuing process and to be okay with yourself" (Judy). The lived experience of recovery is perplexing, "You're going to be in denial some days and you're going to be really caring and understanding other days and it's just really learning to understand the process of healing" (Judy).

The lived experience of recovery requires a lot of hard work, "You have to work on it" (Brooke). The person may still feel unsafe, "I wear pants and I wear shorts underneath my pants,
I wear tee-shirts and I wear jackets, I have about twenty different jackets ...part of that is to cover the slash marks coz my parents don't know and part of that is to just cover...so physically, I still have a long way to go" (Paper Cat). "There'll be times with guys, like I'll be very scared and everything will come back and I'll be thinking about everything that has happened to me and I'll be very scared" (Jade). Working through the trauma of sexual abuse remains difficult, "It still frightens me, I think, some stuff I know it's so painful, I don't know if I want to feel that helplessness again" (Dayna). The person struggles with bewildering issues, "Chaos follows my life to this day, no matter how hard I try" (Victory). "Some days I still feel the hopelessness and fear that I had at the beginning of my journey, like a victim with fresh wounds. Some days I feel empowered and strong like I could take on the world, like I'm invincible, filled with strength and love for the person I've become and the person my experience has built inside" (Judy).

The lived experience of recovery is not easily attainable. "As much as I wanted to, I couldn't finish The Courage to Heal and be healed, I couldn't read all the self-help books and be healed, I couldn't watch all the cheesy shows on T.V. and be healed" (Mairi). At times, the lived experience of recovery seems elusive, "I don't really know exactly what it is, I've been wondering actually, thinking about this, I don't know what it is that I've done to recover, but I've been thinking a lot about it and I don't know what it is" (Mairi). While the focus does shift, the lived experience of recovery requires continual commitment. "I think some days when nothing seems different, it seems like I've been travelling down this road forever and that I'm still just at the beginning. Then other days when I'm proud of how far I've come, it just seems like I started yesterday and just look how far I've gone" (Judy). Putting the pieces of her sexual abuse story puzzle together has been very time-consuming:

It's a long process, it's a very long process and the more I read and the more research comes out and the more information becomes available, the more I'm putting the pieces together, and I'm going 'Well this makes sense, and that makes sense' and it just explains so much more to me, and I guess the more the picture is coming into focus that I'm actually starting to see there is a big picture. (Victory)

It is difficult at times to know what direction to pursue, "And I don't know exactly where to go from here, but I'm just going to keep doing what I'm doing" (Paper Cat).

Each person wants to move on, "just do life" (Dayna). She would like to get to a place where she can effectively resolve one issue at a time. She would like the sexual abuse to be less of
an obstacle in her life, "Most times I see myself as having hope that there is going to be a time when I'm not so burdened with all the shit and the shame" (Paper Cat). The person longs for some peace of mind and for the opportunity to feel what normal is like. "I just want to feel calm all the time...normal" (Mairi). Finding balance in her life is important, "being healthy and sane for me is finding balance within myself where both these personalities do well" (Judy). The person earnestly strives to make her life different:

Physically, my health has improved tremendously. I eat right, exercise, rest and play which is good for my body and my mind. Emotionally, I learned how to feel and I learned how not to be afraid of feelings, they are just physiological responses, everyone has them and they can't harm you. Spiritually, I have adopted a sense or understanding of a God or God force, universal energy, a higher power I guess. I struggle because I learned that God hated me as a child, coming to peace with this and identifying spiritual needs was a challenge. I still pray though and read books on spirituality and often ask others that I am close to what it means to them so as to understand and get a little insight. (Dayna)

She is aware of some of the changes that she has made, "I mean I'm not out of the woods but it's definitely not as dense as it was before" (Bridget) and is no longer as constrained by the lasting effects of sexual abuse, "It's lot easier, a lot easier, and it's not with me every day, not at all" (Mairi). The lived experience of recovery is meaningful, "It's so worth it in the end" (Mairi) and is rewarding, "The best thing that you could ever get at the end of anything, coz you get yourself back, after you've been lost for so long, the reward is you, and all of you and nothing but you" (Bridget). "I wish it upon everyone, I wish it upon everyone to find the inner strength, to find the courage to grow, to grow and make choices that are right for you" (Brooke).

Age is a factor in the lived experience of recovery for young adult women. Most of the women reported that being so young at the time the sexual abuse was either discovered or disclosed had a negative impact on their lived experience of recovery. "I think probably being young was the worst" (Mairi). Being young gave the person less control over her life and led her to believe that the process of recovery is a lot easier than it really is.

It's almost like when I was a lot younger I thought I knew everything, in the first three to five years of therapy, I thought I knew everything and I was going to be perfectly okay now and I could just solve my life and now, after eleven and a half years, I can definitely say I hardly know anything, but that leaves me so much more open to learn and to accept
things, different points of view, whereas before it was well if I just do this I will be better, you know, it was kind of like a makeshift healing all the time. (Judy)

Age and maturity contribute to the lived experience of recovery. "When you're an adolescent you start to understand that you have been abused, but I don't think that it isn't until you're really an adult that you understand how to deal with being abused" (Judy). The person is more able to cope with the good and the bad times in her life, "I think a lot of it was that I got older, and time passed" (Bridget). Maturity develops through experience, and "experience is knowledge and knowledge is power" (Bridget). Life has many lessons, "The more you go through, if you work it the right way and if you realize it, you can learn a lot" (Bridget). Responsibility is the outcome of experience and maturity, "which forces you to be independent" (Bridget). Independence leads to individuality, "which means you are you, no one else can change what you are" (Bridget). Age and maturity have contributed to the person's transformation from victim to survivor, "Bad things happen to everybody but you can't let it destroy you, you can't be a victim forever" (Bridget).

Generally, each person is pleased with where she is now in the lived experience of recovery, "I remember times when I thought I would not even finish high school, and here I am" (Mairi). She can now rely upon her own inner resources and strengths to get her through the difficult times. "I have that [the experience of recovery] to build on, when I get to something I need to do it's like 'Oh god, I'm afraid, but it worked out this time and this time and this time, and these were all good times I did this and good results' and I just need to have the strength to do this now" (Paper Cat). The person is able to change her expectations of what recovery is. "I thought for sure I was going to get a full healing and that I would live happily ever after and now I really realize that the most important thing in my life is myself and my health and my mental well being and whatever it takes to do that is always a first priority ahead of everything else" (Judy). She becomes self-reliant, "I created my personal success. I created myself as a loving, giving, caring, healthy individual. I've created my peace of mind and continual healing when I could have chosen suicide as a way out" (Judy). She likes who she is now, "I definitely like who I am a lot better and I like the person who I am going to become, much better than what's gone on in the past" (Victory).

Life is "pretty good, I'm not saying it's perfect but it has improved greatly, it's a definite positive" (Nicole). It is not such a struggle, "Today it's just something happens, okay, let's deal with it" and she does not feel so burdened, "I don't feel so bogged down, I don't feel like I'm
drowning almost in problems and it's not unbearable anymore" (Nicole). The lived experience of recovery moves along, "Day to day, that's what I think" (Brooke). The person is now able to decide how she will be affected by the sexual abuse, "Like I'll always have it and I'll always remember it, but it's just the way I choose to let it affect me" (Bridget). She no longer lets the sexual abuse control her relationships, "I'm opting not to let it affect my relationships, and not to control my life anymore coz it can't" (Bridget). She has a strong sense of who she is, "I am a survivor. I am a recovering drug addict. I'm also a very normal person and I can live a successful life" (Dayna).

**Participants’ Reactions To The Study**

Being a participant in the study was significant for each person involved. For Bridget, Dayna, and Paper Cat, the commonality of experiences was important. "I always knew that I wasn’t the only person, but it was helpful to have other people explain it in words, coz everyone had to explain it in their own words, and some things that I had trouble putting into words, it all makes sense and I can totally understand and it makes sense, a lot of it is the same" (Bridget).

For Judy, it was having a sense of closure:

> I have been listened to by a professional in the field and the words of my truth are now in black and white and that to me is now another level of empowerment because it says there are people out there that care, there are people out there that want to know, there are people out there that are interested in making the world a better place for myself and others in it, so to me, it's just another level of that, coming closer to peace of mind, coming closer to another level of closure.

Brooke and Mairi found that participating in the study developed their own self-awareness, "I’m still here and there’s still an on-going process, there’s no doubt about it, it’s not something that is just done in a timeframe and then that’s it, you never have to deal with it again, it’s something that is on-going" (Brooke). Mairi found that participating in the study validated her own experience of recovery:

> It’s made me think a lot, it’s also given me a bit of a sense of meaning to have contributed to something. I really don’t know how to explain what being in this study has done, reading over it was-that someone could understand what I said and could communicate what is heard and understood meant a lot to me.

Nicole’s and Victory’s perspectives of recovery have changed because of participating in the study:
But with recovery, you recognize it [lasting effects of sexual abuse] for what it is without taking it and blowing it out of proportion and making it the only focus in your life, you can sort it out, you know, whatever you need to do to get through it, it doesn’t have that control, you’re able to take control of the situation instead of just letting it through your life all around, helter-skelter. Instead of acting it out and beating the heck out of somebody, you can say ‘Oh gosh, I’m feeling really crappy today, maybe I should just avoid certain situations, and just take it easy, do what I need to do, whether it’s writing down in a journal or just reading something, whatever it takes’, but at least you know how to avoid the things that make it worse or that put you back a few steps. (Nicole)

The women wanted others to know recovery is possible, "So that might be of benefit to other women too, just to know that it [recovery] is possible, like they disclosed and talked about it and they haven’t died, they haven’t died, they haven’t like internally combusted, or anything like that" (Dayna). They wanted to share the hope that things will get better. "It’s not always going to be that way, that there are ways to get through it, that people do survive it, it’s not going to totally disable you. It would give them hope, it’s not going to be easy but you can make it" (Nicole). They also wanted to provide encouragement.

Courage-you know, I remember being in places in my recovery going, feeling stuck, feeling like maybe this is the wrong direction, ‘Is this how it’s supposed to be?’. And having it mapped out, ‘Okay, there was a stuck place and I got through and there was a stuck place and I got through’, this is part of the process, and when you’re stuck, it doesn’t mean you’re hitting a wall, it means you’re on sticky paper, and that’s part of the process. (Paper Cat)

At the end of the final interview, each participant was asked to give a title to her story. The titles were: "Being A Survivor" (Bridget), "Survival" (Brooke), "Why Am I Not in the Looney Bin?!?" (Dayna), "Victory" (Jade), "Reclaiming the Lost Me" (Judy), "No Pseudonym-This is the Real Thing" (Mairi), "From Out of the Pits of Darkness" (Nicole), "Paper Cat on the Way to Becoming Crystal Kitty" ("crystal sounds delicate and beautiful and that’s a part of me", Paper Cat), and "Victory Over Hell" (Victory). These titles serve as metaphors on the person’s lived experience of recovery.
Summary

The lived experience of recovery is an interactive, interdependent phenomenon. Each theme is interrelated and the success of working through one theme facilitates the opportunity to work through another theme. The themes are not hierarchical in nature, but all are necessary. Each woman started her experience of recovery by working through her denial that she had been sexually abused. For many of them, reacting to a devastating event was the beginning of working through the denial. For Jade, Mairi, and Bridget, it was exploring what led up to their suicide attempts. For Brooke, it was facing the suicide attempt of her father, and for Dayna, it was acknowledging that her physical health was in jeopardy. For Nicole, Victory, Paper Cat and Judy, looking at their denial about being sexually abused came about as a result of sensing that something was wrong with their lives and being willing to explore this feeling.

Each theme illustrates a vital aspect of the lived experience of recovery, which is both unique and connected to the other themes. The themes also emphasize the intrapersonal and the interpersonal nature of the lived experience of recovery. The intrapersonal aspects include learning how to reduce the lasting effects of sexual abuse, self-discovery, moving from a victim stance to a survivor stance, and considering the ambiguity of memory. The interpersonal aspects are changing her relationships with family members, friends, and partners, no longer being preoccupied by thoughts of the perpetrator, and being involved in different therapeutic experiences. As well, the lived experience of recovery becomes future oriented. However, at the same time, the lived experience of recovery is a complex process with no clear resolution.
CHAPTER V:
DISCUSSION OF RESULTS AND CONCLUSIONS

Introduction

This research study explored the lived experience of recovery from sexual abuse for young adult women. Nine women between the ages of 16 and 25 were interviewed about their experiences of recovery from sexual abuse. The phenomenological analysis identified ten common themes in the lived experience of recovery from sexual abuse for young adult women. The lived experience of recovery (1) involves working through the denial of being sexually abused, (2) diminishes the lasting effects of sexual abuse, (3) helps the person move from a victim stance to a survivor stance, (4) is a journey of self-discovery, (5) fosters the possibility for improved relationships with family members, friends, and partners, (6) reduces the negative influence of the perpetrator, (7) encompasses a variety of therapeutic encounters, (8) helps the person to reflect upon the ambiguity of memory, (9) influences future direction, and (10) is a complex process with no clear resolution.

These themes suggest that the lived experience of recovery is an interactive phenomenon. Recovery provides the opportunity for young adult women to develop emotionally, spiritually, and cognitively by transforming their beliefs, perceptions, feelings, expectations, and yearnings. Although these changes begin at an intrapersonal level, the ways in which the women interact in their environment and the type of relationships they have developed influence the experience of recovery as well.

This study also illustrates the paradox of recovery. The lived experience of recovery is a rewarding, positive experience, and at the same time, is time consuming and complex. The young women confirmed that recovery from sexual abuse was meaningful and worthwhile. In addition, they emphasized that recovery takes time, courage, and fortitude to work through the many layers of denial and the lasting effects of sexual abuse. Further, all of them discovered that recovery has no one final point of resolution but appears to be a life-long activity.

This chapter will discuss the findings with respect to the literature on the lasting effects of sexual abuse, false memory syndrome, and recovery. The discussion will consider the similarities and the differences of the findings in the study to the literature which was presented in Chapter II. The implications of these findings regarding counselling research and practice will then be presented.
Lasting Effects Of Sexual Abuse

The review of the literature in Chapter II discussed the lasting effects from both theoretical and empirical perspectives. The women’s responses about the lasting effects of sexual abuse included descriptions of traumatic sexualization, perceptions of stigmatization, reactions to powerlessness, and feelings of betrayal, which are presented in Finklehor’s (1986) traumagenic dynamics. Their responses also reflected Briere’s (1992a) concepts of post traumatic stress, cognitive distortions, altered emotionality, dissociation, impaired self-reference, disturbed relatedness, and avoidance. However, Finklehor’s (1986) and Briere’s (1992a) theoretical constructs did not elaborate upon issues of grief and loss, the long-term effects of anger, the ambiguity of memory, and how relationships (with the perpetrator, family members, friends, and partners) influence and are influenced by the lasting effects of sexual abuse.

The empirical research took into account which factors influenced the lasting effects as well as described what the lasting effects are. Research conducted by Briere and Runtz, (1987); Fromuth, (1983); Russell, (1986); and Williams, (1993) suggested that the relationship with the perpetrator contributes to the lasting effects of sexual abuse. This study had a similar finding. In almost all cases, the participant had developed a trusted relationship with the perpetrator and experienced both betrayal and confusion when the relationship became sexualized. The research (Briere & Runtz, 1987; Fromuth, 1983; Russell, 1986; Williams, 1993) also suggested that the degree of intimacy between the victim and the perpetrator is another factor which contributes to the lasting effects of sexual abuse. The relationship which most of the women had with at least one perpetrator appeared, at first, to be loving and caring. The betrayal of this special relationship contributed to the traumatic nature of the sexual behaviours. As well, this study explored the yearnings of several women to have non-sexualized relationships with fathers who were perpetrators and how the yearnings influenced the lived experience of recovery. This reaction to father/daughter incest does not seem to appear elsewhere in the literature.

The research (Briere & Runtz, 1987; Fromuth, 1983; Russell, 1986; Williams, 1993) did not discuss the implications of the mother/daughter relationship as being a possible factor that may influence the lasting effects of sexual abuse. This study illustrated how an ambivalent mother/daughter relationship may have created a certain vulnerability for the child, which may have contributed to the development of a more emotionally dependent relationship with the perpetrator. Often, the perpetrator contributed to the breakdown of the mother/daughter relationship, making
the child more vulnerable and less able to go to her mother for help.

As well, the literature which was reviewed in this study did not speculate upon whether female perpetrators may be a factor to consider when assessing lasting effects of sexual abuse. This study discussed how the involvement of female perpetrators may contribute to the lasting effects of sexual abuse because of concerns expressed about not being able to trust either gender.

Appraisal of severity of the abuse (Williams, 1993) and its impact on the lasting effects was not apparent in this study. If anything, most of the women expressed concerns, at one time or another, that perhaps their story was not "bad" enough or did not have enough relevance to be included in the study. After reading the general structure, most of the women were very empathic about the experiences of the other women, but never about their own.

Most of the research on sexual abuse (Briere & Runtz, 1987; Fromuth, 1983; Russell, 1986; Williams, 1993) is based upon comparing the behaviours of abused and non-abused children or adults, studying non-clinical samples of college students, or conducting retrospective questionnaires and/or interviews. This study recruited young women who identified themselves as being able to describe their own experiences of recovery from sexual abuse.

**False Memory Syndrome**

False memory syndrome was discussed in Chapter II and the ambiguity of memory was explored in Chapter IV. All of the women had experienced some type of ambiguity of memory. Some discussed their belief that certain traumatic memories were stored in their bodies, which explained some of the physiological difficulties they had, and others talked about their experience of delayed recall of traumatic memories. These experiences would seem to confirm the notions developed by Gordon, Schroeder, Ornstein and Baker-Ward (1995) that "(1) not everything gets into memory, (2) what gets into memory may vary in strength, (3) the status of information in memory changes over time, and (4) retrieval is not perfect" (p. 99).

Although the purpose of this study was not to extract specific memories of sexual abuse, there seemed to be a consensus among the women that not every sexual abuse encounter was specifically remembered due to (1) the young age of the child at the onset of the sexual abuse, (2) the length of time the person was sexually abused, and (3) the multiple perpetrators. Certain memories were more potent than other memories. It would also seem that if the effects of the memory were somehow resolved, the details of the memory were no longer as important. Brooke, for example, stated that her memories of being sexually abused by her father were not as vivid as
they had been prior to going into therapy and working through the lasting effects of the incest.

As well, retrieval of memories happened gradually. Often, the person began to remember a new sexual abuse incident through a series of flashbacks. The women described the flashbacks as being both psychologically fearful and painful to experience because they could not control them. The women who experienced delayed memory recall did not attribute this to questionable techniques of memory retrieval on the part of the therapist. Not all of the delayed memories emerged while the person was in therapy. However, for those who were dealing with delayed memories, having a therapist to assist in the process of these images was found to be very helpful. Several of the women compared memory retrieval to putting pieces of a puzzle together.

The notion that children and adolescents who are traumatized store and remember events from a sensorimotor perspective (Chu, 1992; Enns et al., 1995) seems to fit in with some of the women's descriptions of body memories. Paper Cat, Brooke, Judy, Dayna, Nicole, and Victory all have had experiences of body memories and the lasting physiological attributions which include being overweight, having a tumour, gastrointestinal/bowel problems, and infertility concerns. Paper Cat talked about how a certain female voice tone triggered her memory of being sexually abused by a female daycare worker.

Terr's (1994) hypothesis that trauma influences how memory is collected seems to reflect the experiences of how the women in this study stored their memories. All of the women experienced Type II trauma (Terr, 1994), which is repetitive in nature. Typically, the person used numbing, repression, and dissociation to cope with the overwhelming abuse which then made it all the more difficult to retrieve specific memories because the entire event may not have been encoded (Enns et al., 1995; Terr, 1994).

Two of the women reacted quite strongly to the contentions of false memory syndrome advocates. A judge accused Mairi, who was a witness, of being a victim of false memory syndrome, and the court case against her father was dropped. She continues to struggle with the court's ruling and recently expressed regret at not having "my day in court" (Mairi). Her experience of stigmatization has been further exacerbated by the court experience. Dayna challenged the whole notion of false memory, stating that her experiences of sexual abuse have been far too real and the psychological scars too deep to simply dismiss her memories as being fake. However, she did express her concern about therapist accountability, stating that a therapist must be both competent and accountable.
The purpose of addressing false memory syndrome, delayed memory recall, and the ambiguity of memory was not to discuss authenticity of memory, how memory is retrieved, or to explore the whole notion of memory, but to present the participant’s experience of memory in the context of the lived experience of recovery. Certainly, there is room for future research in the field of traumatic memory.

Recovery

A discussion on the literature of the theoretical and empirical perspectives of recovery was presented in Chapter II. The general structure of the lived experience of recovery from sexual abuse for young adult females was presented in Chapter IV. This section will compare the literature on recovery and the lived experience of recovery.

It is Janoff-Bulman’s (1992) contention that recovery requires the reconstruction of a viable, non-threatening, assumptive worldview. The lived experience of recovery reflects her hypothesis. Each of the participants, over time, developed a different perspective of her abusive experience. As indicated by the various themes of the lived experience of recovery, a transformational process takes place and as a result, the person is able to move forward. What Janoff-Bulman (1992) appears to leave out is the interpersonal nature of recovery. As well as working at an intrapersonal level, the way in which the person interacts with her outside world is also very important and contributes significantly to the transformation.

‘Reclaiming The Self’ (Women’s Research Centre, 1989) is a model of recovery which believes that self-acceptance is paramount. Self-acceptance then leads to self-awareness, empowerment, clarity, and survival skills. The lived experience of recovery is reflected in this model. Clarity results from confronting the trauma of sexual abuse. The journey of self-discovery leads to self-acceptance and self-awareness. Empowerment and the development of survival skills are included in moving from a victim stance to a survivor stance. However, the general structure of the lived experience of recovery has a much broader scope than the ‘Reclaiming The Self’ model because it considers emotional and spiritual development, the development of personal strength, the possibility of having improved relationships with family members, friends and partners, how to reduce the negative influence of the perpetrator, the significance of therapy, the ambiguity of memory, the desire to be future oriented, and that recovery is an unfinished, complex process.

Constructivist self-development theory (CSDT) (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1992) seems to best reflect the general structure of the lived experience of recovery
because it considers both the intrapersonal and the interpersonal dynamics. Each person had to first work through the denial that she had been abused. From there, she had to develop the strength to transform unfavourable coping behaviours, such as drug and alcohol abuse, suicidality, self-injury, and traumatic sexualization, to more positive strategies in order to perceive herself and her world differently. The attribution of meaning changed.

CSDT states that the person needs to develop an empathic understanding of the trauma of being sexually abused and understand how it has made an impact on her childhood. Shifting perceptions is a part of the lived experience of recovery. As well, CSDT contends that each person's experience of recovery is unique. This assumption is reflected in the phenomenological nature of the study. Phenomenological methodology seeks to get at the person's unique meaning and experience. Furthermore, CSDT suggests that the meaning of the lived experience of recovery changes with each new event that the person encounters and integrates into her own beliefs.

Upon reviewing many empirical studies, Kendall-Tackett, Williams, and Finklehor (1993) concluded that an important variable in determining recovery is family support, particularly from the mother. This would seem to reflect the experiences of the women in the study. All the women had strained relationships with their mothers during the time they were being sexually abused. At the time of the trauma, Dayna's mother was sexually, emotionally, and physically abusive, Mairi's, Brooke's, and Jade's mothers were alcoholics, Victory's and Paper Cat's mothers were suffering from psychiatric disorders, and Bridget's and Judy's mothers were emotionally distant. One of the indicators that recovery was occurring often was a change in the relationship between the young woman and her mother. Mairi, Jade, Bridget, Nicole, and Judy all describe their present relationships with their mothers as being supportive and respectful of one another. Brooke is still hoping to connect with her mother in a more positive way, and her expectations are more realistic than in the past. Dayna, Victory, Paper Cat, and Victory have had to look elsewhere for the nurturing they desired from their mothers.

This study does not support the findings that psychological counseling is completely unrelated to improvement of symptoms of sexually abused victims (Kendall-Tackett, Williams, & Finklehor, 1993). While some therapeutic encounters were less positive than others, therapy contributed to the emotional development and self-awareness of each person. The therapeutic alliance often provided the first opportunity for the participants to experience acceptance and support. As a result of the therapeutic relationship, the women learned that not all relationships are
exploitive and abusive. They learned how to become more socially appropriate and experienced what it was like to be in a trusting and predictable relationship. As a result, therapy facilitated the development of positive coping strategies, helped the person to deal better with flashbacks, nightmares, and dissociation, and made the transformation from a victim stance to a survivor stance possible. Therapy is an important on-going activity for some of the women.

The stage models (Bass & Davis, 1988; Engel, 1989; Herman, 1992; Kritsberg, 1993; Matsakis, 1992; Swink & Leveille, 1986) provided conceptualizations of how recovery works. The various models could be divided into three main stages: discovery, active healing, and integration (Kritsberg, 1993). The general structure of the lived experience of recovery reflects these stages, but more importantly, it tells the implicit story of recovery.

Contrary to what Herman (1992) states: "Resolution of the trauma is never final, recovery is never complete" (p. 213), the stage models of recovery make it appear that recovery has a final ending point. The general structure of recovery, on the other hand, describes recovery as being a complex process with no clear resolution.

Implications Of The Study For Counselling Research And Practice

Counselling is defined as being able to strengthen relationships with others in the person’s life, enhance the decision making process, develop a more positive understanding and sense of self, facilitate the person’s emotional awareness, and explore the person’s coping strategies (Mordock, 1991). This section will explore the implications of the study by considering its impact both in the research area and in practice. Finally, the educational implications of this study will be discussed.

In terms of counselling research, the following areas ought to be considered: (1) the lived experience of recovery as being both intrapersonal and interpersonal, (2) the significance of the role of others in research on the lived experience of recovery, (3) a more detailed exploration of the mother/daughter relationship, (4) the person’s perceptions of the perpetrator now that she is in recovery, (5) the role of denial, (6) a further investigation of the impact of emotional and spiritual development in the lived experience of recovery, (7) the significance of the shift from perceiving oneself of being a victim to seeing oneself as being a survivor, and (8) further research on traumatic memory, dissociation, and repression.

The relationship between the intrapersonal and the interpersonal nature of the lived experience of recovery needs to be more clearly defined. Further research could explore what
intrapersonal and interpersonal changes are necessary for recovery and how these changes occur, and what role therapy plays. How crucial is therapy in the lived experience of recovery may be one research question. In considering the interpersonal nature of the lived experience of recovery, the role of others would be worthy of future research. It would be of benefit to gain further insight into how the role of others can facilitate recovery. This study discussed some of the characteristics the women looked for in choosing a counsellor. More research could be done in this area. The meaning and significance of friendships in the recovery from trauma could also be explored.

In exploring the role of others in research, one affiliation which requires further research is that of the mother/daughter relationship. While the experiences of the participants in this study seemed to indicate that the mothers were frequently emotionally and/or physically unavailable during the time of the abuse, this experience cannot be generalized. It would be of great interest to study a wide variety of mother/daughter relationships in order to determine what a satisfactory mother/daughter relationship is, and whether it is a factor in the prevention of further abuse. Research could also consider what facilitates a positive reconciliation between mother and daughter.

Another relationship which requires further research is the relationship between the perpetrator and the child. Counselling research could examine issues around attachment and positive attributions of the perpetrator. Traumatic bonding is an issue which is discussed in literature on trauma and may influence a desire to maintain some type of connection (van der Kolk, 1996b). Much research is still needed on the behaviours of the perpetrators, particularly on the behaviours perpetrators use to become more closely connected with children.

Denial seems to be a persistent lasting effect of sexual abuse. Counselling research could explore the positive and negative aspects of denial. Related issues, such as the role of shame and guilt in maintaining denial could also be investigated. The person's experience of denial could also be further described.

Emotional and spiritual development, which includes personal intuition and resilience, need to be investigated. The development of personal intuition appears to strengthen the person psychologically and spiritually. Learning more about resilience may also help to explain why some people exhibit more lasting effects of sexual abuse than others. Resilience seems to be an internal factor which facilitates the move towards recovery. How therapy contributes to emotional development would be of great interest to investigate, especially in considering how therapy
broadens the person’s emotional perspective. Spiritual development would also be very interesting to explore, particularly about what takes place both interpersonally and intrapersonally which provides the person with the opportunity to view her life from a metaphysical perspective.

As well, the motivation to shift from being a victim to a survivor would be worthy of research. Is the change of perspective a result of an inner shift or is it related to an external event? Which factors influence this change in perspective?

As has been discussed in Chapter IV, more studies on traumatic memory, dissociation, and repression are necessary. Especially in the present political climate, learning more about how memory is formed and how it is later retrieved are important. At present, false memory syndrome is a theoretical construct which requires empirical investigation. The implications of such studies may have far-reaching implications for both therapists and survivors. A related topic, the concept of body memory, also needs to be explored. In Chapter IV, many of the women discussed their experience of how the body stores and reflects traumatic memory. Perhaps, a phenomenological study on the experience of body memory could be developed.

The paradox of the lived experience of recovery requires further research. This may include how other populations, including older adult women and men experience recovery. It may be that other populations do not find that recovery is as perplexing as this particular group. This study has not illuminated the lived experience of recovery for lesbians or women who are visible minorities. It would also be of great interest to explore the lived experience of recovery from the perspective of the therapist.

In terms of counselling practice, the following issues would be valuable to explore in therapy: (1) the role of others in enhancing the process of recovery, focusing on the mother/daughter dynamic as well as the person’s perceptions of the perpetrator, (2) the multifaceted dimensions of denial in therapy, (3) how therapy facilitates emotional development and whether spiritual development ought to be a part of therapy, (4) how therapy may influence the shift from experiencing oneself as a victim to perceiving oneself as a survivor, and (5) the role of therapy in regards to dissociation, flashbacks, and traumatic memory.

With regard to counselling practice, it is important to not only consider the personal growth of the client, but also how the client develops relationships and interacts with others. The recovery process may be facilitated by the counsellor encouraging the client to develop friendships and improve relationships with family members. This subject area does not seem to appear in present
treatment literature. The contribution of others in the healing process would be useful to explore in counselling practice.

Counselling practice could explore ways in which to enhance the mother/daughter relationship in order to promote healing. The mother/daughter relationship appears to be an important one in the lived experience of recovery and may not yet be well understood. Expectations on the part of both the mother and daughter would be worthwhile to explore in therapy to determine how realistic they are. As well, the perceptions and attributes which the daughters had of the mothers at the time the abuse was going on would be valuable to process in therapy. Exploring these issues may help to shift the responsibility of the abuse onto the perpetrator.

Treatment literature does not yet seem to recognize how influential the mother/daughter relationship may be in the recovery process. One aspect which may be worthwhile to promote in terms of counselling practice may be the development of a group therapy program for mothers and daughters to enhance this relationship.

Another implication for counselling practice would be to explore the yearnings that some clients have of developing a non-abusive relationship with the perpetrator. Reducing the negative impact of the perpetrator involves acknowledging the positive contributions the perpetrator may have made in the person’s life, while still holding the perpetrator responsible for his/her abusive behaviour. Treatment literature does not seem to consider the complexity of yearning for some type of relationship with the perpetrator, which would still put the onus of responsibility for the abuse on the perpetrator.

The role of denial is a pervasive one in the counselling practice. Denial is generally more obvious at the beginning of treatment, when the client is struggling with the fact that she was sexually abused. However, confronting the trauma is often a repetitive feature in therapy. Helping the counsellor to deal more effectively with the many layers of denial would be useful in terms of counselling practice.

Counselling practice needs to consider both the emotional and spiritual development of the client through the use of interventions which would encourage self-exploration and the development of self. While emotional development is usually encouraged in counselling practice, spiritual development is a topic which is frequently avoided. Therapists need to consider what spiritual development means to them and what would be the possible benefits of promoting the
development of some type of spirituality for clients engaged in the recovery process.

Counselling practice needs to also consider how therapy influences the shift from a victim stance to a survivor stance. Some therapeutic strategies focus more on the negative aspects of trauma rather than the positive aspects of recovery. Facilitating hope and encouragement for clients who have experienced trauma are important features of counselling practice.

Counselling practice needs to also take into consideration how different cultural groups may experience recovery. With one exception, this study focused on Caucasian women whose first language is English. Whether counselling practice would differ for women of visible minorities or lesbians has not yet been fully explored.

In counselling practice, recovery becomes a paradox because the person often feels compelled to hurry up and do something different about her life and then finds herself waiting to see what type of changes have occurred. She is anxious to heal but then has to be content with taking life on one day at a time and working through on-going turmoil and confusion.

**Educational Implications**

This study offers not only recommendations in terms of counselling research and practice, but it also has several educational implications as well. First, it offers educational implications to therapists and other helping professionals, and second, it demonstrates the need to provide on-going information on how to handle disclosures and the need to be aware of certain behaviours which may indicate that the person has been sexually abused.

For therapists and other helping professionals, the educational implications include examining the current myriad of treatment interventions and determining which interventions are more appropriate than others. While all the participants stated that the therapeutic relationship was meaningful for them in terms of the process of recovery, some of them talked about feeling forced to follow the therapist’s agenda and having to explore issues that they were reluctant to do, which resulted in terminating therapy. Others discussed their experience of confidentiality, which may not have been as well explained as it could have been by the therapist. The ramifications of not fully understanding the terms of confidentiality which most therapists now follow, resulted in the person having very negative reactions towards the therapist which resulted in some type of hostile response.

Other educational implications for helping professions would be to explore the benefits of journal writing with their clients and to encourage clients to participate in their community. One
Another significant educational implication for the helping professional is to have a variety of anger management techniques that can be made available to clients.

Another educational implication would be to provide on-going education to teachers and other people who are involved in children's and adolescents' lives on how to handle disclosures. Many of the participants talked about the frustration they experienced when they attempted to make a disclosure and nothing changed. Often, it is the perception of the young person that she has indicated that something abusive has happened or is on-going in her life. What she may be saying may not be considered by the adult as a disclosure. Some type of education as to what type of statements may be indicative of a disclosure would be extremely valuable.

Another educational implication focuses around the present sexual abuse prevention programs which are available in various school districts. It would be impossible to describe all the types of abuse which a child may endure, however, it may be of benefit to broaden the scope of abusive acts and to emphasize to children that abuse has many forms.

Finally, there is a great need for on-going education concerning false memory syndrome, memory retrieval procedures, and what constitutes traumatic memory. The current debate about false memory syndrome cannot be overlooked in the daily practice of therapists who work with sexually abused clients. Closely linked to false memory syndrome is the issue of memory retrieval. A variety of literature is available for therapists on ways to accomplish memory retrieval, some of which are quite alarming in nature (Fredrickson, 1992). Therapists need to well informed of what memory retrieval is and what the ethical implications of certain interventions may have on the life of the client (van der Kolk, et al., 1996).

**Summary And Conclusions**

The purpose of this study was to provide a phenomenological description of what the lived experience of recovery is for young adult women who had been sexually abused. This study provided a rich description of how a group of young women made meaning out of sexual abuse trauma and experienced recovery. This study described the transformational process of recovery and demonstrated how the lived experience of recovery contributes to identity formation and the development of intimate relationships. As well, the study indicated which therapeutic interventions and self-help strategies successfully contributed to the recovery process. It is hoped that this study may also serve as a prototype for further studies on recovery from sexual abuse. A further area of
exploration may be to develop a theoretical framework for the lived experience of recovery.

This study presented a discussion of the themes which appeared to be the most uniform and salient in providing a description of the lived experience of recovery for young adult women. The richness of each person's experience was expressed through the collective description of the lived experience of recovery. The results would suggest that the lived experience of recovery is a complex process which requires on-going work and commitment. Although the person generally feels more hopeful about life, she continues to reconcile the shattered assumptions of her past (Janoff-Bulman, 1992). "I've always known that recovery would be on-going even when I stopped the one-on-one therapy that it would be something that was on-going" (Brooke). The lived experience of recovery is a process which significantly transforms the way in which the person perceives herself and the world around her.
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APPENDIX B: SELECTION CRITERIA

Prior to arranging an interview appointment with potential women, the following information would be gathered:

1. Age when the abuse started.
2. Duration of abuse.
3. Do you have a sense of recovery now? Can you describe that sense?

To be selected for the study, the following is necessary:
1. Abuse must have started before the person was 12.
2. Abuse must have happened repeatedly and for over a period of at least six months.
3. The perpetrator must be a family member. Family members include parents, step-parents, siblings, step-siblings, grandparents, aunts, uncles, and cousins.
4. The person has completed some type of therapy where sexual abuse was the primary focus.
5. Person needs to have some sense that she has experienced recovery and be able to talk about her experience of recovery in some detail.
5. How long have you worked on getting things better for yourself? What have you resolved? Is the recovery process over for you? Where do you think you would still like to go? For you, is recovery a completed activity or an on-going process? How do you know?

4. What would you like to say about how you perceive yourself now in comparison to how you saw yourself when you decided to do something about the abuse? What is different about how you see yourself? What is different about how you feel? What is different about how you treat yourself and others? What is different about how you see the world? Talk about the changes in your perceptions, beliefs, expectations, feelings, and behaviour.

5. What did you experience as being difficult as you worked to get better? Was therapy helpful? Were there people who did not want you to get better? Were there situations that made it very difficult for you to recover? What about internally? Were there things happening inside of you that made it difficult for you to get better?

6. If you could tell someone else who is in a similar situation to that of the one you were in, what would you tell them about recovery? What else would you want to say?

7. What else is important about recovery that you would like to let me know? When you first decided to get better, what did you want, hope for, and expect of yourself? Now, that you are here, what have you resolved? How beneficial has recovery been to you? How do you know you are different now than you used to be?
APPENDIX F: FOLLOW-UP INTERVIEW

In the follow-up interview, the researcher will go over the transcript of the first interview with the participant. The researcher will also show the meaning units and the transformed meaning units to the participant. Finally, the researcher will present the participant with a copy of the situated structure. The situated structure is a written synopsis of the process and structure of the lived experience of recovery. The following questions may be used during this interview:

1. How do you feel about what I have written?
2. Do you recognize yourself in the interpretation and discussion?
3. Does this interpretation make sense to you? How relevant is this to your own story?
4. What has been misrepresented or left out?
5. What difference has participating in this study made to you?
6. How could this study be helpful to other girls and women who are struggling with the effects of sexual abuse?
7. Is there anything else you would like to add at this point or any other area of your recovery that we haven't talked about yet?
8. If you could give a title to your story about recovery right now, what would it be?
APPENDIX G: INDIVIDUAL STRUCTURE

The Lived Experience of Recovery: Victory's Story

The lived experience of recovery includes life before recovery, the decision to begin recovery, the structure of recovery, the process of recovery and the lived experience of recovery now. Each area will be explored separately.

Life Before Recovery

Victory grew up until the age of eleven as the only child of parents who were both from very different ethnic backgrounds. The extended families of her parents played significant roles in Victory's upbringing, particularly her maternal grandmother.

As a child, it was very difficult for Victory to make friends because her parents moved frequently and chose locations where there were few other children living nearby. "I had a lot of problems making friends, my parents, they isolated me, whether it was subconscious or conscious I don't know, but I was always isolated, they always told me 'well, we're moving to a place where there's a lot of kids' and there would never be any kids around for me to play with". The children Victory eventually socialized with all seemed to come from impoverished backgrounds. "All of these kids were usually from families that were poverty stricken, or much less financially [well] off than we were, and rather dysfunctional. Usually, there was some measure of physical abuse in these families and these kids would be my best friends".

Moving frequently provided Victory with a variety of positive coping skills. "I think the one thing I have learned with all the moving is how to be adaptable, how to be self-sufficient, how to organize myself, how to deal with a tremendous amount of people, tremendous amount of cultures". As well, because of the ethnic diversity and religions that Victory was exposed to, she learned to appreciate a variety of traditions. "It's a real mix in my family, so, I mean I grew up learning to appreciate cultures and just various cuisines and foods and stuff, to me, that's normal". Victory also speaks several languages.

One of Victory's early memories is lying in bed and waiting to hear her father snore before she would fall asleep. "I mean one of the things I remember as a little kid was staying up and listening to my parents go to bed and it wasn't until I heard my father snoring that I would go to sleep. I remember doing that for a long time, not going to sleep until I heard my father snore". Victory also knew that if she woke up her father she would be in a lot of trouble. "And I know that if I would wake up in the middle of the night from a nightmare or whatever, if I woke up my father, I was in deep shit". No matter how scared or upset Victory was in the nighttime, she was not allowed to disturb him. "I wasn't allowed to curl up in bed with my parents, this was like a forbidden thing, if I fell asleep at the foot of my parents' bed, I was in trouble, I had to sleep in my own bed, no matter how scared I was or whatever, I wasn't allowed to wake him up or I would be in deep trouble, it was just always like that".

A variety of events led up to Victory's decision to begin recovery. It took a long time for Victory to identify that she had been sexually abused by her father. For the longest time all Victory had was a sense that something was amiss. "I just knew something was wrong, something was off kilter and I couldn't understand". Victory was aware that she reacted quite differently than her friends, "coz just looking around at the other kids, that something was different and the way they were reacting to things and the way I was reacting to things, I knew something was different, I just didn't know what". One thing that Victory noticed was that she was fearful of her father, while the other girls seemed to be happy when they saw their fathers. Victory was made fun frequently because she never questioned anyone when she was told to do something. Even in play, Victory was different. "I always felt like I was responsible for everyone, that I had to be the adult, even in play".

Another indication for Victory that something was awry in her life was her reaction after watching the movie "Something About Amelia". "Something About Amelia" was a movie about father/daughter incest. Victory was in boarding school when the T.V. movie "Something About Amelia" was broadcast. The nuns thought it was an important show for the students to watch. While she did not understand what she was reacting to, she became more aware that she was
different. "I thought I was losing my mind, I literally thought I was losing my mind." At the time, Victory cried and cried, although she was unable to say what the tears symbolized. She did not find out until later, that her mother had seen the movie as well.

Victory eventually approached her mother and asked her if it was possible that her father may have made some sexual advances. "And I just put that in the back of my mind and it mulled over in my mind for months and months and months, and then around Christmas time, I went up to my mother point blank and I said, 'Is it possible that my father made sexual advances towards me when I was younger?', that's the way I had started with this whole thing and she looks at me and she says, 'I've been wondering the same things since I saw the movie'". While both Victory and her mother speculated about the possibility of inappropriate sexual advances, neither considered the possibility of sexual abuse and after an initial discussion, the topic was dropped.

Through her mother, Victory became very involved in the charismatic movement of the Catholic church, "and so the charismatic movement is very high on the emotional scale, very intense, which of course appeals totally to a survivor, I didn't know that at the time". The charismatic movement was particularly alluring to Victory because it encouraged the use of prayer and meditation. "And with the prayer and the time that I would spend in prayer, in meditation and stuff like that, now I realize it, I had put myself back into my comfort altered state where I was in kind of a trance like state". While Victory was not in touch with any memories of being sexually abused, the prayer and meditation heightened her awareness of what was going on for her and how she was feeling. However, Victory eventually distanced herself from the movement for a period of time after being confronted by one of her prayer partners who suspected that she had been sexually abused, "and I basically said 'that's it', and I walked away and he said, 'okay, I'm just telling you what I feel' and I walked away from that and that was that". While Victory continued to staunchly deny that she had been sexually abused, the nagging thought that she may have been sexually abused persisted. "I basically kept dismissing it, it floated through my mind and I'd dismiss it again".

Victory decided to do some research about the lasting effects of sexual abuse and read the book Father and Daughter Incest by J. Herman. As she studied the characteristics of the incestuous family, she realized that they matched those of her own family, "the profiles and the family dynamics and I'm going 'shit, this is my family'". She went to one group support meeting for adult survivors after that. "I had done some of that research and I'm going 'wooh' and I think the research had blown me away because I think I went to one support group meeting and I said 'okay, end of story (claps hands), that's it', didn't touch it again for a long time".

At the same time that Victory was doing her research on the lasting effects of sexual abuse, the rest of her life was in chaos. "My mother was sick, she was claiming that she was dying again, my brother was in a foster home, my mother had put him to be adopted by them if they wanted him...I had moved out for a number of reasons and I was going out with this guy, that was an extremely abusive relationship". The relationship with the boyfriend was emotionally abusive and sexually exploitive. "And then being the Christian that I was, I was having a lot of problems with my sexuality, just a wall about everything and this guy was also a Christian, yet sexual behaviours were happening that I didn't want to happen and I kept on feeling bad about it and he kept blaming me for these things having happened". Victory felt overwhelmed with all that was going on in her personal life. "I was obviously really getting skewed, I was feeling off kilter".

During that summer, Victory was attacked in her apartment. She phoned her mother and told her to call the police while the robber was breaking in to her apartment. After convincing the robber that she only had twenty dollars which she gave him, Victory decided to hold him at knife point until the police came. As they wrestled over the knife, it fell on the floor and Victory realized that she was better off to let the robber go. "So I told him 'fine, I'll let you go', by that time he had dropped the money but he had grabbed my phone, because he had yanked the phone away from me when he had first jumped on me, so he grabbed the phone because it had fingerprints-go figure, anyway, so he ran off". Even after the robber left, the police did not arrive. Eventually, Victory got some help from one of her neighbours and she dialled 9-1-1 to find out what had happened, "and apparently the cops had come and gone because no one had answered when they rang my doorbell...I could have been lying unconscious, these idiots...". Victory reacted
hysterically at first to what had happened, "and then I become perfectly calm, I'm fine, I just was absolutely quiet and calm". Victory moved back in with her mother and everything appeared to go back to normal. "And it wasn't until, oh I think a month later, my brother comes up behind me, pokes me in the sides, and I jumped sky high, screamed, cried, hysterics, nearly threw the kid across the room because somebody had come up behind me and grabbed me,a and the kid of course did not know what was going on, he was wondering why, six at the time, maybe seven, so I just freaked...absolutely freaked...and then, after that, I was a basket case". Things went from bad to worse for Victory. She had no emotional support after the attack and the trauma of being broken into made it impossible for her to do certain things, such as getting some elective surgery, because of her fear of not being in control. "I have a fear of anaesthesia and being unconscious and I just couldn't do it, and just everything snowballed so badly".

At the same time, Victory's mother brought home a man whose background was highly questionable to come and live with them. "My mother ended up bringing home this man who claimed he was a priest, who wasn't really a priest, who claimed he had A.I.D.S., who didn't really have A.I.D.S.". Victory's physical health started to deteriorate, "and this summer became more and more bizarre, and here I am, basically as sick as a dog because after the freak-out from the surgery, I wasn't keeping food down at all, I spent over two weeks of throwing up and vomiting and diarrhoea and just going to the bathroom all the time, and not being able to have any food, and my mother's reaction is 'if you want to eat, make yourself something' and I can barely stand". Victory eventually ended up in the hospital unconscious because of dehydration and had to be treated medically for it.

Victory and her mother fought constantly. Because Victory was feeling afraid and insecure with a strange man living in her house, she insisted that her boyfriend be allowed to stay with her at night. The fighting continued because Victory was in such a highly vulnerable state. "Needless to say I wasn't well, my mind state was insane and I didn't know who to believe or what to believe any more". Victory was not capable of making any type of decision because she was so confused and overwhelmed by everything she was hearing. After the strange man left, Victory got into a physical fight with her mother and eventually left to move in with her boyfriend's parents. "And I had gotten into a physical fight with my mom and then walked out of the house, the cops got called and everything was a mess". Victory's mother insisted that the father (they were now divorced and the father was living in another country) be brought into the situation. He reluctantly came to see Victory, who would only meet him in public places. Nothing was resolved and it was the last time Victory saw her father.

By the end of the summer, Victory moved out on her own, went into total denial about the sexual abuse and put all her energy into going to nursing school and working. "So after that, I basically found my own place and plugged into school and just wore blinders, just totally wore blinders". By the following spring, Victory started having problems sleeping and called the local social services office requesting help. The help she did receive was superficial. "And I lightly mentioned the issue of abuse, but we didn't get very far, we didn't get anywhere really, again, another failure, another roundabout". The therapy was a failure for Victory and Victory was unable to cope, "and I spent an entire summer waiting for the sunrise before going to bed, and it was then that I had my first kind of flashbacks during that summer". The flashbacks consisted of "feelings of intense emotions triggered by facial expressions, very dramatic but disjointed reactions and images". Victory became hypervigilant and reacted to any look or move. "Somebody just make the wrong move or the wrong look or whatever and I was just freaking out, I'd freak-you'd touch me and I'd hit you automatically, it's an automatic reaction, hand on shoulder, I'd elbow you, whatever, I couldn't stand it". Some of the reactions included blood curdling screams, yelling, crying, curling up into a ball and rocking herself. She was often inconsolable. Although Victory was seeing a counsellor at that time, she did not find counselling to be helpful. At the same time, she kept hoping that it would somehow change.

As the season changed, Victory was able to start sleeping again. She stopped seeing the abusive boyfriend and became involved with another man, and by the end of that semester, Victory went back to the adult survivor group again. "And I think it was near the end of that semester, I started going back to the group that I had originally investigated, and the women had changed, it
was all students now and I did a few meetings but I guess I hadn’t been ready yet, so I didn’t go back again". Victory graduated from nursing school, moved from one part of the country to the other and put all her energy into her job. "And I hurt my back real badly to the point where I went home, living with my mother again, and that was a real mess again". Once Victory’s back improved and she was able to move out on her own, Victory went to yet another group meeting, and this time, she liked it so much that she became a regular group member. "I wanted to find something to help myself that worked, the group gave me that".

**Physical and Mental Health History**

Prior to the beginning of recovery, Victory had seen a number of therapists and had tried to connect with the incest survivors’ group several times. She had seen both a child psychologist and a child psychiatrist in regards to her parents’ marriage difficulties and eventual divorce. Just before her parents’ divorce and after, Victory had episodes of fainting spells in school. As her EEG was normal, the neurologist recommended therapy. The child psychologist failed to recognize that any type of abuse was happening. "I had been with a child psychologist who couldn’t have seen incest if it had punched him in the face because just looking at my parents now, knowing what I know, there’s something obviously skewed in the family dynamics, I mean he didn’t recognize anything". Victory also saw her school counsellor in Grade 8 for several months. She tried at that point to bring up the subject of sexual abuse but it was never fully explored. "And just for a fleeting moment I turned around and stopped and told her I had seen this article about a little girl being sexually abused on "W-5", and somehow I felt I had a kinship with her, and then I went on to another subject and never went back". For many years Victory did not want to believe that she had been sexually abused, so she would deny the possibility to herself and not herself think about it. "And it was only as I got older that I started to believe and then when I started in recovery that I realized things that I thought were absolutely normal were not normal at all, that this was abuse".

Victory decided to get her old medical records in order to find out if any of the medical experts that she had seen over the years had suspected or considered that she had been sexually abused. "I guess while doing my research basically, I wanted to go back and figure ‘well, what were these child psychologists thinking? What are they looking at?’" Victory had a seizure at two years old and also a history of vaginal problems. "The MD never found an explanation, I remember the pain and everything but I can’t help but wonder what is it in my memory blank that can solve this puzzle". The first time Victory saw a gynaecologist was when she was eight years old.

The first two psychologists whom Victory saw identified that something was wrong and decided to work on the relationship between Victory and her mother because they were so enmeshed. The third psychologist saw Victory and her mother together to determine whether Victory was schizophrenic. "And the therapist was wondering if I was schizophrenic or if I was delusional and I found this in the report and I’m going ‘this woman...’ and I never trusted her, I didn’t even say half the things, this woman thought I was nuts". Victory exhibited a lot of acting out behaviours at this time because she wanted people to realize that something was wrong. "I was pulling crazy stunts, dangerous behaviour, you know, jumping ramps and stuff like that, having a lot of accidents at that point in time". At the same time, Victory was playing "mind games" with her father where she would tell him stories designed to provoke his anger so that she could exert a feeling of power over him.

The medical community seemed to continually ignore the message behind Victory’s behaviours. "I was having fainting spells, they looked at the face value, they did all the medical tests and stuff, and then they basically said, ‘off to the psychologist you go’ and the psychologist would look at the face value of the behaviour and try to do something behaviourally. And when I was having stomach aches all the time, it was the same thing, they never really tackled any issues, any emotional things, nothing, they never looked at the family dynamic, nothing, you know, nothing". In an effort to learn more about herself and how she was perceived by the medical community, Victory had more questions than answers and so, decided to put her concerns on hold once again. "Unfortunately, it only produced more questions, so I basically put that on the side".
Victory eventually sought out the survivor group because of her mother's suggestion that she needed help, "so eventually even though I fought what she said, I'd end up giving into her, so I kind of gave in to her and I had gone to the group and checked it out, never telling her of course, and it just didn't click, or it wasn't the time or whatever, and I didn't go back".

The Role of the Mother

Victory has had an ambivalent relationship with her mother from the time that she was quite young. The only loving and nurturing Victory received from either parent was from her mother. "The closest thing I had to any parenting was my mother and the only loving and caring I received was from my mom, it was kind of skewed in the long run anyways". The mother was the first person who encouraged Victory to get some help. "She turned around and said, 'the fact that you were abused has affected you, you don't realize it, but you should deal with it, you should get therapy' and I freaked". The mother was very influential in Victory's life, not always positively. "I just figured 'well, mom knows best'. I've learned better since then, so her tapes would always go in my head, no matter how hard I tried, her tapes would always go on in my head, so eventually even though I fought what she said, I'd end up giving into her". At the same time, Victory often had to take care of her mother. From the time Victory was about seven years old, she would miss school to help her mother with cooking, cleaning, buying groceries and providing emotional support. The mother was frequently despondent. "And I later found that she had lost several children so she couldn't have-and she was upset and depressed, quite often I'd see her crying and stuff like that".

One of the reasons Victory had such a difficult time accepting that she had been sexually abused was that her mother had no recollection of anything being inappropriate. "And I'm going 'my mom was right there', and she doesn't even remember it, so it's like it totally blew me away". While the mother could acknowledge that the father may have made some sexual advances towards Victory, she refused to use the term 'incest'. The mother denied the severity of the sexual relationship between Victory and her father. "My mother at the beginning said, 'Well, maybe it's true that there were sexual advances', when I started to call it 'incest', oh boy, that was a whole other story because as far as my mother's concerned, number one: If there is no penetration, it can't be incest". The mother has remained unable to accept that Victory was sexually abused by her father. "What I realized while working in therapy and everything was that if she admitted the full impact that incest had in my life, then she could not allow herself to force me to be her caregiver all the time, she wouldn't always be the centre of attention any more and for her, this was imperative".

Victory has been constantly frustrated by her mother's unpredictability, "my mother was suddenly getting ill again and she was talking about putting my brother up for adoption". At one time, Victory had temporary custody of her brother when suddenly, the mother refused to allow Victory to see him again. Another time, after a particularly bad fight with her mother, the mother tried to reinvolve the father in Victory's life. "After I told him to get the hell out of my life when I was fourteen and washed my hands of him, my mother suddenly calls him and tries to force us back together and stuff".
Victory also believes that her mother has dissociative identity disorder. After describing some of her mother's behaviours to her present therapist, the therapist told Victory that it appeared as if her mother has dissociative identity disorder. Since that time, some of her mother's behaviours would seem to confirm that she may be a multiple. Victory saw her mother fill out a medical questionnaire using four different handwritings, "one sounded it was maybe an eighteen year old writing, one sounded like my mother in her business lingo, another one sounded very simplemindedly, you know, very simple to the point, it was like—it blew me away, it was like four different people had written four different allergies". Another observation was how her mother would suddenly change the subject and then bring up the same subject again days later. "I'd be talking on the phone with my mom about something, in the middle of the conversation she'd change, but I had gotten so used to this, it wasn't until I was made aware that multiples do this, that I'm going "oh, she changed the subject".

The Role of the Father

Victory was around eleven when she decided that she would not let any person dominate or control her. She had seen her father rant and rave at her mother and watch her mother cower. Victory was determined that she would not let anyone treat her the way her father treated her mother. "And then around age eleven, I can start to tell you about the arguments and fights I started to have with my father, the day I decided there was no way in hell I was going to let any man dominate me or control me, and the day I basically declared war on my father". While Victory was not clear at the time what the war was all about, she knew that she did not want to give up her personal control. "Instead of conceding to my father the way my mother did, I was very vocal and expressed myself with everyone. I became very narrow in my perspectives and refused to see otherwise. And for the first time, I was arguing with my father destructively but I would stand up and fight instead of accepting it all".

When her brother was a year old, the father decided to get a divorce. Victory was not told about the divorce until it was finalized several months later. First, the family moved back to the city they used to live in and Victory was told that the father would stay on in their former house and city until he sold his business. "It was really, really weird because my parents, my father was always the same. I mean I knew that things had deteriorated somewhat but there weren't any rows or big fights or whatever". It was moments before her father told her that Victory intuitively knew that her parents had divorced. "And I walk in, my father sits me down and says 'your mother and I are divorced'. And he left that morning at 6 a.m. was his flight after he'd been there for several days and helped with the moving and everything. He told me just before leaving. This was typical of him-hit and run always".

After the divorce, Victory would see her father once every few months. She would go and visit him or he would come up and see her. "We were supposed to alternate, but he just wanted me to go down all the time, and I didn't want to go down all the time, I wanted him to come up". Victory became more and more uncomfortable with going to see him because she was alone with him and his attitude and behaviour towards was becoming much more sexualized. "He was becoming more and more overt in his sexualizing behaviour and he was doing this in public now".

While Victory felt uncomfortable with what was going on, she did not know what to do. "To me, I didn't know what was going on, I didn't understand the feelings that my body and the vibes that my body was sending off because I had been taught from long before your instincts, you don't pay attention to your instincts, you do what has to be done period". The father's verbal and physical demonstrations of affection made Victory feel uncomfortable. His behaviour was different than it used to be prior to the divorce. "Because I remember, my father was talking to me, he was calling me his honey, his baby, and he was continuously rubbing my back or putting his hand on my shoulder and just caressing my shoulder". Even though Victory felt physically and emotionally repulsed by her father's gestures, she felt helpless. "And the touch gave me shivers, my stomach was flip-flopping, I felt awful, I felt like shit, my whole body was basically freaking on the inside from this touch, I didn't know what was going on, all I know is I was terrorized by this feeling I didn't know, I didn't recognize". Victory felt powerless to deal with the situation with her father. She did not want him to touch her but she did not know that she had the right to
The father taught Victory to use sexualized behaviours to get what she wanted from him. This began around the time Victory was eight. Victory was encouraged to use a sexy voice when she talked to her father. "This was the age where I was being encouraged to do that, if I wanted anything out of my father, that was the way I was going to get it, by using the little girl's voice, being kind of sexy, and kind of naughty, you know". Victory refuses to use that specific tone of voice now, "I don't even use that voice now". As well as becoming more emotionally familiar with Victory, the father started to become more physically demanding. Victory was forced to shower with her father when she was eleven and twelve years old. The father once insisted on washing her vaginal area when she refused to, during an occurrence of vaginitis.

The father's attitude towards Victory changed dramatically as she approached puberty. "And he made my bedroom for me and he bought the furniture for me and everything in his new house and it was all white, everything. The wall paper was white on white, the furniture was white, rattan everything was white in that room-you want to talk about bizarre-everything was white, the purity of white, that kind of took me back". He had offered to pay so that she could get her makeup done and get new clothes. This was unlike his previous behaviours and attitudes. "He just totally wanted to change my entire image". The father was also obsessed about Victory having her first menstrual period.

Victory had her first period while she was visiting her father, which was a terrifying experience for her. "And that was hell on earth because I was alone with him. Most girls say when they're having their first period, it's just a little droplet, I haemorrhaged and I had not bled like that to this day, ever, and I will never forget, I was terrified". Once the father discovered that Victory was having her period he did not leave her alone, "he was waiting for this, he was looking forward to this". While Victory was very apprehensive about her first period, the father was very happy and proud, unlike the cultural traditions of his ethnic background. "He starts telling everybody, he told my aunt and uncle, he was celebrating, he was joking in the restaurant about it, he was just so proud". The father was totally controlling of the situation. He told Victory about which sanitary pad was the most suitable and advised her about which medication was most effective for menstrual cramps.

During this visit, Victory went on an overnight trip with her father where they spent the night in a hotel. "The night we had at the hotel room there is a blank to me and all I have is a weird feeling about it, I don't know what happened, but it's a blank to me". The father volunteered to teach Victory how to put on a sanitary pad and told her that he had taught her mother everything about her period. "He started saying things to me like 'if you're having that much problems and you're bleeding that much, maybe it's because you didn't put your pad on properly, you should show me the way you do it so I could show you how to do it properly'". At the time, Victory was in shock about his comments but did not see this behaviour as being peculiar or aberrant. "So now I realize, this is really weird, this is really disturbed, but at the time, I'm just looking at him in shock 'no, no thank you', but that was it, it didn't even strike me as disturbed, it was just another thing".

The father followed Victory everywhere during this visit. "And I was just terrified because he never left me alone, that was the one time when I went to visit I would have run away if I had had a chance, but he never left my side, ever, I'd go to the ladies' room, and he'd be there beside the door, waiting for me". When that visit ended, Victory refused to go and see her father any more. She saw her father a couple more times when he came to see her.

Victory went to a religious summer camp the following year where she was encouraged to write her father a letter and forgive him for his sexual behaviour. At that time, Victory had only been able to acknowledge the sexual advances and still did not have any memories about the sexual abuse. Following the camp counsellor's suggestion, Victory wrote her father a letter letting him know that she forgave him, "and I wrote a loving letter to my father, basically saying 'I realize that you have made sexual advances towards me, that you are inappropriate at times towards me, and I forgive you for it'. And this was basically the first I had said this aloud". The father's reply to her letter devastated Victory, including the way in which she received his response. "Just receiving his response letter was traumatic because he had my uncle ask the school principal to hand it to me and
have me read it in his office". The father replied to Victory 's letter by saying that he hand never acted inappropriately with her. "He basically said 'what are you talking about? I don't need your forgiveness, I never did anything to you. I treated you like my loving daughter. I love you very much, I don't understand these false accusations'. The father blamed everything on the mother's influence and wrote, "that he was basically a semi-perfect father and his last words were 'put that in your pipe and smoke it', strange way of putting it too". Victory reacted to the letter by crying, sobbing uncontrollably, rocking herself back and forth in a little ball and not being able to be comforted at all.

"And then he started, then he started the mess". From the time he received Victory's letter to now, the father has told anyone who knows Victory about the false accusations which he claimed Victory made. Certain family members were even asked to spy on Victory. The father is still influential on both sides of the extended family. He has talked to every family member about the accusations. Even the brothers and sisters of Victory's mother believe that Victory's accusations are false.

He came and visited her once and then came again when Victory had an ovarian cyst. "We had gotten in a huge fight in the hospital and I told him 'get out and get out of my life, I don't want to see or hear from you ever again'". Victory has no contact with him now at all but she is still is afraid that he may try to come and find her. "It really bothers me because the terror is still there".

Once Victory refused to see her father any more, the father stopped paying child support. Victory has sought legal counsel here, and in the country where her father lives, to get the child support he owes. As she is dealing with two different legal systems, she has been unsuccessful in her attempts. Her mother has been of no help. "My mother is so afraid of my father and still in love with him as well, that she refuses to do so much as sign an affidavit stating that she hasn't received child support from him from such and such a date".

The father has made attempts since then to see Victory, but Victory has done all she can to keep her whereabouts concealed from him. "I'm very careful to cover my tracks as much as possible". Victory has been afraid for a long time that her father may show up in her life again. "I guess I've been raised by that fear all my life, for a very long time, when my father would come back and get me". Victory has thought out what she would do if her father ever found her, "and wherever I've lived, I've always had an escape plan". Even so, Victory does not doubt her father's ability to find out where she is. "But the thing that always makes me so afraid is that my father is a con-artist, in terms of he can talk his way and smooth his way through a lot of things". Victory is afraid that the paternal grandmother will one day tell the father where Victory is. "I know how she [paternal grandmother] feels and she wants me to be in contact with my father, and in my family, betrayal is a common thing, and I'm always afraid of her betraying me and saying where I am".

Victory describes her father has being very domineering and controlling. Other people have also confirmed this about her father. "There are other people who have dealt with my father, I mean I grew up with my mother's stories of my father's violent temper and I know that he has a cold-blooded rage in him and that all he has to do is snap and that's it". Victory was overpowered by her father. She knew unhesitatingly when trouble was brewing. "The threats-I mean all he had to do was say something very cold, and then you knew, it wasn't his raising his voice, it was his being too calm about it that you knew you were in trouble". There was no opportunity to ask questions or to challenge anything. "You don't ask questions". Victory also sees herself as being raised and trained to be sexually abused by her father. "I mean I was basically raised and trained to be abused".

The father is now remarried and has two other children.

The Role of the Brother

The arrival of the brother added more chaos to the family. Victory had been asking her parents for a sibling for some time and eventually the parents decided to adopt a baby. Victory was thrilled. Eighteen months later, they adopted B--. "We got B--and disaster struck". Victory was eleven years old when B--was adopted, B--was seven days old.
Victory was the first one to carry B--. This act has been representative of the relationship Victory has had ever since with her brother. "I was the first one to hold B--. I'm the one. I find this very symbolic now, I was the one who carried B--to my mother". While Victory realizes that the social worker had a different motive in mind when Victory was invited to sign the adoption papers, the act also foreshadowed what was to come. "I assume the social worker's idea was being eleven years old, they wanted me to be in on the process and not feel excluded through the process of adoption and everything, coz I knew what was going on, but it ended up being very symbolic of our family dynamic and they never knew that".

Victory was quite happy to help take care of her little brother and helped out as much as she could. Then, her father became ill. While her father was hospitalized, Victory's mother had to help run the family business, so Victory started to take on more of the responsibility of looking after B--. When school started, the parents hired a sitter to take care of both Victory and B--, but Victory ended up doing most of the work, so it was decided that Victory would babysit B-- herself. "I was talking with my parents or whatever and I mentioned that I was doing all the care for B--, so they figured no more babysitter, I'll stay alone, all by myself with the baby, so I started babysitting by myself".

Then, Victory's mother got very sick and again, Victory spent even more time taking care of B--. "Very often I would come home from school, entertain the baby, play with the baby, spend a lot of time with B--, I spent a lot of time looking after B--".

The Role of the Maternal Grandmother

The maternal grandmother has played an important role in Victory's life as a caretaker. When Victory was so ill that one summer, the mother took Victory to the grandmother's for the day. It seems that the mother turns to the grandmother whenever she does not know what to do for Victory. It was the grandmother who spoon fed Victory and helped her get through another week. "And my grandmother spoon fed me, tablespoon by tablespoon every ten minutes, which is how I got the strength to survive another week".

When Victory had to return home because of back problems, it was her grandmother who sought to help her by paying two months rent so Victory could live elsewhere. "And my grandmother knew I wouldn't be able to live with my mom again because it would be disastrous, and she'd drive me nuts and stuff, my mother's mother, she totally understood".

The maternal grandmother has played an important role in Victory's life and has been like a mother to her. "And my grandmother in the past few years has been the closest I've gotten to having a real mother in the past few years". The grandmother is quite ill now and Victory wonders what her life will be like after her grandmother dies.

The Decision To Begin Recovery

For Victory, the decision to begin recovery was a lengthy one. First of all, it took Victory quite a while to realize that she had been sexually abused. She had a nagging feeling that there was something wrong for years prior to her being able to acknowledge the sexual abuse. "I think the nagging feeling was basically from the moment when the abuse stopped because during the abuse I was dealing with so many other things, I don't think my mind could even focus on anything like that, that I was different some how, that something was not right and it was obvious". After that, it took Victory quite a while to find a support group and eventually an individual therapist who would listen to her and help her to work through her many issues.

Victory was about sixteen years old when she first began to realize that she had been sexually abused by her father and that there were some consequences to that event. "I don't think there's any specific moment, coz I must say I was probably around sixteen when I began to think about it and began to admit to myself, sixteen or seventeen, that it had affected me and basically where I started accepting myself that I am a survivor, period, just admitting to myself that the abuse had occurred".

The T.V. movie called "Something about Amelia", which was about father-daughter incest, triggered a highly emotionally response for Victory. "I didn't know why, I didn't understand anything, all I knew is I was crying and sobbing and shaking and trembling, I was freaking out, and I didn't know what was going on". At the same time, Victory was aware that
something was wrong but she did not know what it was. There was something missing in her memories and in the missing memories, she had a sense that something was wrong. "I felt there was something wrong but I just couldn't put my finger on it".

After making several attempts to join an adult survivor group and not connecting, and being forced to do bed rest after injuring her back, Victory eventually found a group that met her needs. The bed rest for her back problem was a significant time for Victory because it forced her to realize how much she hated feeling powerless and unable to do anything. It was at this time that Victory set some goals for herself and decided to go and find another support group. "It was basically after I got off bed rest I really started dealing with my abuse and my mother was becoming less and less involved with my life and because she was less and less involved in my life, I was starting to deal with the abuse".

Victory's needs were similar to those of the other group members. "The group was overall younger people with similar personalities, problems, phases of life and we were each other's family, we didn't have our own 'family' to care for". Joining this group marks the beginning of Victory's recovery journey.

Being a part of the group was highly significant for Victory because she felt accepted and supported. The other members were Victory's "sister survivors". A kinship was felt and significant relationships were developed. "I became a regular part of the group, I became involved in the group and with time, we started spending time together outside the group". As a result of the group work, Victory realized that she needed to do individual therapy and found a therapist who specialized in the area.

**The Role of Therapy**

The individual therapy that Victory became involved in after attending her support group was highly significant for her. The focus of the therapy in the beginning was exploring Victory's relationship with her mother. Therapy made Victory realize how much enmeshed she was with her mother and that breaking this pattern was an important step in recovery. The relationship was so enmeshed that Victory's energy had been diverted into the relationship with her mother and she could neither take care of herself nor did she have any energy to do the work in recovery. "And as I started into therapy, we found out that we had to work more on my mom first then on the actual abuse from my dad, on the issue of my mom, and basically had to break the codependency because this was only making the other destructive patterns I had grow, because this was killing me". In therapy, Victory learned that she had the right to take care of herself first. "I was not there to be her saviour and that she wasn't a real mother and I couldn't trust her for anything, only what she wanted". Victory remained in therapy for about a year and a half and then moved again. "And then I came out here and decided that I had done so much intense work, I was going to put it on the side for a while and now I'm back in therapy". Now that Victory is more settled, she is back in therapy again. "I know I still have a lot of issues to deal with and I lack the tools to do so, things still happen and get intense and I still have things to work on, I'm not finished".

At the time of the interview, Victory had also made the decision to start her own group for adult survivors. "And I'm starting my own group here on campus because I'm not happy with-I checked out a few groups here and it doesn't click with me, that the members of the group aren't consistent enough". Not satisfied with what she has seen so far, Victory decided to start her own group. "But the groups I've checked out, I don't know, there's either not a good chemistry or it doesn't just click for me, so I want to start my own".

Victory has also observed that there is a big difference in the issues which are explored in groups that older women who have just started in recovery to groups of younger women who have worked on recovery for a while. Recovery seems to be more difficult to do when people are older and more established in life. As well, the older survivors seem to be more afraid of speaking out against child sexual abuse.

**Moving and Relationships**

While moving was a theme in Victory's childhood, moving has also been a part of her adult life. Victory moved out of her mother's home several times while living in the same city as her
mother. Victory would then move back home, for physical or mental health reasons, and as soon as the crisis passed, she would move out again.

Victory's first move across the country was prompted in part by the relationship in which she was involved. After breaking up with her abusive boyfriend, Victory became involved with someone where she was "the other woman". After graduating from nursing school, she moved, hoping that the boyfriend would join her. When he didn't, she became immersed in her new job until she hurt her back so badly that she had to return to her mother's. It was as a result of the bed rest, that Victory first started recovery.

Victory became involved with a man who had been her friend for a long time. "And I ended up in a relationship with a guy who was also a survivor of ritual abuse, and we had been old friends for a long, long time, very loving, very supportive, very wonderful person, and he helped me through a lot and stuff". The second time Victory decided to move across the country was in response to this relationship. "The move was more to break the habit of being with this last boyfriend. Although he was wonderful, the relationship was not to be permanent, and I needed to move on, but we were still together all the time".

This move was a very positive one for Victory, "but when I arrived and realized how good it felt to be on my own and no mother to have to continuously enforce boundaries with and no family rumours to deal with, I didn't feel ready to go back". At the same time, Victory became involved with her present boyfriend and the relationship was a very positive one. "I didn't want to leave such a positive thing, I was the happiest I had ever been".

**The Structure Of Recovery**

Recovery has developed new awareness and provided many new skills for Victory. Recovery has given Victory the skills to learn how to take care of herself before taking on the needs of others. "I've always been a caretaker for as long as I can remember and I've just learned with the therapy and everything how to caretake for myself first before others".

Recovery has also given Victory the skills to set limits for herself and how to develop personal boundaries, "and I've learned that boundaries exist". The development of personal boundaries has reduced enmeshment in Victory's life. "Sometimes I'll find it [enmeshment] still happening, but then I'll put my foot down and I'll go 'no, I have keep my own boundaries around me', I'm a lot more aware of that". People have tended to gravitate towards Victory for help, and now that she is aware of her own resources and limitations, she can set up limits instead of taking on other people's problems when she cannot cope with her own. "I'm more likely to say 'look, I know you're really in trouble, I'll help you to find somebody, but I really can't handle this right now' kind of thing, I'm more likely to do that".

The structure of recovery has helped Victory to be more accepting of herself and less critical of her own behaviours. Joining the support group gave Victory the incentive she needed to accept herself. "And then when I started with the group I realized if I wanted to walk around with my teddy bear under my arm that was fine, I could do that and nobody had the right to make fun of me".

The structure of recovery promotes the concept of rights and responsibilities. Victory learned that she had to the right to her own opinion, "I had the right to say things, that I didn't have to be quiet".

Recovery teaches. It was as a result of Victory being in a support group that she learned about negative self-talk and realized that she had to do something about all the negative self-talk she was doing, "and with the group and everything, I realized that there was tapes going on and I had to shut them off". Recovery promotes self-awareness and learning.

Recovery provided Victory with information about her sleep disturbances and helped her to realize that what she was experiencing was not abnormal but a result of being traumatized, "that being afraid to go to sleep at night is not abnormal, that nightmares are not abnormal, that waking up because of noises in your sleep is not abnormal".

There are times in recovery where some issues are more important than others. Sexual abuse is only one of the issues that is explored in recovery. Victory has discovered that other issues will sometimes take precedence and need to be dealt with before she can continue her work on the sexual abuse. "And I realize no matter how much I work on my issues, something will
always happen on occasion to come up and I'll have to deal with it at that time". The structure of recovery has given Victory the opportunity to deal with events in her life differently. "But even now the way I react to things is different than before". Victory is calmer, more accepting and recognizes that she has more control over the situation. "When issues come up, I realize this is an issue coming up, this is something related to this, and I have to work on it, I'm not ready to work on it right now, but I need to work on it". Victory has developed some effective coping strategies that have given her the ability to deal with certain issues by herself. "And little issues, I can actually work on them by myself. I'll use some of the techniques and I'll use some of the constructive things to help myself versus before I would have been at a loss, basically banging on the door of any counsellor I could find, versus now I can say 'okay, well, what can I do to help myself right now?'".

The Process Of Recovery
Victory believes the process of recovery is "a lifetime process". However, she also believes that there will be a time in her life when the sexual abuse will not such a prevalent theme in her life and that she will not so easily be identified as being a survivor. "I'm sure, like an alcoholic, there is a point in time where your mental picture has changed so much that issues will come up at times, but it's not so predominant and so strong in your life, and that you're not recognized any more as a survivor". She also accepts that maturity is the result of the recovery process. "I think there is a point where you can grow, when there's real growth going on, it's not just healing, you've gone beyond the healing, and you're growing and you're expanding, you're not just putting yourself back together, you're expanding and growing and I think that really happens". Victory believes that the most significant aspect of recovery is being able to put the pieces of the puzzle together and see the whole picture. Putting the pieces together is a lengthy process and some people do not complete that. "But the idea is that it takes a long time to get the main picture and some people don't even finish that".

Part of the process of recovery for Victory was to become familiar with the language of recovery. Being involved in a support group gave Victory the language she needed to describe her experiences. The process of recovery is also educational. Victory discovered a variety of books which made significant contributions to her recovery process. "Of course, as you get involved with the group, not only do you get to know the lingo, the language, you get to understand a lot more and you start reading the books". The books which were helpful in Victory's recovery process included autobiographical accounts of adult survivors or self-help books for adult survivors. Books played an important role in Victory's recovery process. It seemed that just as Victory was ready to deal with a new issue in therapy, there would be a book that would contribute to her awareness and understanding of the issue at hand. "Just the whole thing as each issue was coming up, the books were becoming available, so for me it was a godsend, it really was".

The process of recovery took away Victory's feelings of isolation. The group experience made Victory realize that she was not alone, not crazy and that her reactions to being sexually abused were very similar to other members in her group. "I had heard this before, people kept saying, 'you are not alone', but when I started the group, I finally realized 'I'M NOT CRAZY! I'M NOT ALONE! THESE PEOPLE HAVE BEEN HERE! WE'RE ALL GOING THROUGH IT! WE'RE ALL GOING THROUGH THE SAME THINGS!'". The process of recovery put Victory in touch with people whom she could seek out and talk with and know that they would understand and accept her. "And it was really something to me to realize there was somebody I could reach out to, that I could talk to, there were people that I could actually trust, who understood me, who understood where I was coming from". Victory also discovered that the support did not require any type of payback, "that there was such things as getting support with no strings attached, that there was no strings attached, that there was no price that I had to pay". That support was freely given without any obligation was a new experience for Victory.

The process of recovery normalized what Victory was experiencing. Victory learned that her reactions were normal for anyone having to deal with an adverse situation. "I'm not crazy, I'm not abnormal, I'm not nuts, I'm not that different. I am a normal human being reacting in normal ways to an extreme situation and that's why it seems to extreme". The process of recovery normalizes the different thoughts, feelings, perceptions and attitudes to the trauma. "To me, this
was like 'FINALLY! It's starting to make sense'". Victory's perception changed. The process of recovery has given Victory the opportunity to change her perceptions about her life experiences. Making sense out of behaviours which Victory used to consider to be abnormal was a powerful shift for her. Her thoughts, feelings and perceptions about how she has been coping have now taken on a whole new meaning, "well, it's not abnormal-it all fits into this puzzle, and it was just incredible for me to realize this".

The process of recovery is like putting a puzzle together. "I was starting to build a frame of the puzzle-at least build the frame. Before, I just had this huge box of pieces, whereas now at least the frame was together. I at least had an idea of what this looked like". The process of recovery is lengthy. Bit by bit, Victory is more able to make sense of what the puzzle of her life looks like. "It's a long process, it's a very long process and the more I read and the more research comes out and the more information becomes available, the more I'm putting the pieces together and I'm going "well, this makes sense and that makes sense" and it just explains so much more to me and I guess the more the picture is coming into focus that I'm actually starting to see there is a big picture". At the beginning of recovery, Victory could not make sense of what she was experiencing. "Because at the beginning I didn't even see there was a big picture, to me it was just a jumble, just a big snarly ball, a mess that I couldn't understand what, but now, I actually see there is hope, a lot of pieces, but there is a main picture". The process of recovery brings about hope. Part of the recovery process is being flooded by overwhelming thoughts and emotions. Victory began to realize that so many of the thoughts and feelings which she had previously labelled as being crazy were parts of the puzzle of recovery. "But there were just so many things that I realized, the suddenly breaking out into crying, I feel like I'm losing my mind-no, no it's just a part of the process of being a survivor, of recovery". The puzzle of recovery is clearer than it used to be. "I got a lot of middle pieces that don't connect with each other, but I don't know where they go so they're kind of on the side and I have to figure out what's the next picture that goes with the frame, and how to connect the middle ones together".

Victory's goals in recovery have changed since she started her journey of recovery. Retrieving certain memories was Victory's first goal in recovery, "I think when I first started I was almost obsessed with trying to get that memory block undone because I started to realize how specific my amnesia is". From the age of about seven and a half to eleven, Victory has no memories of what her family life was like, although, she has clear memories of her school life. "I can remember my school life totally, but I can't tell you anything about what happened at home, it's an absolute blank. I can't tell you anything about my parents". At first in recovery, all Victory wanted to do was to retrieve her memories, deal with the abuse and get on with her life, "so basically when I started I wanted to remember, to deal with this, get this over with and get on with my life". Victory has memories of her family life from the time she decided to stand up against her father. "I remember that with complete clarity, and that's basically the day my memories started coming back to me, where I started to fight my father". Initially in recovery, Victory was aware of chronic feelings of exhaustion, "and the fatigue probably stemmed with having to continuously push down the memories".

Prior to recovery, Victory was extremely reactive, argumentative and hypervigilant. "I have always been a very aggressive personality and very quick to argue and fight, to defend, extremely defensive, and very quick to attack and just very sensitive to touch". Victory has learned the difference between aggressive and assertive communication styles and is trying to be more assertive. While it is very important for Victory to use her voice now, Victory makes more of an effort to be respectful of others. "I'm probably a lot more vocal as well, but I'll try and do it a little more diplomatically, before when I was vocal, it was just very brash, but I'm a lot more in respect of others as well". At the same time, Victory is very clear about her limits. "I guess my whole persona dictates that I don't tolerate certain things".

As a result of the process of recovery, Victory was able to handle being touched by other women in her support group. "I could stand being touched, I was feeling more comfortable being touched, I started to actually thirst for the hugs and stuff". The process of recovery brings about change. Victory describes herself as being a much calmer person now. Another significant change is that Victory has learned to be more intuitive. "I listen to my instincts, that's a big thing, I listen
The realization that she could have a safe place only began to emerge for Victory as she entered into her recovery journey. "I didn't even know what it felt like to be safe, I had never, ever, ever felt safe before and I didn't know a safe place could exist". It was only after Victory started in recovery that she was even able to recognize that people do have safe places.

Fear is an obstacle in the process of recovery. "Fear is a huge factor, it's like I'm afraid of remembering. At the time of the interview, Victory was particularly afraid of what memory seemed to be lurking just outside of her grasp. "Especially right now, because I think I'm in the middle of what we call the "p.f.s. phase"—one of my girlfriends used to that "pre-flashback syndrome". One of the symptoms for Victory of the pre-flashback syndrome is when she is unable to sleep. Victory is afraid to dream because that is when the memories start to surface for her. "And the last time I had a flashback, it was unfortunately triggered by an external thing, but I was in pre-flashback phase, and it was bad, it was really bad, it still gives me the chills thinking about it, and the thing is, I know my next memories will be worse, the worst memories are yet to come, and that's what I'm afraid of". Victory knows intellectually that she will be handle the memories but she is still terrified about what they entail. "I know in my mind I've lived through this so I can remember this, and I'll deal with it, I'll be able to do it and stuff like that, but it's still scary, it's still scary because I know the worst is yet to come". Victory has already had some to the body sensations and experienced some of the feelings attached to the memory but the memory itself remains obscure. "My body has felt it but I don't have the clear cut memory of it. It's kind of foggy, it's kind of there and I know it's happened". Victory fears what will happen when the emotions and the memory connect. "I know I'll eventually connect the memory with the emotions and when emotions and the memories connect, it's kind of scary". Some of the feelings that Victory has experienced are so overwhelming that she is leery of remembering what the events connected to the feelings are. "I think fear's a big factor of everything".

Two other stumbling blocks in the process of recovery for Victory are time and money. Victory observes that when she is working she is not able to handle sexual abuse issues at the same time, "because when I'm working, I can't deal with issues, I'm not functional". As a student, Victory finds it easier to work on sexual abuse issues because she can compensate for the time she has lost when dissociating. "I can always skip class, or if I do go to class and I'm not that functional, I'm still tape recording, I can still bum notes, I can still read my textbook, I can still catch up somewhere else if I end up spacing out in class". If she is working, Victory has to put all her energy on not dissociating and so, by the end of the day, she is too exhausted to deal with the sexual abuse issues. "I can't space out in work, that's the thing, and when I get home I'm so exhausted from being concentrated on working and not spacing out, "I have to stay where I am, I cannot go into a trance-like state" that I don't have the energy to deal with the issues". Work gets in the way of the process of recovery. "I don't want to deal with issues because I've been dealing with the issue of trying to stay with the world I'm presently around".

Money is another obstacle, "pay for the therapy, pay for the books". Having money makes it possible to consider alternative medicines that may help with some of the symptoms of being sexually abused, such as certain food intolerances. "And this is the thing, if you have the money, you can pay for alternative medicine which helps a lot in these cases". As well, money makes it possible to get the necessary help from people who specialise with working with survivors. "You can pay for the specialized therapy of therapists who deal only with survivors, you have massage therapists who deal only with survivors". There are other programs as well which promote healing, "and there's so many things that exist out there, there are dance courses specially for survivors, there are art therapy".

**The Impact of Sexual Abuse**

Many things went on during Victory's childhood which are symptoms of a dysfunctional family. However, for Victory, the worst symptom was the sexual abuse. "The whole reason the abuse is the worst part of the pathology of a dysfunctional family, it happens to be the worst illness you can get, you know instead of getting a mere cold, you come down with pneumonia or pleurisy, that's basically, it's the worst symptom, the worst illness that could happen".

It took time for Victory to fully understand the type of impact that being sexually abused...
had made in her life. The understanding deepened as Victory began individual therapy. The impact was quite overwhelming and Victory developed some reluctance and fear about exploring the whole issue. Victory was surprised to discover that the lasting effects of sexual abuse had defined her self-image, provoked certain reactions and distorted her perceptions about how the world works. "I realized how much the abuse was controlling me and was defining my world for me-and that was scary, that was overwhelming, that was really overwhelming because you're looking at this and you're going 'whoa', that blew me away".

Self-abusive behaviours are often a part of the lasting effects of sexual abuse, "The skin, the picking at myself, the scratching of myself, and the skin carving, and all that, it was part and parcel". Although Victory did not make any suicide attempts, she often thought about suicide and would make plans about how to end her life so that she could stop all the chaos and pain in her life.

One of the lasting effects of sexual abuse is the development of eating disorders. "The majority of survivors have eating disorders-in a way I have an eating disorder as well because my digestive system's continuously symptomatic". For Victory, there are times when she will eat a lot and then not want to eat for a significant period of time. "And on top of that, I go through periods where with the psychological things happening where I'll eat a lot and then I'll starve myself. I just won't be hungry". Food allergies and food sensitivities seem to be common for survivors. "And every survivor I know has food allergies and food sensitivities and we all have special diets".

Another impact of sexual abuse seems to be gynaecological problems. "Considering my history of ovarian cysts, of menstrual problems, of endometriosis, of P.M.S., you know, I've had so many reproductive problems, it kind of makes sense to me and every survivor I know has reproductive problems".

Finding out about the lasting effects of sexual abuse helped to normalize Victory's thoughts, perceptions, feelings and behaviours. It was a relief for Victory to discover that what she was experiencing were the lasting effects of being sexually abused and that she was not going crazy. Victory had been convinced from her family's reactions that she was acting abnormally and that she was crazy. "You don't know what else to think, you don't know where's reality". The support group and the individual therapy made it possible for Victory to realize that she was reacting as any normal person would to very adverse circumstances.

Dissociation was a skill Victory used to cope with the sexual abuse. However, Victory continued to use dissociation as a coping mechanism long after the abuse ended, which became a problem for her. "It's so hard to stay in touch with reality and you're so spaced out half the time anyways, you know, it's like you're not in touch with your own body physically, you're in a trance-like state a good part of the time". Being dissociated further distorted Victory's perceptions, thoughts and feelings.

**The Theme of Chaos in The Process of Recovery**

"Chaos follows my life to this day, no matter how hard I try". The theme of chaos is predominant in Victory's life. There are things over which Victory has no control which have caused great difficulty in her life and which have prevented her from working on recovery. "I realize that I haven't been creating the chaos but because the chaos is surrounding me, I can't really work on the issues". Life has been very crazy for Victory and she is so stressed out with what is going on around her that she cannot do the work in therapy that she would like to do.

One aspect of Victory's chaos is her physical health. The doctors recently diagnosed Victory as having irritable bowel syndrome. While Victory is not confident about the diagnosis, she would rather be on medication than have surgery. Victory dislikes being ill. It gets in the way of her recovery and creates further stress and chaos. "I think at times it stunts things because it's basically I have to put recovery on the side, just to get through the next phase of illnesses and yet most probably the phase of illness I'm going through is related somewhat to the continuing stress that I have of being a survivor". Dealing with the lasting effects of sexual abuse contribute to Victory's illness. However, Victory knows that not dealing with the issues also creates poor health.

Victory describes herself as suffering from Murphy's Law. There is always something that will create chaos in her life. "I seem to have the worst luck, it's like Murphy's Law is a
commandment in my life. If something can go wrong it will go wrong period in my life". After a
certain point, Victory's body can no longer handle any more life stressors and she gets sick. Then
the stress of having to limit herself creates further frustration, "and it drives me crazy because I
hate being shut down, it's extremely difficult for me". Victory has a hard time accepting her own
limitations. "It's extremely difficult for me to accept that. I'll end up doing it physically because I
can't do anything else, but in my mind I'm battering myself with a whip going "you shouldn't be
doing this, you shouldn't be doing this, get up, get moving, do something". Victory also realizes
that she drives herself too hard at times, which will result in chaos as well. "I've collapsed of
exhaustion more than once from pushing myself too hard".

Sleeping Difficulties
Since the time that the stranger entered her apartment, Victory has had sleep difficulties.
There are times when she will do anything to avoid sleep, including staying up for several days
and nights. "I've done 36 to 72 hours up straight doing errands and work and everything, and
I've done that many times". As sleep can be so frightening for Victory, there are times when she
will only allow herself to sleep for a few hours at a time or when she will wake up every ninety
minutes to prevent herself from having any dream periods. "And actually, I've been going through
that past few months where I maybe get a few hours sleep every day, or I'll wake up every 90
minutes because I don't want to fall into R.E.M. sleep because I'm afraid of dreaming". Usually
when Victory is in one of these sleeping patterns, she is unaware of what she is doing. "And it's
only after spending a week or even two of waking up every so often and having rough nights,
because I'm waking up all the time during the night, that I'm so exhausted in the morning I can't
get out of bed, I'm going "what's going on?" and then I realize "I haven't had a decent R.E.M.
sleep in two weeks". As a result of these sleep patterns, Victory gets caught up in both a vicious
external and internal cycle. The external cycle is one of sleep deprivation while the internal cycle is
one of negative self-talk brought on as a result of not being able to function adequately.

One of the lasting effects of sexual abuse for Victory is that she does not feel safe in the
evening to go to sleep. She would prefer to go to sleep early in the morning. "If I had my choice,
I'd probably be-my average bed time would be 3 a.m. or 4 a.m. because it's very hard for me to
feel safe at night and for me to be able to sleep and stuff at night". The sleep patterns are not as
chaotic for Victory when she is not working during the day or when she does not have such high
expectations of what she ought to accomplish in a day. "Nap times I'm fine and when I don't have
to deal with a nine to five job, and pushing myself to accomplish a lot during the day".

Another coping mechanism for Victory to avoid going to sleep is starting some type of
project in the evening. "So that's when I'll suddenly start cleaning up the apartment, or I'll
suddenly start unpacking boxes and putting books away, I'll start doing all the dishes, organizing
my files, I'll have the T.V. on and I'll start doing a huge project or I'll start doing little projects
around midnight". While Victory does try to break this pattern, it is particularly difficult to do so
when she is having to deal with a lot in her life. Stress plays a significant role in perpetuating the
cycle.

The Lived Experience Of Recovery Now
Victory's relationship with her mother has changed significantly. "I've broke a lot of
chains with my mother and I, as far as the codependency and stuff, I've realized a lot of things
where my mother is concerned". While Victory is clearer about her boundaries with her mother,
she is dealing with feelings of grief and loss because she knows that she will not receive the
nurturing she needs from her mother. "And it hurts because I can't trust her, I can't trust her
judgement". It has been difficult for Victory to realize that her mother is not capable of being the
resource person Victory would like her to be. This has been a source of pain for her. "It's really
tough, right now, it's very painful because I realize that I don't have a mother and it hurts, because
I don't have a father and I've always rationalized in the past by saying "at least I have a mother"
but I realize I don't have a real mother". Victory is struggling with this loss, "because I'm feeling
orphaned".

The biggest change in Victory's life is reflected in her relationships. Victory is presently
involved and living with a man who is very caring and considerate and who is non-abusive. She
describes her relationship with him as being the second positive relationship she has ever had.
"This one of course is the healthiest one I've ever had in my life, of any kind of relationship, and I think that's very significant in showing that I'm getting better". Before recovery, Victory was involved with men who were less than adequate, "because before, I would have the biggest jerks on the planet Earth for my boyfriends".

Victory's goals in life have also changed. "Well now, I've decided I want to go for my M.D. and there are just so many things that I want to do". Ultimately, Victory hopes to have an adolescent care centre to help adolescents break away from the cycle of abuse. "I'd like to spend at least one year in Africa working in a medical clinic and everything, but my main goal eventually is to establish an adolescent care centre, where you have a doctor, a psychologist, a social worker, just all kinds of resources available, just for teenagers, the parents are not allowed there, this is their safe place". Victory believes that it is important to treat children with dignity and to be aware of indicators that may suggest that there is sexual abuse. "And I think that having an adolescent centre that's geared specifically to the kids and to the adolescents is more likely to make them come forward. I'd really like to set that up". Victory would like to make a considerable contribution to society and meet the needs to people who are dealing with the lasting effects of sexual abuse. "But this whole idea of the centre only started coming to me recently, and there's so many things you can do, there's so many things that I'd like to see...Trying to make things better is what I want to do".

Victory knows that recovery is worth the time and effort it requires. "I think it's worthwhile, it really is worth it". Victory is now familiar and comfortable with the issues which of sexual abuse and she is able to speak out publicly about its impact. "And I think that's one thing about recovery that a lot of survivors don't realize is that for me, I've gotten so used to dealing with recovery and the lingo and the issues and stuff, that it's not that big of a deal to be public about it".

However, Victory cautions that it easy to get caught up in the fanfare of the recovery movement. "I have seen individuals who centre their lives around recovery, reading books, doing groups, doing therapy to the point that they have lost touch with everything outside of recovery. Their entire life and being is centered around the groups and lingo and they don't do anything without it being a "recovery process". There is a time when the survivor will outgrow the group or the therapist and that is part of being in recovery, "because the groups are great, they are fantastic, but there is a time where you outgrow the group". Recovery continues to be a learning process. Victory has discovered that she has outgrown certain people and situations that were once important. "And I think that some people don't realize that with the changes, you've got to realize that you're outgrowing things and you've got to change your entire world, that's one thing that they don't tell you when you embark".

Victory likes the person who she is now and looks forward to liking the person who she is yet to become, "and I'm glad about that because I definitely like who I am a lot better and I like the person who I am going to become, much better than what's gone on in the past". Victory is working on not assuming that whatever goes wrong is her fault. "I'm less likely to accept blame for things".

While Victory is glad that she is on her journey of recovery, she is finding recovery to be difficult at the moment. Recovery is not what she thought it would be. "There's a lot of changes and it is for the better in the long run and I realize that, but right now, things seem very bleak". Recovery also involves pain, grief and loss. Change is not easy. "Not because it's not what I thought it would be. I just didn't realize it would change in this way and be so difficult with so many ups and downs". There are times when it has been difficult to have a sense of what recovery is all about and that progress has been made, "but when I look back at where I was, there's no comparison, there's really no comparison. I wouldn't want to go back there and I can actually see where I'm going somewhat now". Recovery is very demanding. "Things have been very difficult with lack of sleep and poor health and other problems. As well, the flashbacks were very bad. It seems like you're not really going forward, it's almost like three steps forward and two back". Still, recovery takes time. "It's only when you look back that you see the momentum there, that's what seems so bleak. When looking forward, there's so much, it seems like nothing has been done and there is so much to do". Recovery is not easy, "it's a long haul, though, a very long
haul, you got to realize that I guess".
APPENDIX H: INVESTIGATOR TRIANGULATION QUESTIONS

1. In what ways do you think the transcripts and the themes of the lived experience of recovery were connected to each other?

2. In what ways do you think they were not connected?

3. What struck you about the transcripts that may have been omitted in the themes?

4. What was your impression of the themes which emerged from the data?

5. How do these themes relate to your own experience of doing therapy with young adult females who have been sexually abused?

6. Any other questions, comments, or suggestions?
APPENDIX I: TIME FRAME OF THE STUDY

Study Title: The Lived Experience of Recovery from Sexual Abuse for Young Adult Women

Phase I: Developing the Proposal

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Phase II: Data Collection/Data Analysis

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Phase III: Completion of the Study

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<td>June 1996-April 1997</td>
<td>Investigator Triangulation</td>
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<td>Revisions and Completion of Study</td>
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