

**A CANADIAN SOUTH ASIAN'S EXPERIENCE OF CHILDHOOD SEXUAL ABUSE
AND ITS AFTER-EFFECTS: A REVELATORY NARRATIVE CASE STUDY**

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ABSTRACT

Most adult childhood sexual abuse survivors in counselling and discussed in the literature are Caucasians of western ethnicity, and most counselling for survivors is based on western counselling theories. Whether the experience of childhood sexual abuse and counselling for its after-effects among Caucasian western survivors accurately reflects the experience of survivors of differing race and/or ethnicity has been little explored. Data specific to the experience of adult survivors of Asian ethnicity is very limited. To investigate this underexplored issue, a single revelatory case study was undertaken which used a phenomenological approach. Based on in-depth qualitative interviews with a female adult South Asian Ismaili Canadian childhood sexual abuse survivor, and based on adjunctive sources of evidence, a narrative life history was developed (and validated by the survivor) which described the survivor's experience of childhood sexual abuse and its aftermath and the meaning she made of her experience. Upon analysis, it was found that the survivor's narrative was not only the account of a South Asian woman who had been sexually abused in childhood, but the account of a woman who had experienced emotional neglect, physical abuse, and racism. The analysis revealed an overall narrative structure and a number of themes which indicated that the meaning the survivor made of her cumulative experiences was to self-identify as a victim and to develop a victim script which permeated most aspects of her life, which continued into adulthood, and which was inextricably linked to her identity as an Indian female. This study found that the survivor's cultural/religious environment seemed to exacerbate her victimization experience and healing opportunities, while her personal religious beliefs appeared to offer her support. Both cultural and religious elements influenced the meaning the survivor made of her experiences.

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CHAPTER I INTRODUCTION

General Topic

With the generally acknowledged high prevalence rates of child sexual abuse (Bagley, 1991; Canada, 1984; Finkelhor, Hotaling, Lewis, & Smith, 1990; Peterson, 1993; Russell, 1986; Wyatt, 1985), many counsellors are encountering adult clientele who are seeking help in dealing with the after-effects of such childhood abuse. The claim is made that sexual abuse is universal in occurrence (Blume, 1990; Demause, 1991; Finkelhor & Korbin, 1988; Yuan, 1990), and though little is known regarding its distribution among various racial, ethnic, religious, or other populations (Courtois, 1988; Kelly & McCurry Scott, 1986), Finkelhor's 1994 review of the international epidemiology of child sexual abuse reveals that such abuse occurs in many countries and in many cultures.

However, despite North America's increasing multicultural makeup, most adult survivors of childhood sexual abuse encountered in therapy and discussed in the literature are Caucasian females of various western ethnic backgrounds (Powell, 1988; Stein, Golding, Siegel, Burnam, & Sorenson, 1988). Additionally, most counselling approaches used with these clientele are based on western counselling theories (Mollica & Son, 1989). It seems unclear whether the experience of childhood sexual abuse and subsequent counselling for its after-effects among adult Caucasian western survivors accurately reflects the experience of adult survivors of differing race and ethnicity. What is clear, is that there exists a dearth of information about the role that race and/or ethnicity may play in these two areas of experience (Fontes, 1993; Mennen, 1995; Peters, Wyatt, & Finkelhor, 1986; Russell, 1986; Russell, Schurman, & Trocki, 1988).

Compared to the wealth of information that is available on Caucasian adult sexual abuse survivors of western ethnicity, the literature examining sexual abuse among other racial/ethnic groups in North America is slight (Bhatti, 1991/2; Ho & Mak, 1992). A few

studies have been conducted which report findings regarding childhood sexual abuse among Afro-Americans (Kercher & McShane, 1984; Pierce & Pierce, 1984; Rao, DiClemente, & Ponton, 1992; Russell, 1986; Thrasher, 1994; Tzeng & Schwarzin, 1990; Wyatt, 1985), among Hispanic-Americans (Fontes, 1993; Kercher & McShane, 1984; Rao et al., 1992; Russell, 1986; Stein et al., 1988) and among native/indigenous North Americans (Goodwin, 1989; Schafer & McIlwaine, 1992).

While some literature discusses in a general manner the relationship between ethnicity and sexual abuse/trauma (Courtois, 1988; Parson, 1985; Wyatt, 1990), the lack of sound research in this area is obvious, and as such has been identified as an area in critical need of research (Bagley, 1991; Finkelhor, 1986; Russell, 1986; Russell et al., 1988).

One racial/ethnic group (whether abroad or in North America) whose experiences of childhood sexual abuse and related counselling needs have been specifically identified as being little-assessed is that of the racial/ethnic group broadly categorized as Asian (Ho & Kwok, 1991; Ho & Mak, 1992; Wyatt, 1990).

In reviewing the literature pertaining to Asians and sexual abuse, it appears that Elliott and Briere (1992), Mennen (1995), Rao et al. (1992), Russell (1986), and Bhatti (1991/2) offer the only empirical data on childhood sexual abuse among Asian-North Americans. Comprehensive phenomenological adult survivor sexual abuse research on Asian-North Americans seems nonexistent. The researchers/practitioners Mollica (1988), Mollica and Lavelle (1988), and Mollica and Son (1989) do present brief clinical case vignettes which yield some phenomenological data, while one other practitioner, Heras (1992), in her discussion of her views on counselling sexually abused Asian-American children and their families, also provides a degree of phenomenological data.

Sexual abuse literature and/or research (whether with adult or child populations) on Asian populations abroad is equally meagre. Some empirical research as well as general discussions and/or brief case discussions exist for the specific Asian subpopulation broadly

categorized as East Asian (Demaue, 1991; Ho & Kwok, 1991; Ho & Mak, 1992; Kawana cited in Kitahara 1989; Law, 1979; Peng, 1984; Yuan, 1990). No sexual abuse literature appears to exist for the specific Asian subpopulation broadly categorized as South East Asian, and the only sexual abuse literature discussing West Asians seems to be Demause's 1991 work. Similarly, for the Asian subpopulation broadly categorized as South Asian, the literature in this area is scarce. Demause (1991), Finkelhor (1994), Haffeejee (1991), Menon (1992), and Segal and Ashtekar (1994) are among the few authors who have published studies or discussions regarding sexual abuse among South Asians abroad. None of these studies on Asians abroad offer phenomenological data on the experience of adult childhood sexual abuse survivors. Additionally, most of the authors of the above studies express the rarity with which discussions of the occurrence of sexual abuse among Asians is found in the literature, and the equal rarity with which this topic is examined or discussed among Asians in general.

Definition of Sexual Abuse

The meanings implied in the construct "childhood sexual abuse" are numerous and varied, and the definitions of this construct range from the conservative to the very broad. In the literature on this subject, definitions are not always provided (especially in the popular literature). When definitions are provided, there is often inconsistency among them. In drawing upon the limited literature in this area, I have had to resign myself to these variations. However, for the purposes of this current study (particularly in reference to the participant and her experience), I have employed a conservative definition, using that offered by Briere (1992). Briere defines childhood sexual abuse as "sexual contact, ranging from fondling to intercourse, between a child in mid-adolescence or younger and a person at least five years older" (p. 4).

Statement of the Problem

In their review of the research on treating adult victims of childhood sexual abuse, Beutler and Hill (1992) question whether different therapeutic approaches may be "differentially helpful with different types of adult survivors" (p. 207), and suggest the "need to examine client experiences" (p. 208). Paralleling Beutler's and Hill's suggestion, the premise on which my study is founded is that if treatment is to be developed which is culturally sensitive and appropriate for sexual abuse survivor clientele of differing races and ethnicity, it needs to be based on an appreciation of their perspectives of their experiences and needs.

In light of the need for research on the relationship between race and/or ethnicity and sexual abuse, and in light of the extreme dearth of phenomenological research on adult Asian-North American childhood sexual abuse survivors, my primary objective in this study was to examine the experience of sexual abuse and recovery from the perspective of an adult survivor from any of the Asian subpopulations, for they all appear underexplored in this area. Early in the process of my research, I initially chose to focus my examination on a male or female "Oriental" survivor (ie. East or South East Asian). This original choice does not reflect any racial/ethnic preference on my part. Rather, I made this choice for no other reason than that I felt more familiar with the culture of this Asian population group. My choice, however, was ultimately dictated by participant availability, and I was unable to find a survivor from this population who was willing to participate in my study. The participant who eventually volunteered was a female South Asian Ismaili Muslim Canadian. Additionally, I had hoped to find a participant who had healed from her trauma and who was now an agential survivor. I intended to examine the elements that helped or hindered the participant in achieving agency. Although, the participant who shared her story in this current study is not yet a true agent, her story provides a wealth of insights into the experience of an adult Asian childhood sexual abuse survivor.

It was the intent of my study to serve as an initial exploratory step towards gaining a detailed phenomenological understanding of an adult Asian Canadian's experience of childhood sexual abuse, its impact on her¹ life, and her recovery process. Further, I hoped that by investigating these aspects of the survivor's experience, the information uncovered might provide insights into unique aspects (if any) of both the experience and after-effects of childhood sexual abuse and therapeutic approaches which might be helpful to someone of Asian ethnicity. I also hoped (and still hope) that the findings of my study would not only add to the literature which discusses the role of ethnicity in sexual abuse, but that they would stimulate further research aimed at developing theory-based culturally sensitive therapeutic approaches appropriate to adult Asian sexual abuse survivors, regardless of the Asian subpopulation.

Personal Basis for Conducting the Study

Osborne (1990) points out that in any phenomenological research endeavour, the researcher ultimately brings to the investigation his own predispositions and biases which unavoidably surface during the research process. Osborne argues that rather than attempt to eliminate such predispositions, the researcher should both become aware of any such predispositions and articulate her perspective to the reader, such that "the reader is then able to judge whether the phenomenon of interest has been illuminated from a particular perspective" (p. 81).

My own personal inquisitiveness in this area of research and my motivation for embarking upon this study is grounded in my own personal background which has ultimately influenced phenomena in which I am interested. Firstly, throughout my life, I

¹ In order to avoid the awkwardness of the repetitive use of the combined gender terms "he/she" or "his/her", I have chosen, where appropriate to use each masculine and feminine pronoun alternately throughout this document.

have been exposed to many cultures, having been born in Germany and raised by French and British parents as well as a step-parent who was born and raised in India. Such cross-cultural rearing seems to have sparked in me an interest in and appreciation for other cultures. Travel, to such places as China and South East Asia, has also strengthened my appreciation both of other cultures and of the universalities of many human experiences. I have also had the opportunity to work with and/or counsel people of East and South East Asian origin. This, as mentioned above, has increased my familiarity with the culture of this particular Asian population.

Additionally, during my clinical training in counselling psychology at the University of British Columbia, I have had the opportunity to work with adult sexual abuse survivors. I have also known and continue to know "significant others" in my life who have been victims of childhood sexual abuse, and I have witnessed and shared both their ups and downs as they have struggled to heal and deal with the after-effects of such abuse. Witnessing both the pain of the wound that these survivors have experienced and the satisfaction that many have felt at making headway in their healing, and believing as I do in the universality of certain pains and pleasures, I became, during my first year of graduate studies, curious as to what extent sexual abuse was being examined in other cultures. As my graduate focus is in cross-cultural counselling, I took the opportunity during a cross-counselling course to preliminarily explore in a research paper this issue as it related to East and South East Asians. The findings from that paper were eye-opening and intriguing, so much so that they led me to choose this area as a topic for my thesis research so that I might explore this issue in more detail.

Further, since I reside and conducted this study in Vancouver, a large multicultural North American Pacific Rim city where a considerable heterogeneous Asian population exists and where the need for culturally sensitive counselling continues to grow, I hoped that by choosing to focus on an Asian survivor's experience, the information and findings

of my study might have some local and immediate utility.

Racial/Ethnic Terminology

The term Asian is a very broad umbrella term referring to diverse racial, ethnic, and religious groups within the equally broad subgroups of East Asians, South East Asians, South Asians, West Asians, and Pacific Islanders. This blanket term refers to people with cultural origins in such various places as China, Vietnam, India, Iran, Pakistan, the Philippines, or Hawaii to name only a few. The heterogeneity along numerous socio/religious/cultural variables of this immense group which represents over half the world's population and which includes more than 50 ethnic groups speaking more than 30 different major languages is often ignored in the literature (Sue, Nakamura, Chung, & Yee-Bradbury, 1994). Additionally, the heterogeneity within individual subgroups is also often ignored.

Further, both colloquially and in the mental health, the sexual abuse, and the general literature, the label "Asian" varies in both its denotation and connotation of the racial/ethnic subgroups it comprises. Many studies use the superordinate all-encompassing term Asian and fail to identify the specific subracial/ethnic breakdown of their samples, and/or fail to report any distinctions among the subgroups included in their samples (Mennen, 1995). Additionally, some studies and/or discussions use the term Asian to refer to specific Asian subpopulations, but depending upon where in the world these studies originate the subpopulation being referred to varies. For example, British and African studies tend to use the term Asian to refer to people of South Asian origin, while North American studies tend to use this same term to refer to people of East and/or South East Asian origin.

Such general categorizing and lack of specificity and clarity, makes the literature in this area extremely confusing and, more importantly, makes meaningful comparisons among studies very difficult. While this lack of differentiation indeed makes comparisons

of findings tenuous, some authors suggest that while there are many differences, there are also similarities in values and many cultural characteristics among the Asian subgroups which therefore make findings and information from studies on one group of Asians potentially relevant to other Asian sub-groups (Durvasula & Mylvaganam, 1994; Lai & Linden, 1993; True, 1990). Further, Crites (1991) points out that the differences between Asian and western ethnic groups are much greater than are the differences among the individual Asian ethnic groups.

Due to the lack of research and other literature which specifically examines sexual abuse and/or mental health issues among South Asians (the general subpopulation of focus in this study), I have found it both necessary and helpful to examine research and literature from specific Asian subpopulations as well as from research and literature on populations broadly categorized as Asian. Thus, while it would ideally be more useful if these studies made distinctions, they never-the-less do provide a base level of general comparative information in an area that sorely lacks investigation and against which to compare the experience of the particular participant under investigation in my study.²

Additionally, for my study (unless citing the works of other authors), I denote the terms Asian, East Asian, South East Asian, South Asian, West Asian, and Pacific Islanders as follows: Asian is used to refer to the all-inclusive heterogeneous superordinate population of Asians worldwide and includes the subpopulations referred to here; East Asian is used to refer to people who originate from such countries as China, Japan, Korea,

² Since the participant in my study variously identified herself as Indian, Asian, Indo-Canadian, Ismaili, and Muslim, (and since I use the term South Asian to distinguish her Asian sub-affiliation in an attempt to be consistent with the literature) these terms are used alternately throughout this document in reference to the participant and her cultural group. Additionally, as the literature and local mental health workers indicate that Indian Canadian, Indo-Canadian, and South Asian Canadian refer to the same racial/ethnic Asian subgroup, I use these terms interchangeably.

and Taiwan; South East Asian refers to people who originate from such countries as Vietnam, Thailand, the Philippines, Kampuchea, and Burma; South Asian is used to refer to people whose ancestry originates in the Indian sub-continent (ie. India, Sri Lanka, Bangladesh, and Pakistan); West Asian is used to refer to people whose ancestry originates from such countries as Iran, Iraq, and Afghanistan; and the term Pacific Islanders refers to those people who originate from such Pacific Islands as Hawaii, Guam, and Samoa. The above descriptions are admittedly not as exhaustive as they could be. However, they should sufficiently give the reader a clearer idea of the meaning of the Asian categorizing I use in my study.

Rationale and Approach to the Study

The literature as well as pre-study discussions with local counsellors and mental health workers indicate that sexual abuse among Asians is an extremely underexplored area, and that help-seeking for and disclosure about this phenomenon is very rare among Asians (Ho & Mak, 1992; Bhatti, 1991/2; Menon, 1992; Wong, 1987). South Asians are one Asian subpopulation for which data is very sparse. For South Asian Canadians, there is virtually no such data. Further, literature which examines sexual abuse among Muslim populations seems also to be next to nonexistent, and that which examines sexual abuse among Ismaili populations in particular virtually nonexistent.

Given such rarity, and given that the overall purpose of this study is to reveal the meaning of an adult Asian Canadian survivor's experience, a single revelatory case study of a female Indian Ismaili Muslim Canadian survivor was undertaken. As Bromley (1986), Merriam (1988), and Yin (1989) suggest, a case study approach is most appropriate when the case is unique or rare in occurrence and has previously gone unexamined. "The case study is therefore worth conducting because the descriptive information alone will be revelatory" leading to the possibility of "stimulating much further research" (Yin, 1989,

p. 48), and in turn the development of appropriate therapeutic interventions.

The case presentation is narrative in format in order to capture in detail the meaning of the experience for the survivor. This method "is particularly well-suited to understanding the victim to survivor process, for it lays bare the interpretive process that individuals go through to make sense of difficult events in their lives" (Riessman, 1989, p. 233).

The primary means of collecting data for this study was through a series of in-depth qualitative interviews. Interview questions put to the participant focussed on the following areas: the survivor's experience of having been sexually abused in childhood; how she perceived the abuse to have impacted her life thereafter; the cultural influences, if any, which she perceived to have affected her abuse experience and later attempts at recovery; and what the survivor considered helpful/hindering during counselling and/or recovery attempts. Additionally, as the participant was willing to share multiple sources of evidence regarding her experience, these were examined and incorporated into the narrative and the case analysis. These additional sources of evidence included scrapbooks, school yearbooks, photos, and short stories that she had written.

In addition to the multiple sources mentioned above, interview transcripts and field notes were used to produce a narrative account. The narrative is analyzed for its overall structure and for the key themes and patterns it reveals about the participant's experience. As well, interpretive commentary is offered.

CHAPTER II REVIEW OF THE LITERATURE

Introduction

The purpose of this chapter is to assess the extent to which the phenomenon of sexual abuse among Asian populations (and South Asian populations in particular) has been examined in the research and general literature; to assess the extent to which phenomenological research has been conducted which examines the experience of adult Asian childhood sexual abuse survivors (particular adult South Asian North American survivors); to assess the extent to which cultural factors may influence how a South Asian survivor might experience sexual abuse, life after such abuse, and attempts at recovery and healing; and to assess the extent to which the literature addresses potential counselling needs of South Asian survivors. Additionally, it was my intention in this review to examine these areas of assessment as they relate to an Indo-Canadian Ismaili Muslim.

As well, I briefly review the qualitative phenomenological approach to research, and in particular, the case study method and the narrative approach in order to give the reader an appreciation of the value of applying such an approach to research phenomena such as that which I have chosen to study. However, before rendering a detailed review of the above areas of the literature, a general overview of the current sexual abuse literature is presented.

General Overview of Sexual Abuse Literature

Prevalence

The prevalence rates of sexual abuse in North America are quite high. These rates, however, show considerable variation (Briere & Runtz, 1987; Finkelhor, 1984; Finkelhor et al., 1990; Peters et al., 1986; Russell, 1986). This variation is partially due to the different definitions used in describing what constitutes sexual abuse. When sexual abuse is

conservatively defined as "sexual contact, ranging from fondling to intercourse, between a child in mid-adolescence or younger and a person at least five years older" (Briere, 1992, p. 4), the rates are generally agreed to be 20-30% for females (Brown, 1990; Briere, 1992) and 10-15% for males (Briere, 1992).

In his unique international review of child sexual abuse epidemiological studies conducted in 20 countries, Finkelhor (1994) indicates that these studies have produced findings generally similar to the North American research, with prevalence rates ranging from 7-36% for females and 3-29% for males. Based on the findings from these countries, Finkelhor argues that "the responsibility of proof shifts to anyone who would argue that sexual abuse is nonexistent in their locale" (1994, p. 412).

Long-term Effects

Although some authors vary in their opinion of what represents the short and long-term effects specifically resulting from childhood sexual abuse and have observed no single set of symptoms in reaction to such abuse, a range of effects have been well documented (Bagley, 1991; Blume, 1990; Briere, 1992; Briere & Runtz, 1987, 1990, 1993; Brown, 1990; Browne & Finkelhor, 1986; Cole & Putnam, 1992; Courtois, 1988; Finkelhor, 1984, 1990; Gelinas, 1983; Kirschner, Kirschner, & Rappaport, 1993; Ratican, 1992; Westerlund, 1992). Briere & Runtz (1993) broadly categorize the after-effects into six abuse-related problem areas: post-traumatic stress, cognitive distortions, altered emotionality, disturbed relatedness (including sexual problems), avoidance, and impaired self-reference.

Among the specific symptomatology that these areas represent are anxiety, depression, guilt, phobias, shame, somatic effects such as sleep and eating disturbances, substance abuse, repetition of abusive relationships, inhibited sexual desire, difficulties with intimacy, dissociation, low self-esteem, impaired concentration and intrusive thoughts, and suicidality (Briere & Runtz, 1993; Brown, 1990). Common experiential themes have emerged from

phenomenological studies and biographical accounts of survivors. Such themes include feelings of rage, helplessness, fear, loss, isolation, self-blame, distorted/negative self-image, shame, shattered beliefs, and mistrust (Bass & Davis, 1988; Cummins, 1992; Kondora, 1993; Roth & Lebowitz, 1988; Westerlund, 1992).

Current Sexual Abuse Theories

Various models and theories have been conceptualized or applied in an attempt to understand the manifestation of the after-effects linked to childhood sexual abuse: a post-traumatic stress disorder model (Briere, 1992; Rowan and Foy, 1993) and a complex post-traumatic stress disorder model (Herman, 1992); a traumagenic dynamics model (Finkelhor & Browne, 1986); a developmental model (Cole & Putnam, 1992); an attachment theory perspective (Alexander, 1992); and feminist and family systems models (Courtois, 1988).

The post-traumatic stress disorder model suggests that the after-effects experienced by childhood sexual abuse survivors resemble the DSM-III-R symptomatology profile indicative of post traumatic stress disorder (Briere, 1992; Rowan & Foy, 1993). A diagnosis of post-traumatic stress disorder requires that the following criteria be met: the individual has experienced an event that is beyond the range of usual human experience and is one that would be markedly distressing to almost anyone; the event is persistently reexperienced through intrusive recollections, dreams, or flashbacks, or through events which symbolize the initial event; the individual avoids or experiences a numbing of responsiveness to stimuli associated with the event; and the individual experiences persistent symptoms of increased arousal such as hypervigilance or difficulty falling asleep (American Psychiatric Association, 1987).

The diagnosis of PTSD has traditionally been applied to those who were victims of trauma such as war and natural disasters, and who manifested the above symptomatology. More recently, the application of this diagnosis has been expanded to victims of

interpersonal violence (Briere, 1992). Childhood sexual abuse has also been linked to the short-term and long-term display of post-traumatic symptoms (Briere, 1992; Rowan & Foy, 1993). Briere (1992) also points out that although the majority of the research literature on abuse related PTSD has most frequently examined childhood sexual abuse trauma, the PTSD model may be equally applicable in describing the after-effects experienced by childhood physical abuse survivors.

Herman (1992) criticizes the PTSD model, particularly as it is applied to survivors of prolonged sexual abuse. She suggests that in such abuse, the symptom picture is often more complex than accounted for by the PTSD model, with survivors of prolonged abuse developing "characteristic personality changes, including deformations of relatedness and identity; in addition, they are particularly vulnerable to repeated harm, both self-inflicted and at the hands of others" (p. 119).

Herman (1992) believes that a complex post-traumatic stress disorder model more aptly describes the after-effects of prolonged trauma, such as is often the case in childhood sexual abuse. She views the reactions to trauma as encompassing a spectrum of post-traumatic disorders as opposed to a single disorder. Her spectrum concept involves symptoms which are displayed progressively in time, from an initial brief stress reaction, to simple or classic PTSD, to the complex syndrome of prolonged trauma described above.

Finkelhor (1988) also criticizes the PTSD model for three reasons. First, he asserts that not all childhood sexual abuse survivors exhibit post-traumatic stress symptomatology. Second, he questions whether childhood sexual abuse is truly an out of the ordinary event that would be significantly distressing to almost anyone, noting that not all survivors display physical or emotional trauma. Third, he suggests that the PTSD model emphasizes affective symptomatology associated with childhood sexual abuse and under-emphasizes or ignores the cognitive impairment stemming from childhood sexual victimization.

Instead, Finkelhor (1988) and Finkelhor and Browne (1986) propose a traumagenic

dynamics model which describes four trauma causing factors associated with childhood sexual abuse. These traumagenic dynamics include traumatic sexualization, betrayal, stigmatization, and powerlessness. When present, these dynamics change the child's cognitive and affective orientation to the world, altering the child's self-concept, affective abilities, and world view. Finkelhor and Browne also suggest that each of these dynamics is not relegated to sexual abuse trauma, but their appearance together in childhood sexual abuse are what makes the trauma of sexual abuse different from other forms of trauma.

Traumatic sexualization describes the dynamic by which the "child's sexuality...is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion" (Finkelhor & Browne, 1986, p. 181). This may occur when the child is rewarded by the abuser for sexual behaviour that is inappropriate to the child's level of development. In turn, the child may employ sexual behaviour as a strategy for manipulating others in order to get other of his emotional, psychological, or physical needs met. It may also lead to sexual dysfunction in adulthood. Betrayal refers to the child's sense of betrayal towards not only the abuser, but towards other trusted loved ones who neither protected or believed the child. Powerlessness, a sense of loss of efficacy and control, occurs when the child's boundaries are violated against her will; when her attempts to stop the abuse fail; when the child cannot make adults believe her; or when the child, because of being dependent on others, feels trapped in the situation. Stigmatization refers to the negative feelings and impressions that become incorporated into the child's self-image (such as shame, badness, or guilt), and thus which distort her own sense of worth.

It is Finkelhor's (1988) and Finkelhor's and Browne's (1986) view that these four dynamics constitute the primary sources of trauma in childhood sexual abuse. These authors suggest that their model offers a means of categorizing and theorizing about many of the after-effects which have been observed in childhood sexual abuse survivors, and that it may be a useful model for clinical assessment purposes.

Since, by definition, childhood sexual abuse takes place during childhood, Cole and Putnam (1992) maintain that any theoretical model regarding the after-effects of childhood sexual abuse, must include a developmental perspective in order to understand " (a) how sexual abuse effects are manifest at different points in development, (b) how developmental factors influence specific outcomes, and (c) how childhood impact relates to later adjustment" (p. 174). As such, these authors offer a "developmental psychopathology" perspective which looks at how psychological dysfunction evolves in the context of development. Their perspective is an attempt to explain the impact of childhood sexual abuse over the victim's life-span. Cole and Putnam primarily focus on father-daughter incest, believing that such incest is an especially disturbing form of sexual abuse since it takes place within the realm of the child's primary source of support and socialization.

There are two developmental areas which Cole and Putnam argue are most affected by childhood sexual abuse. The first is the development of self, "specifically in terms of the development of physical and psychological self-integrity, and the development of self-regulatory processes, particularly regulation of affect and impulse control" (1992, p. 175). The second area is the development of social functioning, especially the survivor's ability to have satisfying relationships.

Cole and Putnam suggest that while all survivors suffer in their self and social functioning, the severity of after-effects experienced by any individual survivor is linked to the developmental transition period at which the abuse takes place, and therefore the particular developmental tasks that are interfered with during that period, as well as the number of developmental transition periods throughout which the abuse continues. This, they claim, accounts for the "variance in the range of outcomes from relatively disorder-free subjects who report low self-esteem, shame, and interpersonal distress to dramatically impaired individuals with formal psychiatric disorders" (1992, p. 180).

Within the developmental perspective falls Alexander's (1992) application of

attachment theory to the study of familial antecedents to and long-term effects of childhood sexual abuse. According to Alexander, an understanding of the long-term effects of childhood sexual abuse should incorporate the family context and dynamics which mediate the survivor's experience of the abuse. Alexander argues that family variables, such as parental support, paternal dominance, and family isolation may act upon the survivor's adjustment in addition to the effects of the abuse itself. She also argues that childhood sexual abuse is very often preceded by insecure attachment by the child, and that this history of attachment in turn mediates the long-term effects experienced by survivors.

Alexander points out that insecure patterns of attachment such as rejection (of the child), role reversal/parentification, and fear of abandonment/unresolved trauma are often evident in sexually abusive families. She concludes that "insecure attachment may either help set the stage for sexually abusive behavior or may interfere with its termination" (1992, p. 189). For example, the child, because of being rejected, because of having an unavailable parent (usually the mother according to Alexander), or because of fearing abandonment, may not be able to seek or receive help to stop the abuse. Alexander holds that the effects of insecure attachment, compounded with childhood sexual abuse, present themselves in the areas of interpersonal problems, affect regulation, and a disturbed sense of self such as low self-esteem.

Dovetailing Alexander's perspective regarding attachment patterns within the family, family systems theory also looks at the family's interaction patterns and how these affect the onset and after-effects of childhood sexual abuse (Courtois, 1988). "Concepts such as boundaries, role reversal, enmeshment, triangulation, family subsystems, and intergenerational process and transmission assist the clinician in understanding and working with the dysfunctional family" which is often a part of the survivor's experience (Courtois, 1988, p. 167).

Courtois, however, believes in viewing the issue of sexual abuse from a perspective

beyond that which solely examines the family unit. Applicable mostly to female survivors, the feminist perspective examines the societal context of childhood sexual abuse. From this perspective, sexual abuse can be viewed as "the most extreme manifestation of within-the-family conditioning of women to their roles in society" (Courtois, 1988, p. 119).

Predominantly, the feminist perspective aims to validate women's experiences of childhood sexual abuse and honour their coping mechanisms, while simultaneously dismantling coping strategies which have become maladaptive. This perspective seeks to reestablish feelings of personal power in survivors, rather than trivialize their experience or blame the survivor for the occurrence of that experience.

In addition to formal psychological theories or models, popular/self-help perspectives of the after-effects experiences of childhood sexual abuse victims are also available. The courage to heal: A guide for women survivors of child sexual abuse (Bass & Davis, 1988) is perhaps the most well-known of these perspectives. Based on their work with survivors and the accounts of survivors themselves, these authors describe an after-effects symptom picture which they believe is indicative of childhood sexual abuse having occurred. They also provide suggestions for healing from these after-effects.

The authors admit that their perspectives are not based on theory, a fact which has been the centre of much recent controversy. However, they do offer a "non-pathologizing" vehicle of support to survivors which many survivors have found helpful (Briere, 1992).

Current Western Counselling Approaches

The past several years have seen a profusion of literature discussing therapeutic approaches for working with adult survivors of childhood sexual abuse (Bass & Davis, 1988; Briere, 1989, 1992; Brown, 1990; Claridge, 1992; Courtois, 1988; Dolan, 1991, Draucker, 1992; Engel, 1989; Halliday, 1987; Herman, 1992; Herman & Schatzow, 1987; Jehu, Klassen, & Gazan, 1985, 1986; Kenney, 1989; Kirschner et al., 1993; Paddison,

1993; Ratican, 1992; Sanderson, 1990; Siegel & Romig, 1990).

The theoretical models mentioned in the previous section have been variously incorporated into treatment approaches. However, regardless of the specific after-effects model, most counsellors working with survivors of childhood sexual abuse rely on approaches derived from one, or an eclectic mix of the following broadly categorized western psychological theories: psychoanalytic, cognitive/behavioral, or client-centred/experiential/humanistic. Therapies based on these theories are aimed at achieving one or all of the following outcomes with the client: resolving the emotional effects of sexual abuse trauma; replacing distorted cognitions; desensitizing the survivor to the abuse trauma, and instilling new skills, coping strategies, and more adaptive behaviours. Therapeutic techniques are numerous, ranging from Gestalt methods; psychodrama; art, music, dance, and movement therapy; bodywork; dreamwork; hypnosis; and visualization techniques; to bibliotherapy; cognitive reframing techniques; relaxation, stress management and desensitization techniques; communication skills learning; and educational interventions (Sanderson, 1990). Although there is no single time-frame in which survivors are expected to heal, the duration of therapy may be two or three years (Engel, 1989) or many years longer (Briere, 1992; Courtois, 1988).

Valentine and Feinauer (1993), in their relatively recent and novel research aimed at assisting therapists in expanding their repertoire of approaches to helping survivors deal with the effects of abuse trauma, examine resiliency factors associated with female survivors of childhood sexual abuse. They were interested in discovering the kinds of experiences survivors of child sexual abuse perceived as assisting them to overcome the early experience of the abuse. The high-functioning survivors that they interviewed reported the following factors as having been helpful: the ability to find emotionally supportive relationships or a source of refuge outside the family; possession of strong self-regard or the ability to think well of themselves; the ability to draw upon spiritual beliefs

to help make meaning of the abuse; possession of attributional/cognitive styles which included externalization of blame, optimism, a future orientation, and non-global thinking; having an internal locus of control and a sense of personal power; and retaining a philosophy of life which enabled them to see the benefits or lessons in life's incidents. While these authors assert, and indeed it may be so, that much can be learned about helping other survivors from listening to those who have coped successfully, their sample consists entirely of women who belong to the Church of the Latter-day Saint. Additionally, the authors do not state whether the women in their sample had participated in either formal or informal counselling or therapy. Regardless of whether there is something uniquely resilient about survivors who stem from this particular religious environment, the study remains noteworthy for its investigation into possible areas of client strengths that counsellors/therapists might consider exploring with clients in order to assist them in their healing process.

While the above research is invaluable and contributes greatly to knowledge in the field of sexual abuse, it is predominantly based on samples of female Caucasians of western ethnicity and its therapeutic applications oriented to this population. Little information on prevalence/incidence rates, after-effects, and counselling approaches for this issue is available for ethnic minority groups (Courtois, 1988; Gomaz, 1992; Kelly & McCurry Scott, 1986). Notably, there is very limited information available by which to assess whether the above findings are equally relevant for Asian populations (Ho & Mak, 1992; Kitahara, 1989; Rao et al., 1992), including South Asians (Menon, 1992), or, in particular, for a South Asian Ismaili Canadian survivor.

Overview of Ethnicity-Based Sexual Abuse Research

Compared to the wealth of information that is available on Caucasian adult sexual abuse survivors of western ethnicity, the literature examining sexual abuse among other

racial/ethnic groups in North America is slight (Bhatti, 1991/2; Ho & Mak, 1992). A few studies have been conducted which report findings regarding childhood sexual abuse among Afro-Americans (Kercher & McShane, 1984; Mennen, 1995; Pierce & Pierce, 1984; Rao et al., 1992; Russell, 1986; Thrasher, 1994; Tzeng & Schwarzin, 1990; Wyatt, 1985), among Hispanic-Americans (Fontes, 1993; Kercher & McShane, 1984; Mennen, 1995; Rao et al., 1992; Russell, 1986; Stein et al., 1988) and among native/indigenous North Americans (Goodwin, 1989; Schafer & McIlwaine, 1992). Research regarding sexual abuse among Asian populations (whether in North America or abroad) remains a particularly under-explored area, an area which has been identified as being in need of further investigation (Ho & Kwok, 1991; Ho & Mak, 1992; Wyatt, 1990).

Sexual Abuse Literature on Asian Populations

Introduction

The literature which examines the topic of sexual abuse among Asian populations is meagre, but that which does exist exists for Asian-North American populations and for overseas Asian populations. In general, research in this area is based on studies with child populations and studies with adult survivor populations emerging from either empirical studies or clinical case vignettes. Popular literature also exists which discusses the topic (or closely related topics) in a broad manner, but which does not involve research per se.

Although South Asian is the general Asian ethnic sub-group of focus in my study, and the participant in the study an Indo-Canadian Ismaili Muslim, I believe it is worthwhile to examine sexual abuse research (and related research) on other Asian populations. First, and as mentioned in Chapter One, Crites (1991), Durvasula and Mylvaganam (1994), Lai and Linden (1993), and True (1990) point out that there are many basic values and cultural characteristics which are shared among the various Asian groups. Thus, as there is only limited sexual abuse research on Asian populations regardless of the sub-ethnic group, any

information on sexual abuse (and cultural factors associated with such abuse) which is available for one Asian sub-group may help shed light on the dynamics of sexual abuse in another Asian sub-group. Second, and unfortunately so, sexual abuse research (as well as most mental health research) on Asian populations is often presented in studies which use the umbrella term "Asian" to broadly and collectively categorize the various Asian sub-groups without making distinctions among them. While use of this term both erroneously infers that Asians are one homogeneous group and makes it difficult to assess to which Asian sub-groups exactly is the information provided in these studies pertinent, these studies none-the-less contribute valuable insights in an area that has been so under-explored. Thus, I have drawn upon the information they offer, and I have admittedly had to make the assumption that some of this information may be applicable to South Asian survivors and/or specifically to a South Asian Ismaili Muslim survivor.

Therefore, for my study, I reviewed the following areas of the sexual abuse (and related) literature on Asians with the aim of enhancing my (and the reader's) appreciation of potential issues relevant to the participant of this study: research pertaining to populations broadly categorized as Asian; research identified as specifically involving East and South East Asian populations; research which distinctly focusses on South Asian populations; and research which involves Muslim populations.

Sexual Abuse Research on Populations Broadly Categorized as Asians

The handful of empirical studies found on sexual abuse among Asian-North Americans and presented here are those of Elliott and Briere (1992), Mennen (1995), Rao et al. (1992), and Russell (1986).

Elliott and Briere, in their 1992 national U.S. sample of 2,963 professional adult females (2,072 of whom reported no childhood sexual abuse, and 761 of whom did) show that 2.4% of those reporting such abuse were Asian. Other than this statistic, these authors

provide neither the ethnic breakdown of, nor any further information on, this small Asian portion of their sample.

Mennen (1995), who was interested in examining the relationship between race/ethnicity and symptomatology associated with child sexual abuse, reviewed both the sexual abuse history information from case records and data obtained from self-reports of children being treated for child sexual abuse in three Californian mental health facilities. One hundred and fifty four female children broadly categorized as Whites, African Americans, Latinas, Asian Americans and 'Others' were included in her sample. Of these 154, eight were Asian. Mennen found no difference due to race/ethnicity regarding the use of force in the abuse, the kind of abuse suffered, whether or not the perpetrator was a father figure, or the age of onset of the abuse. Her research reveals a trend towards White girls being abused for a longer period than all other groups. While she found no general effect of race/ethnicity on symptom levels (symptom levels included depression, anxiety, and self-worth), she did find that Latina girls who had experienced penetration may experience higher levels of depression and anxiety than the other groups. However, overall, the study reveals a lack of consistent difference in trauma among the racial/ethnic groups. Mennen laments not having provided sufficient cultural background information on the participants (including the specific sub-ethnic groups to which they belong) with which to assess the data further. In light of her tentative findings, she suggests that while "the experience of sexual abuse may have universalities that transcend culture" (p. 122), a child's race/ethnicity may also be an important component to consider in evaluation and treatment.

Russell (1986), in her study of 930 randomly selected San Francisco area women of White, Hispanic, Afro-American, Asian, and 'Other' ethnicity, found that 38% of the overall sample reported experiences of childhood sexual abuse. Only 8% of the 111 Asian respondents indicated childhood sexual abuse, a figure which was statistically lower than for the other ethnic groups in her study. Russell was unable to determine whether this

figure is truly indicative of a lower rate of sexual abuse among Asians or whether the figure is more reflective of Asian women's unwillingness to disclose such abuse. Her study also found Asian women to have recollected and reported less traumatic forms of childhood sexual abuse than either Hispanic or Afro-Americans women. She additionally found that no Asian women in her sample had been sexually abused by either a biological father or a stepfather. This same finding applied to Filipino women, who, on this factor, Russell examined separately from the rest of the Asian sample.

A study by Rao et al. (1992) which retrospectively examines closed charts that describe substantiated child sexual abuse cases, provides not only some prevalence data on Asian-American sexually abused children ($n=69$), but provides other empirical data on a number of variables in comparison to Afro, Hispanic, and White American sexually abused children ($n=80$ for each group). These researchers acknowledge the ethnic heterogeneity of their Asian sample and do describe the ethnic sub-groups which make up their Asian sample, among which there is one Fijian Indian, yet they still treat the sample as a homogeneous unit. The charts for their study were drawn from the two year period between 1986 and 1988 at San Francisco General Hospital. The Asian sample represented the total number of available charts involving substantiated cases, while the Afro, Hispanic, and White American charts were randomly selected from a larger number of substantiated cases. An assessment instrument was devised to measure several variables related to sexual abuse. Among the significant findings that emerged from assessing the charts were that Asian victims suffered less physically invasive forms of abuse, that Asians were more likely to express suicidality, less likely to display anger and sexual acting out, and had less supportive primary caretakers than non-Asians. Admitting to methodological flaws such as the retrospective nature of this preliminary study, the authors justly temper their conclusions. Their study, however, represents the first published comprehensive empirical study specifically aimed at examining child sexual abuse among Asian-Americans.

A similar, but unpublished cross-cultural empirical study of child sexual abuse is the doctoral dissertation of Bhatti (1991/2) which also uses closed cases within the San Francisco area. Bhatti's sample consists of 258 child sexual abuse cases ethnically/racially categorized as Black, White, Latina, Asian, bi-racial, and 'other'. The number of case reports of Asian children is 43. Bhatti neglects to give the ethnic breakdown of this Asian subsample. The significant findings regarding the Asian portion of her sample show that all of the perpetrators of sexual abuse against Asian children were adults. In contrast, the samples of Whites, Blacks, and bi-racial children indicate teen perpetrators as well as adults. Bhatti also found that the level of acculturation of the Asian families of the victims was the lowest of all groups. Neither the average age of the victim nor the relationship of the victim to the perpetrator were significantly different between groups. Bhatti also observed a trend towards Asian children more often retracting their reports of sexual abuse than any other group.

In addition to the above research, I uncovered two other empirical studies which include Asian-American victims of childhood sexual abuse, but in such small numbers that the authors omit them from their discussion (Lindholm & Willey, 1986; Tzeng & Schwarzin, 1990).

The above studies, while attesting to the existence of sexual abuse among Asian-North Americans, equally attest to the germinal stage of empirical research in this area (particularly among adult survivors) and indicate that within the limited information that they offer, contradictory findings exist.

Somewhat peripheral to my study's area of inquiry, yet adjunctively informative, is Crites' (1991) discussion regarding treatment considerations with Asian-American battered women. In her article, Crites does identify many of the sub-ethnic groups of whom she speaks when she uses the term Asian/Pacific. Among them are South Asians. Her discussion is noteworthy, for it sheds light on the cultural dynamics which may be salient

in dealing with such culturally sensitive issues such as violence against females, cultural dynamics which I explore at greater length later in this literature review.

Sexual Abuse Research on East Asian and South East Asian Populations

There appear to be only a few studies and articles which specifically indicate that they are looking at ethnic groups from either East Asian or South East Asian populations. Ho and Kwok (1991), Ho and Mak (1992), Law (1979), Peng (1984), and Yuan (1990) examine the topic of sexual abuse among Chinese populations abroad. Kawana cited in Kitahara (1989) looks at incest in Japan. Heras (1992) recounts her clinical work with Filipino-American families in which child sexual abuse has taken place. Mollica (1988), Mollica and Lavelle (1988), and Mollica and Son (1989) discuss adult clinical populations of Vietnamese and Kampuchean refugees in the United States some of whom experienced sexual trauma in childhood. In their 1989 research, Mollica and Son provide limited phenomenological data (in the form of clinical testimonies) on the experiences of some adult South East Asian survivors of childhood sexual abuse. And finally, indirectly related information about this issue is provided by Wong (1987) who discusses a South East Asian Child Sexual Assault Prevention Project in the Seattle area.

Not only do these studies testify to the existence of sexual abuse in specific Asian cultures, but their authors all state how little this topic has been examined in these cultures. Many of the authors of these studies also discuss cultural and mental health factors which are associated with how sexual abuse is viewed in these Asian cultures and thus how the lives of adult childhood sexual abuse survivors from those cultures might be impacted by those factors. For my literature review, I examine further only the studies above which offer cultural information in relationship to sexual abuse. I examine them for their potential relevance to Asian sexual abuse survivors in general, and in particular, to the survivor who participated in my study.

Sexual Abuse Research and Literature on South Asian Populations

Haffejee (1991), and Menon (1992) appear to be the only authors whose primary focus of study or discussion is sexual abuse among South Asians.

Haffejee (1991) provides empirical research on the sexual abuse of South Asian children in South Africa, which he claims is the first report of this type of abuse in this population group. He states that "up until a few years ago, sexual abuse of children of Indian (Asian) origin in South Africa was believed to be very rare or nonexistent [sic]" (p. 147). His study identifies and documents its occurrence among this population. He reviews patient charts at a Durban hospital between the period of 1981 to 1986. The information in these charts offers findings which indicate that child sexual abuse had taken place. Thirty seven cases were reported during this period, and it is these cases that form the basis of his study. He reports that 34 cases involved females and three involved males; that the age range for just over half of the victims was between three and eight years old; that while the type of sexual assault varied, vaginal intercourse was most common; that the perpetrators ranged from natural fathers, stepfathers or foster fathers to older siblings, relatives, and strangers, with father/father figure being the most common. Stress factors reported to be experienced by the victims' families included alcohol or drug abuse, marital discord, wife battering, extramarital affairs, and second or third marriages for the parents. Where information was available on the type of family system, 20 were extended family households and 10 nuclear.

In discussing the findings of his study, Haffejee (1991) suggests that sexual abuse in this population probably represents a new phenomenon (as opposed to being a concealed or unreported phenomenon) resulting from the cultural transition being experienced by this population "though there is little scientific data to support this" (p. 150). He claims that his findings regarding intrafamilial sexual abuse are similar to findings from western studies. He also suggests that "it is likely that with crosscultural or interreligious differences,

traditional values and norms break down, giving rise to irresponsible behavior, one of the manifestations of which is sexual abuse of children" (150). Regardless of whether this is a new or long existent but hidden phenomenon, Haffeejee emphasizes that what has most importantly been revealed through his research is that sexual abuse has been shown to exist in a population group in which it was previously thought to be nonexistent.

Menon (1992), in an article in the popular magazine India Today, examines the extent of the problem of childhood sexual abuse in India, the occurrence of which she says is predominantly denied in this society. She indicates that statistics of the prevalence of child sexual abuse in India are difficult to come by and she suggests that this is due to few victims or their families being willing to speak openly about their trauma for fear of being stigmatized. Victims, she claims, are particularly afraid of bringing shame on the family. "The result is a thick blanket of silence" (p. 67) which she believes contributes to sexual abuse being under-reported in India. In her article, Menon cites reports from local mental health workers as well as regional studies which attest to the occurrence of childhood sexual abuse and which suggest a relationship between a history of child sexual abuse and later drug addiction, serious emotional disorders, as well as marital and sexual dysfunctions. Menon goes on to describe a number of other after-effects present in survivors of abuse, such as self-blame and guilt, after-effects which she says are similar to those reported in western literature. She also outlines several cultural attitudes and beliefs which she suggests contribute to some children's vulnerability to sexual abuse and which also contribute to the issues of disclosure, how disclosure is received, and in turn whether help is sought. Her perspectives on the relationship between Indian cultural values and sexual abuse are discussed in greater detail further in my literature review.

In his psychohistorical literature review, Demause (1991) looks at incest in various cultures and countries, one of which is India. Demause draws on evidence from sociologists and anecdotal clinical information to support his claim that child sexual abuse

does exist in India, but that it remains hidden and that families are unwilling to disclose its occurrence. It is also apparent that Demause would argue with Haffejee (1991) as to whether child sexual abuse in Indian cultures is truly a new phenomenon.

Other limited research on child sexual abuse among South Asian populations is available from Segal and Ashtekar (1994) and Finkelhor (1994). Segal and Ashtekar's study focusses on child physical abuse in India. Their aim was to assess whether such abuse exists in India. Their data source is drawn from a random sample of records of neglected and/or delinquent children admitted to the Children's Observation Home in Bombay over a 60 year period. While collecting their data, these researcher not only discovered evidence for the existence of physical abuse, but they also uncovered evidence from medical records which was strongly indicative of sexual abuse having occurred in a large number of the 155 female children in their sample. Based on this evidence, they suspected that "72.9% of female children admitted to the home may have been sexually abused" (p. 965).

Finkelhor's 1994 international study of the epidemiology of child sexual abuse also seems to reveal the presence of child sexual abuse among South Asians. In his study, Finkelhor attempts to assess the nature and extent of child sexual abuse internationally and whether there is evidence for a higher prevalence rate in North America. To assess this, he reviewed nearly two dozen epidemiological surveys conducted on non-clinical populations in countries outside North America. For each country, he chose a study (or studies) which most closely represented a truly national study. He found that "the international studies are generally consistent with the North American literature in the profile of the sexual abuse problem" (p. 411). Of interest here are his findings for South Africa. The South African studies which he examined use a broad definition of sexual abuse and reveal prevalence rates of 34% for females and 29% for males. The sample from one of these South African studies includes Blacks, Asians, as well as participants from mixed race backgrounds. The

ethnic/racial breakdown of the Asian portion of the sample is not indicated. However, as the term Asian in South Africa (or in India, other parts of Africa, as well as in Britain) commonly refers to South Asians, it is likely that the Asians in this sample are indeed South Asians.

The above studies indicate how rarely sexual abuse has been examined among South Asian populations. (During my literature search for this study, I uncovered no phenomenological research pertaining to the experience of adult South Asian childhood sexual abuse survivors.) As some of the above studies discuss cultural variables which are thought to influence how sexual abuse is perceived and experienced in South Asian culture, they are examined further in this review for the relevant cultural information they offer.

Sexual Abuse Literature on Indian Muslim Populations

Sexual abuse literature on Indian Muslim populations appears to be extremely rare. Two of the studies discussed above, (Haffejee's 1991 study on child sexual abuse among South Asians in South Africa, and Segal and Ashtekar's 1994 study on child physical abuse in India) indicate that their samples include Hindus, Christians, and Muslims. Of the 37 cases of sexual abuse which Haffejee examined, one victim was from a Muslim family, while three were from Hindu-Muslim mixed religion families. In Segal and Ashtekar's study, 26% of the overall male/female sample were Muslim. Although they do not provide a religious breakdown of the 72.9% of the female children at the Observation Home who were suspected of having been sexually abused, it is likely that some of them may have been Indian Muslim female children. Whether or not there were Indian Ismaili Muslims in the samples of either of these studies is unknown.

The only literature specifically discussing child sexual abuse among Muslims appears to be Demause's 1991 work in which he draws from the sociological and anthropological literature as well as from reports from physicians. Although, he focusses his discussion on

West Asian Arabic Muslims and not South Asian Muslims, he none-the-less provides evidence for the existence of sexual abuse in Muslim societies.

A peripherally related article by Memon (1993) discusses the issue of wife abuse in the Muslim community in North America. Although Memon refers to Muslims in a global sense and she does not speak of Indian Ismaili Muslims specifically, her article is of value here for two reasons. First, she reveals that phenomena such as violence against females remain a sensitive issue in Muslim culture, and that such phenomena are hidden and ignored by its members. Secondly, she indicates religious and cultural variables which contribute to the silence around such an issue, to the lack of help provided to abused Muslim women, and to the difficulties these women have in seeking help. Memon's article thus engenders speculation as to whether these religious and cultural dynamics might similarly be relevant to the issue of child sexual abuse in Muslim societies and to adult Muslim female survivors of such abuse. Later, in my review of cultural influences, I discuss in greater detail some of the religious and cultural variables mentioned by Memon.

It should also be noted, that in Arabic speaking West Asian Muslim countries, no word in the Arabic language even exists to refer to incest (a form of sexual abuse) (Bouhdiba, 1985). This, by itself, gives some indication as to the extent to which this issue is not discussed and/or recognized in these societies.

As with the literature on South Asians, I did not discover any literature (research or otherwise) which specifically discusses child sexual abuse and/or adult survivors of such abuse among Indian Ismaili populations.

Summary of the Sexual Abuse Literature on Asian Populations

While this portion of my review attests to the existence of child sexual abuse in Asian cultures, it simultaneously indicates that sexual abuse research among Asian populations is at a very early stage, and that comprehensive phenomenological research which specifically

investigates the experiences of adult Asian survivors appears to be nonexistent. Mollica and Son (1989) appear to provide the only scant phenomenological data available on the experiences of adult Asian-North American childhood sexual abuse survivors. Their data is derived from clinical testimonies of South East Asian refugees. As stated, I found no phenomenological research which specifically examines the experiences of South Asians adult survivors, including South Asian Ismaili survivors. Additionally, I did not find any biographical narrative accounts (either in the research literature or popular literature) for any of the Asian groups. My review also reveals that sexual abuse research (empirical or otherwise) seems to be lacking for some Asian groups more than others, such as South Asians in general, Indian Muslim South Asians, and specifically Indian Ismaili Muslim South Asians.

As the research indicates that a survivor's ethnicity and culture may play an important role in how sexual abuse and its after-effects are experienced by a survivor (Mennen, 1995), and as it appears that there is little research on this particular aspect as it specifically relates to South Asian survivors (and particularly Ismaili survivors), I found it helpful to examine cultural factors emerging from sexual abuse studies and various mental health studies conducted among other Asian cultures in addition to those emerging from studies on South Asian cultures.

Cultural Influences

Introduction

In the mental health literature, a number of authors discuss broad common values, beliefs, and mores held by Asians collectively. These values, beliefs, and mores are reflected within several domains of cultural variables, variables which act upon the everyday lives of most Asians regardless of sub-ethnic group (Berg & Miller, 1992; Crites, 1991; Durvasula & Mylvaganam, 1994; Lai & Linden, 1993; Segal, 1991; Sue et al., 1994;

True, 1990). As well, there appear to be specific cultural variables which may influence how sexual abuse and life after such abuse is experienced by sexual abuse survivors among Asian cultures collectively (Bhatti, 1991/2; Heras, 1992; Rao et al., 1992; Russell, 1986), and which may influence their participation and process in counselling (Atkinson, Poston, Furlong, & Mercado, 1989; Narikiyo & Kameoka, 1992) and the effectiveness of across-the-board application of western counselling approaches (Beiser, 1985; Crites, 1991; Johnson & Nadirshaw, 1993; Sue, 1981; Sue & Sue, 1990; Sue & Zane, 1987; True, 1990).

Mental health and sexual abuse studies and discussions also describe cultural variables which are common to, and which act upon or have the potential to act upon individuals from the following specific Asian subpopulations in the same ways as described above: East Asians (Ho & Kwok, 1991; Kawanishi, 1992; Peng, 1984); South East Asians (Mollica, 1988; Mollica & Lavelle, 1988; Mollica & Son, 1989; Wong, 1987); and South Asians (Assanand, Dias, Richardson, & Waxler-Morrison, 1990; Bennet & Rutledge, 1989; Demause, 1991; Gupta, 1994; Kurian, 1986; Menon, 1992; Nagaraja, 1983; Naidoo, 1985; Naidoo & Davis, 1988; Patil, 1992; Segal & Ashtekar, 1994; Sharma, 1984; Singh, 1986; Steiner & Bansil, 1989; Stopes-Roe & Cochrane, 1989; Westwood, 1982). Together, these cultural variables encompass the domains of attitudes, beliefs, and values held about family, about mental illness and its treatment, as well as those held about sexual issues.

After having reviewed the literature in these areas, I discovered that there were indeed many similarities among the different Asian groups in terms of values and beliefs held about family, about mental illness and its treatment, and about sexual issues -- values and beliefs that this literature indicates act upon or have the potential to act upon the lives of adult Asian childhood sexual abuse survivors. Since among the different Asian groups there appear to be so many similarities in these areas, I have amalgamated what I have uncovered in the literature. Therefore, in addition to cultural information gleaned from mental health and sexual abuse studies on South Asians, I have included relevant cultural

information gleaned from similar studies on Asians collectively and as well as from other specific Asian sub-groups. Again, following Durvasula's and Mylvaganam's 1991 rationale, it was my intent that by examining what the literature says in this area for other Asian groups, it may help provide a fuller appreciation of the cultural variables which may influence a South Asian survivor, and specifically an Ismaili South Asian survivor.

Those cultural factors which appear to be more or less unique to South Asians (or which are not mentioned in reference to other Asian sub-groups to the extent that the literature on South Asians discusses them) are treated separately in this review. As well, I take a brief and separate look at cultural and religious influences mentioned in Memon's 1993 peripherally related article on battered Muslim women. With the exception of Memon's article and of a scant number of other religious factors, I do not discuss the influence of religion here to any great extent, since religious beliefs vary widely among Asians, and since the participant in my study is an Indian Ismaili Muslim whose religion and culture I examine in detail separately.

To summarize, I discuss cultural variables which may potentially influence the life of a South Asian survivor (and specifically an Indian Ismaili survivor) as follows: those which the mental health and sexual abuse literature indicates that Asians have in common as a collective group as well as those which emerge from studies on specific Asian groups (including South Asians); those which appear to be more emphasized for South Asians; those which emerge from Memon's article on Muslim women; and those which emerge from studies on Ismaili culture and religion. However, before I present this review of cultural variables, I feel it is necessary to make an extremely important qualifying statement regarding cultural generalizations and stereotypes which appear in the literature and which I have included in my review.

Heterogeneity/Homogeneity and Stereotypical Generalizations

As mentioned, many authors continue to refer to Asians collectively as if they were one homogeneous group. Other authors, while suggesting that there exists among Asians as a whole common values and beliefs, strongly emphasize that there are cultural values and beliefs that are idiosyncratic to each particular Asian racial or ethnic subgroup (Berg & Miller, 1992; Crites, 1991; Durvasula & Mylvaganam, 1994; Lai & Linden, 1993; Segal, 1991; Sue et al., 1994; True, 1990). Similarly, each of the broadly categorized Asian subgroups are also often discussed as if they were each homogeneous groups. However, within each of these groups is a diversity of religions, language, social customs, mental health beliefs and practices, as well as diversity in education, socio-economic, and geographic (urban or rural) backgrounds.

In Canada, Asians originate from a wide array of different countries. For example, South Asians in Canada represent Indians from such places as India, Nepal, Pakistan, Sri Lanka, Fiji, as well as East Africa and South Africa. South Asians also represent a number of religious groups, including Hindus, Muslims, Christians, Sikhs, Buddhists, and Jains, with Hinduism being the majority religion among South Asians (Assanand et al., 1990; Durvasula & Mylvaganam, 1994; Naidoo, 1985; Segal & Ashtekar 1994). Although, as Naidoo (1985) and Gupta (1994) point out, South Asians share many cultural values and characteristics due to their shared history and ancestry, individual South Asians (or individuals from any Asian or other racial/ethnic group for that matter) in North America will always vary in their level of acculturation to western and/or North American society (Berg & Miller, 1992; Crites, 1991; Durvasula & Mylvaganam, 1994; Johnson & Nadirshaw, 1993; Narikiyo & Kameoka, 1992; Ponterotto & Casas, 1991; Segal, 1991; Sue & Zane, 1987).

With the lack of specificity and clarification in the mental health literature regarding similarities and differences among Asian populations, "unscientific" generalizations from

one Asian group to another seem unfortunately unavoidable. Therefore, for each of the topic areas I discuss here (ie. family values, attitudes towards mental illness and its treatment, sexual issues, as well some religious values -- especially the specific religious beliefs and values of Ismailis), I wish to strongly emphasize that these variables are presented as stereotypical and traditional influences emerging from the literature which will always vary with any individual. Their importance here is to serve as a general cultural information source against which the cultural variables of salience in the life of the participant in my study may be compared. The possibility of these cultural influences potentially emerging in relationship to issues of sexual abuse among Asians was further supported by numerous Vancouver mental health workers with whom I spoke during the course of my research. Many of these professionals are of various Asian racial and ethnic backgrounds, including South Asian and Indian Ismaili backgrounds. Their views are discussed in the Methodology chapter of my study.

Cultural Influences Common to Asians

Family values.

The family unit is the primary unity of identity (Durvasula & Mylvaganam, 1994). As such, family life tends to dominate all aspect of an individual's life (Assanand et al., 1990), and therefore within the family, high levels of inter-dependency are fostered (Segal, 1991; Steiner & Bansil, 1989). Maintaining family cohesiveness and harmony tends to be valued above the individual (Bhatti, 1991/2; Crites, 1991; Heras, 1992; Menon, 1992; True, 1990).

Asian culture is collectivistic and the individual is expected to be selflessly loyal, dutiful, and to make sacrifices for the welfare of the collective family (Berg & Miller, 1992; Durvasula & Mylvaganam, 1994; Segal, 1991; Singh, 1986; Stopes-Roe & Cochrane, 1989; Sue et al., 1994). Decisions are made in the interest of the group (Assanand et al.,

1990; Stopes-Roe & Cochrane, 1989), and competitiveness and self-focus are not valued (Segal, 1991). Conformity is important, and a conservative orientation is valued (Segal, 1991).

Children's behaviour should bring honour to the family (Bhatti, 1991/2; Durvasula & Mylvaganam, 1994; Segal, 1991), and obedience to and respect for family elders and their authority is highly expected from the children, as is respect for elders and authority figures in general (Assanand et al., 1990; Crites, 1991; Durvasula & Mylvaganam, 1994; Heras, 1992; Ho & Kwok, 1991; Segal, 1991; True, 1990; Wong, 1987). Maintaining face is of extreme importance, and any family member's behaviour should never bring shame upon himself or the family name within the community (Berg & Miller, 1992; Crites, 1991; Heras, 1992; Ho & Kwok, 1991; Segal, 1991; Stopes-Roe & Cochrane, 1989; Wong, 1987). Shame and moral obligation to the family are particularly used to control the behaviour of teens and young adults (Segal, 1991).

Asian culture is primarily a male-dominated society with a patriarchal family tradition (Crites, 1991; Gupta, 1994; Heras, 1992; Mollica & Lavelle, 1988; Mollica & Son, 1989; Nagaraja, 1983; Segal, 1991). Traditionally, males (whether children or adults) are more valued than females, with adult males being the primary decision-makers and breadwinners, and females holding a subordinate position emphasizing caretaking and homemaking (Crites, 1991; Durvasula & Mylvaganam, 1994; Mollica & Lavelle, 1988; Mollica & Son, 1989; Segal, 1991; True, 1990). Parents hope that children will marry within the culture (Durvasula & Mylvaganam, 1994). A woman is raised to believe that she should not leave her husband's home, and therefore divorce tends to be rare, carrying much social stigma, and thus it is not usually an option (Assanand et al., 1990; Crites, 1991; Singh, 1986; Steiner & Bansil, 1989; True, 1990). Typically, if the marriage does not work, it is assumed to be the wife's fault (Assanand et al., 1990; Singh, 1986).

Attitudes towards mental illness and its treatment.

For many Asians, mental illness carries much stigma which may bring shame upon the family, and thus traditionally, family difficulties and/or shameful secrets remain within family circles (Assanand et al., 1990; Crites, 1991; Durvasula & Mylvaganam, 1994; Rao et al., 1992; Segal, 1991; Singh, 1986), particularly in light of the value placed on the opinions of relatives and members of the community and the potential for gossip in the community (Assanand et al., 1990). However, some authors (Johnson & Nadirshaw, 1993; Kawanishi, 1992; Narikiyo & Kameoka, 1992) question whether mental illness is more or less stigmatized in Asian cultures than in other cultures.

Emotional problems are often brought to family members, friends, cultural organizations, and religious leaders rather than outside professionals (Bhatti, 1991/2; Durvasula & Mylvaganam, 1994; Gupta, 1994; Mollica, 1988; Mollica & Son, 1989; Narikiyo & Kameoka, 1992; Steiner & Bansil, 1989), and occasionally to traditional healers (Assanand et al., 1990; Beiser, 1985). There is an unwillingness to discuss feelings (Kawanishi, 1992; Lai & Linden, 1993; Mollica & Lavelle, 1988; Mollica & Son, 1989), and talking directly about problems and feelings regarding one's family (especially with outsiders) may not be acceptable (Heras, 1992; Rao et al., 1992). Stoically coping and adjusting to the problem is usually the norm (Crites, 1991; Kawanishi, 1992; Segal, 1991; Steiner & Bansil, 1989).

Causes of emotional problems or mental illness are often explained in terms of external and/or physical factors (Crites, 1991; Heras, 1992), and problems are often presented somatically (Crites, 1991; Durvasula & Mylvaganam, 1994; Mollica, 1988; Mollica & Son, 1989), or discussed in terms of somatic metaphors (Kawanishi, 1992). Other authors question the veracity of the somatization stereotype that pervades the literature on Asian clientele and they suggest that Asians may actually somatize psychological problems no more than any other racial/ethnic group (Johnson & Nadirshaw,

1993; Kawanishi, 1992; Lai & Linden, 1993), and that they are quite capable of recognizing the psychosomatic nature of their problems and discussing them in psychological terms (Johnson & Nadirshaw, 1993; Mollica & Lavelle, 1988; Mollica & Son, 1989).

Asians tend to prefer to use medical or traditional health care as a first option in dealing with emotional or psychiatric symptoms, rather than using mental health facilities (Durvasula & Mylvaganam, 1994). When seeking treatment for both physical and mental health issues, many Asians view the professional as a skilled authority to whom they defer and from whom they expect structured, problem-solving, and actively educational prescriptive direction that will eliminate the problem quickly (Assanand et al., 1990; Berg & Miller, 1992; Crites, 1991; Sue & Sue, 1990; Sue & Zane, 1987; True, 1990). Insight into the problem is not necessarily a primary goal (Berg & Miller, 1992; Johnson & Nadirshaw, 1993). Western treatment approaches may also not be suitable because many Asians tend to have a more holistic view towards health and mental health which emphasizes the balance between and interaction of mind and body (Durvasula & Mylvaganam, 1994; Johnson & Nadirshaw, 1993) compared to the more dualistic and compartmentalized perspective of western treatment approaches. Additionally, many immigrants (Asian or otherwise) do not realize what services are available to them (Durvasula & Mylvaganam, 1994; McLellan, 1992; Mollica, 1988; Mollica & Son, 1989; Rao et al., 1992) or are unfamiliar with the western social and mental health systems and counselling approaches and process in general. Some authors (Berg & Miller, 1992; Rao et al., 1992; Sue et al., 1994) have observed that Asians often underutilize mental health services and terminate therapy prematurely. Rao et al. (1992), Mollica & Lavelle (1988), Mollica & Son (1989), and Sue et al. (1994) also suggest that Asians often seek help only at points of severe crisis, such as attempted suicide.

Attitudes towards sexual issues.

Sex and sexual issues are rarely discussed in Asian cultures (Gupta, 1994; Ho & Kwok, 1991; Menon, 1992; Nagaraja, 1983; Rao et al., 1992; Russell, 1986; Segal & Ashtekar, 1994; Wong, 1987). The topic of sexual abuse remains a taboo in these societies, with disbelief and denial being a common reaction (Ho & Kwok, 1991; Menon, 1992; Peng, 1984; Wong, 1987). Asian women find it difficult to talk about the topic of sexual abuse (Russell, 1986). As well, there is a lack of awareness among professionals of the problem of sexual abuse (Ho & Mak, 1992; Menon, 1992), "hindering children's ability to tell adults about a sexual assault as well as the family's ability to report it to outsiders" (Wong, 1987, p. 19). Discussion of sexual behaviours with anyone outside the family is taboo (Rao et al., 1992). Ho & Kwok (1991) also point out that "the subordinate position of children may make disclosure difficult" (p. 599), and that because sexuality is not discussed, children do not have the words to talk about incidents of a sexual nature.

Cultural values which help to define the basis of a woman's identity, worth, and reputation seem likely to affect a female victim of sexual abuse. For example, dating among youths is infrequent and/or not often sanctioned by parents (Durvasula & Mylvaganam, 1994; Naidoo, 1985; Segal, 1991), and as men expect to marry a virgin who has not dated other men, "girls are consequently well-protected ... [and] a girl who has dated is considered loose" (Assanand et al., 1990, p. 152). Also, since sexual relations outside of marriage are taboo and since a woman's premarital chastity is highly valued (Demaue, 1991; Durvasula & Mylvaganam, 1994; Gupta, 1994; Menon, 1992; Mollica & Son, 1989; Nagaraja, 1983; Naidoo, 1985; Segal, 1991; Wong, 1987), the shame, stigma, and ostracism which may follow upon the discovery of such loss of virtue (even if only suspected) can be enormous (Mollica & Son, 1989). Not only may the woman feel deep shame and a loss of honour, but the stigma and shame associated with the woman's loss of sexual purity extends to the entire family and their relatives and thus to how they are

viewed within the community (Assanand et al., 1990; Mollica & Son, 1989; Wong, 1987). The social consequences of disclosure may lead to family and community rejection, with the victim being blamed for her loss of virtue (Menon, 1992; Mollica & Son, 1989; Wong, 1987). This cultural dynamic further restricts the victim's ability to disclose the abuse or to turn to family, friends, or relatives for support (Menon, 1992; Mollica & Lavelle, 1988; Mollica & Son, 1989; Wong, 1987; Yuan, 1990).

South Asian Cultural Influences

Family values.

Traditionally, the family is a joint, extended, hierarchical system (Assanand et al., 1990; Segal, 1991; Stopes-Roe & Cochrane, 1989). This structure is intended to ensure the stability and strength of the family and to provide economic and emotional security (Assanand et al., 1990; Segal, 1991). Family friends are often considered and treated as family members, with use of the terms aunt and uncle being used to refer to them (Menon, 1992). Currently, there is a trend towards the nuclear family system (Segal, 1991; Johnson & Nadirshaw, 1993; Singh, 1986). Johnson and Nadirshaw (1993) point out, however, that while the "extended family may offer care and support to its members, it is also a source of tension and conflict" (Johnson & Nadirshaw, 1993, p. 23).

Children are raised in an authoritarian environment (Segal, 1991; Stopes-Roe & Cochrane, 1989), and corporal punishment is still viewed as appropriate (Segal & Ashtekar, 1994). Supervision of children tends to be shared by all family members (Segal, 1991). Having a son or sons (especially a first son) tends to be very important and preferred over having daughters (Assanand et al., 1990; Gupta, 1994; Nagaraja, 1983; Singh, 1986). This preference for and higher degree of attention paid to boys (Assanand et al., 1990) to the neglect of girls may leave many girls suffering from a poor self-image and from poor self-esteem (Nagaraja, 1983; Patil, 1992). Although independence in youth is generally not

encouraged, greater social freedom is given to sons than to daughters (Assanand et al., 1990; Kurian, 1986; Sharma, 1984) and to women (Naidoo, 1985). A young girl is taught to take care of her father and brothers and is more homebound than boys (Gupta, 1994; Singh, 1986), and in turn it is expected that she is protected by her father and elder males (Gupta, 1994). "It is the duty of the girl's father and her family to ensure that she is surrounded by this protection at all times. Family honour and the father's honour are tightly meshed with the girl's honour" (Naidoo, 1985, p. 348).

Traditionally, marriages are wholly or partially arranged by parents, and a dowry may often be provided by the bride's parents (Assanand et al., 1990; Steiner & Bansil, 1989). Adult women are expected to revere their husbands (Gupta, 1994), and they should not voice disapproval of the male head of the family (Menon, 1992). Singh (1986) points out that the woman is often blamed for any physical harm that befalls her at the hand of a male. Society's message tends to be that "it is a woman's lot to suffer" (Singh, 1986, p. 18). The qualities which are cultivated and/or admired in women include respect, tolerance, sharing, and helping (Naidoo, 1985), as well as submissiveness and obedience (Patil, 1992; Evans, Moynes, & Martinello, 1973).

Naidoo (1985) and Naidoo and Davis (1988) have conducted research on the attitudes of South Asian immigrant women in Canada. Ismaili and other Indian Muslim immigrant women from East Africa are included in their samples as these authors have observed similarities in socio-cultural values between Indian Muslims and other Indian groups. These researchers found that most South Asians do not practise the traditional caste system and many do not provide dowries. Naidoo (1985), however, points out that "the basic philosophical beliefs in Karma (fate in the light of past actions) ... have a strong influence on the lives [of these women]" (p. 343).

Naidoo (1985) and Naidoo and Davis (1988) have also found that regardless of the level of acculturation, most of these women retained traditional values related to marriage,

family, children, religion, and the place of men and women in society, but that their views were more contemporary regarding ideas about success, achievement, career, and educational and personal growth aspirations for women and for their daughters. Assanand et al. (1990) also suggest that while many Indo-Canadian families live as nuclear units, "their sentiments and behaviour continue to be those of the extended family" (Assanand et al., 1990, p. 151).

Attitudes towards mental illness and its treatment.

Steiner and Bansil (1989) and Durvasula and Mylvaganam (1990) point out that there is little in the mental health literature which examines either the mental health attitudes or needs of South Asians, especially in North America. However, what literature there is, generally indicates that if psychiatric/psychological therapy is sought, approaches which involve family consultation and the restoration of family harmony are preferred to therapy for individual members of the family (Assanand et al., 1990; Johnson & Nadirshaw, 1993; Westwood, 1982). Steiner and Bansil (1991) also point out that with many Indian South Asians it may be particularly difficult for a therapist to assume the neutral and distant professional demeanour to which she is accustomed, since some families may invite the counsellor/therapist to socialize with them.

Some authors who have conducted studies among South Asians who have immigrated to western countries discuss how acculturation levels not only impact on the level of traditional beliefs and attitudes held, but how varying acculturation levels among members in a family may create potential areas of emotional conflict which may precipitate individuals or families to seek counselling (Durvasula & Mylvaganam, 1994; Segal, 1991; Stopes-Roe & Cochrane, 1989). Areas of potential conflict often include those that result from clashes between immigrant parents who hold more traditional values and their children who begin to be exposed to the western cultural values of their peers (Durvasula & Mylvaganam, 1994; Segal, 1991). (Examples include clashes over dating, and over

arranged marriages.) While, for youths, an increased sense of belonging to western culture often provides an increased sense of self-esteem, such desire to belong also often results in rebellious behaviour on their part (Segal, 1991).

Attitudes towards sexual issues and sexual abuse.

Menon's discussion of sexual abuse in India suggests that since the concept of family honour is more important than an individual child's integrity or individual welfare, families often turn a blind eye to what is happening, rather than potentially destroy the family. She claims that in a society where a grown woman cannot voice her disapproval, it is equally if not more difficult for a child to speak up and disclose, especially if she fears being rejected by her family for having brought shame upon them. In her article, Menon indicates that perpetrators often exploit the child's need for affection, and she cites a psychiatrist working with sexually abused children who states that since "Indian culture allows a lot of touching, children can't differentiate between a sexually-loaded hug and an affectionate one" (Seshadri cited in Menon, 1992, p. 70). Additionally, sex education is next to nonexistent in Indian society (Gupta, 1994; Segal, 1991). Gupta (1994), in her article on sexuality in India, also indicates that "men have always been able to get away with promiscuous sexual behaviour but women are honour bound to stay within the social boundaries of decency" (Gupta, 1994, p. 61).

Muslim Cultural Influences

Gupta (1994) and Segal and Ashtekar (1994) claim that all Indians share the view that sex is a sensitive topic, with Gupta (1994) pointing out that between Hindus and Indian Muslims there are many similarities regarding sexual beliefs.

Memon (1993), also points out some religious and cultural values when she discusses the issue of wife abuse in the Muslim community in North America. Although she speaks of Muslims generally and it is difficult to ascertain whether Indian Ismaili Muslims are

considered to be included as such, she never-the-less points out religious and other cultural dynamics which appear to be salient when dealing with such culturally sensitive issues as violence against females and thus which may perhaps be similarly relevant to adult Muslim childhood sexual abuse survivors. She points out that despite Islam's promise of protection to Muslim women, wife battering does occur, but that it is hidden and ignored by the Muslim community. The author asserts that most women do not disclose for a number of reasons: they fear community gossip which would lead to a scandal; they fear reprisal from the abuser; they want their family to stay together; they fear that relatives will reject them for tainting the family reputation; and they believe no one will help. She recounts further that if these women seek help from spiritual leaders, they are often advised to simply be patient, to pray, and told that it is wrong to discuss the problem outside the family.

The Religion and Culture of South Asian Ismaili Muslims from East Africa

Introduction.

Before examining in any detail cultural variables which may influence how an Indian Ismaili Muslim might experience sexual abuse, its after-effects, and recovery process, it will be helpful to discuss how Indian Ismailis (in Canada and abroad) are situated within the larger group of South Asians.

Historical context.

There exist two main sects in Islam: Sunnism (the sect to which most Muslims in the world belong) and Shi'ism. For Shi'ites, the Imam is Prophet Muhammad's successor, and he is chosen by divine appointment and he is the esoteric "interpreter of religion for the religious community and its guide and legitimate ruler" (al-Tabataba'i, 1977, p. 10). The Ismailis, or more accurately, the Shia Imami Ismailis, are a minority sub-sect of the Shi'ite sect. The Ismailis split from the larger Shi'ite sect in the eighth century over a dispute as

to who was the legitimate Imam successor to the sixth Imam. From their seventh Imam to present, the Ismailis claim a continuous line of succession, resulting in the present imamate of His Highness Shah Karim al-Husayni, Aga Khan IV.

The majority of Indo-Canadian Ismailis who emigrated from East Africa (Uganda, Kenya, Tanzania) trace their ancestry to the western coastal regions of India, primarily the Sind, the Gujarat, and the Cutch regions, as well as parts of the Punjab. It was these Indian Ismailis, along with many Indian Hindus, Sikhs, Jains, Christians, and Muslims from other sects, who migrated to the British East African colonies between the mid 1890's through to the mid 1920's (Ghai & Ghai, 1979; Nanji, 1983). While there had been minor sporadic emigration of Indians to East Africa, the majority came during this period and most initial immigrants, approximately 32,000, were indentured labourers employed to build the British railway in Uganda (Ghai & Ghai, 1979). While most of these initial migrants did not remain, they paved the way, especially after the second World War, for an influx of urban and semi-urban middle-class merchants, traders, and entrepreneurs who made East Africa their permanent residence (Bharati, 1972; Chattopadhyaya, 1970; Don Nanjira, 1976).

In East Africa as a whole, the Indian Ismailis were a minority within a minority. That is, while they were the largest Indian Muslim sect in East Africa, Indian Muslims were far outnumbered by Hindus (Bharati, 1972; Chattopadhyaya, 1970; Thompson, 1975). However, despite their minority numbers, they became the most united, organized, prosperous, and most integrated into African society of any of the Indian Asian groups (Daftary, 1990; Ghai & Ghai, 1979; Morris, 1968; Trimingham, 1964), and they were the most modernized and westernized (Bharati, 1965, 1972; Chattopadhyaya, 1970; Morris, 1968). This was primarily due to the guidance and leadership of the Ismailis' Imam during the 1950's, the late Aga Khan III, who promoted change among his followers (Nanji, 1983; Thompson, 1975). This change included adopting western dress, adopting English as their

first language, deemphasizing arranged marriages, and emphasizing the education of girls. He also established a constitution and an administrative body to govern the activities of his people. Through this constitution and under his leadership, hospitals, schools, and libraries were built which were accessible to Ismailis and non-Ismailis alike. As well, *Jama at-khanas* (the Ismailis' place of worship and social activity) were built. He also invested in numerous businesses as well as in land acquisition, and set up health insurance, finance companies, and housing projects. He encouraged Ismailis, in Uganda for example, to become more involved in and identify with Ugandan society and to help develop Uganda (Bharati, 1972; Thompson, 1975).

After 1962, when Uganda gained its independence from Britain, a period of Africanization of the economy began to take place. Previously, under the British colonial system, an economic stratification among the races had been created with British and Indian Asians (including Ismailis) owning or operating many of the country's businesses and economic institutions (Thompson, 1975). African anti-Asian sentiment had thus been brewing for some years before the actual independence of the country and its move towards Africanization of the economy. During the Africanization of the country, many Indian Asians were displaced from their jobs. Additionally, despite the Ismailis' efforts to assimilate into Ugandan society, Ismailis were viewed by Africans with the same anti-Asian sentiment accorded all Indian Asians in Uganda (Ghai & Ghai, 1979; Nanji, 1983).

After independence, Indian Asians were given the option within a designated period of time of either taking up Ugandan or British citizenship. Those who did not immediately take up Ugandan citizenship were viewed as not having confidence in Africans and this further contributed to the anti-Asian sentiment. By the late 60's, the Africanization of the economy and the anti-Asian sentiment compelled some Asians to leave the country (Don Nanjira, 1976; Nanji, 1983). However, many of those who had taken up British citizenship and wished to emigrate to Britain, were unfortunately blocked from doing so due to British

immigration policies. When, in 1971, General Idi Amin came into power through staging a successful coup, matters soon became worse for Indian Asians. Finally, in August 1972, the tyrannical Idi Amin declared that Indian Asians were an enemy of the state and he charged them with "social exclusiveness, corruption and business malpractices" (Ghai & Ghai, 1979, p. 13), he invalidated the Ugandan citizenship of many of those who had adopted it, and he ordered all Asians to be expelled from the country. "Within the last six weeks of the period of the ultimatum, some 50,000 Asians left hurriedly with no more than their life in their hands" (Ghai & Ghai, 1979, p. 13). Many fled to Britain, while others sought refuge elsewhere. Some 6,000 Indian Asian refugees, including many Ismailis, came to Canada.

Indian Ismaili religion and culture.

Indian Ismaili Muslims primarily identify themselves as Ismailis, not as Muslims, and their identification as a group different from other Muslims is very important to them (Bharati, 1965, 1972). Other Muslim sects also view Ismailis as being different. Because Ismailis have adopted western ways and because they deviate from orthodox Islamic practices, other sects consider them heretical in many ways (Thompson, 1975; Trimingham, 1964). Although Ismailis share the fundamental tenets of Islam in common with other Muslim sects (Esmail & Nanji, 1977), Ismailism for the most part has developed distinctive doctrines and practices (Thompson, 1975), and thus they tend to remain exclusive from other Muslim groups (Nanji, 1977).

Fundamental to their religious beliefs is that it is by following the guidance of the Imam that salvation is found (Filippani-Ronconi, 1977). The fact that they have a living Imam who provides active and current religious and secular leadership, both serves as a strong unifying force and makes their religion a very dynamic one. Through their Imam, currently Aga Khan IV, who is an incarnation of Allah and therefore possesses perfect knowledge and is infallible (Morris, 1968), prophetic revelation is ongoing. Ismailis

believe that *nur* (divine light and energy) is passed from one Imam to the other in succession, and therefore that all Imams are really one in essence (Dossa, 1985/86; Esmail & Nanji, 1977). Unlike other Muslim sects for whom the doctrines and laws of the Qur'an and Shari'a are immutable, this ongoing revelation takes the form of the Aga Khan being able to interpret and/or repeal earlier teachings of the Qur'an and the Shari'a, if in his wisdom he believes it is for the betterment of his people (al-Tabataba'i, 1977; Bharati, 1972). These revelations are passed on to his people as *firman*s (orders or rulings similar to Papal decrees) and have a binding effect on their religious and secular practices (Bharati, 1972; Daftary, 1990). The modernization which the Ismailis experienced in East Africa was a direct result of a series of firmans which the late Aga Khan passed. Similarly, Aga Khan IV has continued to pass firmans which guide the lives of Ismailis today.

Most Ismailis were originally Hindus of the Lohana (trading) caste who were converted to Islam and Ismailism in the twelfth century onward (Bharati, 1972; Daftary, 1990; Dossa, 1985/86; Nanji, 1983; Thompson, 1975). To avoid persecution in India, Ismailis were often obliged to observe strict forms of *taqiyya*, that is, assuming the guise of a more tolerated sect of Islam (Thompson, 1975; Trimingham, 1964) such as orthodox Sunnism or Sufism, a mystic sect of Sunnism (Daftary, 1990; Thompson, 1975; Trimingham, 1964). Thus, Ismailism (originally exported from Persia to India) includes an interfacing of Hindu and Islamic traditions (Bharati, 1965; Daftary, 1990; Trimingham, 1964), as well as including some of the more mystical spiritual principles of Sufism (Dossa, 1985/86; Nasr, 1977).

Theirs has evolved as a very esoteric religion which looks at the inner meaning (versus the literal words) of their religious documents. Besides the Qur'an and Shari'a, the Ismailis follow a form of devotional literature developed in India called *ginans*. The *ginans*, which are a form of contemplative and meditative knowledge, hold a very mystical vision of Islam and they incorporate Hindu cosmological mythologies (Dossa, 1985/86;

Esmail & Nanji, 1977). The ginans stress the pursuit of mystical illumination (Dossa, 1985/86). Among the other religious beliefs that Ismailis have adopted from Hinduism, is the concept of reincarnation of the human soul (Filippani-Ronconi, 1977).

The concept of reincarnation suggests that life is a continuous circle without beginning or end and that both death and birth are simply transformations of form, with the soul being born in another life form after death (Assanand et al., 1990, Evans et al., 1973; Smith, 1965). The evolvment and condition of the soul in each life is governed by the law of karma, by which all thoughts, choices, and deeds evoke consequences which will be visited upon the agent of those actions (Assanand et al., 1990; Evans et al., 1973). Karmic law implies complete personal responsibility for one's present condition and future destiny (Smith, 1965).

For Ismailis, the soul is on a journey or path to try to reach perfection, and this pilgrimage is known as *tariqa* (Daftary, 1990; Dossa, 1985/86). By following the guidance of the Aga Khan as expressed in firmans, and by following a number of ritual practices, Ismailis aim to achieve both material advancement and spiritual salvation which ultimately entails reunion with Allah (Dossa, 1985/86). However, material advancement is regarded only as a means to an end, and as such the true "redemption of man consists essentially in his liberation from any relation with the material world" (Filippani-Ronconi, 1977, p. 109).

Jama at-khana (a combination of a place of worship and a community centre) is where Ismailis congregate to conduct many ritual practices (Dossa, 1985/86; Nanji, 1977). Among these practices are *dhikr* (early morning meditation); thrice daily prayer (formerly conducted in Gujarati but now said in Arabic); and ablution before prayers as a symbolic means of inner purification (Dossa, 1985/86). Although most meditations and prayers may be conducted at home, Friday is considered an obligatory day for prayers to be conducted at Jama at-khana. Although women and men are physically separated at Jama at-khana during prayers, women and children actively participate in religious practices (Nanji, 1983).

While the late and present Aga Khans significantly reformed Ismailis' cultural beliefs and religious practices away from Hindu thought and towards a combination of western and Islamic ways (Dossa, 1985/86; Morris, 1968), many of the social values and practices which Ismailis hold even upon their emigration to Canada still reflect their Hindu origins and the impact of many centuries in India (Bharati, 1972; Dossa, 1985/86). Most Ismailis live in a nuclear family arrangement as many did in East Africa (Dossa, 1985/86; Morris, 1968; Thompson, 1975). Family and kin relationships are the focus of activities for Ismailis, and even though the extended household is no longer, close ties among family and relatives are maintained; a strong sense of duty and obligation to the family still exists; and respect of elders is still very important, as is a high degree of respect for guests (Dossa, 1985/86). The Jama at-khana is an important gathering place to maintain social ties, and it is there that many Ismaili women wear traditional *sari* outfits (Dossa, 1985/86).

Sex roles appear to remain quite differentiated among Ismailis. Dossa's 1985 study of Indian Ismailis in Vancouver indicates the following: that although educational and career opportunities for women are emphasized and many Ismaili women work outside the home, the traditional domain emphasized for girls and women is domestic and her first priority is still expected to be to her husband and family. By remaining within the domestic sphere, women remain protected. Females are valued for the qualities of patience, tolerance, devotion, nurturing, cooking, maintaining social ties, humility, selflessness, virtuousness, and chastity. (Perseverance and patience are qualities that are generally held in high regard by all Ismailis).

Premarital chastity is still valued, and sex outside of marriage is not allowed (Daftary, 1990). Marriages tend not to be arranged, but Ismailis prefer their children to marry other Ismailis (Bharati, 1972; Dossa, 1985/86; Thompson, 1977). Bharati (1965, 1972), who studied Indians in East Africa, including Ismailis, notes that Ismaili attitudes about morality and sex are identical to other Indian groups.

Summary of the Literature on Cultural Influences

It appears that there are numerous cultural factors which may influence the life of an adult Asian-North American childhood sexual abuse survivor, factors which have the potential to make such a survivor's experience different from that of a western North American Caucasian survivor. The most salient cultural factors emphasized in the literature seem to be those (such as the role and expectations of females) which might affect the survivor's self-image and identity and/or how she is viewed by her family and community; those which might affect how the survivor interprets the abuse and after-effects experience; and those which might create potential barriers to disclosing the abuse (such as an enormous sense of shame), barriers to seeking help for problems related to the abuse, or barriers to healing and recovering from the abuse.

The cultural influences which may act upon the life of a South Asian survivor seem similar to those that might act upon the lives of survivors from other Asian groups, although idiosyncratic family values and religious beliefs (and the degree to which they are held) may contribute unique influences. Specifically, for an Ismaili survivor, there again appear to be similarities to other Asian cultures, especially other Indian cultures, but it appears that religious beliefs (such as reincarnation and the role of Allah), which might affect how the abuse experience is interpreted, may be the more salient cultural factors which might make her experience somewhat different from other Asian groups and/or different from many Caucasian westerners.

Counselling Considerations

In light of these potential cultural influences, some authors suggest counselling considerations for working with clientele of Asian ethnicity, both in terms of general counselling approaches and in terms of approaches specific to treating issues of sexual abuse and other issues having similar dynamics. The following is an overview of what the

literature assumes and suggests might be of therapeutic importance in this area. Again, due to the similarities that I found in the literature which discusses this area, I have amalgamated the suggestions and findings from the literature on Asians collectively as well as from the literature on specific Asian sub-groups. As such, the same qualifier regarding generalizations and stereotypes applies here. Where appropriate, I have indicated the literature in this area which specifically discusses South Asians.

A major claim made is that due to the stigma associated with help-seeking, assurance of confidentiality is of the utmost importance when dealing with Asian clientele. Though acknowledging that such confidentiality should be held for all clients regardless of race, ethnicity, or cultural background, the upholding of this aspect of counselling may need to be particularly reiterated, since for these clients, the fear is very real that family members or the community at large (two particular sources of esteem and support) may find out that help is being sought, the discovery of which would bring shame to all (Waxler-Morrison, Anderson, & Richardson, 1990; Wong, 1987).

In light of many Asian-North American's lack of knowledge of the availability of mental health services, and in light of their underutilization of these services and their high premature termination rate, Sue et al. (1994) suggest that "developing viable programs to provide outreach and to educate Asian Americans about the nature and treatment of psychological problems is of paramount importance" (p. 67). Use of bilingual therapists, interpreters, and paraprofessionals (Mollica & Lavelle, 1988; Sue & Zane, 1987; True, 1990) may be helpful where language is a barrier. However, there are conflicting findings as to the effect of the race, ethnicity, personality, attitude, or gender match between the counsellor and client (Atkinson et al., 1989; Durvasula & Mylvaganam, 1994; Sue, 1981; Sue & Sue, 1990).

Sue (1981) suggests that Asian-American clientele in general may not value talk therapy and insight into underlying processes, and cautions counsellors working with these

clients "that continual focus on affect through the use of reflection and summarization of feelings may actually reduce effectiveness and credibility" (p. 118). Ponterotto and Casas (1991) further suggest that of the three general counselling approaches mentioned earlier in my study, behavioural approaches appear to be the most well received among Asian-American clientele. Segal (1991) recommends an educational model of counselling which might include lectures to the South Asian community on the topic of mental health. She also suggests that group therapy may attract more South Asian clientele since there is less focus on the individual.

Berg and Miller (1992) believe that "work with Asian-American clients...requires therapists to balance consideration of the impact of culture on clients' world view with how clients personally experience ethnic and cultural influences" (p. 363). It has been these authors' experience that the emphasis on shame in Asian culture makes these clients more willing to find solutions quickly. Through drawing on clients' strengths and resources these authors use and recommend a solution-focussed approach to treatment.

Johnson and Nadirshaw (1993) claim that "there are no well-established theoretical models of transcultural therapy" (p. 26) applicable to counselling South Asian clientele. While they indicate that existing western counselling approaches may not be appropriate for working with South Asians, they suggest that the particular model or school of therapy adhered to by a counsellor or therapist may not be as important in the process and outcome of therapy with South Asians as are certain counsellor/therapist variables. The variables which they believe may add to the success of therapy include the therapist's credibility in the eyes of the client; his ability to allow the client to outline the goals of therapy; the ability to make the client feel understood; the ability to communicate effectively with the client through the use of empathy, active listening, and unconditional positive regard; the ability to genuinely respect the client's cultural values and resist imposing her own in regard to what she observes or interprets in the client's behaviour and experience;

awareness of his own assumptions, stereotypes, prejudices about ethnic groups; the ability to increase her awareness of the social, religious, cultural, and political influences acting upon the life of the client or the ethnic group as a whole; and the ability to look for the strengths in the client and to attend to the client as an individual.

Johnson and Nadirshaw also recommend general guidelines for western counsellors and therapists working with South Asian clients. These include: avoiding generalizations about South Asians and treating each client as an individual; being aware of the reality of racism and discrimination in the lives of South Asians and the effect this may have had on their lives; being able to draw upon the structures within South Asian communities which support members of that community; being flexible regarding therapeutic approaches and respectful of alternative traditional approaches; listening to and accepting the client's way of viewing her problem; being aware of the impact of the family's role on the individual; maintaining a flexible approach which enables the client to set the goals of therapy; and incorporating religious and spiritual aspects of the client's world view.

In light of the superordinate value many South Asians place on the family as a cohesive unit, the goal of the individual's reintegration with the family may be foremost, and therefore most authors recommend involving the family in therapy, aiming to strive for a balance between the individual's needs and the needs of the family (Bennett & Rutledge, 1989; Durvasula & Mylvaganam, 1994; Steiner & Bansil, 1991; Westwood, 1982).

Crites (1991), who examines counselling with Asian-American victims and perpetrators of spouse abuse, highlights certain cultural dynamics for Asian victims that she sees as key elements to be considered by counsellors. These include the prominent role of shame, the subordination of the individual to family and community interests, the different approaches to help-seeking, the different cultural explanations for dysfunctional behaviour which lead to victim-blaming, the role and position of women, and stoicism. One enlightening aspect of Crites' work is her emphasis on incorporating Asian cultural values

and mythologies as a means of empowering the client.

Both Menon (1992) who discusses the topic of sexual abuse in India and Memon (1993) who discusses the topic of spousal abuse in North American Muslim society recommend that these societies need to be educated and made aware of these issues and of counselling and other services that are available to victims of such abuse. Haffejee (1991) also suggests that South Asians need education about and awareness of sexual abuse in their culture, and he recommends that counsellors working with South Asian childhood sexual abuse survivors emphasize the beneficial effects of traditional values (the lapse from which he believes is a contributing factor to the incidence of sexual abuse in South Asian society, although he is unable to draw upon any scientific evidence to support this belief).

Heras (1992) and Mollica and his colleagues (Mollica, 1998; Mollica & Lavelle, 1988; Mollica & Son, 1989) appear to offer the only clinical information specifically dealing with sexual abuse among Asian-American clientele. Although Heras' work with Filipino families in which child sexual abuse has been identified does not discuss adult sexual abuse survivors, it still offers insightful information, particularly in the area of what an Asian survivor may have had to contend with in childhood. Heras points out that "it is not uncommon that family values take priority over the concern of molest" (p. 21); that the child victim may thus become "the sacrificial lamb" (p. 21) to the family's interests; that it is important to understand the hierarchical authority structure of the family and the dynamics of filial piety; that it is critical to understand the importance of maintaining the family unit and thus the loyalty of the wife to the perpetrator in the case of father/daughter incest; that it is essential to understand the strong role of shame in this issue; and that counsellors need to respect the clients' indirect communication style.

As to therapeutic approaches and considerations directly applicable to Asian-North American adult survivors of sexual abuse, childhood or otherwise, Mollica and his colleagues seem to be the only practitioners who provide this information. In their

experience of working with South East Asian refugees, they have observed that "it is not uncommon for the traumatic sexual experience to be revealed to the therapist after many years of treatment and only under the condition of strictest confidence" (Mollica and Son, 1989, p. 377). These practitioners maintain that although they have found contraindications for using some western counselling approaches, (particulary abreactive techniques), much of the literature exemplifying western treatment approaches with sexually violated clientele "seems applicable to the non-western patient" (Mollica & Son, 1989, p. 378), while simultaneously admitting that little "is known about the appropriateness of western interventions" (Mollica & Lavelle, 1988, p. 269). They conclude that "effective and culturally sensitive strategies to help diminish the medical and psychological impact of sexual trauma on the lives of these women are yet to be developed" (Mollica & Son, 1989, p. 378). These practitioners/researchers claim adherence to a phenomenological counselling approach and through their work have discovered that "no matter how the therapist conceives of his theoretical orientation, the trauma story emerges as the centerpiece of treatment" (Mollica, 1988, p. 305). It is the experience of these practitioners that the telling of the story is the first step in the construction of a new story.

Other than these suggestions, I did not find any literature which discusses either general counselling approaches with South Asian Ismaili Muslims or clinical recommendations specifically applicable to counselling South Asian adult survivors of childhood sexual abuse (Ismaili or otherwise).

Summary of Counselling Considerations and of the Asian Sexual Abuse Literature

Although the literature provides information regarding possible general approaches which might be helpful in counselling Asian survivors, and South Asian survivors in particular, there seems to be very little information directly related to counselling adult Asian-North American survivors. Mollica (1988), Mollica and Lavelle (1988), and Mollica

and Son (1989) seem to be the only sources of clinical information. In direct reference to sexual abuse and South Asian populations, researchers and authors in the literature frequently point to the need for education in this matter among this population group.

The lack of research into the issue and dynamics of sexual abuse among Asian populations is obvious. Phenomenological research which examines the experience of adult survivors from Asian cultures is glaringly limited. As the aim of my study is to explore what that experience may entail so that counsellors and other mental health workers may eventually have a better understanding of the therapeutic needs of an adult Asian survivor, I used a qualitative research approach to my study. Additionally, the rarity with which this issue has been examined in depth and the rarity with which it appeared survivors would be willing to disclose and participate in a study such as this, dictated that I seek out one survivor from any of the Asian groups and that I use a case study approach to explore the participant's experience in depth. A brief review of the literature pertaining to the approach I used is now given.

Qualitative Research, the Case Study, and the Narrative Approach

Qualitative Research

As the reader is undoubtedly familiar with the extent to which the merits and shortcomings of both qualitative and quantitative research methodologies have been discussed in the literature, they will not be detailed here. Rather, only those aspects of qualitative research which appear relevant to my study will be discussed.

The qualitative study of people enables the researcher to get to know them personally, with the intent of trying to experience their perspective of reality (Ponterotto and Casas, 1991). Qualitative research involves fieldwork, and it is grounded in the phenomenological and hermeneutical traditions (Kvale, 1983). The aim of the phenomenological approach is to investigate, through the process of describing a phenomenon, the essence of the

phenomenon. This approach is based on the premise that "human experience is meaningful to those who live it, and its meaning is there to be 'seen', grasped directly" (Dukes, 1984, p. 198). To the researcher, this approach emphasizes presuppositionlessness (Kvale, 1983) towards whichever phenomenon is being explored. The hermeneutical approach is interpretive in nature, and is based on the idea of obtaining a "valid and common understanding of the meaning of a text" (Kvale, 1983, p. 185). By uniting these approaches, "the gap between investigator and subject is overarched by questioning cultural preunderstandings, which are pregiven assumptions about the world, and establishing a dialectic with the phenomenon we hope to understand" (Watson & Watson-Franke, 1985, p. 13).

The above comments should not be interpreted as dismissing the merits of quantitative research. The point here, as Ponterotto and Casas (1991) succinctly make, is that "the key is to know which research approach is the most appropriate at any particular point given the current state of knowledge on the topic and the questions for which answers are sought" (p. 133).

The Case Study

Bromley (1986), Merriam (1988), and Yin (1989) suggest that a case study approach is most appropriate when the case is unique or rare in occurrence and has previously gone unexamined, such as the case which is the focus of this current study. "The case study is therefore worth conducting because the descriptive information alone will be revelatory" leading to the possibility of "stimulating much further research" (Yin, 1989, p. 48). The case study method is effective for exploring "how" and "why" questions (Merriam, 1988; Yin, 1989); for studying a discrete relatively unknown phenomenon over which the researcher has little control (Merriam, 1988; Smith, 1988; Trepper, 1990); for its ability to illicit an intensive description of a contemporary phenomenon (Merriam, 1988; Runyan,

1982); and for its potential to generate hypotheses towards theory development and future research (Merriam, 1988; Smith, 1988; Trepper, 1990; Yin, 1989).

Additionally, Ponterotto and Casas (1991) point out that "individual case studies allow for the in-depth examination of the [person] in a sociocultural context" and that "this method of inquiry facilitates a deep understanding of ... the social and cultural forces impacting on the [person's] adjustment and mental health, and helps to generate culturally-relevant and appropriate options for intervention" (p. 137).

In recent years, researchers have begun to recognize that individuals are often the best source of data on their experience and needs, since they are experts regarding themselves and their situations (Hermans, 1992; Watson & Watson-Franke, 1985). There, therefore, has been an increased awareness of the importance of phenomenological/hermeneutical approaches to research, and in particular, the importance of examining people's own accounts of their lives (Valentine and Feinauer, 1993).

The Narrative Approach

"The purpose of descriptive narrative research is to produce an accurate description of the interpretive accounts individuals or groups use to make sequences of events in their lives or organizations meaningful" (Polkinghorne, 1988, p. 161).

The narrative case study approach enables researchers to capture in detail the experience of the individual under study. This approach is based on the premise that individuals make sense of who they are and of their experience by creating personal stories about their lives (McAdams, 1993; Mishler, 1986; Polkinghorne, 1988; Rosenwald & Ochberg, 1992; Seidman, 1991). Further, it is assumed that although the specific structure a narrative takes may differ from culture to culture, narrative or storytelling itself is a universal activity (Nash, 1990; Rosenwald & Ochberg, 1992; Turner & Bruner, 1986) and that an individual's story is influenced by the values which pervade her culture

(Polkinghorne, 1988; Rosenwald & Ochberg, 1992; Turner & Bruner, 1986; Eckartsberg, 1986; Watson & Watson-Franke, 1985). Therefore, in order to understand the individual's experience, the researcher must listen for and come to know the individual's story within the context of his cultural heritage.

General qualitative interviewing.

"The qualitative research interview...is an interview whose purpose is to gather descriptions of the life-world of the interviewee with respect to interpretation of the meaning of the described phenomena" (Kvale, 1983, p. 174). The use of unstructured in-depth qualitative interviews enables the participant to uninterruptedly share her description of her life-world experience. The use of semi-structured in-depth interviews is valuable when the researcher has a number of topics he wishes to investigate. Using a combination of the two forms of interviewing allows the participant the relative freedom to share her experience and perspectives, while allowing the researcher to explore specific sub-topics (Ponterotto & Casas, 1991). To aid in conducting qualitative interviews which evoke rich descriptions of the participant's experience, a number of researchers suggest the use of an interview guide (Kvale, 1983; Ponterotto & Casas, 1991; Weiss, 1994). The guide, unlike a controlled question-by-question quantitative interviewing approach, lists several topics or question areas that the interviewer will want to probe (Ponterotto & Casas, 1991).

Narrative interviewing.

Mishler (1986) views "interviewee responses [to interview questions] as narrative accounts or stories" (p. 67). While indeed a degree of story response may be illicit by structured direct questioning, the use of un-structured and semi-structured interviewing approaches are more likely to not suppress the participant's story. Narrative interviewing employs the latter forms of interviewing, since the purpose and value of narrative interviewing is to produce a discourse between the researcher and respondent(s) in order "to understand what respondents mean by what they say in response to our queries and

thereby to arrive at a description of respondents' worlds of meaning that is adequate to the tasks of systematic analysis and theoretical interpretation" (Mishler, p. 7). The meanings of questions and responses are grounded contextually and are mutually constructed by the interviewer and participant. Thus, the process becomes a collaborative one in which the participant becomes a co-researcher.

The narrative account.

The description of the participant's world of meaning is portrayed, by the researcher, as a narrative portrait. "Crafting [portraits is] a way to find and display coherence in the constitutive events of a participant's experience, to share the coherence the participant has expressed, and to link the individual's experience to the social and organizational context within which he or she operates" (Seidman, 1991 p. 92).

The narrative portrait is produced from interview transcripts and from any sources of biographical information which the participant shares with the researcher. A chain of converging evidence derived from divergent sources not only renders a more comprehensive and convincing portrait, but supports the accuracy of the findings gleaned from it (Yin, 1989).

The narrative account is a description of the participant's story at a particular moment in time, and it reflects her identity at the moment of story-telling shared with the researcher. The participant's story can be seen to have a beginning, middle, and end which echoes the participant's strivings to satiate yearnings and goals and struggles to resolve conflicts (Cochran, 1990; McAdams (1993); Seidman, 1991). It represents the participant's movement from a felt state of *incompletion* towards one of *completion* (Cochran, 1990).

Narrative analysis.

Goetz and LeCompte cited in Merriam (1988) suggest that the researcher needs more than to render a descriptive account of the participant's experience. "By leaving readers to draw their own conclusions, researchers risk misinterpretation" (p. 131). As such, the aim

of the analysis is to present to the reader the researcher's understanding of the structure and plot of the narrative as well as the common themes embedded in it (McAdams, 1993; Polkinghorne, 1988).

The analysis process is carried out by using hermeneutic techniques in which the researcher intensively studies the narrative, entering into a questioning dialogue with the story in a search for the meanings and patterns it holds. The meanings and patterns which the researcher detects must be supported by evidence in the narrative account. The ultimate goal is to provide a credible presentation and interpretation of the meanings the participant made of his experience. While the analysis process may appear to be a separate undertaking, in reality this process is ongoing throughout the project, with data collection and data analysis intertwined (Armstrong, 1987; Seidman, 1991).

Reliability and Validity Issues

As with quantitative researchers, qualitative investigators are concerned with the reliability and validity of their data, interpretations, and findings. However, the terms reliability and validity as applied to qualitative phenomenological/hermeneutical research (including narrative research) take on a slightly different meaning and focus than the more traditional meanings used in quantitative research. "Reliability in narrative study usually refers to the dependability of the data, and validity to the strength of the analysis of the data " (Polkinghorne, 1988, p. 176). As such, many qualitative researchers use terms such as credibility, well-groundedness, plausibility, and trustworthiness to refer to the data and analysis (Kvale, 1983; Mishler, 1986; Osborne, 1990; Polkinghorne, 1988; Seidman, 1991; & Yin, 1989). These same authors explicate ways in which a qualitative study may strive for this type of reliability and validity. These are outlined below.

Reliability.

As the investigator in qualitative research is the primary research instrument, and the

interaction between the researcher and participant the context and source of data, reliability in the sense of precise replicability appears unachievable. However, Osborne (1990) points out that "stable meaning can transcend variable facts" (p. 87) -- variable facts such as different researchers exploring the same experiential phenomenon. Osborne, therefore, as with Mishler (1986), Polkinghorne (1988), and Yin (1989), suggests that by thoroughly outlining methodological procedures (including interview questions, interview and transcription processes, as well as portrait rendering and analysis processes), not only may the reader understand how the researcher reached her conclusions, but other researchers who were to attempt to follow the procedures would be likely to emerge with a similar set of stable meanings.

Validity.

For a revelatory single case study, such as this current study, construct validity is of primary concern. Several authors (Merriam, 1988; Mishler, 1986; Osborne, 1990; Ponterotto & Casas, 1991; & Yin, 1989) discuss how such validity might be strengthened. First, the researcher should use, if possible, multiple sources of data or evidence. Second, the researcher should "triangulate" these data sources such that a chain of converging evidence is produced. And third, in the case of narrative research, the researcher should present back to the co-researcher the rendered narrative portrait so that the co-researcher (as the expert on his own experience) may ascertain whether his meanings and experience were accurately captured by the researcher.

In terms of the validity of the analysis and interpretation of the data, qualitative researchers point out that there is no one absolute and definitive interpretation (Kvale, 1983; Merriam, 1988; Mishler, 1986; Osborne, 1990; Polkinghorne, 1988; & Pontorotto & Casas, 1991). The aim of the researcher is to attend to the above reliability and validity aids such that the reader has confidence in the plausibility of the interpretation. "The best the researcher can do is to argue a particular interpretation as persuasively as possible,

supported by references to the data, and leave the final judgement to the reader" (Osborne, 1990, p. 87).

Limitations

As with any research, limitations are inherent in qualitative phenomenological/hermeneutical research. First, as mentioned earlier, the researcher is the research instrument, and thus as every human researcher is different, so is every instrument. Kvale (1983) points out that interviewers vary in sensitivity and the personal bias each brings to the research and interaction with the participant. He speaks of "bracketing" one's biases and of the researcher's attempt to strive for a state of "presuppositionlessness". By being aware of one's biases, they may more readily be held at bay during the research process. Kvale also points to an important issue which I believe is particularly relevant to myself as the research instrument in this particular study. He discusses the idea that there is a balance which needs to be struck between "the requirement of sensitivity to, and fore-knowledge about, the topic...and the presuppositionless attitude" required by the researcher (p. 178). Realizing that I had been well-exposed to the literature in the area of study before conducting the actual research, bracketing of any personal bias was of utmost importance in order to achieve such a balance and thus not influence or distort either the interview process, my production of the portrait, or my interpretation of the participant's story. For me, the intent of extensively pre-exposing myself to the literature (especially the cultural literature) was to help me feel confident that I would conduct the interviews with the participant in a sensitive manner and that I would not make potentially deleterious or offensive cultural faux pas.

Second, the level of rapport developed between researcher and co-researcher may influence how and what the participant shares in terms of her experience (especially when dealing with sensitive issues.) Here, Reinharz (1992) comments on an issue which again is

particularly relevant to my study. In her review of qualitative feminist research, she points out that researchers are of divided opinion as to whether a researcher from a different racial/ethnic background than that of the participant is able to establish sufficient rapport with the participant or to fully understand the participant's experience. For myself, a western Caucasian, I have considered this issue, and although there was no way of predicting whether racial/ethnic differences would interfere with the rapport/understanding process in this particular study, I relied on the experiences of Seidman (1991) and Weiss (1994) who suggest that such potential barriers are eliminated through the interviewer's display of genuine interest in and respect for the participant and her story.

Third, and particularly with a phenomenological single case study, the researcher is unable to generalize findings (ie. external validity) to another person or population. However, Yin (1989) indicates that the goal of the qualitative single case study is not "statistical generalizations Case studies ... are generalizable to theoretical propositions and not populations" (p. 21). Additionally, Osborne (1990) further comments that while "natural science methodology looks for statistical generalizability ... phenomenological research strives for empathic generalizability" (p. 86). As such, and in regard to my particular area of inquiry, it may just be that were another adult Indo-Canadian childhood sexual abuse survivor to read the experience of the participant in this study, there might actually be aspects of the participant's experience which this other survivor would view as empathically resonating with her own experience.

Finally, the researcher using a revelatory single case study approach cannot make any assumptions about cause and effect relationships in the participant's experience. While this is admittedly so, the invaluable significance of a revelatory case study is the rich description it reveals of a phenomenon that has rarely been explored. This initial descriptive exploration is a vital and needed starting position towards the development of further hypotheses and research endeavours.

CHAPTER III METHODOLOGY

The purpose of this study was to describe and to gain an in-depth understanding of an adult Asian Canadian's experience of childhood sexual abuse, its impact on her life, and how she experienced the recovery process. The Asian Canadian in this study is a South Asian Ismaili woman.

Compared to the wealth of research conducted among Caucasian populations, the literature indicates that the phenomenon of sexual abuse among Asian-North Americans has rarely been explored. Not only is empirical research in this area limited, but phenomenological research which explores the experiences of adult Asian-North American survivors of childhood sexual abuse is almost nonexistent. In particular, phenomenological research which explores the experiences of adult South Asian North American survivors is virtually nonexistent. Additionally, the literature (as well as discussions I had with local mental health workers before embarking upon this study) indicated that disclosure of sexual abuse and help-seeking for problems related to the abuse is rare among this population. This suggested to me that adult Asian Canadian survivors who would be willing to share their experience in a study such as this one, would be few in number.

Research Design

To study this rarely explored phenomenon, I used, as Bromley (1986), Merriam (1988), and Yin (1989) suggest in such situations, the case study approach. Such rarity of investigation of the phenomenon, as well as the suggested limited availability of participants, indicated that an in-depth single case study of one individual's experience would be the most appropriate approach to the research problem of concern in my study.

As I intended my study to be revelatory in nature, the survivor's experience is presented as a descriptive narrative account. By rendering the participant's experience in a

narrative portrait, I strove to impart a comprehensive and coherent description of the survivor's experience and to reveal the essence of the phenomenon under study. The narrative portrait was constructed from the information the participant shared with me during detailed interviews and during several phone conversations. As well, since the participant was willing to share other sources of information about her life, such as yearbooks, photos, and stories which she had written, the information gleaned from these divergent sources was also incorporated into the construction of the narrative account and included in the subsequent analysis (as were field notes).

Research Procedures

Selection of Participant

The specific Asian population group which I had initially planned to study and from which I initially hoped to recruit a participant is the group broadly categorized as Oriental (ie. East and South East Asians). As it became apparent during the recruitment process that I might not find an Oriental participant, I alternatively sought a South Asian participant. Additionally, I was open to investigating either a male's or female's experience. As mentioned, the participant who eventually volunteered to participate in this study was a young Indian South Asian Ismaili Muslim Canadian woman.

Selection criteria.

Selection of the participant employed criteria based sampling procedures (Seidman, 1991). That is, a set of selection criteria was established, and in turn a participant sought who met that criteria. Regardless of the specific Asian sub-group, any potential participant was required to meet these selection criteria. For this study, the participant was required to be:

a) an adult Asian Canadian female or male of East, South East, or South Asian ethnic origin (eg. Chinese, Vietnamese, Japanese, Filipino, Indian) currently in counselling (and/or

who had access to counselling or who was being seen by medical doctor), and who had disclosed a history of childhood sexual abuse (either a single or more frequent occurrence). The participant had to be one whose awareness and memory of the abuse existed prior to undergoing counselling/therapy. Childhood sexual abuse for this study was defined as "sexual contact, ranging from fondling to intercourse, between a child in mid-adolescence or younger and a person at least five years older" (Briere, 1992, p. 4);

b) in the latter stages of counselling such that he had come to terms with many of the issues involved in recovery and was thus mentally prepared to share what at times was sensitive material; as well it was important that the participant have access to a therapist/medical doctor in order that, should he have felt it necessary, he may have further debriefed his experience of participating in the project;

c) someone who continued to experience the influence of Asian culture in his/her life as assessed by a Culture Questionnaire (see Appendix A);

d) someone who was able to articulate her experience in English.

By requiring that the participant be in the latter stages of her counselling process I hoped to minimize the risk that she would be re-traumatized in any way during interviews or later when reading her story. This assumption is supported by Reinharz (1992) with a specific example from a researcher who studied traumatized women. This researcher points out that the [participant's] ability to retell a traumatic story meant she had already survived the worst pain" (Thompson cited in Reinharz, 1992 p. 35.)

To ensure that the participant was one who possessed an optimal level of Asian ethnic heritage, I used the Culture Questionnaire (Lai & Linden, 1992) adapted from the Suinn-Lew Asian Self-Identity Acculturation Scale (Suinn, Richard-Figueroa, Lew, & Vigil, 1987). Through the use of items examining language preference, identity, friendship choice, behaviours, family/geographic history, and attitude, this scale purports to be able to determine whether an individual has a high, medium, or low level of acculturation. For my

study, I aimed for at least a mid level of acculturation of the participant so that the participant would be more likely to be able to articulate his story in English while still experiencing the influence of his culture.

Selection process.

Finding a participant was an extremely challenging and lengthy process. Initially, I attempted to recruit an Oriental participant through phone calls to local multicultural, college, university, and family counselling agencies; to local counsellors and psychiatrists in private practice; and to local medical doctors. If any of these mental health professionals indicated that they were seeing a participant who met the selection criteria, I sent them a follow-up package which consisted of a covering letter (see Appendix B), an outline of the project (see Appendix C), and a copy of the Culture Questionnaire with a covering letter for the participant. (My intent was to have the mental health worker administer the brief questionnaire to the potential participant in order to screen him/her for the level of Asian culture influencing the participant's life.) If the potential participant was suitable and was voluntarily willing to participate in the study, the mental health worker was asked to have the candidate contact me. Arrangements would then be made for the participant and I to meet and have him/her sign the consent form (see Appendix D) before proceeding further.

After approximately one and a half months, very few mental health workers indicated that they had Oriental clientele who might meet the selection criteria. The two or three that did, were not agreeable to approaching the client directly as they felt that any interest to participate in the study should be initiated by the client. At this point, I extended my search to include a potential participant from South Asian ethnic background. After another month, with still no response, I additionally posted notices and distributed pamphlets at numerous community, education, and mental health organizations and institutions as per the suggestion of some mental health workers. (See Appendices E and

F). These notices and pamphlets were directed towards potential participants. I also placed an advertisement in a local publication which I was told had a high readership of female survivors "of colour" (see Appendix G). Concurrently, I followed up any leads which were passed to me through informal networks. It is this latter approach, which after four months and many, many phone calls, postings, faxes, and personal meetings, resulted in a response. The participant in this study was finally found through my having contacted a lawyer whose name I was given and who was known to work with adult sexual abuse survivors. The lawyer indicated she knew of a potential participant to whom she forwarded a copy of a pamphlet outlining my research project. The participant then contacted me by phone, expressing her willingness to participate.

As an aside, a week or two later, I spoke with another possible candidate who seemed to meet the criteria, a male Indo-Canadian survivor. As by then, the Ismaili participant and I had already made arrangements to commence the interviews, and as it seemed very important to her to participate, the male survivor and I agreed that he might be an alternate should the Ismaili participant fail to meet the criteria. These two participants were the only candidates I spoke with who were willing to participate in the study.

Mental health workers' comments.

Throughout the recruitment period, I had many interesting conversations with mental health workers both about the area I was researching and about attempts to recruit a participant. As the comments these professionals made are too numerous to individually cite, I present here a brief amalgamation of their views. Regardless of whether the mental health workers were East Asian, South Asian, West Asian (eg. Persian), or Caucasian, their views were often quite similar. For myself, I found these conversations both enlightening and validating of my own sense of the situation. They are included here because I feel they provide valuable "real life" perspectives regarding the topic at hand.

The most common comment I heard was that yes, they knew that sexual abuse

happens in their culture but it is a very taboo topic and Asian survivors are highly unwilling to disclose the abuse or talk about it in counselling. Even those counsellors/therapists that had clients that they blatantly knew had been sexually abused, found that the clients were unwilling to discuss the matter. The most common reason given for survivors' reluctance to disclose and seek counselling, was the enormous shame that Asian survivors feel. Many counsellors remarked that the shame extends beyond the survivor to the family, how the survivor would be viewed by the family, and the potential ostracism from the family that the survivor might risk should she disclose, as well as the shame the family would probably feel within the community were the community somehow to find out. Thus fear of broken confidentiality seemed to be another issue. Some counsellors mentioned that this fear might lead some survivors to seek counselling outside of their cultural group if they were to seek it all. Additionally, one counsellor mentioned that some minority counsellors were uncomfortable themselves about discussing sexual issues, and that this discomfort could inhibit the client's ability to discuss the abuse freely.

I was also told that the client's acculturation level might also affect how or if help was sought. Immigrant clients, for example, seem to have little knowledge about what services are available and/or (for women) are unable to reach the services because of being relatively homebound. More westernized survivors, I was informed, may be more willing to approach more mainstream mental health services. Minority counsellors who were working in multicultural agencies mentioned that these agencies were just beginning to deal with family violence issues. One or two agencies were only beginning to develop programs and services addressing sexual abuse, and most of these programs were of an educational/awareness nature and not counselling per se.

I came across one Chinese counsellor who worked with Chinese sexually abused children and their families, but not adult survivors. I also spoke with counsellors from some of the mainstream counselling agencies who provide counselling and/or support

services to survivors. Some had encountered Asian clientele, but these counsellors' observations were that such clientele were either reluctant to discuss the abuse or they only came in for one or two sessions and then terminated counselling. More often, they found that Asian survivors made an initial phone call, but unless they could get in right away, they were never heard from again. A counsellor at one of the mainstream agencies serving survivors mentioned that the agency, on occasion, ran a support group for "women of colour", but that she could not recall any Asians having participated in the recent past.

Additionally, a counsellor at one sexual abuse counselling agency indicated that she was currently seeing an adult South Asian female survivor. However, the survivor had only begun therapy. Further, I also contacted an Ismaili lay counselling organization and was told that most of the organization's staff was not very knowledgeable about the area of sexual abuse. The person to whom I spoke also indicated that confidentiality was a particularly important issue for members of her community who might seek counselling.

Overall, from the numerous mental health workers I spoke with, I felt much encouragement and interest in the research project. Additionally, my being Caucasian did not seem to enter the picture for these counsellors. Never once did I feel shut out because my race and cultural background was different from the workers and/or the culture I was investigating. In fact I felt a strong willingness from these counsellors to share their views and I also felt a sense of collegiality. Many mentioned that they were grateful that someone was doing research in this area. However, almost every person I spoke to suggested that with all the cultural barriers, my search for a participant was akin to looking for a needle in a hay stack.

The participant.

As mentioned, the participant, a 26 year old South Asian Ismaili, was found through my contacting a lawyer who in turn contacted the participant. When the participant phoned me, I explained what the study entailed and I also asked her questions to ascertain that she

met the selection criteria. As the participant indicated that she had access to two counsellors and that she had come to terms with the abuse, particularly through her writing, and that she seemed to meet the other selection criteria, we arranged to meet for an initial interview.

It should be noted that the participant primarily identifies herself as Indian, and occasionally as Asian, but not as a South Asian. Ismaili and/or Indo-Canadian appeared to be secondary self-identifications for this participant.

The reasons the participant gave for participating in my study included: a) wanting to break the silence around this issue that she feels exists in both Indian culture specifically and Asian culture generally, and b) wanting to contribute in some way to helping other Asian survivors.

Interview Process

Following interview procedures for this type of research gleaned from the suggestions of Kvale (1986), Mishler (1986), and Seidman (1991), five qualitative in-depth interviews (which used a combination of unstructured and semi-structured questions) were conducted with the participant. All interviews were audio tape-recorded. The details of the individual interviews are recounted in this chapter. During the interviews, I drew upon an interview guide (Kvale, 1983; Ponterotto & Casas, 1991; Weiss, 1994) which I had developed and which I used as a framework for questioning the participant (See Appendix H).

Questioning in the following areas was emphasized: significant events in the survivor's life; the survivor's experience of having been sexually abused in childhood; how she perceived the abuse to have impacted her life thereafter; the cultural influences (if any) which she perceived to have affected her abuse experience and later attempts at recovery; and what she considered helpful/hindering during her attempts at recovery.

Additionally, in order to capture as richly as possible the participant's meaning and

experience, I made field notes which documented my observations after each interview as well as other interactions that the participant and I had (eg. phone calls). Field notes included such elements as the participant's non-verbal behaviour, her style and tone of interaction, as well as the general atmosphere of our interactions.

After each audio-recorded interview, the tapes were transcribed verbatim. Transcribing after each interview, enabled me to review the data and to determine important questions which I had previously not anticipated and which I could then include in subsequent interviews.

The initial interview.

The first interview was conducted at the participant's home. At this interview, I reiterated the research process and the involvement that would be required from the participant. The participant read and signed the consent form, and I then administered the Culture Questionnaire. Particularly since she seemed quite westernized, I wanted to assess the extent to which she still felt the effect of her Indian cultural heritage. The completed Questionnaire indicated to me that although she was highly acculturated to North American ways, she was bi-cultural and thus her Indian heritage was an active influence in her life.

After having sensitized the participant to the format and process of the research study, we began the process of developing a life-line. The intent of the life-line process was to outline significant events in the participant's life. Using the approach suggested by McAdams (1993), the participant was requested to view her life as if it had a beginning, middle, and an end and to suggest chapters that she felt would appropriately frame these events and represent her life experiences. For myself, the life-line and chapters helped to structure subsequent interviews and helped me to place information from these interviews into a chronological context.

As the participant was highly verbal and recounted events and numerous peripheral stories in a very non-linear and tangential manner, we succeeded, after this first four hour

interview, at only completing half her life-line. (Although it may have been more efficient to have been more directive at this point, I perceived that a more non-directive approach would help the participant gain trust in me and enable us to build rapport.) Additionally, during this initial interview, the participant showed me numerous yearbooks and scrapbooks which contained photos and other school memorabilia. These items seemed to help the participant to place events chronologically. The interview was ended by mutual agreement, and we set a time for a subsequent interview.

Second Interview.

This next interview took place at the participant's mother's home. During this interview, we continued with the life-line process, until approximately five hours (and again many tangential stories) later, we had completed the process. It was after this interview that I was able to develop a full life-line in which to place the story of the participant's abuse, after-effects, and recovery experiences in context. These areas were the focus of the next two interviews.

In between the second and third interviews, the participant contacted me by phone to cancel and reschedule the interview (something that occurred frequently during the course of the interviews). She mentioned that she was having arguments with her husband and her family. I suggested she contact one of her counsellors if she needed support, but she said she did not like them and asked if I would counsel her. Instead, I encouraged her to try either counsellor again and/or alternatively seek one of several referrals I then gave her. She indicated that she both preferred to and felt capable of dealing with her problems on her own and that she would consult her counsellors or seek alternate counselling if indeed she felt she really needed support. We thus rescheduled the interview.

Third interview.

During this interview (during which the participant both appeared and indicated that she now felt emotionally stable), I asked the participant to share as much of her sexual

abuse story as she was willing. As well, as part of the questioning, I asked her about any suicidal tendencies she had had, to which she responded that she would never do such a thing due to her religious beliefs. As with the previous interviews, I found myself being very non-directive, allowing her to share what she needed to share until the story was told. At one point the participant commented that she had appreciated that I had allowed her to take her time and "warm up" during the first interviews, instead of being asked to "plunge in" and tell her story. After she had told her story, I then asked clarifying questions, which she answered freely. This interview took approximately six hours, at the end of which we set an appointment for another interview during which I wished to explore in greater detail cultural influences and counselling experiences.

Fourth interview.

Although we had set a time and date for this interview, the participant did not show up. After approximately a week and a half of not being able to reach her and not having heard from her, she contacted me. At that time, she told me that she had removed herself to a transition home because she had become physical with her husband and she felt it best to take some time for herself. However, the participant still wished to continue with the interviews. I suggested that we delay the interview until she felt her life was more stable. After another week, she contacted me and expressed her desire to continue with another interview, and we then set up another appointment. However, the morning of the scheduled appointment, I received a message from the participant indicating that she would be unable to make the interview, as she was in the hospital. In her message, she did not indicate why she was in the hospital, only that she could not be reached by phone and that if I wished to speak with her it would be best if I went to the hospital.

When I arrived at the hospital, I discovered that she had attempted suicide. Despite her attempt, she was still extremely adamant about continuing with the research. However, I believed it necessary to refuse to continue the research project with her, suggesting that

her first priority was to re-establish therapy with her psychiatrist and to recuperate and stabilize herself. She indicated that she had an appointment with the psychiatrist the following day, and that she would still contact me when she felt stable. I then contacted my research supervisor to inform him of the situation. He suggested that if she indeed wished to continue at a later date, that I would need to consult with her psychiatrist as to his opinion regarding my continuing the research with her. My options, therefore, at that point were to wait to see how the participant fared, or to start new research with the male Indo-Canadian.

However, approximately two weeks later, the participant contacted me and again expressed her strong desire to continue with the research, asking me not to seek an alternate participant. I met with her and obtained her permission to speak with her psychiatrist (see Appendix J). As it was his opinion that the research was actually helpful to the participant, the participant and I met for another interview.

During this interview, I asked specific questions about her culture and religion and their influence on her abuse experience. As well I asked her to elaborate upon whatever counselling experience she had had which, I discovered, in contrast to her indications at the beginning of our interview process, was minimal. I also asked specific questions which emerged from my review of the transcripts from previous interviews. These questions came after the participant had shared with me all that had happened to her during the eight week intermission since our last interview, which was actually much more than she had indicated. At this time, the participant also gave me copies of some of her short stories and plays which she had written over the last year or two. As with the previous interviews, this interview was lengthy and took approximately five hours. The final interview, which was a validation interview, took place after I had produced the narrative portrait of the participant's experience.

Case Portrait

To produce the narrative case portrait of the participant's experience, the verbatim transcripts, life-line rendered from the transcripts, field notes (including notes regarding the various photos and year books which she had shown me), and the short stories of the participant were examined. The steps involved in the portrait production process were adapted from those outlined by McAdams (1993), Mishler (1986), and Seidman (1991).

These steps involved first reading the transcripts (and other material) for a general understanding of the participant's experience and overall storyline. During several re-readings, the key events and episodes, scenes, characters, general plot, conflicts, repeated patterns and mini-stories, decision and transition points, and cultural images/values imbedded in the transcripts and material were identified and extracted from the data sources. Second, as the participant did not recount her story or description of events in sequential order, I chronologically ordered the extracted events and patterns (using the life-line and the participant's suggested chapters as guidelines) so that they could be integrated into the common western linear narrative format, that of a story with a beginning, middle, and an end. Here, as Mishler, 1986 (p. 76) points out, it is "how the narrator connects the several parts together to provide a coherent and continuous account" with which I was concerned. As she told many stories within stories, I emphasized those which seemed to be most indicative of a particular theme or pattern of experience. Additionally, while the account was told in the third person using a pseudonym to protect the participant's identity, the participant's own words and style of speech were used as much as possible. By following these steps, I strove to produce a rich and comprehensive rendering of the participant's experience. The story was then read by my supervisor, in order to ensure that I had indeed produced a coherent and comprehensive account.

Validation Interview

I then presented the participant with her story. She required two weeks to digest and review its contents. When she had done so, we met to debrief her reactions, to elaborate on any ambiguities or distortions, and to discuss any changes that she had. This collaborative involvement which ensures that the participant's own voice emerges, is, according to Mishler (1986) and Hermans (1992), one way of empowering the participant in the research process and of ensuring the validity of the narrative. Although the participant found the account emotionally impactful, she felt it was true to her experience, and empowering to read. "I really feel good about this [the story]. I just feel like somebody knows me, somebody understands me, somebody represented me fairly, accurately. This is me! When I read this it was like somebody was transcribing while I was living. And it made me feel really good." The participant did, however, have a few minor technical details that she wished corrected, and these changes were included in the final portrait.

Analysis Process

The primary purpose of the analysis was to extract from the narrative account its overall structure as well as the common patterns and themes in the participant's experience in each of the dimensions of the phenomenon of interest to this current study. These dimensions include: the abuse experience itself; the after-effects of the abuse; the participant's recovery attempts, including helpful and/or hindering aspects of counselling; and the cultural conditions/factors which constrained or enhanced her experience. My aim was to uncover the particular type of narrative that the participant created in order to make sense of her sexual abuse experience. By examining the structure, patterns, and themes, I was able to discern how and why she created the narrative she did.

I drew upon reflective hermeneutic techniques in order to dwell upon and eventually

identify the beginning, middle, and end structure embedded in her story, to identify the themes which resonated in her story, and to identify how these themes propelled or arrested the participant's movement from *incompletion* towards *completion*. In interpreting the participant's story, I additionally drew upon psychological theories which might help explain her story.

CHAPTER IV CASE PORTRAIT

Zahra is a 27 year old Indian Ismaili woman who was born in Uganda. In 1969, when she was a year old, she and her parents emigrated to Canada, fleeing a growing anti-Asian climate, prudently avoiding Ida Amin's tyrannical reign and his 1972 expulsion of all Indian Asians from Uganda. The family settled in the Vancouver area where they were later joined by relatives, refugees of the expulsion.

Both of Zahra's parents worked, and as a result she was tended to by her *Dadima* (her father's mother) as well as being placed in daycare. Zahra admiringly recalls the many sacrifices her mother made so that Zahra could attend the daycare. Zahra was an only child then, and she felt special that her mother sacrificed for her with never a complaint. "Sacrifice and martyr." That's how Zahra saw her mother. She does not hold similar admiration for her father who, from the time Zahra was five through to her early twenties, strictly disciplined and physically abused her. "He was always getting mad at me. He hated me so much." Zahra has always felt that she has never been able to please her father.

When Zahra was six her brother B was born. For Zahra, this was a very painful time. The Indian boy was now born, the boy who is going to carry on the family name. The attention her mother had showered on Zahra was now diverted towards B, and relatives and family friends came bearing gifts for the new mother and son. Zahra felt neglected and hurt. She was just the girl now, the Indian girl. From Zahra's perspective, when an Indian boy is born, "the Indian girl might as well be buried in the back yard." Over the next months, she noticed the differential attention she and her brother received, and her resentment began to grow. Her feelings were reflected in her actions. One day, at a family gathering, while she was playing with her baby brother, she stuck peas and corn up his nostrils. During yet another family gathering, she tried sewing his thumb on the sewing

machine. Although she had wanted attention, her plans backfired, and on both occasions her father severely punished her in front of everyone.

Zahra characterizes her early years of growing up in her family as being surrounded by her father's family, a family that was superficially pleasant and animated with each other, and who "protect each other's bubbles." She learned to put on a mask and play the family game of being artificial and fake.

Zahra preferred her mother's side of the family, especially her *Nanima* (her mother's mother), or *Ma* as Zahra calls her. Like all the women in the family her Ma also "was a suffering martyr, but for her day it was much less than the other women. She widowed early and was a single mom. Although I never really saw her stand up to males, I saw the way she didn't interact with them. She didn't yield to them. She didn't have fear of men. I knew in my heart that she would stand up to men. She was not only my spiritual guide ... but she was also out of the ordinary for a woman of her day, and I would like to be like her." Zahra remembers her spiritual mentor fondly and the impact this woman has had on her life. When she was a little girl they used to pray together or her Ma would tell her spiritual stories. "I got all my spiritual knowledge from her."

In her early years at school, Zahra sensed that she was treated differently by many of the other children, but in her innocence, she never suspected it might be due to her skin colour. Zahra remembers two experiences that made her realize just how different her "brownness" actually made her feel. The first time involved her Barbie doll collection. When she was a young girl, she used to like playing with her Barbie dolls a lot. She had over 20 Barbie dolls. One day, her Dadima gave her two new Barbies. One was a Farrah Fawcet replica, and the other a version of Cher. Zahra was especially thrilled to get the Cher Barbie because she was brown in skin colour. All the other Barbies were white, and Cher was the first brown Barbie that Zahra had encountered. However, Zahra remembers "loving and hating that doll." While she could "identify" with the doll because of its skin

colour, and she loved the fact that finally someone had manufactured a brown Barbie, the doll did not fit in with her other white Barbies. Not only was it brown, but it was much taller and it could not be made to move with the same flexibility as the other white dolls. "Cher couldn't play with the other Barbie dolls because she stuck out like crazy, and she was very awkward. And so I thought, exactly like me, she doesn't fit in."

The other experience involved her girlfriend C, a young White girl. Zahra and C used to play "pretend" together. During their pretend play, they would re-enact the adventures of the Six Million Dollar Woman, the woman who could do anything. However, the role of the Six Million Dollar Woman always seemed to fall to C, while Zahra only ever got to play supportive roles. Zahra soon began to realize that without the white skin and blond hair of her friend she would never get to play the Six Million Dollar Woman. Zahra always felt like a "nobody" when they played. Even though Zahra felt hurt by this, she still loved C very much because she was the only White friend she had, and hanging around C made Zahra feel more accepted by the other White children.

Zahra also had another close girlfriend at that time. This was her cousin D. They were always being compared to each other. D was chubby and Zahra was a slim little girl with big round dark "Asian" eyes. Zahra seemed to receive much more male attention than her cousin, especially from her father's male friends who would squeeze and pat Zahra, always stroking her hair, neck, or back. She felt uncomfortable about all the touching and the frequent comments about her beautiful eyes, but she didn't tell anyone how much this bothered her.

When she was 10, the family moved to Ontario. There, Zahra started a new school. At that school, Zahra recalls feeling "untouchable" and "segregated" from the White kids. She did, however, enroll in bass lessons. Her father hated that she took up such an "unfeminine" instrument, but his distaste for her choice of instrument made her want to play it all the more. "I did it to rebel against my Dad."

When Zahra and her family first moved to Ontario, they had no blood relatives there. However, her father did know Ismaili friends who had also moved from Vancouver. These friends and their wives, children, and various in-laws became as family to Zahra's family. Zahra explains how, in Indian culture, elder friends of the family or guests invited to the home are often respectfully referred to as X uncle or Y auntie. "The Indian community is so tight, that any other Indian is like an uncle to you. You trust everybody Indian." She further explains how children from a very young age are socialized to have this open trust of elders, and that the Indian community is like one big extended family.

Zahra recalls times when she would visit F uncle's home. Sometimes, when his wife was not around, Zahra experienced "low end sexual harassment." At these times, F uncle would walk around the house naked, except for a towel around his neck, joking with Zahra that he was Superman. When Zahra was 11, the "uncles" and their family and relatives moved to another Ontario city. However, the families continued to frequently visit each other. When she was 12, Zahra and her family also moved, but only a few blocks away, so Zahra was able to continue at the same school.

Of all the "family" gatherings, one night in particular stands out for Zahra. She and her family had gone to visit the uncles and their families for New Year's. On New Year's Eve, Zahra was at G uncle's house, babysitting his children while he and the families were at a party a block away. As midnight passed and the children grew tired, they all climbed into G uncle's and his wife's bed and fell asleep. Sometime during the night, G uncle came home alone and one by one removed the sleeping children to their own bedroom. Half asleep, Zahra thought she would be the next and last to be moved, but that was not to be.

Instead, G uncle forcefully and painfully sexually abused Zahra. "I didn't know what he was doing. He wanted me to touch him and I wouldn't. I didn't like it. I remember thinking, he's an adult, looking at him as if he's my Dad, but I can't say I don't like this to him because I'm supposed to respect him. I remember not opening my mouth, as if it was

stuck together like glue. Not even a scream. It hurt so bad. But I didn't kick. I didn't move. I didn't fuss. I didn't run. And I keep asking myself why, why, why. I kept looking at the door, like I could dive for it. But if I ran and didn't escape, what would he do to me? So, I just put my head down, and I didn't open my eyes after that. Somehow, closing my eyes protected me. If I couldn't see it, it wasn't really happening. I just started crying. I remember thinking, oh God, this is what's going to happen when I get older. Am I going to have to go through this all the time? I remember thinking I'm never going to get married. And never wanting sex. Never wanting anything where I had to give up my control. So then, I cried even harder thinking that this was my fate. All of a sudden, Sleeping Beauty, Cinderella, all the stories I'd read, and the Prince Charming ... that's not what it's about. Then I jerked away and I guess he realized that I wasn't going to be cooperative. So, he didn't get away with much, except he got away with everything."

Zahra remembers crying all that night and not sleeping at all. She remembers just "looking at things", getting "so engrossed" in the pattern of the wall paper, counting the number of dots in the pattern, counting dresses on hangers, counting cupboards, "as if it would take me away." The next morning, everyone, including G uncle was in the kitchen having breakfast and "back to normal." Zahra remembers not being able to say anything that morning. A voice in her head was screaming "help me", but she could not articulate the words, and nobody heard her internal cries.

Zahra says that G uncle didn't need to threaten her to keep her from telling "because there's an umbrella protecting all Indian men anyway." Even at that age, Zahra says she knew that had she told, her experience would have been dismissed, and G uncle's behaviour excused with a standard reply from the women of "men have needs. They can't help it." "No matter what happened to me, either they wouldn't believe me or he would be protected. No one would have called him on it, and there would be no help for me anyway. Even if I spoke." Zahra, by now, also knew that no one ever talked about sex,

let alone sexual abuse. So, Zahra kept it in, and because she kept silent the first day, it was so much easier to keep silent the following days.

But Zahra's behaviour the days following spoke the words her mouth could not. She remembers fidgeting a lot, feeling angry inside, and scratching herself a lot, incessantly rubbing her fingers, pulling her hair, and hitting herself. She felt dirty and ashamed of her body, washing herself frequently. And she remembers having frequent nightmares. Zahra attributed the sexual abuse to the fact that she had slim thighs and beautiful eyes. She viewed the abuse as her fault for having these features.

Unfortunately for Zahra, that wasn't the end of the abuse. While G uncle never abused Zahra again, his brother F uncle (Superman) filled his place. But, for Zahra, this abuse was different from G uncle. F uncle "eased" her "into the routine" of gentle sexual fondling, never physically hurting her. He "combined kid-like affections with disgusting sexual manoeuvres." To the little buck-toothed twelve year old girl that Zahra was then, he made her feel beautiful. Zahra also perceived herself as "trained to do this", as if her "function in life was to be used by men like this." The abuse by F uncle always took place in secret, in the dark, when no one was around. Zahra soon began to realize that she was a secret and as such she must be bad for having to be hidden away.

Zahra experienced mixed feelings about this abuse. She liked the affectionate strokes and touching, and it made her feel accepted because she didn't have a loving father figure. But, she hated the sexual touching and she would get so angry inside that he would touch her that way. Her body would be numb, and she thought herself pathetic for not telling him to stop. Looking back on the abuse by her uncles, Zahra compares the experiences to two different ways of taking cod liver oil -- a full fowl dose all at once versus smaller flavoured doses over time.

Zahra also felt very angry towards her father because he did nothing to protect her from these men. Even when he would see them kiss Zahra on the lips, he never told them

not to. "It was almost like he's allowing it, the one that permitted it." He was trusting these uncles and he let them into the home, and for that Zahra hated him. Finally, when Zahra was 13, the family moved again and the sexual abuse ended.

Zahra started another school where she began to feel less segregated. Her family had money and a big house now, and she felt more accepted by her White school mates which was vitally important to Zahra who was busy trying to be whiter than white herself. "I was so White, it was unbelievable. The Whiter you were, the better you'd fit in. I worked so hard to fit in." Zahra avoided anything that associated her with her Indian heritage or her Ismailism. She wore trendy clothes, she told the latest jokes, and as class clown, she made the other kids laugh. She would challenge teachers and make fun of them behind their backs so that the other kids could see and think she was cool. "I'd be rebellious. The more of a rebel you were, there was no way they could call you Paki".

But behind the rebellion and the clowning was an angry, hurt young girl who hated herself. Many of her photos from that time are cut up or defaced, with words such as "Gross!" written below. "I did that a lot, scribbled them, ripped them. I hated the eyes so much. I just kept stabbing them with a pen, 'cause it's my eyes that have given me trouble." There was so much going on inside Zahra at that time, but despite her rebellious behaviour, there were one or two teachers whose support she felt. One teacher in particular, her choir teacher, "made me feel so special." He was an "older White male who was not sexually interested in me. He liked my singing, and even though I couldn't read music, he accepted me in the choir." But this special and non-sexual attention was not enough for her to feel safe to disclose to him (or any of her other teachers) her troubles. They were White, and she was worried what they might think. More importantly, Zahra did not want to do or say anything that might accentuate her difference from the other kids.

The first time Zahra did try to disclose about the sexual abuse was when she was 14. She tried to tell her Aunt. Zahra had hoped that perhaps her Aunt would tell her mother,

and that Zahra would then be helped. But her Aunt wanted to change the subject and responded in nervous laughter. Zahra thought herself stupid for even having attempted to disclose.

When Zahra was 15, her family moved back to the Vancouver area. Zahra was now entering her final year of Junior High. It was a difficult time for Zahra because everyone else had had the same friends throughout school, but she was a newcomer. Everyone else was laughing and playing but her. She felt defective.

Zahra met her first boyfriend then. J was a petty criminal, an Ismaili that nobody in the community liked. He was also someone her father didn't like, which made Zahra like J all the more. Zahra says her father didn't want her to date at a young age and that he had a lot of control over her. They argued about the type of clothes and makeup she would be allowed to wear. J became her refuge from her father and from empty days of no friends at school. Although he treated her nicely, "it was just a lot of sex." Zahra had lost her virginity to him. She feels that he did love her, but that she didn't really know what love was. At that time, "it was just more love than I'd known from my Dad." J made her feel good about her body, even though, because of the sexual abuse, she wouldn't let him touch her in certain places. "I've never let anybody touch me down there. I've never touched myself. I've still never orgasmed. I would do a lot more for him sexually than he would do for me. I had my rules."

One day, when Zahra was 16, she tried again to disclose about the sexual abuse, this time to her father. Her cousin D was present as was her mother. When Zahra told her father about the uncles, her father angrily told her she was lying and proceeded to beat her. Her mother tried to calm him down as she had done many a time. Zahra says her mother was afraid that with cousin D there, the word would get out to the community as to what was really happening in their family. Zahra had never thought to directly disclose to her mother before, because her mother was always protecting Zahra's father. Like everyone

else in the family, her mother was caught up in the superficial "don't talk about anything real" code of the family. Zahra was very angry at her family then, and her cousin. Zahra has a "lot of resentment towards different people for not saving" her.

In the years following this disclosure, she continued to see J. In high school, Zahra became more popular. She was busy being both a class clown and a chameleon, still striving to be White and accepted. She would hang out with students who were into Punk Rock, Black Rap, or the Preppy look, switching her identities and looks accordingly. "I had gone White, gone Black, anything but Indian."

Throughout both Junior High and high school, Zahra gravitated towards certain teachers. When she first started Junior High, before her days of popularity, there had been her Art teacher. "I just loved her because she let me stay behind in the classroom at lunch if I didn't want to be with anybody. She knew. We never talked about it, but she knew. She knew that I was not feeling comfortable there, and then again the abuse. Everything was making me feel different." Also at Junior High was her Math teacher, an Indian male. "He was the gentlest, kindest, most sensitive person. I knew he would never touch me. He was completely non-chauvinistic. Indian men always flirt, but he never did. The only Indian male ever. He made me feel proud to be an Indian inside."

And then there was her French teacher in high school. He was White and married to a Chinese woman. "Maybe that's why ... his acceptance of another race and culture. I think what I really liked about him more than anything was that he was the man I would like to marry because he didn't look like he would hurt anybody. He would never touch me which I loved. I felt very respected, not violated, and my skin never seemed to be a problem. He made me trust him." Looking back, Zahra realizes that she was looking for "safety" from these teachers. Especially with the male teachers, she believes that at that time she must have felt hope that "there's maybe a man who could be safe and good. So, if there's these guys, there must be replicas in my age group." The Indian teacher in

particular now seems to her to have been "a model of the ideal Indian male that I would want to be involved with."

High school, however, did not end on a happy note for Zahra. While she had looked forward to her grad party, for which her mother had devotedly helped Zahra prepare, she had also been told by her father that she was to be home at 12:30 a.m.. Zahra arrived home forty five minutes late, and for that her father again beat her. More and more, Zahra was resenting the way she was treated differently than her brother. He was given more freedom than she. He was doted on and catered to by their mother, while, just like her mother, Zahra served. "The boys are treated so well whatever they do." Zahra feels that ever since she was a little girl, both her parents loved her brother more than she. "My dad never laid a hand on B."

Those high school years, and on into her first year of college, were marked by increased rebelliousness. For Zahra, it was J and her -- two rebels against the world. She started to help J with his thieving schemes, and he thought she was smart because of it. Finally, she was "good for something". However, Zahra was beginning to be labeled as promiscuous in the eyes of the community. She received this label for two reasons. First, she was dating J who already had a bad reputation in the community. Second, Zahra herself was always pushing the envelope, especially at *Jama at-khana* where the Ismaili community congregated for worship and for social activities. (In those days, Zahra attended Jama at-khana irregularly.)

At Khana, the area where prayers are held, the sexes are segregated, but Zahra, rebelling against the traditional status quo, would seat herself as close to the men's side as possible. She would also not wear the traditional sari dress that many of the women wore, but instead wore pants or vogue outfits. Once outside Khana, where the sexes are allowed to mingle, Zahra would do just that, but to a greater extent than would any of the other girls and women. In fact, Zahra would hardly speak with the other women because she

sensed they were gossiping about her. She knew the congregation judged and shunned her, thinking that whichever guy she was talking to she must be dating or sleeping with. To them, and to her father, she had already "destroyed the family honour" and brought "shame" to the family with her reputation. Since she too felt that she had already gone too far, she thought why even try to appear virginal.

Her relationship with J began to take a volatile turn. Zahra was always testing his love for her, because she "didn't trust anybody's love" for her. He would often keep her waiting or be late to pick her up. The more she waited, the more she felt he didn't care about her. Emotional arguments would ensue in which Zahra was left feeling worthless. They would break up, only to be reunited again.

During one of those breakups, Zahra went away with her family on a trip. There she met a young Ismaili man, K. "He really liked my smile, and I thought that was a really nice thing for him to say. And he was so religious and could cite the Qur'an off by heart." Zahra was attracted to his spiritual nature. Regardless of what had happened to her in her life, of how rebellious or promiscuous she was (or thought to be by others), she always felt that Allah was watching over her and she yearned to get closer to Him. She felt that something kept pulling her back to be close to Allah.

She saw K as very pure, especially since he was still a virgin. "I was just waiting for someone to come in my life that would pull me out of this rut I was in. I wanted to be saved. And I knew I had sexual power. So, here's this guy who hasn't been touched, who's a virgin. I thought, great, I've got him. So, I gave him first class treatment. And he was just so overwhelmed, that he just fell in love with me. But that's not what I wanted. I got turned off. Like he'd go to work and want to make love to me So, then all of a sudden it was a test. Maybe I was doing it to test how religious he was because you can't be having that kind of raunchy sex if you're religious So K showed me that he was weak and he had no control So, he wanted more and more sex and I wanted more and

more spiritual." They stopped going to Jama at-khana together as they diligently had been. Disappointed at how things had turned out, Zahra ended the relationship. Despite K's continued gifts and letters, she rekindled her relationship with J when he once again sought her out upon her return home. Once again, they continued in their roles of the two rebels in love.

However, one day, Zahra discovered that J (the "expert liar") had all along been sleeping with another woman who coincidentally had the same name as Zahra. She was extremely hurt and felt very betrayed, and yet, despite the evidence, she still wanted to believe it wasn't true. Finally, after her reputation in the community had been doubly tarnished because of J's activities with this other woman who also happened to have a bad reputation in the community, Zahra ended her relationship with him.

In her second year of college, she met a new man, L. As with K, he too was a very religious Ismaili. Zahra was again attracted to his spiritual nature. And, at 23, he too was still a virgin. "He was the pure one, the kind of guy that every mother in India is trying to set their daughter up with. He had such a power of knowledge. [He was a teacher.] He was going in the right direction." Just like K, she felt that he thought he was "superior about being more spiritual -- superior in the community's mind." And just like K, "he was respected, because the community keeps tabs on who's going out with who. And if one man has not been out with any woman, then he is amazing. And if a woman is not going out with any man, then she is virginal and to be saved for the virginal man. Like they're going to unite and be the perfect marriage."

But Zahra wasn't the virgin her community would have preferred her to be. She viewed herself as a lost cause in the community's eyes. "I felt no one was going to forgive me. I really wanted to be accepted then by them. I wanted no one to think I was a slut." Zahra desperately wanted someone to help redeem her, and if this virtuous young man would pay attention to her, that would mean that she might be worth something and that

there might be hope for her yet. Zahra wanted L to be that someone who would redeem her. And so, Zahra set out to "prey" upon him, the way she knew best, through sex. "I used sex as a tool that allowed me to hold onto men." Secretly, she admits that with both K and L, "I wanted to take them off their pedestals."

When Zahra eventually "got him", they fell into establishing spoken and unspoken rules about what was expected of Zahra's behaviour now that she was trying to "straighten up." She was not allowed into his parents' house; if he went for dinner there, she would have to wait for him a few blocks away; and he insisted that she stop seeing most of her friends. He also told her to keep a journal in which she was to write down the names of all the men with whom she came in contact and what had transpired during such contact. They went to Jama at-khana almost everyday. Domestically, she devotedly served him, always serving him first before herself.

For the first years of their relationship, Zahra willingly collaborated in creating and abiding by these rules. She felt it was her duty, as if she deserved to be treated "like a dog." She believed that this was Allah's way of telling her that she had done something bad and therefore this was her due punishment. She remembers that the more K demeaned her, the more she loved him. "He was like my saviour and I was the slut, and I was not worth the dust on the earth." Zahra lost a lot of self esteem in those years, and she lost much of her self.

When Zahra was 21, she moved into residence at the university she was now attending. Living in residence was a way of getting away from her father. At school, Zahra began to develop an interest in English literature at which she excelled. She felt proud that she was an Indian woman majoring in English, especially since it was not her first language. "I felt a power."

While at residence, Zahra had a bitter argument with her mother about Zahra's childhood sexual abuse. Her mother had watched a news segment on TV about campus

rape, and phoned Zahra to caution her. Zahra's anger flared. She was angry that her mother was worried about some stranger hurting Zahra when her mother had never been concerned about the abuse Zahra had received from her uncles. Zahra thought "why didn't she protect me then?" She also wondered why her mother wasn't going after Zahra's abusers for what they had done to her. "Nobody is saving me" she thought. When Zahra articulated her thoughts to her mother, her mother responded by saying "but you weren't raped were you?" She told Zahra that if she quit thinking and talking about her "so called" abuse she would feel better. After that, Zahra again kept quiet about the abuse, feeling that no one, not even her mother believed her; fearing that anyone she told would think she was exaggerating or lying; and fearing that whatever she said would be minimized just as her mother had done.

When Zahra was 22, she and L became engaged and moved in together. Finally, she would get away from her father for good. Her father gave his blessing to their living arrangements. Zahra believes her father was happy to have her out of the house. Also, since Zahra and L were engaged, and they (to all outward appearances) slept in separate rooms, her father could more easily explain the situation to other Ismaili friends and not fear their judgement.

After they moved in together, Zahra's resentment began to grow. She was serving L more and more. She was still trying to redeem her reputation, confronting men with whom L suspected she had had some involvement. Although she was by now allowed into his family's home, she still felt unloved and furious that she was constantly "demeaned" by his family and rudely treated as no more than a servant. And as Zahra's resentment over all of this grew, so did their arguments. Soon, this man in whom she had confided her physical and sexual abuse experiences, and who had believed and consoled her, began to tell her that she deserved the abuse and that her behaviour even made him want to physically abuse her, which he began to do on occasion. She felt betrayed. She had trusted him. "I would

fight for him, but he would never fight for me." Their relationship became so rocky and the arguments so frequent, that her school performance began to be affected and her marks vacillated greatly. Zahra's body also began to be affected. She had developed an ulcer for which she had to be hospitalized.

Zahra's family was also having many problems, especially her parents. But, the family acted as if they were still one happy unit. And so, when they were asked to come along on a camping trip with other relatives, they did so as if everything was normal. However, for Zahra, this trip turned out to be a nightmare.

After spending a few nights sleeping with the rest of the women, Zahra wanted to buck the rules and sleep in the same tent as her brother and father's nephew. Her father finally gave in to her demand. However, in the middle of the night, as her brother lay sound asleep on the far side of the tent, Zahra's cousin tried to sexually accost her. Zahra says she found herself turning into the "pathetic, stupid child" that she had been way back when G uncle sexually abused her. As she had done when she was a little girl, Zahra kept her eyes closed and pretended she was asleep. To escape the situation and to protect her cousin from feeling embarrassed she pretended to wake up slowly and made an excuse to leave the tent. He too pretended he was asleep, acting as if nothing had happened. Zahra, however, couldn't believe what had just happened.

Looking back on the incident now, she equally can't believe how she was worried about protecting him. "Protecting men all my life. That's what makes me so angry. This protective umbrella for the men. You know, the Indian woman must save the man and be a martyr to all these men. He had so much audacity. He knew he wasn't going to be questioned by anybody". Zahra remembers going to her mother's cabin and crying very hard, but when her mother asked what was wrong, Zahra just said she had a stomach ache. By this time, she felt it was just no use to tell her mother what had happened. No one would believe her, and besides, she would just ruin everyone's vacation. The next day,

Zahra says she did tell another male cousin what had happened, but he told her "to just let it go."

While Zahra continued to go through ups and downs with L, while she was still having troubles with her father, while her parents were having difficulties, and while having recently been sexually accosted by her cousin, Zahra's health further deteriorated. She visited her family doctor. Suspecting that the family was having problems, he recommended that the family go for counselling. The family was referred to a Caucasian social worker, but for Zahra and her mother the counselling was a calamity.

At their sessions, Zahra had disclosed her father's physical abuse, which her mother had substantiated, and yet Zahra felt the social worker didn't really believe it. Here, Zahra had thought she would finally find someone she could trust and be able to disclose all the abuse, both sexual and physical. But instead, Zahra and her mother found the social worker being flirtatious with Zahra's father and minimizing Zahra's and her mother's sufferings. Zahra felt the social worker was insensitive. Zahra recalls that she had to spend so much time educating the social worker and explaining about her Indian culture and about her religion that she wasn't getting the help she needed. She wanted someone who was familiar with her culture and religious beliefs. Mostly, Zahra felt she wasn't taken seriously, and since she saw how lightly her physical abuse was being treated she gave up even trying to tell the social worker about her sexual abuse. As nothing was being accomplished she stopped going, as did the rest of the family.

Although Zahra knew that the *Mukhi* (spiritual leader) at Jama at-khana provided counselling she had not really thought of this as an option, especially for something like sexual abuse. Firstly, the Mukhi may have broken confidentiality. If this happened, there might be community gossip and she would have been blamed for the abuse. She also would not have been able to show her face at prayers. Zahra believes that even as a little girl, if she had sought such help, she would have still been blamed. Additionally, Zahra

says sexual abuse is considered a "dirty" topic among Ismailis and Indians in general. "It is not talked about. The Indian community believes that it just doesn't happen in their community because everyone is your brother and sister. A White would, and a *Karia* (a Black person) would, but not an Indian." Zahra felt nobody would have believed her anyway, and she would not have wanted to set herself up for being disbelieved yet again. Zahra's opinion is that it is very difficult for any Indian woman to get help for this issue because "she just feels very guilty".

By now, Zahra had finally finished her undergraduate studies. With all the emotional and physical upsets she had been experiencing over the past few years, she had taken an extra two years to get her degree in English. In her final undergraduate year, Zahra opted to take a creative writing class. The professor of that class had a powerful impact on Zahra and she speaks admiringly of her mentor. She viewed him as "neither male nor female. I felt safe with him because he wasn't like a lot of White men who look at Indian women as sexual objects -- these Asian women who are good for sex. He's very professional, non-sexist, and he's never crossed the boundaries." He believed in her ability to write and he encouraged her to write from her own cultural background. Looking back, Zahra realizes that "he valued me for something other than sex, and he was one of the few people that valued me as an Indian woman. He wasn't a voyeur." Zahra's burgeoning interest in writing took off. She gained the admiration of her peers, her academic performance improved, and at 25 she began her Master's degree in creative writing. She began to "explore and find herself in her writing" and to reclaim herself. The more she read and wrote, the more she began to get angry at the way she had been taken advantage of in her relationship with L.

As Zahra began to assert herself with L, their relationship grew more volatile. Finally, Zahra gained strength through her writing, enabling her to end her relationship with L. She credits her writing mentor with that. "He redeemed me from L."

After she left the relationship, she felt vulnerable, and for a short period rebounded back to her former boyfriend J. However, just as Zahra had been struggling in her relationship with L, her mother was struggling with her marriage to Zahra's father. For years Zahra recalls how her mother served and deferred to Zahra's father. He was the decision maker, and what he said went. Her mother never dared to speak up against Zahra's father. Feeling more and more brow beaten and emotionally abused by Zahra's father, and having seen "so many cracks in the glass," her mother became extremely depressed, so much so that she made a serious suicide attempt.

At this time Zahra started to gain weight, eating whenever she felt stressed. She also cut her hair very short and stopped wearing feminine clothing, preferring to wear masculine outfits that did not accentuate her physique. In light of the recent incident with her cousin and the bad relationship with L, she wanted to look less sexual and to look like a boy.

After the suicide attempt, her mother began therapy with a psychiatrist. She found he helped her with her problems, and recognizing that Zahra was also having many problems, she suggested that Zahra go to see him. Zahra wanted nothing to do with him. It wasn't because of the stigma attached to seeking such help, which Zahra says exists in Indian culture. Rather, it was the fact that the psychiatrist was an Indian man -- an Indian Ismaili man. For Zahra, going to see him was akin to being counselled by her abusers. She had already had one bad experience with a therapist and she certainly wasn't keen to try again, let alone with an Indian man. She also suspected that it was this psychiatrist who had been telling her mother that Zahra should not talk about or dwell on her sexual abuse. Zahra thought that, like most Indian males, he too must be manipulating her mother into saying such things. Zahra feared that, as with her mother, she too would be told to pour "Pepto Bismol" on her problems.

Zahra's mother, however, kept making appointments for Zahra and finally feeling utterly depressed, Zahra went. She was placed on anti-depressants. At this, she felt very

angry and confused, for she felt she should be able to heal herself. However, Zahra seemed to warm up to her psychiatrist in their next meeting. He listened to her attentively as she told him of her childhood sexual abuse, her father's physical abuse, and her more recent encounter with her cousin. She recalls that he was sensitive to the fact that she didn't like to be touched. "He wasn't always looking at my eyes. He didn't look at my clothes. He was respecting me and not violating me. I realized that maybe he was a bit different than most Indian men I know. So, I started to trust him more." However, within another few sessions Zahra felt that he began repeatedly to ask questions about the details of her sexual abuse. Not only did she feel shame at having to discuss this line of questioning, but she thought he was trying to test her story and that he didn't really believe her. She promptly terminated therapy and decided instead to take matters into her own hands and to try to heal herself through her writing.

Although Zahra ended therapy with the psychiatrist her mother continued to see him, and just when her depression began to lift, her husband informed her that he was leaving her. Sometime later, with Zahra now 26, her mother decided to take a vacation in order to recuperate. Zahra's mother asked Zahra and a close family friend, M auntie, to join her. M auntie had known the family since their days in Ontario. During the vacation, Zahra disclosed her sexual abuse experiences with M auntie. Finally, this time, and for the first time in her life she felt she was truly believed.

The fact that Zahra had finally been believed served as a catalyst for her. Once she returned home, she began confronting her father's family as well as relatives of the uncle friends. Zahra wanted someone to stand up for her and make her abusers accountable for their actions. But no one wanted to hear what she had to say. Everyone denied the possibility of the abuse even having occurred and no one wanted to interfere and bring anyone to justice for Zahra.

Zahra felt angrier and angrier at all the silence she had experienced in her life around

the abuse. Her mother's suicide attempt also served to fuel her anger at being an Indian woman and how Indian women were treated by the men in her culture.. During this time, Zahra even consulted a lawyer to explore the possibility of bringing her abusers before court so that they would admit to their deeds. Zahra wanted justice for the abuse she had experienced. She also desperately wanted to be believed.

Before Zahra's mother's separation from Zahra's father, her mother did not wholeheartedly believe Zahra had been sexually abused. This caused a lot of strain on their otherwise mutually supportive relationship. Zahra says her mother went "temporarily crazy" whenever Zahra tried to broach the subject. It was difficult having problems with her mother because she loves her mother more than anything. Zahra says that it wasn't until her mother was away from the influence of Zahra's father that her mother really believed her and became more supportive. Zahra also says that her brother didn't and still doesn't believe that the abuse happened.

In the midst of all this confrontation Zahra met her future husband, a young Ismaili. In him she found "a major support. He believed me," and it was he that encouraged her to consult with a lawyer. However, when she first met N he was abusing drugs and alcohol. As well, he had a history of sexual abuse in his own family. Early in their relationship, Zahra, for a very brief period, also experimented with drugs. When they first dated they had occasional arguments, usually about N's irresponsibility, about Zahra having to "mother" him, and about her being controlling. For Zahra, it was very hard to trust a man and to give up control. Zahra says she is "hypersensitive" to any situations which she perceives might be harmful to her. To this day she cannot stand to be in closed spaces. It reminds her too much of her sexual abuse. She sees herself as very preventative, out there protecting herself, making sure that everything is in control. "I'm controlling. I'm neurotic about control. I'm very much on guard because I always want to protect myself. I can't let go to anybody. I will not release my control."

Zahra was always testing N to see whether he truly loved her or if he was just interested in her for sex. For example, one day they were at the home of one of Zahra's female cousins. All three were looking at posters, posters of women. Zahra felt that most of the posters were "degrading" and that the women in them were "sexually objectified". There were a few which Zahra says were "neutral" ones. "So then we were looking through them. And I'd come up with these dares just to find ways of making sure that N was not for me." The unspoken dare that Zahra had thought of was to wait and see which posters N favoured in comparison to the "neutral" one she secretly preferred. "And we picked one that was the same. And I sort of loved him for that. You know, I knew I was testing him even when I was doing it."

Zahra's sexual abuse experiences had also affected her sex life with N, as it had previous relationships. She wanted to share only "very pure making love" with N, and if he touched her in the wrong place or wrong way "the ceiling would come down. It can only be spiritual or I will not do it because before I felt so debased with all these men." Zahra had even once been referred to a gynaecologist because of her anorgasmia, but she knew her problem "was all about trust" and as such, it would be "useless" to see a gynaecologist.

Meanwhile, feeling stressed by the unfavourable reactions her relatives were having to her abuse disclosure, and with the relatives being divided because of her parents' separation, Zahra began to develop asthma and she soon ended up in hospital with a severe attack. In hospital, she confronted her father about his having physically abused her throughout her life, about his nephew having sexually assaulted her, and about his past uncle friends having sexually abused her as a child. Her father minimized her sexual abuse and told her that she must have brought it on herself. He also minimized his own abuse of her. Zahra believes that her father was worried that she would actually go to court. She says that "because gossip travels in the community, there would be a lot of trouble for the

family name".

After that, Zahra's contact with her father alternated between complete cut-off and reunions that always ended in disappointment because her father would not take "ownership" and stand up for her. For the same reason, she also severed contact with her father's family. Zahra turned to her religion and spiritual beliefs in an effort to deal with her relationship with her father, trying to find a way to forgive him. She also turned to her writing. (Her short stories from that time contain reoccurring themes. Most of them are about abused, neglected, disrespected, and rebellious Indian women and children. However, Zahra writes in a very gentle style, and the children and women she describes portray admirable quiet strength and coping abilities. She has also written short stories about her spiritual mentor, her Ma. Her stories consistently seem to end with an unexpected twist in which the main character creates or is presented with something good emerging from what looks to be a situation of despair.)

Zahra also began to desire a more spiritual relationship with her boyfriend. She had been trying to attend Jama at-khana regularly during the period of family turmoil, and she wanted to continue to focus on her pursuit of her spiritual *tariqa* (path). She also felt that N needed somebody to rescue him from his old ways and to grow spiritually. Zahra wanted to be that somebody. He agreed, and together they began to attend daily 4 a.m. meditation.

This last year has been a whirlwind period for Zahra. In particular, the recent months have been extremely stormy. During this time, Zahra contacted me to participate in this study. She was enthusiastic about participating because she was "fed up" with how sexual abuse is silenced in her community. Zahra even wanted to use her real name in the study. Before the study commenced, Zahra had indicated that she had access to counselling and that she had gone through much of her healing. However, unbeknownst to me, Zahra was still continuing to have difficulties.

One of the primary areas of Zahra's difficulties was in her relationship with her husband. He began to fluctuate in his attendance at morning meditation, and Zahra became tired of having to be responsible for his spiritual well being. She also grew weary of "mothering" him and taking on the responsibility for most things in the relationship. She says she was always giving to him and serving him. She felt he disrespected her and took her for granted, rarely pitching in and never doing anything special for her. They had many arguments about this. However, there were times when N was responsible and seemed committed to spiritual growth and to changing. Zahra believed he was sincere in his efforts, and during one of these good periods, he proposed to her. He then formally asked her mother for Zahra's hand. Within three days they were married. (At long last, Zahra, in the eyes of the community, was now seen to be happily married and spiritual.) A week or two after her marriage, Zahra's mother's divorce was final and Zahra and her new husband went to stay with her mother to support her through her difficult time.

But Zahra's resentment at mothering N grew, and with her husband's inconsistent spiritual commitment she was feeling insecure. Their arguments became very emotionally heated at times and on a few occasions, in utter rage, Zahra struck her husband. Although Zahra knew her relationship was volatile and troubled, she was extremely reluctant to seek counselling. By now, she had had two bad experiences with therapists. She also knew that she would probably have to revisit both her sexual and physical abuse experiences and she just didn't trust that anybody would believe her anymore.

Zahra sought her mother's confidence about her marital troubles. Zahra was fed up with having to demand respect and with how people were always taking advantage of her. Frustratingly, however, she received mixed messages about what she should do. On the one hand, Zahra was told that her husband's lack of responsibility and respect for Zahra was Zahra's own fault because she had spoiled him. But in the next moment, Zahra would see her mother doting over Zahra's brother and Zahra's husband. This led to a heated

argument with her mother. Zahra was so angry. Couldn't her mother see that it was because of her that Zahra had also become a servant martyr? All her life, her mother had taught Zahra the Indian woman's role. Zahra felt that she couldn't do anything right, that she was stupid and useless, that she would never amount to anything and that nobody cared about her. She just didn't want to be in this world anymore.

Throughout her life, there were times when Zahra contemplated suicide but that was as far as it went, for she knew that to take her life was the greatest sin and insult to Allah, and that if she were to do so she would probably never be reunited with Him. She also knew that it would break her mother's heart if she committed suicide. However, in the anger and pain of the moment, Zahra lost sight of these things. She just wanted out. She thought, with her asthma being the way it was of late, that if she ran away and ran hard enough, she could induce a fatal asthma attack. So, Zahra ran, secretly hoping that her mother would try and stop her and show Zahra that she was worth something to her. But, Zahra's mother did not follow her. Instead, someone else came upon Zahra after she had collapsed from running and Zahra was rushed to hospital. In hospital, with time to think, Zahra realized that the turmoil she was experiencing must really be a test from Allah. She begged His forgiveness and she surrendered herself to trusting Him. She believed that by recommitting herself to Him she would find her strength. She was then advised by hospital staff to take a break and stay at a transition home.

While at the transition home, Zahra wavered in her feelings towards her husband and in what to do about the relationship. She thought about leaving her husband, but she knew that if she did, people (especially other Ismaili women) would blame her for the break up "because people always blame the woman." While in the transition home her husband was out painting the town red, "drinking himself to unconsciousness" and not calling Zahra to let her know where he was. She felt utterly uncared for, manipulated, and betrayed by all the lies she later discovered he'd told. When Zahra found out that he had been frequenting

the "strip joints" her trust in N was shattered. "That was the biggest betrayal for someone who doesn't trust. Going to the strip joints was almost like cheating on me" In light of her discoveries, Zahra oscillated between fury and depression, but she still did not want to give up hope for their relationship. One night they went for a stroll by the ocean in an attempt to sort through their relationship. That night Zahra felt emotionally numb and worn out. Thinking her husband out of sight, she again attempted suicide. She recalls wanting to hurt N and not really wanting to die, but that she felt she had no choice. Asking Allah to forgive her, she threw herself into the water.

Her husband, however, rescued her and eventually she was again taken to hospital. But this time she was referred back to the Indian psychiatrist. Despite everything she had gone through she still wanted to continue to participate in this study. I felt it best that Zahra did not continue at that time and suggested she take time to recuperate. After a few weeks, Zahra reiterated her desire to continue with the study. After I obtained permission from Zahra, I consulted her psychiatrist as to the prudence of resuming the research with Zahra. His view was that the research was actually helpful to Zahra, and as a result, Zahra and I resumed the interview process. During previous interviews (before her suicide attempts), Zahra herself had also mentioned how "empowering" the research process was for her and how good she felt that she could trust me. In fact, Zahra trusted me so much that she frequently asked me to be her counsellor (usually after she had had an argument with her husband or mother). Having to refuse, I suggested that if Zahra felt she wanted further counselling, she might either consider giving her Indian psychiatrist another try or seek therapy from one of several referrals I gave her. At that time, however, Zahra said she preferred not to seek counselling and that she felt capable of handling her relationship difficulties on her own.

Recently, Zahra and her husband have been receiving couples therapy from this psychiatrist whom Zahra now admires and says is helping to save her marriage. Zahra now

feels validated and defended by the psychiatrist because he understands how she feels in her relationship with her husband and because she now understands why he asked the questions he did.

Zahra also recently asserted her "limits" with her husband, standing up to him and finally saying "no" to serving him and to being treated disrespectfully, which she says "doesn't happen in Indian tradition." Although Zahra realizes it took her two suicide attempts to learn her limits, she feels proud for declaring that she will not continue in the traditional Indian woman's role.

Her religious beliefs have also helped her to place her sexual abuse in perspective. Her strong belief in the wisdom of Allah has helped her to cope with her experiences. She views the sexual abuse as an experience from which Allah wishes her to learn and which has brought her closer to Him. To Zahra, her abusers have been "vehicles" which have allowed her to see past the "fakeness" and "material" problems in her life and to grow spiritually. For that, Zahra is grateful. She also believes that the abuse and her life experiences have fuelled her writing, enabling her to draw on these experiences in creating characters and story lines.

No longer does Zahra want to pursue bringing her abusers to trial. Her religious beliefs, which include belief in reincarnation, karma, and *naseeb* (fate), have helped her come to terms with her abusers. Whether in this life or another, she believes that they will be made to atone for their actions. She knows that Allah will take care of ensuring that justice is served. In Zahra's opinion, divine retribution is better to wait for than any retribution the court system might deliver.

Had she not been sexually abused, Zahra believes that she would have been "like one of the throw aways", trapped without a spiritual conscience in the material, earthly plane of this world. Without this experience, she would not have turned to Allah so wholeheartedly. Her religious beliefs have also helped her to make sense of her relatives' reactions to her

disclosure, for she believes that "everyone is in their own evolution" and that they are simply not yet ready to look at the problem. It is her opinion that the Indian community needs to be educated and to become aware that sexual abuse really is a problem, a problem to be taken seriously. She believes that any movement on her spiritual tariqa will depend on the level of patience and self-discipline she maintains in dealing with her anger towards those who will not stand up for her as well as those who continue to deny the existence of sexual abuse.

Zahra has also drawn much strength and solitude from the wisdom of their Imam, the Aga Khan. She speaks of him with devout reverence. "He is my guide, my nurturer, my strength, and my source of humility. He is everything. He is above and beyond the human potential." By following his guidance, she too hopes that one day she can be of service to others. Presently, she is involved in Sufi and Sunni religious schools where she hopes both to learn from these other Muslim sects and to dispel their beliefs about Ismailis as "the Muslims who do not pray enough and who do not follow the true path." She is also tutoring Chinese ESL students. By helping these students who want to overcome their language handicap, she hopes that she can contribute to lessening the amount of racism they might experience. She enjoys watching them make change in their lives, and she feels much empathy towards them. "If they can [make change], I can." Eventually, *inshallah* (if God wills it), Zahra hopes that she may one day not only be successful at her writing, but go on to teach or to help others, perhaps in not as magnanimous a way as her role models Ghandi or Mother Theresa, but help none-the-less.

Zahra says she still "hates being an Indian woman," although she likes being Indian. She has reclaimed much of her Indian and African heritage since her whiter than white days, and now strongly identifies herself as an Indian. "It is your being. All of us Indian people have something in common. If I was to sit in a room with a Sikh, a Hindu, a Punjabi, and a Muslim, we would all have one thing in common, and that is that we are all

treated like shit as women." She feels that her religious identity is her unique identity and that she is "very blessed to be an Ismaili Muslim."

She has also begun to realize why her relationship with her husband has been so stormy. She says that she tends to "combine feelings from both types of abuse onto all men in general," and that in her relationship with her husband "it's like I've got my sexual abusers and my physical abuser that were in my past alive right now all in the same room with me." At the close of our interviews together, Zahra also articulated other new insights that she has had since her recent suicide attempts. Many of these new insights (which have mostly been in the area of relationship dynamics, especially regarding her conflicted relationship with her husband) she attributes to her having recently read a particular book which she found helpful. "I read this book which really helped. I thought about it later. Suddenly, it dawned on me that when my insecurities act up I serve myself by becoming this interrogator and N stays really aloof and then I interrogate more and he gets really defensive. And it dawned on me what I was actually doing. So, I just started experimenting, and I tried responding differently to N and backing away from the problem, and he actually responds differently. I think we were just pushing each other's buttons. He doesn't realize how my betrayals in relationships have affected me You're just dying to seek revenge And I do this to my family, but he is not my enemy. He is not my abuser. So this was a major fault in me" which she realizes contributed to the conflict in their relationship. "It helps when I can separate out him from my abusers and me from him. I'm really trying to watch what I'm doing. Before, I really thought it was just him. So, lately, we've really learned a lot about each other. And we find our faith helps to centre us. It gives us that inner sense of security that helps keep our own securities at bay."

Zahra also now realizes how she contributed to "sabotaging" some of her earlier relationships. She particularly recalls a relationship with a young White man that she

briefly dated. "I myself killed the relationship with my normal instincts, which is to be subservient. There he was giving to me equally, really looking at me as something special to him, treating me, giving me all this freedom, giving me all those things I ever wanted. And I just couldn't take it. It just wasn't home for me. Home was to be subservient. And I found myself doing that, and he got turned off by that. And even though he was really in love with me, I sort of ruined what could have been by wanting abuse."

But now, Zahra says "I'm recognizing these things more". She also seems quite aware that in past relationships she has struggled to regain a sense of power, and that sometimes she did so in a "vengeful way." Additionally, Zahra now understands that she has been trying to "save" her husband. "I like to save because when I can change somebody, then I'm worth something, and I haven't been worth anything for anybody." She wants to continue the couples counselling. However, if N stops going, she says she's "out of the relationship." She says she knows everything is not "fixed" or "completely settled" and that she still has trouble trusting, but she has faith that she and her husband will be able to work things out.

Zahra has patched things over with her mother, and though at times they continue to have their differences, she still regards her mother as "her best friend." Zahra's relationship with her father, however, is still unsettled. She continues to hold a lot of anger towards him for his treatment of her throughout her life and for not protecting her. Although, Zahra admits that her journey towards healing and towards finding peace of mind is not over, she believes that, inshallah, she will find that peace in this life.

CHAPTER V ANALYSIS

Introduction

The purpose of this chapter is to present a comprehensive analysis of Zahra's narrative. My goal here is to move beyond the specific content of her story and to reveal the particular manner in which Zahra has constructed her story in her attempt to make meaning of her sexual abuse experience. To reveal this meaning, I examine the general structure of her story, the key patterns and themes (cultural and otherwise) which emerge in her story, key episodes, as well as the types of characters Zahra scripts into her story. In order to unearth these key elements, all of which contribute to the development and sustainment of her story, I drew upon hermeneutic techniques, through which, as Eckartsberg (1986) describes "one embeds oneself in the process of getting involved in the text, one begins to discern configurations of meaning, of parts and wholes and their interrelatedness" (p. 134). It is a process in which one enters the "hermeneutical circle", immersing oneself in a reflective back and forth dialogue or dialectic with the narrative (Eckartsberg, 1986).

In my interpretive commentary, I include perspectives from psychological theories which I believe help shed further light on the meaning of Zahra's story.

Narrative Analysis

Introduction

Although the specific structure a narrative takes may differ from culture to culture, with not all cultures relating stories in the western linear format, storytelling itself is a universal activity and means by which people make sense of their experiences (Nash, 1990; Rosenwald & Ochberg, 1992; Turner & Bruner, 1986). As I am a westerner who has little experience with other modes of storytelling, I draw upon western concepts of narration in

order to analyze Zahra's story. From this perspective, McAdams (1993) and Cochran (1986) view stories as having a beginning, middle, and an end. Cochran (1986; 1990) envisions stories as portrayals of the protagonist's journey which reflect his efforts to actualize yearnings, and thus the story sees the protagonist striving to move from a state of *incompletion* towards one of *completion* -- a striving to bridge the gap between what "is" to what "ought to be" in the protagonist's life situation. Cochran (1986) elaborates upon the stages by which this process is undertaken. In the beginning of the story, the protagonist adopts a particular position or stance which is riddled with a sense of incompleteness. The middle of the story contains the path and means towards hoped for completion. The end contains that completion, a resolution of the protagonist's original uncompleted stance.

Stories are typically replete with repetition, repetition that echoes the protagonist's struggle to satiate desires and yearnings which have been stirred as a result of a felt sense of dissonance between where she is and where she feels she ought to be. These repetitions emerge as patterns or themes which permeate the story. Stories also involve particular characters which influence the story's quality, they express a certain tone, and they communicate a particular ideological outlook held by the protagonist, all of which emerge as reflections of the protagonist's identity.

Both McAdams (1993) and Cochran (1990) make distinctions regarding the quality of stories, indicating that some are more "rounded", "developed", or "adaptive" than others. However, whichever way the quality turns out to be, the story is still "a form of self-presentation in which the teller is claiming a particular kind of self-identity" (Polkinghorne, 1988, p. 165). Self-identity is, however, contextually bound, and McCall and Simmons (1978) remind us that "the cultural patterns that we learn during socialization ... restrict the content of identities and interactions" (p. 23). McAdams (1993) indicates that the narrative approach to research has been little applied in cross-cultural research, and that "concepts such as 'maturity' and 'healthy' development [which typically affect the quality of

resolution of a story] are shaped by cultural assumptions that we [westerners] rarely call into question" (p. 97). With these limitations in mind, I offer my analysis of Zahra's story, a story which I see as having a general structure represented by three stages (*Development of a Victim Identity*, *Victimization Maintained*, and *Transition*), each of which subsumes a number of superordinate as well as subordinate themes.

General Narrative Structure

After having deliberated upon Zahra's narrative account, my overall impression was that hers is a story which contains an emerging but as yet unwritten ending. Her narrative is primarily the account of a victim whose yearnings to be more agential have only fledglingly begun to be attended to. Zahra's story is one which intertwines the experiences of sexual, physical, and emotional abuse. These abuse experiences, filtered through her particular cultural framework, have impacted upon Zahra such that she experiences herself as a victim throughout most of her life, desperately struggling to bring reconciliation to her situation.

Once I had thoroughly dwelt on her story, I detected three phases which I perceived as constituting the overall structure of her story. These phases parallel the beginning, middle, and end stages of most stories, although, as mentioned, from my perspective, the end stage of Zahra's story seems more like an end in the making. I have initially represented these three phases by Zahra's own words which I have subsequently translated into more generic phraseology for the purposes of maintaining clarity and a common language with the reader. It is these translated terms which I use throughout the analysis.

Zahra's words, "the Indian girl might as well be buried in the back yard" seem to aptly capture the first phase of her story. I have renamed this first phase *Development of a Victim Identity*. The second phase, I see characterized by Zahra's statement that "nobody is saving me", a phase which I have translated as representing a period of *Victimization*

Maintained. The final phase which is echoed in a number of words which Zahra has used, such as "not fixed" and "not completely settled", I have termed *Transition*. I view the first phase as extending from her early years through to her mid-teens, roughly ending at the time she tries to disclose the sexual abuse to her father. This phase encompasses the initial abuse episodes, including her sexual abuse. The second phase of Zahra's story I see as covering her rebellious teen years through to her recent suicide attempts. This period is marked by a series of victimage cycles and desperate attempts to satiate her yearnings and attain her goals, but which I believe actually serve to maintain her victim identity. The final phase I see as being predominantly reflected in her struggles over the recent months. This is a period during which Zahra draws upon her previous and current life experiences and strengths, which for the most part, remained imperceptible during her story. This last phase is a transitional one during which she begins to hesitatingly coalesce her resources and in so doing she begins to indicate potential movement away from her dominant victim narrative towards consideration of a more agential position.

It is important to note, however, that the borders of these phases are my delineations which I have overlayed on her story in order to highlight salient patterns and movements, and in order to facilitate a meaningful and coherent discussion of her experience. In Zahra's lived experience, there is no one clear episode which demarcates where one phase ends and another begins. Rather, the phases can be seen to overlap and interconnect, and as such I have had to impose clearer boundaries than are truly there.

Narrative Themes

McAdams (1993) defines a narrative theme as "a recurrent pattern of human intention. It is the level of story concerned with what the characters in the narrative want and how they pursue their objectives over time" (p. 67). In Zahra's narrative, I detected five dominant themes which persist throughout her story. Each dominant theme is bipolar in its

nature. That is, as each theme emerges, a theme which is complementary to it implicitly and concurrently arises. The initial dimension of the theme represents a felt state of being which is wanting and which therefore begs that an opposing state be striven towards and actualized. In Zahra's story, the initial dimensions of her five dominant themes which arise in the first phase of her narrative are: *a sense of rejection, a sense of inferiority, a sense of being forsaken, a sense of impurity, and a sense of invalidation*. Respectively, their complementary counterparts which Zahra can be seen to pursue include: *a sense of acceptance, a sense of status, a sense of being saved, a sense of redemption, and a sense of credibility*. (Realizing that *being saved* and *redemption* may hold similar connotations for the reader, and acknowledging that Zahra herself uses these terms interchangeably in her narrative, I wish to clarify that these themes actually hold different meanings for Zahra. For her, being saved connotes a sense of being rescued, protected, helped, and defended. Redemption, on the other hand, implies a striving to be guided towards a state of purity -- particularly sexual purity -- and away from a state of taintedness.)

Throughout Zahra's story, each of her dominant themes beget permutations and/or subordinate themes, which are guided by the same principle of complementarity. As with the dominant themes, the initial dimension of the subordinate themes contributes to Zahra's sensed state of incompleteness. In a similar manner as with her dominant themes, the complementary aspects of her subordinate themes emerge as a result of a felt sense of dissonance between what "is" for Zahra and what she feels her experience "ought" to be. Different subordinate themes and their counterparts arise at different stages in Zahra's story and/or are carried through from one stage to the next. As such, they will be identified as each stage of her story is discussed. As with the stages of her story, there is no "tidy" border where the antipodean aspect of one theme ends and its complement begins. However, in general, the complementary dimensions of both Zahra's dominant and subordinate themes arise more saliently during her middle stage as she strives to satiate her

yearnings and as she attempts to move beyond her entrenched victim position towards a more fulfilling and harmonious positioning.

Zahra's attempts at forward movement are, however, more often than not, unsuccessful, and thus her story is a tangled one, replete with conflicts, setbacks, and back and forth cycling between the poles of her themes. Despite this, Zahra's story reveals a persistent struggling protagonist who offers us signs that she may have the potential to transform her story and her role in that story, and thus eventually find the resolution or healing for which her story begs.

In the following section of my analysis, I discuss the development of each of the three phases of Zahra's story. Concurrently, I examine the themes which emerge during these phases, themes which alternately propel and hinder her story's movement.

Development of a Victim Identity

There were a number of episodes and events in Zahra's life which can be seen as contributing to both the development of the five dominant themes in her life and the initial stance from which she acts. For Zahra, there seemed to be several cultural and familial elements to which she was exposed which I believe made her vulnerable to developing a victim identity, an identity which she views as being intimately tied to her identity and role as an Indian female. Along with the originating dimension of the five dominant themes already mentioned, a number of antipodean subordinate themes and/or permutations of the originating dominant themes emerge during this first stage of Zahra's story. These include *a sense of powerlessness, a sense of mistrust, a sense of betrayal, a sense of loss of control, a sense of alienation, a sense of being sexualized, a sense of guilt, a sense of self-hate, a sense of shame, a sense of isolation, a sense of breached boundaries, and a sense of injustice*. The various events and themes combine, by the end of this phase, to express Zahra's felt victim identity which I believe develops as follows.

From birth, Zahra sees modelled before her someone who for Zahra encapsulates the role of an Indian female, her mother. Zahra experiences her mother as a powerless martyr who must sacrifice and cater to the needs of others, especially males such as Zahra's father. Zahra begins to associate being an Indian female with powerlessness and lower status. With the exception of her Nanima (whose influence will be examined during the discussion of the last phase of Zahra's story), Zahra does not seem to have any models of women of status in her early life (nor for that matter, in her later years).

When the physical abuse from her father begins, Zahra experiences her first sense of deep rejection and loss of love. She feels hated and controlled by her father, and she believes that she is punished and unloved by him simply because she is an Indian girl. Her sense of worthlessness is painfully compounded when her brother is born. At this point, she begins to experience the differential treatment and attention accorded to males and females in her culture. She begins to feel resentment at the lack of attention she receives from her parents (especially her father) and from other relatives, friends, and community members. Here, Zahra associates *inferiority* and *rejection* with being an Indian female. By this point in her story, Zahra has already started to develop two of the dominant antipodean themes which will permeate her story and which will serve (along with the complements to these themes) to motivate her future actions. Additionally, the subordinate theme of *powerlessness* emerges here.

As her story's setting expands to that of the world of school, Zahra experiences feeling different from other children of both genders. Here she begins to become aware of her racial difference, a difference which leads to her feeling alienated and more unacceptable. Her "nobody" sense of inferiority is heightened, and the negative associations which she again makes with her identity as an Indian female grow.

However, among the events of her childhood, her sexual abuse experiences are among the most painfully assaultive to her fragile sense of worth as an Indian girl. Having been

sexually abused, she experiences a multitude of feelings and reactions, ranging from confusion and helplessness, to feeling a loss of control and a sense of fatedness. In the aftermath she feels sullied and guilty, blaming herself, particularly for having "Asian" features which she sees as having attracted the abuse. She begins to experience self-hate towards the Indian girl that she is, for to Zahra, to be an Indian girl means being powerless and abused. Having had her boundaries violated, the sexual abuse experiences leave her with a very skewed sense of boundaries and a tarnished image of what love, affection, and sexuality entail. She also feels a deep sense of *betrayal*, particularly at her father, for she views him as not having protected her. Out of this experience emerges the dominant polar theme of *a sense of impurity*. Subordinate themes also arise from this experience, among which are *a sense of mistrust* especially towards males and Indian males in particular, *a sense of loss of control, of being sexualized, of guilt, of self-hate, of shame, and a sense of breached boundaries*.

A further powerful element which adds to Zahra experiencing herself as a victim, are her initial attempts at disclosing the abuse. Here, she senses familial and cultural barriers to her disclosure. She perceives the "umbrella that protects men" in her culture from dishonour and from being responsible for their sexual desires, and she senses that sex and sexual abuse are not discussed by her family and that sexual abuse is not acknowledged as occurring in her culture. When Zahra eventually does try to disclose to those most close to her, she is met with disbelief, dismissal, or punishment. Her painful sense of betrayal crystallizes, as does her sense of isolation. She feels alone, thwarted in her efforts to be believed, and cast aside by the only support system she knows. By this point, the initial poles of the last of her five dominant themes emerge -- *a sense of being forsaken* and *a sense of invalidation*. Additionally, the subordinate theme of *injustice* emerges. Zahra sees that no one is willing to take action on her behalf and make her abusers accountable for their actions. By the time Zahra reaches her mid-teens, her negative self-image seems

imprinted. For Zahra, to be an Indian girl is now synonymous with being an abandoned, worthless, tainted victim about whom no one cares enough to either believe, protect, or save. As a result of this state, Zahra experiences brewing feelings of frustration, anger, and resentment.

Zahra, however, would prefer a more fulfilling position than that of the victim. The discrepancy between what "is" and what "ought" to be in her life has now been intuitively identified by Zahra. She yearns for acceptance, status, rescue, redemption, and credibility. As well, she yearns to achieve the complementary positioning of the subordinate themes which have thus far emerged in her story. In the next stage of her story, Zahra can be seen to struggle to attain her desires. In my analysis of this next stage, I examine the manner in which Zahra strives to reach her goals and the results of her efforts.

Victimization Maintained

In this stage Zahra tries to bridge the gap between incompleteness and completion. Her strivings to do so become saliently evident in a number of her behaviours and areas of her life. However, most of her strivings are extremely conflicted and viciously circular. As she thrusts herself towards completion of any particular theme, her efforts are thwarted and her situation is unfortunately exacerbated. As a result, she is hurled back to her original state of incompleteness. Her victimization is maintained, and her yearnings doubly intensify. As well, her feelings of resentment and frustration escalate in proportion to her derailed movement.

For the most part, the cycles of her movement represent cycles of revictimization. Throughout these cycles, both poles of her dominant and already identified subordinate themes are active. As well, new subordinate themes arise, including *a sense of probation or testing, self-deception, hopelessness, hypersensitivity, entitlement, a sense of not being understood, and denial of self-responsibility*. The maintenance of her victimization occurs

in the following behavioural and interpersonal areas of her life: her rebelliousness; her failed attempts to achieve credibility; her encounter with her cousin; her failed attempts at counselling; her relationships with men; and her relationships with family members and relatives. While I have segregated these areas for discussion purposes, it should be stressed that in actuality these areas are very intertwined and interdependent, influencing each other in such a way that they produce a cumulative effect.

Zahra's rebelliousness.

Signs of Zahra's rebelliousness are evident in the first phase of her story and are revealed in such events as her treatment of her baby brother, her taking up bass lessons, and her "whiter than white" classroom clowning. However, her rebelliousness gathers escalated momentum during the second phase of her narrative. Her behaviour appears to be a reaction to her sense of rejection, her sense of inferiority, and her sense of feeling controlled (by her father, by her community, and as a result of the sexual abuse). Her rebelliousness encapsulates her yearnings imbedded in two of the dominant themes which are salient during the second phase of her story -- pursuit of acceptance, and pursuit of status. As well, her conduct reflects her striving for a sense of control. Her rebelliousness can also be seen to be a vehicle for the expression of her anger and resentment which have accumulated throughout her early years.

In this second stage, Zahra's efforts to be accepted at school see her not only still trying to be whiter than white, but becoming a chameleon, anything other than the rejected, alienated, and inferior identity she feels as an Indian female. Against the wishes of her father, Zahra also becomes involved with another rebel, her boyfriend J, from whom she seeks acceptance and attention, and with whom she gains a sense of status through her "esteemed" talents as an accomplice petty criminal. Additionally, Zahra rebels against the traditional status quo and the expectations of the behaviour of an Indian Ismaili female whenever she attends Jama at-khana. Again, she can be seen to struggle against being

controlled while simultaneously drawing attention to herself.

However, while Zahra sees herself as succeeding in being accepted by her school mates, her acceptance is superficial. She is not accepted for who she really is, and she has had to pay the price of disowning her Indian identity in order to get the acceptance she craves. Her battle to oppose her father's control (such as staying out past her curfew) results in him exerting his control even more, especially physically. Further, although the acceptance of Zahra by her community is important to her, her rebellious behaviour backfires on her. She gains a bad reputation due to her defying the status quo and due to her suspected promiscuity. As a result, her name is dishonoured and her family is collectively shamed within the community. Instead of being accepted, she is now ostracized by her community and further rejected by her family. She is viewed as a wanton young girl, and Zahra herself begins to feel like a lost cause in the eyes of the community. Not only does her sense of alienation, isolation, and being a "nobody" increase, but her sense of impurity intensifies. Her rebelliousness has not achieved what she wants. Instead, her sense of being victimized by her community and family is compounded. Additionally, the unwarranted treatment that Zahra feels she has received at the hands of her community serves to swell her feelings of anger and resentment.

Failed attempts to achieve credibility.

From her teens through to the near present, Zahra's efforts to get people to believe that she was sexually abused increase exponentially. To be believed and validated become of paramount importance to Zahra, and as such, during this second stage, she tenaciously strives for credibility. At every possible opportunity, Zahra attempts to get those whom she feels should do so and to support her in her pursuit of justice. However, time and again, Zahra is met with disbelief and minimization, particularly from her family. Having previously been dismissed and disbelieved, Zahra has become hypersensitive to and extremely mistrustful of anyone's reactions towards her attempts at disclosure and/or efforts

to achieve credibility.

Her hypersensitivity compounds her own emotional reaction to actual dismissals. As well, Zahra begins to feel equally outraged and betrayed at even the slightest sign of disbelief. Zahra has come to expect disbelief. Additionally, since that disbelief (real or anticipated) carries with it a lack of rescue and/or lack of others rallying to her defense, Zahra's sense of bitterness grows as does her desperation. Zahra's mission is to be believed. As a victim, she feels entitled to justice and to be rescued and defended. But no one will. In her battle for credibility, she becomes a lone frustrated and alienated soldier.

However, just as she begins to view her pursuit as hopeless, she finally finds someone (in the form of M auntie) who seems to believe her. This life-line of validation provides Zahra with renewed zeal to continue her mission. She torpedoes into a confrontational mode and aggressive pursuit of being believed. However, once again, she is met with denial and dismissal, and again "no one is saving" her. Zahra has still not found what she craves. Her sense of betrayal and injustice, and her sense of invalidation and of being forsaken intensify her feelings of anger and resentment. Zahra is again left feeling victimized.

Encounter with her cousin.

In this episode Zahra can be seen to be trying to restore her boundaries, to restore her trust in men, to get rescued, to pursue justice, and to gain credibility. However, because of her skewed sense of boundaries, because of her resentment and anger at not being rescued previously, and because of her blind drivenness for credibility, she unwittingly places herself in a precarious position in which she ends up being sexually revictimized. Because of having had her boundaries violated, her sense of what is or is not a safe situation has been blurred. Although Zahra consciously sees herself as rebelling against the cultural status quo which dictates that males and females be separated, there appears to be an unarticulated wish on Zahra's part to use this situation as a means of gaining credibility and

as a means of testing whether her cousin can be trusted.

If her cousin does make a wrong move and he is subsequently caught red-handed, her search for credibility may be over. Additionally, she will have gathered more evidence to support her by now global belief that all men are abusers. If, however, he does not make a wrong move, then she gains to have her sense of trust minutely restored and her boundaries respected. But the situation turns out for the worse. Her cousin takes advantage of the circumstances and sexually accosts Zahra, thus reinforcing her belief that she exists to be used as a sexual object. Further, she is again neither believed nor rescued. It is as if the original sexual abuse scenarios have been recreated with the same resulting aftermath. This re-traumatization serves to fuel her anger and resentment at not being saved. It additionally reinforces her sense of betrayal and her sense of inferior status. Her feelings of being powerless against men are also reinforced (for again, she sees that they can get away with anything). Again, Zahra has been defeated in her attempts to actualize her yearnings, and her victim identity is further solidified.

Failed attempts at counselling.

In these episodes, Zahra can be seen to be striving again for credibility and rescue. Through counsellors/therapists she hopes she will finally be believed and that she will be helped from her pain. Instead, she is first met with minimization and dismissal from the social worker regarding her physical abuse. As a result, Zahra feels it is even hopeless to attempt to seek credibility regarding her sexual abuse. Additionally, she comes to realize that this social worker will be no source of rescue. Zahra feels angry at not being believed. She feels misunderstood, betrayed, and frustrated at having had to explain herself and her culture in addition to trying to explain her suffering. Her victim position is again reinforced, and her mistrust of and hypersensitivity to not being believed mushrooms.

Zahra does not even dare seek counselling from the Ismaili community's spiritual leader, the Mukhi. Not only does she fear a potential breach of confidentiality, but

knowing how much sexual abuse is a taboo topic and denied in her culture, she anticipates not being believed and/or being blamed and shamed which would only compound her existing sense of guilt. This situation accentuates her feelings of isolation. She feels she has no one to turn to.

When Zahra initially seeks help from her psychiatrist, she is so hypersensitive that she interprets his questioning as being an inquisition or cross-examination. Not only does she feel re-shamed at having to discuss her experience, but again she feels betrayed because she gets neither credibility nor rescue from a source whom she believes she is entitled to receive it. Her mistrust now expands to counsellors and therapists in general, and her belief that all men (especially Indian men) are abusive, manipulative, and untrustworthy is further fortified. Again, her victim position is reinforced, and she is still left yearning to be rescued and to be believed.

Relationships with men.

It is in Zahra's relationships with men that she seems most saliently and desperately to strive to actualize many of her themes. Zahra can be seen to alternate between choosing two types of male partners with whom to work through her struggles -- either saints or sinners. Regardless of whether they are virtuous or not, Zahra inevitably casts these men in the roles of villains, villains akin to clones of her abusers. The outcome of each of these relationships is that Zahra is revictimized. Despite the opposing natures of these men, the pattern of relationship that Zahra develops with each of them is actually quite similar. However, the order in which Zahra scripts these men into her life reveals Zahra's own "logical progression" in her efforts to realize her themes.

From each of these men, Zahra desires acceptance (attention and love) and status (power and control). Although it is not blatantly exemplified in her relationship with the first "saint" (perhaps because of the brevity of the relationship), Zahra also seeks to be saved by these men. She wants them to provide her with refuge, to take action on her

behalf, and to defend her. With the exception of her rebel boyfriend who seems to catalyze Zahra towards searching for redemption, each of these men play a vital role in her pursuit of that redemption from her impure state. Although it is important to Zahra that these men believe her sexual abuse experiences, her pursuit of credibility through them does not seem as glaringly evident as in other areas of her life.

The initial pre-requisite for her involvement with any of these men is that they pay her some kind of attention -- attention which the rejected young woman that Zahra is craves. However, because of having been rejected, betrayed, and sexualized in the past, she does not trust anyone's love for her. Therefore, in every relationship, Zahra tests these men either to prove to herself that they are indeed untrustworthy scoundrels just like her abusers, or to find some hopeful evidence to the contrary. Unfortunately, any evidence provided to the contrary is usually insufficient for Zahra. Her mistrust is so great, and her hypersensitivity so acute, that she suspects that somewhere down the road the man in her life will reject and betray her. It seems that Zahra either chooses men whose mature capacity to give love is questionable and therefore the probability of disappointment is high, or if they do possess that capacity, she still questions whether their love is given with honourable intentions. This sets up a dynamic in which the men in her life come to feel as if they are on trial and that they are pushed to prove that they are trustworthy, a dynamic which becomes ripe for festering feelings of frustration towards Zahra.

Zahra's need for affection and her need to place these men on probation is also related to her sense of status (her worth and power). The one area in her life for which Zahra has felt valued is for her sexual abilities. As a result, she has developed these abilities, and from them derived a sense of power, for she has discovered that the use of this "talent" enables her to capture some form of attention. But, Zahra yearns for power in other areas of her life. She wants to derive her status from and be valued for something other than sex. However, because her command of her own sense of worth is so

negligible, Zahra bestows upon these men (and others in her life) the power and responsibility to define her worth. Again, Zahra tests her men as a means of discovering whether they find her worthwhile or not. For example, if they are punctual, she feels esteemed and respected, but if she is kept waiting, she feels unloved and therefore worthless. If she caters to them, but they do not return the gesture, again she feels she is disrespected and worth nothing. Zahra's self-esteem is at the mercy of these men's behaviour and their reactions towards her. This makes Zahra very vulnerable to being revictimized.

Further, everything becomes either black or white for Zahra, with no room for shades of grey. At any given moment, either these men (as well as others in her life) are for her or against her. Either these men are villains (abusers) or they are saviours. Not having been supported and not having learned or been shown that she is worth doing for herself and giving to herself out of her own intrinsic value as a human being, she feels others should do for her and give to her what she believes she cannot do for or give to herself. Again, Zahra's sense of entitlement to be rescued emerges in her relationships with these men. It becomes their responsibility to relieve her from the turmoil she feels as a victim. Zahra develops a sense of externalized blame, wherein others' failures to pass her tests (or to do for her) become the cause of or perpetuate her pain. If others would only change, Zahra's life would be trouble free. If others would change, that would mean that they love her and that she is worth something. However, these men do not change as she wishes they would. They do not do for her as she wishes they would. And time and again, they fail her tests. The outcome is that Zahra's self-esteem plummets as her sense of resentment inversely climbs. Her resentment and rage blind her to her own contribution to the exacerbation of her relationships and to her own capacity to take responsibility for changing or bettering her life situation.

Zahra's pursuit of redemption is actively played out in her relationships with men. In

her process of seeking redemption, her desire for power and control take centre stage. Having "prostituted" herself for attention in her relationship with her rebel boyfriend, Zahra is left feeling more debased. This, combined with her ostracism from her community for her suspected promiscuity, propels Zahra into her quest to have her virtue reinstated. As a means of achieving her goal, Zahra begins to seek those whom she feels have the power to confer upon her such virtue -- she seeks sexual and spiritual saints.

There is also another motive for Zahra using her sexual prowess to become involved with these saintly men. She is envious of the power and status that they hold because of their virtue and because of their being male. By "overwhelming" them with her sexuality, she feels she can undermine their moral superiority and experience power over them. Zahra also hopes that through her association with these saints she may vicariously attain purity, and with it power and status, for these men are much respected in the community.

With the first saint, she is quickly disappointed, for again, because of her tendency towards black and white thinking, she cannot reconcile how anyone can simultaneously be virtuous and desire "raunchy" sex (especially since sex has become such a sullied activity for Zahra). Zahra tries again with a second saint. But because Zahra hates herself so thoroughly, and because she so desperately wants to be redeemed and accepted by this man (and ultimately accepted by her community), Zahra demeans herself to walk in the shadow of this man. Further, this situation seems all just and right to Zahra, for she feels that she is bad and therefore must endure "due" punishment in order to be accepted by Allah again, something of utmost importance to Zahra.

In tandem with her pursuit for redemption, and throughout all her relationships with her male partners, Zahra's need for control has been vital. This necessity for control is particularly evident in her need to control the type of sexual activity that is shared between her and her partners. Having had any sense of control over her own body robbed from her when she was sexually abused and having had her boundaries violated, Zahra has needed to

create rules around sexual activity. One "false move" out of the bounds of those rules leaves Zahra feeling out of control again, and hurls her back to feeling debased. Thus, in her attempt to attain a purer image of herself, she must retain control. Additionally, she does not trust that she will not be violated again or taken advantage of if she lets go.

However, her need for control and to test boundaries spills over to other areas of her relationships with men. She needs not only to control shared sexual activity such that she feels it is pure, she needs also to control these men and to push and test their boundaries. It is the only way Zahra knows how to create a sense of safety for herself, to test whether she is loved unconditionally, and to try to ensure that she is not abandoned. Unfortunately, the more Zahra exerts control and pushes boundaries, the more her partners feel controlled and pushed. As a result, they either distance themselves or react against this control and pushing by trying to control Zahra (often in abusive ways). In turn, Zahra reacts to their behaviour. (There are hints in Zahra's story that the men in Zahra's life, such as her husband, may also be struggling with similar issues to Zahra, and as such who initiates this back and forth approach/avoidance and push and pull dynamic is not always easily determined.) Regardless, a mutual reactivity cycle is set in motion and the volatile quality in the relationship escalates. Further, since Zahra's need for affection and acceptance is so great, Zahra is willing to employ self-deception regarding some of the activities her partners engage in while they distance themselves. When she is forced to see the truth, she is devastated, and her feelings of betrayal and abuse are again painfully stirred within her.

After having endured punishment for several years with L, Zahra seems to have recovered most of her virtue and reclaimed her desired self-identity of purity. As well, she has made headway in terms of being accepted back into the fold of her religious community where, according to Zahra, appearances are everything. She has begun to become devote in the pursuit of her spiritual path, and she feels that Allah has welcomed her return, much like the prodigal son. When all others were forsaking her, Zahra turned

to Allah for rescue, solace, justice, and validation, and to Zahra, he was there for her.

However, during those same years of punishment, Zahra's power, self-esteem, and status were further diminished, and her resentment towards L (and others) for having gained control and power over her grew. In order to achieve status and power, Zahra seems to reverse the tables. Instead of seeking someone of equal stature and spiritual fibre after her relationship with L, she seeks another wayward sinner who needs saving. In saving her husband, Zahra gains a sense of power, esteem, and status. For once, she will be the top dog.

Unfortunately, Zahra's desires have not been satiated in a truly fulfilling or harmonious manner. Nor has her resentment and anger been abated. If anything, these feelings have intensified. (Her physical ailments during this period seem to indicate the somatization of intense feelings which she is unable to articulate or relieve.) With her yearnings still unquenched, the same volatile dynamics emerge in her relationship with her husband. Back and forth goes the reactivity. Back and forth Zahra is hurled from one pole of a particular theme to the other. Her thwarted bids to actualize her longings through her relationship with her husband (and through others significant in her life) leave Zahra feeling not only desperate, but wanting to hurt back. In her desperation, and as a drastic measure to realize her desires, Zahra removes herself to a transition house and subsequently attempts suicide. Unfortunately, no one attends to her in the manner in which she wants them to, and ultimately Zahra feels victimized again, and the gap between what is and what ought to be remains unresolved.

Relationships with family and relatives.

Similar dynamics as those which occurred in her relationships with men can be found in her relationships with family members and relatives (for example, her testing and her hypersensitivity). Evidence of these dynamics is interspersed in many of the victimization areas already discussed, and thus they will not be elaborated upon here. The point I wish

to emphasize here is simply that through her relationships with family members and relatives she again feels thwarted in her pursuit of actualizing her themes and this lack of success further fuels her desperation to have her yearnings met and fuels her resentment at others for not "fixing" her situation. Her sense of being repeatedly revictimized heightens, and thus she remains stuck in her victim role.

Transition

During this phase, Zahra can be observed to be re-evaluating the strategies she has thus far been employing in her endeavour to actualize her goals. Her desperate efforts to attain her desires have not worked. In this final stage of her narrative, Zahra shows signs of slowly beginning to realize this. After her suicide attempts, it is as if Zahra has reached a sufficient level of "fed-up-ness" with her life situation and with her viciously circular struggles (struggles which have reaped her little fulfilment). She is now compelled to be relatively still and to reassess her situation.

This third stage, therefore, represents a period during which Zahra begins to reflect upon her life and to entertain ways in which she may place herself in a better position to more harmoniously achieve her goals. It is thus a period of transition during which Zahra begins to open her eyes to her resources and strengths -- resources and strengths to which she was blind because of the chaos in her life. In actual fact, Zahra has made fledgling movements towards a positioning alternate to that of victim. But again, her focus was so attuned to her circular struggle that she had little room to recognize her own gains or to recognize that she had been exposed to and/or briefly experienced potentially alternate ways of being.

These seemingly imperceptible gains can be found in several areas of her life, including alternative role models, her own writing and academic performance, her spiritual/religious beliefs, her self-help reading and current involvement in therapy, and her

participation in this current study. In analyzing this third phase of Zahra's story, I will examine each of these areas for the gains they suggest she has made (or may make) in her journey to actualize her themes. As well, I will explore how Zahra has hesitatingly begun to coalesce these gains and express them in her actions and thoughts.

Alternative role models.

In the early years of Zahra's life, her Nanima played an important role. It was in what this spiritual woman did not do that allowed Zahra to see her as a model of Indian female status. Her Nanima, in her own quiet way coped in a male dominant environment, and did not relinquish her sense of self-esteem, integrity, and power to Indian males the way Zahra saw all other Indian women do. Zahra intuitively knew that if her Nanima had to, she would courageously assert herself.

Her Nanima also nurtured Zahra's spirituality, introducing Zahra to a source of support that Zahra would often fall back on at times when she felt forsaken. Zahra always carried this image of this woman with her, giving Zahra hope that she too may attain a sense of self-respect and status. It also seems that through Zahra's having witnessed how her Nanima's quiet strength commanded respect, Zahra was exposed to an alternative strategy for how she might get her needs met.

Teachers have also played a vital role in Zahra's life. Not only did they provide her with a feeling of refuge, but they were a source of special attention which made the young rejected Zahra feel cared about. More importantly, and particularly with the male teachers, she saw that they valued her for something other than her sexuality, and that they did not devalue her because she was an Indian female. Zahra was valued for other talents and/or simply for herself. All these teachers displayed respect for her and they had a clear sense of boundaries which enabled Zahra to trust them and to feel safe around them.

These male teachers were unlike the men Zahra had encountered in her life. They were especially unlike her father and her sexual abusers. Her male Indian teacher in

particular offered Zahra a strikingly different image of Indian males. Not only was he non-chauvinistic, he did not flirt with her (like all the other Indian males she had known).

Rather, he was a sensitive, successful, and confident Indian male. As such, Zahra was also exposed to someone who was displaying her race and culture in a powerful and favourable light. The idea that Zahra might actually be proud to be an Indian was a novel one.

Again, it is as if Zahra stored these contradictory models of men in her memory, providing her with a sense that perhaps not all men are abusive and that not all men value her only for sex. These men served as a first blueprint for an alternative form of male/female relationship, a blueprint that Zahra might strive to replicate in her life.

The ESL students that Zahra has tutored have also provided her with alternative models. Instead of becoming victims of their language handicap and thus closing the door to new opportunities, they take responsibility for changing their life situation and overcoming their handicap. Further, Zahra sees their lives slowly changing as a result of the very choices they have made. Again, another novel and encouraging image is added to Zahra's cache of alternatives -- the idea of self-responsibility as a means of achieving one's goals.

Writing and academic performance.

Zahra's creative writing and her performance at graduate school have been strong resources in her quest for status, power, and esteem. As well, her mentor in this field has lavished her with much validation and he has served as yet another alternative role model.

Zahra proved to be very competent in creative writing, and she has been recognized and valued by her peers and by her mentor for this talent. Her ability to excel academically in the midst of an extremely conflicted life bespeaks of Zahra's resiliency and perseverance. Being accepted into graduate school helped to validate her sense of status (at least in one area of her life). It also provided her with an additional sense of command and power, for she was an Indian woman finally at par or often surpassing her white

cohorts. She was also writing in a language other than her familiar Gujarati tongue.

Her mentor particularly encouraged her to write from her own cultural framework. Thus, for the first time in her life, she experiences being blatantly validated and valued for being an Indian woman. She has something to offer. Additionally, as a man, he is a professional egalitarian whom she feels respects her boundaries. He dispels the myth that all white men see Asian woman as sexual objects to be had. He passes this unspoken test, and as such Zahra incorporates him into her slowly emerging class of men who are not abusers.

Further, Zahra's writing has been quite therapeutic for her. Through it, and especially through the female characters she scripts into her stories, she has started to externalize and wrestle with her own issues. She has started to experiment with endings to their stories which are alternate to the one she has been developing in her own life.

Spiritual/religious beliefs.

Zahra's religious beliefs have been a primary source of strength for her. While all the world was forsaking Zahra, she found refuge, redemption, and comfort in the "compassion and wisdom of Allah". To Zahra, He has truly been her saviour and defender, for no matter how wayward she became, and no matter that she attempted to take her life, He forgave her and He will deliver justice on her behalf. He has given her a sense of unconditional love for which she has always yearned. He is the only "Being" in her life whom she can wholeheartedly trust.

Although surrendering to her beliefs may absolve Zahra from the responsibility of facing pain and loss, and the responsibility of "saving" herself, these beliefs have furnished Zahra with a means of making sense of (or reframing) her abuse and conflicted relationships. Having the belief that everything happens for a reason as per Allah's will and that divine retribution will be delivered, allows her to cope with the devastation of her abusive past. Above all, her religious beliefs have enabled her, for the most part, to not

give up on life and to not embrace the victim's ultimate option, that of actual suicide.

Self-help literature and therapy.

Zahra's recent forays into the self-help literature have helped her to reflect upon her life and the way in which she has up until now pursued her goals. The particular self-help book which Zahra was drawn to emphasized spiritual development, and thus it dovetails with her own religious values. Zahra attributes this book with helping her to increase her awareness of how her own actions contribute to her conflicted relationships. By reading this book, she has found that she need not feel as alienated as she had, for she has discovered that others globally face similar interpersonal struggles as she. Her own struggle resonated within the pages of that book, and as such it precipitated self-reflection and insight into her issues. It also provided her with hope that she may find solutions to her troubles.

Zahra is also now willingly going to her psychiatrist. Although it appears that she may be involved in therapy in order to have her husband change, she has placed herself in a situation which may engender further self-reflection about her own life and what she can do to change it. In her psychiatrist, she has begun to find acceptance, validation, and credibility. She believes she has also found rescue, for she hopes that through his help her life situation will improve. As an Ismaili Indian male, he is also in a very powerful position to serve as yet another alternative model of how an Indian male may be and may interact with Zahra. She has begun to realize that perhaps he is different than other Indian males. She has begun to trust him, and that is a big step for Zahra.

Participation in this study.

Zahra saw her participation in this current study as a move towards healing herself and as a way in which she might contribute to helping other Asian sexual abuse survivors. She viewed her contribution and involvement in the research as "empowering" and "validating". She felt she could trust me to not dismiss her reality and experiences, and she

felt listened to, accepted, and understood. By telling her story to someone whom she felt did not judge or minimize it, and by telling her story as circuitously and in as much detail as she needed, she was able to further externalize her understanding of her experiences and to unburden herself of her unheard story. In this way, she was able to begin to break her sense of being silenced and isolated. Zahra's participation in this study seemed to be a resourceful way of satisfying her yearnings for credibility, acceptance, status, and power.

Cumulative effects.

As a result of reflecting upon and drawing from recent and old alternate experiences and images, Zahra has gained a little more insight into some of the dynamics in her interpersonal relationships which keep her (and have kept her) stuck in the victim role. For the first time, she has begun to become aware of, and has articulated her own contribution to the perpetuation of some of her dilemmas. She has begun to take some responsibility for changing her views and behaviour as a means of getting what she wants, rather than blaming others for not changing and rather than coercing others to do for her. She is beginning to sense her own worth and to find her power, strength, and ability to define that worth herself -- a worth not contingent upon the whims of others.

She has asserted herself in her relationship with her husband (a maverick move for an Indian woman). She has even asserted herself with her psychiatrist in questioning him and finding out the reason why she was "interrogated". Zahra has also made a breakthrough cognitive discovery. After years of revivification and casting every man in her life as a replica of her abusers, she has come to realize that her husband is neither her abuser nor her enemy. The concept that someone can actually love her and not deliberately mean her harm appears as if it is finally beginning to gel in Zahra's mind. She now realizes that because of her ingrained self-image as inferior and unloveable, and because of her set belief that all men are ultimately untrustworthy abusers, she has contributed to sabotaging potentially favourable relationships or has unwittingly chosen men with whom she could

recreate her abuse scenarios. Based on this new knowledge, Zahra is experimenting with new strategies for interacting with her husband.

However, despite her recent realizations and expression of new behaviours, Zahra's movements away from victimage are fledgling. She still holds onto much resentment and anger. She has begun to position herself in a direction that indicates potential for agency, but at the point of closing of her story it appears undetermined as to whether Zahra will achieve her goals, establish her own solid agency, and experience a sense of completion to her drama. For now, she is in a transitory state, still precariously perched between the role of victim and agent.

Interpretive Commentary

In this section, I share my impressions of Zahra's story. I do not see her story solely as one of sexual abuse. Her life has been a tragic one, replete with abusive events and obstacles. It is my sense that because of having been born into an environment in which she was little esteemed and in which she experienced racism, Zahra already had a number of strikes against her which made her vulnerable to developing a victim identity. That she was a victim of childhood physical and sexual abuse, as well as cultural barriers, is tragic. What I believe is additionally tragic is that Zahra, as an adult, has not been quite able to free herself from this past victimization, and thus she is stymied from actualizing her hopes and dreams.

I believe it is important to affirm the real barriers that Zahra has encountered in her attempts to deal with the aftermath of her sexual abuse. The denial of sexual abuse is strong in her culture, and it was strong in her family. The resources in her community for helping victims of sexual abuse are few. Further, that Zahra may have met with a lack of cross-cultural expertise and sensitivity when she approached resources outside of her community, was also another barrier. Zahra has been a desperate lone soldier and her

desperation has at times led her to use ineffective strategies in trying to achieve her goals. Her strategies have sometimes been tinged with vengeance and manipulation, and often been self-destructive. But underneath her behaviour is a lot of pain and hurt. As such, I feel there is a great need to have empathy for the way in which Zahra has struggled in her life. While empathy and compassion are vital, I also believe that it is important to find ways to facilitate victims such as Zahra to find more constructive and self-satisfying ways of achieving their desires. By understanding how and why a victim identity is maintained, we may be in a better position to find ways of helping to extract victims from their position.

Zahra's resentment and her victim script.

Solomon (1976), in his discussion of the influence of emotions on the quality of a person's life, describes resentment as "the villain of passions. It is among the most obsessive and enduring of the emotions, poisoning the whole of subjectivity with its venom [and]...maintaining its keen and vicious focus on each of the myriad of...offenses it senses against itself" (p. 350). Solomon speaks of how resentment is other-directed and how it engenders a sense of blame, entitlement, and the denial of self-responsibility. He sees this emotion as "extremely defensive and untrusting, constantly building fortifications and plotting plots of vengeance" (p. 353). He also states that "intimacy is intolerable to resentment" (p. 353), and he suggests that this emotion stems from a sense of inferiority. Solomon further personifies this emotion as a cunning character which "disguise[s] itself and adopt[s] complex strategies -- all aimed at overcoming its present status and proving itself at least equal, if not (preferably) superior" (p. 352). From resentment, asserts Solomon, stems a deep need for power and control. He also suggests that resentment is antagonistic towards self-reflection, for to reflect might lead it to discover that it is its own worst enemy.

Greenberg, Rice, and Elliott (1993) claim that "resentment constitutes the most

common and one of the most important manifestations of unfinished business" (p. 241), defining unfinished business as "the unsuccessful resolution of some kind of emotionally based need/goal-oriented interaction with the environment" (p. 241). These authors further describe the influence of unresolved resentment on a person's life:

As long as expression remains incomplete, the action tendency unimplemented, and the need unmet, the individual will not be able to achieve closure of the situation or relationship. An unexpressed feeling, an unmet need, and a forever-hopeful expectation will remain in schematic memory. This results in some aspect of the person's current attentional allocation and processing capacities remaining involved in either the reliving of the experience, or in misperceiving or overreacting to current situations in terms of unfinished business. (p. 243)

It is my impression that the ending of Zahra's story displays much "unfinished business", and that this unfinished material is strongly related to her powerful feelings of resentment. This resentment (much of which is aimed at her father) colours her present day relationships, and in consuming so much of her energy, blinds her to seeing alternative strategies for achieving her goals and thus prevents her from taking command of her own life. She has not broken with the past, and thus the past lives in her present with resentment as its mate.

The need for power and rigid control which resentment breeds is active in Zahra's life. Zahra's need for these two elements also stems from a life time of feeling powerless and of having had a sense of control taken away from her. Control, in particular, gives Zahra a sense of safety and assurance that she will not be, once again, betrayed and rejected.

McCall and Simmons (1978), in their theory of interpersonal interactions and role identities (a theory which they believe is applicable to individuals regardless of ethnic or cultural background), state that "we try to control the other's behaviour in the direction most profitable to our own desire, and we do so by offering (or withholding) certain rewards" (p. 146). Further, McCall and Simmons describe the bargaining process by which

each player in an interaction employs social rewards in an effort to try to sustain their role and identity. This bargaining process was evident in many of Zahra's relationships, as she unwittingly, attempted to meet her needs and sustain her victim identity. For example, Zahra had used her "sexual talents" as a bargaining chip, enabling her to "capture" attention and assuage her affiliative needs. However, more often than not, whenever men accepted this "reward", Zahra felt she had been used and sullied, and as such saw herself as a victim once again.

The idea of Zahra's lack of self-responsibility and its contribution to the maintenance of her victim identity is one that I believe also needs further examination. While, indeed, her lack of self-responsibility does seem to contribute to the sustainment of her victim identity and prevent her from adopting a more agential stance, I would argue that her cultural environment does not particularly facilitate the development of self-responsibility and its complementary individualistic agentic role. McAdams (1993) reminds us that in cultures which provide a communal ideological setting, such as the one in which Zahra was raised and in which she is still immersed, the group is valued over the individual, and as such "it is more important to care for others and to be connected to others in bonds of friendship or kinship....From a communal perspective, most of social life takes place outside the agentic domain of competing individuals" (p. 88). Zahra has been socialized to care for and serve others at the expense of her own needs, and in turn she has been brought up to expect to be taken care of by others. As such, it might be difficult to convince Zahra that within her particular situation (ie. being a victim of sexual abuse in a culture that denies its existence), she might not be able to expect traditional support and that she might be better off if she developed some self-responsibility in this area. It is my opinion that as long as Zahra continues to hold onto her expectations of others coming to her rescue (particularly within her community as it stands now), that she will perpetuate her victim script.

Leahy (1991), in his cognitive systemic perspective of scripts, defines them "as a set of expectations and predictions of how the self and other have and will continue to interact" (p. 291). He asserts that some scripts, such as the victim script, perpetuate a dysfunctional pattern of behaviour and a negative cognitive set. Similar to McCall and Simmons (1978), Leahy sees the person who has a victim role identity as engaging in interactions which maintain that identity. The victim either chooses persecutors or rescuers to play opposite his victim role. By choosing, in the present, to interact with such opposing players (who are invested in maintaining their own roles), the victim finds justification as to why the present (like the past) is so miserable, and why little can be done to change it. Leahy suggests that opposing players are often "auditioned" by the victim for the part they play in the dramatic system. It is as if the victim selectively attends to these people (or to their behaviours) such that they will confirm the victim's existing cognitive schemas and thus help maintain the construction of the victim's identity.

Leahy views the victim script as one of the most resistant to change, for there are important rewards that the victim receives for maintaining her role, and for why she therefore needs to continue to script into her drama players such as the persecutor or rescuer. "The victim can obtain sympathy and attention, relief of responsibility, be allowed to blame and punish others, become morally superior to the people who treat him or her unfairly, engage in self-pity (a form of sympathy), avoid regrets over behavior he or she might try but might fail, and defeat rescuers" (p. 296).

The pursuit and/or maintenance of these rewards are evident in Zahra's story. However, the pain that Zahra has experienced as a result of her maintaining a victim role is equally evident. Although, there are rewards, I truly believe that Zahra does not wish to stay a victim and that the pain in her life has finally come to outweigh the benefits of remaining a victim. Although she has been a victim throughout most of her life (and a victim not of her doing in the early years), Zahra has made recent strides to extract herself

from her ingrained role. Though the foundations upon which she may take a more agential stance are still tenuous, making her vulnerable to another crisis undermining her gains, Zahra has both courage and many strengths from which she can draw and thus realize her potential to actualize her hopes and desires.

In the next chapter, I not only provide a concluding discussion of my findings in this study, but I reflectively comment on my perspective of the implications Zahra's story holds for counselling. Drawing upon my experience with Zahra, I offer my opinions, as well as suggestions proposed by authors such as Leahy, as to how survivors such as Zahra might be facilitated in their journey towards healing and towards actualizing their goals.

CHAPTER VI REFLECTIVE COMMENTARY

Introduction

The purpose of this final chapter is to comment upon the implications of the narrative account which this current study produced, and to discuss the implications of the analysis of that account. General and personal reflective (and at times speculative) commentary is offered. Limitations of the study, and implications for theory, practice, and research are also examined.

General Commentary

A single case study which used in-depth qualitative interviewing (and which adjunctively drew upon other sources of evidence) explored the life experience of a female South Asian Canadian adult survivor of childhood sexual abuse. The survivor's experience was presented as a detailed descriptive narrative life history. As well, a subjective analysis and interpretation was offered of the meaning made by the participant of her life story. While my interpretation was not validated by the participant, the account itself was. It was found that the survivor's account was not only the story of a South Asian woman who had been sexually victimized, but of a woman who had experienced emotional and physical abuse, as well as racism.

The case narrative revealed that the survivor experienced a deep sense of victimization which was inextricably linked to her identity as an Indian female. The primary meaning the survivor made of her sexual abuse and other abuse experiences was to self-identify as a victim and to develop a victim script which permeated most aspects of her life. A general narrative structure was revealed which indicated a pattern of development and maintenance of victimization, and thus the maintenance of the survivor's victim identity into adulthood. The narrative also expressed a lingering tone of resentment on the part of the survivor towards others for not having prevented her victimization and

for not having aided her in her struggles with that victimization. The life history also indicated that the survivor's contemplation of an identity other than that of a victim seemed only in its early stages.

Several life themes were uncovered in the narrative of the survivor. These themes reflected her struggle to resolve particular conflicts in her life which appeared to arise not only as a result of her sexual abuse experiences but as a result of the combined forms of abuse she experienced within her cultural setting. Dominant themes (and their counterparts) which emerged included: *a sense of rejection and subsequent pursuit of acceptance; a sense of inferiority and subsequent pursuit of status; a sense of being forsaken and ensuing pursuit of being saved; a sense of impurity followed by a pursuit of redemption; and a sense of invalidation and subsequent pursuit of credibility.* Subordinate themes were also identified as permeating the survivor's life story -- themes which reflected the meaning the survivor made of her experiences. These subordinate themes included: *a sense of powerlessness, a sense of mistrust, a sense of betrayal, a sense of loss of control, a sense of alienation, a sense of being sexualized, a sense of guilt, a sense of self-hate, a sense of shame, a sense of isolation, a sense of breached boundaries, a sense of injustice, a sense of probation or testing, self-deception, hopelessness, hypersensitivity, a sense of entitlement, a sense of not being understood, and denial of self-responsibility.*

Imbedded within these themes were a number of cultural influences that the participant experienced -- influences stemming from her Indian Ismaili cultural/religious environment. It was found that the cultural/religious community seemed to exacerbate her victimization experience and healing opportunities, while her personal religious beliefs appeared to offer her both support and a means of reframing her experience. The cultural influences emerging from her story are examined in the following section.

Cultural Influences

Consistent with the general cultural literature and the literature which explores Asian (and specifically South Asian) cultural variables and tendencies as they potentially relate to the experience of sexual abuse, the survivor's account revealed a number of such cultural influences, as well as the influence of her Ismaili religion. Cultural/religious factors which appeared to influence the survivor's experience included: the subordinate and devalued position of females and the dominant status of males; differentiated sex roles as well as different expectations of sexual conduct for males and females; the lack of awareness and denial of the existence of sexual abuse; the taboo and sensitive nature of topics such as sexual abuse and sexual issues in general; the importance of family honour and the family's reputation within the community; the family's and community's expectations of and value placed upon premarital chastity and virtuous behaviour (particularly for females), and the ostracism and shaming of the female that follows upon the discovery of actual or suspected loss of virtue and reputation; the importance of family and extended family as the primary social support system for the individual, and the interdependence among members of that system; the importance of the collective family's needs versus the needs of the individual; the value placed upon respect for elders; the power of the opinions of the collective community and the fear of community gossip; and the influence of religious beliefs such as reincarnation, karma or *naseeb* (fate), and divine retribution. The survivor's narrative revealed that many of these cultural factors appeared to act as barriers to her being able to disclose her sexual abuse experiences, to her ability to receive credibility and validation, and to her efforts to seek and gain aid and support. The survivor's religious beliefs seemed to act as a strong support for her.

Personal Reflections

In reflecting upon Zahra's story and my own experience with her during the research

process of my study, a number of salient impressions come to mind. First, the layering of victimization episodes in her life history is glaring. Zahra has had numerous obstacles with which to contend, and she seems to have had several strikes against her from her early years onward, not the least of which was to be born an Indian female. After her sexual abuse experiences, she seems to have been blocked at every attempt she made to be protected, heard, validated, and helped. Zahra, experienced being an isolated self rallying to be heard against the suppression of her family and community.

From my perspective, one of the more tragic aspects of Zahra's story (besides the sexual and other forms of abuse that she experienced) is the meaning that Zahra made of these experiences -- a meaning that she has held onto in adulthood. As a child and adolescent, Zahra was a true victim, thwarted and/or helpless in her options to extricate herself from her situation. Although Zahra was not exposed to a multitude of blueprints upon which to build an alternative life script than that of the victim script, (for example, the lack of Indian female role models of status and agency is glaringly absent in her life story), in her adulthood there were some small opportunities to begin to develop a different meaning of her past and present experiences.

The familial and cultural obstructions that Zahra faced evoked in her justifiable frustration and anger. However, and unfortunately, Zahra's anger has been converted into an almost poisonous and lingering resentment which deeply affected the quality of her relationships, particularly with men. It is my opinion that Zahra's resentment will continue to flourish as long as she expects particular family members (such as her father) and the greater Indian community in general to hear and validate her experience. She is in a very uncomfortable position, for on the one hand family and community are important to Zahra and she has been raised to expect support from them. However, particularly regarding her experiences of sexual abuse, it does not appear that certain members of her family and community will, anytime soon, be willing to acknowledge her experience or provide her

with that support.

Zahra fought an honourable battle, but in focussing so much energy on that uphill battle, the soldier grew more wounded and embittered without much reserve energy to focus on healing herself. As an adult, and within the constraints of her culture, the development of self-responsibility and the ability to come to terms with her resentment may be the key to Zahra's survival -- a key which may open the door towards an alternative life script.

Limitations of the Study

This study, being a single case study which employed qualitative methodology, possesses a number of inherent limitations. First, because it represents the experience of only one South Asian survivor, no generalizations to other survivors (Asian or otherwise) may be made. Generalizations may only be made to theoretical propositions. Second, although the co-researcher was extremely articulate in describing many areas of her experience, she may have had limited insight and/or not been willing to share and thus articulate particular aspects of her experience. Also, the material that the co-researcher recounted during interviews was information given retrospectively and therefore may have been selectively remembered by the co-researcher. Thus, this researcher is unable to determine whether her story represents the full extent of her experience. However, converging evidence (such as old photos and yearbooks) supports Zahra's sense of her experiences.

Third, the slant and scope of the description of the co-researcher's experience and my interpretation of that experience may be limited by personal biases of which I am not aware. As well, not being an Indian woman and not being familiar with the unspoken understandings of Indian Ismaili culture, I may have missed out on the opportunity to portray deeper understandings of certain elements of Zahra's experience.

Fourth, it is the nature of a single case study that it does not allow for comparisons to other cases. The only comparison that can be offered is to the data provided in the existing literature. Fifth, no claims can be made about cause and effect in the survivor's experience. Finally, that there are few cross-cultural hypotheses and theoretical propositions offered in previous research in the area of sexual abuse experiences in Asian culture (or most other cultures and races other than those of western Caucasians) limits the extent to which I have been able to draw upon and expand upon any such propositions or compare Zahra's experience to these propositions. This situation, therefore, dictated that I simply explore in-depth the life and phenomenon of a sexual abuse survivor from Asian culture with the hope of stimulating and/or generating further hypotheses specific to this area of research.

Implications for Theory

This study has a number of theoretical implications regarding adult childhood sexual abuse survivors of Asian ethnicity, particularly South Asian ethnicity. To date, there appear to be no theoretical models which attempt to explain the experiences (and meanings made of the experiences) of adult survivors of childhood sexual abuse who are of Asian ethnicity. Most sexual abuse research regarding race and ethnicity has examined differences between western Caucasians and other racial/ethnic groups (including Asians) along a number of factors such as prevalence rates, demographics, the length and type of abuse, relationship of the victim to the abuser, and symptomatology. No cross-cultural sexual abuse theoretical models have emerged from this research, only broad hypotheses. For example, Mennen (1994) suggests that there may be some universal aspects regarding how childhood sexual abuse and its aftermath are experienced, but that culture and ethnicity may contribute to unique variations in how these phenomena are experienced by victims in different cultures. This current study tends to partially support this hypothesis in that Zahra seems to share experiences in common with western Caucasian survivors, while

her cultural environment seems to have affected the meaning she made of her sexual abuse experience(s) and subsequent events related to that abuse as well as having affected the degree and/or manner in which she experienced after-effects potentially related to her sexual abuse.

A number of theories exist which describe the after-effects of childhood sexual abuse. A few of these theories also describe possible antecedents of childhood sexual abuse. However, these models are primarily based on research conducted with western female Caucasian populations and have only rarely been applied to other racial and ethnic groups, and only recently applied to males. Again, in the absence of any cross-cultural sexual abuse theoretical models, I have drawn upon existing sexual abuse theories and have attempted to ascertain whether the experience of the South Asian Canadian co-researcher in this study confirms, disconfirms, or extends upon these theories or aspects of these theories, and whether these theories adequately explain the co-researcher's experience.

Most existing childhood sexual abuse theories or models are descriptive in nature. That is, most describe characteristics of victims and/or after-effects which are assumed to be causally linked to the victim's experience of childhood sexual abuse. The post traumatic stress disorder model suggests that symptoms resembling those found in post traumatic stress disorder are a predictable sequelae to child sexual abuse. For example, Rowan and Foy (1993) claim that "the traumatic nature of the [sexual] abuse is the primary etiological factor behind the person's difficulties" (p. 18). Similarly, Finkelhor's (1988) and Finkelhor's and Browne's (1986) traumagenic dynamics model describes four trauma causing factors associated with the occurrence of childhood sexual abuse: traumatic sexualization; betrayal; stigmatization; and powerlessness. The traumagenic dynamics model suggests that there is a unique syndrome or set of after-effects and experiences which are directly linked to childhood sexual abuse.

Among the after-effects which the PTSD and traumagenic dynamics models describe

are anxiety, depression, inhibited sexual desire, low self-esteem, and suicidality to name only a few. Phenomenological research and biographical accounts (which are not necessarily tied to any theoretical conception) of western Caucasian sexual abuse survivors also report experiential themes which are assumed to be directly linked to the victim having been sexually abused in childhood. While Zahra's narrative does reveal that she experienced a variety of symptomatology and that she expressed a number of themes such as betrayal, powerlessness, hypersensitivity, self-blame, self-hate, and low esteem, it is difficult to ascertain whether these represent a unique syndrome or response to her sexual victimization, or whether her sexual victimization compounded existing after-effects from previous forms of abuse to which Zahra was subjected.

Indeed, Briere (1992) suggests that after-effects such as cognitive distortions observed in sexual abuse survivors may not only be due to the sexual abuse experience itself, but to coexisting or antecedent physical and psychological abuse. The research of Briere and Runtz (1990) suggests that "various types of child abuse have both specific and overlapping effects on later psychosocial functioning" (p. 361).

If Zahra's sexual abuse experience was to be examined in isolation, many of the after-effects she experienced would seem to confirm those found in theoretical models such as the PTSD model and the traumagenic dynamics model, as well as confirming experiential themes emerging from phenomenological research and other survivors' personal accounts. However, Zahra's childhood sexual abuse experience(s) was only one type among many forms of abuse in her life. Thus, the problem with many of the current sexual abuse theories, is that they look at the sexual abuse experience in isolation and not in the context of the person's overall life. When the sexual abuse experience(s) is viewed this way, the after-effects, undoubtedly seem to be a result of the sexual abuse experience(s).

Wyatt (1990), however, suggests that many ethnic minority childhood sexual abuse survivors in North America have experienced other forms of victimization, such as racism.

Wyatt believes that such forms of victimization need to be examined in tandem with the survivor's sexual abuse experience, and she states that "consequently, behavioral sequelae cannot not be attributed to sexual abuse alone" (1990, p. 340).

Cole and Putnam (1992) and Alexander (1992) seem to take the above theories a step further, by adding a developmental perspective. Cole and Putnam, in their developmental psychopathology perspective, suggest that there are variations in after-effects experienced by survivors of childhood sexual abuse, and that such variation is attributable to and reflective of the particular developmental period during which the victim was sexually abused and the particular developmental tasks, therefore, with which the abuse interfered. Although Cole and Putnam acknowledge that developmental tasks (and therefore development of the self and self-other schemas) are acquired within and beyond the family environment; although they suggest that many of the symptoms which childhood sexual abuse survivors report are common to many other etiologies besides sexual abuse and therefore these authors speak of a correlational versus causal link between sexual abuse and after-effects; and although they argue that physical and psychological trauma is also present in the life of the survivor, they still focus on the sexual abuse experience itself (particularly father-daughter incest) as being the primary factor which interferes with the victim's ability to master developmental tasks.

The physical and psychological trauma of which Cole and Putnam (1992) speak is that which accompanies the sexual abuse experiences, not trauma which may occur long before the sexual abuse. As such, their model does not explain non-sexual abuse related interferences in self development which may appear much before the sexual abuse and which may be related to the victim's future psychosocial development. While Cole and Putnam's model may give us a greater understanding of some of the developmental difficulties that Zahra encountered as a result of having been sexually abused in adolescence such as her continued struggle with identity formation, it does not explain the

emergence of other developmental struggles, including a "troubled" identity which appeared in developmental stages that much pre-dated her sexual abuse experience.

Alexander's (1992) developmental perspective which applies attachment theory to the experience of childhood sexual abuse looks beyond the isolated sexual abuse experience(s). Her model explores how certain types of familial relational dynamics preceding and following the sexual abuse experience(s) may contribute to the manifestation of after-effects. Alexander views the victim's post-sexual abuse behaviour as being influenced by more than the sexual abuse event(s) itself. For example, she examines the concept of "insecure attachment" influencing the victim early in life and long before the sexual abuse. She suggests that such attachment may mediate the type or degree of after-effects experienced by a survivor, and she argues that issues such as insecure attachment may interfere with the victim's ability to disclose or seek help to end the abuse. Additionally, Alexander suggests that insecure attachment stemming from early rejection and fear of abandonment may lead to the child developing a disturbed sense of self, such as low self-esteem, which predates the actual sexual abuse, and thus the after-effect of low self-esteem commonly observed in survivors may not simply be a direct result of the sexual abuse.

Zahra's narrative seems to confirm this aspect of Alexander's (1992) model, for even before her sexual abuse experiences, Zahra was rejected, particularly by her father and to a less blatant degree by her mother. While this model seems to be more expansive than other theories in that it considers other antecedents as contributing to the victim's psychosocial difficulties, it seems to limit these antecedents to the familial realm.

The feminist theory described by Courtois (1988) looks beyond both the actual sexual abuse event and the immediate familial environment to the societal antecedents that may influence the occurrence of sexual abuse. This theory suggests that the power differential existing between the genders sets the stage for the sexual abuse of female children, and that the sexual abuse of female children encapsulates that power differential. While indeed

there does seem to be a strong sex role differentiation and power differential among the sexes in Zahra's culture which seems to have influenced Zahra's experience, and as such, Zahra's experience could be subsumed under feminist theory's explanation, this theory is a very broad one which does not appear to explain aspects of Zahra's experience which seem unrelated to any power differential between the sexes.

Zahra's narrative can be seen to support some aspects of all the above sexual abuse theories. However, no one theory adequately explains her experience. In general there seem to be three problems with most of these theories. First, most seem to focus on the childhood sexual abuse experience in isolation and assume that there is a causal link between that experience(s) and the after-effects manifested by the survivor. Zahra's life experience, however, would seem to cast doubt on this assumption for her life has been filled with emotional neglect, physical abuse, and racism in addition to her sexual victimization, and I would suggest that each of these forms of abuse have affected her subsequent psychosocial development.

Second, since most of these theories have been based on research conducted with western female Caucasians, they (with the exception perhaps of Cole and Putnam) do not acknowledge and/or cannot account for the unique way in which culture or race may influence the survivor's self-development and experience. For example, different cultures hold different values about sex and sexuality, not only from each other but from western Caucasian culture. Therefore, how these non-western values might influence the childhood sexual abuse experience of a survivor from a non-western Caucasian culture is not explained by these theories. Further, many of these theories emerge from research which uses symptom checklists and thus they are purely descriptive of characteristics and symptomatology and do not explain how the survivor experienced the childhood sexual abuse and its aftermath. Thirdly, these theories do not explain the meaning made of the abuse experience(s) by the survivor, nor the meaning made by the survivor within her

particular cultural framework.

For Zahra, the meaning she made of her childhood sexual abuse and other childhood abusive experiences was to identify herself as a victim and to continue that identification into adulthood. In this regard, developmental models would seem the most useful in attempting to understand Zahra's experiences and the sense she made of them. While Cole and Putnam (1992) and Alexander (1992) offer some insights into this area, the theoretical models of Leahy (1991) and McCall and Simmons (1978), while not sexual abuse theories or cross-cultural theories per se, seem to be more readily applicable to Zahra's narrative in that they offer a more comprehensive perspective for understanding the development of Zahra's victim identity, the sense Zahra made of her collective abuse experiences, how her self-identity was maintained, and how this identity has either helped or hindered her in further life experiences.

However, before examining the applicability of these two models, I believe a final comment on the above sexual abuse theories is in order. Most of the sexual abuse theories focus on the pathological outcome for the victim of the sexual abuse experience. However, not all victims emerge from childhood sexual abuse experiences with the pathological symptom pictures most of these theories suggest. This statement is not meant to minimize the impact that such abuse does have on many survivors. It is made simply to point out, as does Valentine and Feinauer (1993), that "little is known of the manner in which persons create a narrative that renders adversity coherent in terms of experienced life history" (p. 217).

In Valentine's and Feinauer's (1993) quest to explore the types of experiences in adult childhood sexual abuse survivors' lives that assisted them in overcoming the experience of that abuse and which enabled them to emerge from that abuse relatively symptom free, these authors found a number of "resiliency factors" which they believe might account for certain survivors' non-pathological adjustment. While Zahra has not truly overcome her

abusive experiences, Zahra's narrative does support Valentine's and Feinauer's finding that spiritual beliefs may help the survivor to make sense of the abuse and provide support to the survivor. Valentine's and Feinauer's work seems to be one of the few pieces of research in the sexual abuse area which focusses on trying to explain how survivors interpret their experiences. It is also one of the few pieces of research which focusses on the non-pathological areas of survivors' lives. While their research does not explain how and/or why a survivor comes to create a victim narrative, one might speculate that the absence of certain resiliency factors may be related to the development of a victim narrative. Further research into resiliency factors and theoretical models which examine the development of "well-adjusted" narratives of survivors would offer a welcome and insightful balance to existing sexual abuse theories.

Leahy's (1991) cognitive systemic perspective is developmental in nature. While he focusses on the development of two particular identities and scripts (that of the Victim and the Acquisitor Narcissist), he suggests that there are numerous identities and scripts that people may develop. The victim identity and script is the most applicable to Zahra's narrative.

Leahy (1991) argues that the development of one's identity and script is based on the following concepts. The person's notion of self and others is rooted in the early development of schemas. Early self-other schemas are formed at the preoperational level of development and usually focus on developmental areas of vulnerability in early childhood such as attachment issues. Leahy proposes that because self-other schemas are developed at this early stage of development, they tend to be dichotomous, absolutistic, and egocentric. These early schemas (for example, that the self is unloveable and others are punitive) lead to what Leahy calls a " 'theory-driven' search for information consistent with the schema" (p. 294). Additionally, Leahy suggests that in order to compensate for or to ward off feelings of vulnerability around issues such as attachment, the individual tries

to turn herself into the opposite of the schema (eg. someone who is a pleaser and therefore loveable).

Leahy (1991) emphasizes the interpersonal manner in which one's image and sense of self and that self's social reality is constructed. The self emerges from the perspective of others within the self's social system (eg. others reject me, therefore I am unloveable), and the image of the "other" is constructed from the perspective of the self (eg. I am helpless, therefore others should rescue me). Through continual interpersonal interactions in which the self compels others to complement her identity, the self constructs a social reality that consistently maintains the self's identity and script, with Leahy defining a script as "a set of expectations and predictions of how the self and other have and will continue to interact" (p. 291).

Leahy (1991) argues that scripts help regulate social systems and that each character in the system maintains a script in relation to other characters in a *dynamic equilibrium*. Therefore, in order to maintain this equilibrium, certain characters are scripted into the self's social reality to the exclusion of other characters. As such, alternative realities are prevented from being created.

As opposed to strictly sexual abuse theories or the developmental perspectives of Cole and Putnam (1992) and Alexander (1992), Leahy's model is a more holistic and comprehensive one which allows for the inclusion of numerous developmental antecedents (not just sexual abuse) which may interfere with the development of self-other schemas. It allows for incorporating a greater social and cultural context within which self-other schemas are developed -- a context in which the values held by "others" within a culture can be seen to help form those "others'" perspectives against which the individual self constructs her sense of self. (For example, if others within the culture devalue the Indian female child, the child is susceptible to developing an "I am a worthless Indian female" self-schema.) Leahy's model also provides a framework for understanding how and why

the self (the survivor) makes the meaning she does of early life events and of subsequent events such as sexual abuse. This model also helps to explain how the survivor's particular self-identity and narrative are maintained.

Similarly, McCall's and Simmons' (1978) theory of interpersonal interactions and role identities can be seen to complement Leahy's theory. Both models explain how the self is formed in relationship to other(s) and how identity is maintained within that self-other system.

Although these models are both "western" based, they seem most aptly to account for Zahra's experience. They can account for the effects of other forms of abuse besides her sexual abuse experiences; they can account for the incorporation of cultural influences into her sense of self; and finally, they can account for the meaning she made of her experience and how this meaning has perpetuated many of her difficulties.

Having reviewed the applicability and the degree to which Zahra's narrative supports or does not support existing sexual abuse theories, I would argue that future sexual abuse models need to incorporate a more holistic and comprehensive perspective which can account for the possible multitude of victimization and other antecedent events in a survivor's life. Future theoretical models should be able to account for the greater societal and cultural context within which the self experiences, develops, and makes meaning of such events. I would further argue that in the pursuit of developing a more comprehensive understanding of the survivor's experience and how survivors might be helped to create a "well-adjusted" narrative, sexual abuse models need to be developed which provide a greater understanding of the resilient and non-pathological areas of a survivor's life, particularly those areas that exist within the survivor's cultural and religious framework. The practical implications of Zahra's narrative and of theories such as Leahy's are discussed in the following section.

Implications for Practice

Zahra's narrative holds several implications for counsellors and other mental health professionals working with adult South Asian childhood sexual abuse survivors. In terms of the existing counselling literature regarding working with South Asian clientele in general, Zahra's narrative would seem to support many of the literature's findings and/or recommendations, particularly as they relate to counsellor/therapist variables. Beyond confirming the need for counsellors to draw upon basic skills such as empathy, active listening, and unconditional positive regard, Johnson's and Nadirshaw's (1993) recommendations that the counsellor respect the client's cultural and religious values and have an awareness of the social, religious, and cultural influences acting upon the life of the client and her ethnic group seem particularly important. Although these authors' recommendations are directed towards western Caucasian counsellors, I would suspect that they hold true for counsellors in general, regardless of counsellor race or ethnicity.

Many of the recommendations of Crites (1991) and Heras (1992) also appear to be confirmed by this study. Among their recommendations are that counsellors be aware of the prominent role of shame in Asian cultures, the subordination of the individual to family and community interests, and the role and position of women in these cultures. Although I was not in an "official" counselling role with Zahra, my awareness of these elements and of Indian Ismaili culture and religion in general, according to Zahra, partially accounted for the reason why she wanted me to be her counsellor. For this reason, I feel that my experience with Zahra also supports the literature's findings in this area.

In terms of specific counselling interventions for working with South Asian sexual abuse survivors, I can make few definitive statements in comparison to the literature which specifically addresses this area, for Zahra's narrative revealed that she did not participate in counselling for any substantial duration and thus her story reveals little about process variables. However, and again drawing upon my own experience with Zahra and her

comments regarding our experience together, I would suggest that the research process itself seems to support the findings of Mollica (1988), Mollica and Lavelle (1988), and Mollica and Son (1989) who have found that the survivor's telling of her story is in itself therapeutic. It was Zahra's experience that the telling of her story was very empowering. Although, I can only speculate about other effects which that telling had on Zahra, there may have been other benefits of which I am not aware, for as McAdams (1993) points out "like certain forms of psychotherapy, the telling of one's story to a sympathetic listener can be extremely illuminating" (p. 254).

Zahra's narrative would seem to not as readily confirm other suggestions found in the counselling literature regarding South Asians in general or Asian and South Asian sexual abuse survivors specifically. For example, Johnson's and Nadirshaw's (1993) suggestion that the counsellor draw upon structures within South Asian communities which support members of that community seems barely attainable in Zahra's case. In a community that denies the existence of childhood sexual abuse, there seem to be few structures in place to provide support for the survivor. Also, the general suggestion found in the literature that counselling involve the family is not so clearly supported by Zahra's narrative. Her narrative seemed to indicate that the issue of sexual abuse may be a particularly difficult one in which to involve all family members. Her individual needs and the needs of certain family members might be difficult to balance in light of the denial by certain members of her abuse experience. While couples therapy seemed to be helpful to Zahra, the involvement of other members might be more a matter of timing and judgement on the part of Zahra and her counsellor/therapist.

Another recommendation put forth by the literature which Zahra's narrative appears to support is that of the need for awareness/educational programs among the South Asian community regarding the issue of childhood sexual abuse. Again, her community's denial of the existence of childhood sexual abuse among its members, and its general lack of

awareness of issues related to sexual abuse seem to place barriers to the ability of survivors within that community to find the support they need.

This also leads to the issue of variations in client acculturation levels. Zahra is bicultural and quite westernized. If her previous initial willingness to see a western Caucasian counsellor, an Indian psychiatrist, and to have me counsel her is any indication, Zahra seems more amenable to approaching "mainstream" services. However, other South Asian survivors who are less acculturated might not know of or be willing to approach traditional counselling/therapy services or practitioners (whether within or beyond their cultural community). Therefore, the extent to which mainstream counsellors come in contact with such clients is unknown. Many of these counselling implications are based on the assumption that mainstream counsellors/therapists do or will work with such clients.

Another counselling implication stemming from Zahra's narrative is in the area of boundary issues. Again, I do not believe that this is necessarily a culture-bound issue. My sense is that for individuals who may have a similar history and dynamic as Zahra, boundary issues may become salient within the counsellor-client relationship and therefore knowledge of and competence in dealing with this issue on the part of the counsellor would seem to be very important.

Zahra's narrative also reveals that counselling approaches which primarily focus on the sexual abuse experience may not be comprehensive enough in helping the client to come to terms with troubling life issues. Her narrative tends to indicate that a more holistic approach might be appropriate -- an approach which acknowledges and works with other areas of victimization, issues such as early attachments, the client's familial and social/religious/cultural context, and perhaps most importantly, the meaning made by the survivor of her cumulative experiences.

The meaning Zahra made of her experiences was to identify herself as a victim and to develop a victim script which permeated her life. While the victim script does not seem to

be culture-bound, I would argue that certain cultures may predispose individuals to develop a victim script. In the case of Zahra, it is my opinion that numerous elements in her Indo-Canadian Ismaili culture made her extremely vulnerable to developing such a script. In light of Zahra's experience and in light of what it may potentially indicate for other survivors from her culture (and other Asian cultures), I believe it behooves counsellors to have an understanding of working with clients who present with a victim script. Such understanding may aid the counsellor in helping the client to extricate herself from this particular script and aid her in developing an alternate and more satisfying script.

I would suggest that Leahy's (1993) clinical recommendations have implications for how counsellors may work with clients and this issue. (In presenting his recommendations, I am assuming that he invokes his strategies only after sufficient client-counsellor trust and rapport have been developed.) Given this assumption, Leahy suggests that the primary task of the counsellor is to challenge the victim role. To do this, he first directly elicits the client's resistance to giving up that role by confronting her with behavioural choices and problem solving (eg. examining the costs and benefits of her role and experimenting with alternative behaviours). When the client returns to a next session after this initial intervention, Leahy recommends that the counsellor surrender playing the rescuer and adopt the role of confidante, joining the resistance and openly observing and discussing the fact that the benefits of the client holding onto the victim role and maintaining the status quo outweigh the benefits of change, and that non-action is a choice and value held by the client. Leahy's purpose here is to motivate the client to change paradoxically by claiming that change will not take place. By becoming an observer and confidante, the counsellor breaks from the system of victim, rescuer, and/or persecutor.

From the role of observer/confidante, the counsellor then describes the client's "stuckness" in her victim role, indicating the advantages and disadvantages to others in her life. Leahy then conducts what he calls a *developmental analysis of the victim role* in

which he examines the antecedents of that role formation, including models upon which it was based. Leahy suggests that the counsellor then demonstrate the interpersonal nature of the victim role via behavioural experiments. This can be done in a variety of ways, but the main purpose is to both try to get the "victim" to clearly specify what she has to do to get others to reinforce her script and to show her the lack of generalization of the script.

Through such behavioural experiments, Leahy suggests that the client's awareness of her own role in perpetuating her victim script will be heightened, and that in turn the script will become more amenable to being dismantled. It is at this point of dismantling that the counsellor and client may work together to develop an alternative role to that of the victim, one in which the client has more command over and self-responsibility in her life, and therefore, more control over the quality of her life.

I would suggest that the challenge for counsellors working with adult South Asian childhood sexual abuse survivors (or indeed, survivors from a variety of ethnic/cultural backgrounds) would be to adapt or modify Leahy's approach to fit within the client's ethnic/cultural orientation, recognizing that there may be some value conflicts which would have to be worked through before this approach would be of full benefit to the client. Additionally, I would suspect that the counsellor would be required to work with other issues (such as the emotional impact of the client's victimization) in tandem with attempting to dismantle the client's victim script.

For Zahra, one of her dominant emotional issues seemed to be that of resentment, a feeling strongly linked to her victim script. Her resentment coloured the quality of her relationships, and it seemed to keep her stuck in the victim role. In terms of this aspect of Zahra's experience having implications for counselling, I would argue, as mentioned earlier in this document, that a client's presentation of resentment such as that observed in Zahra, may be indicative of "unfinished business". It is my opinion that the client would benefit from being helped to work through the issues involved in her unfinished business while

concurrently being helped to dismantle her victim script.

One final area of implications for counselling which Zahra's narrative indicates is that of counsellors' focussing on and working with client strengths. Having had the privilege of reading Zahra's personal writings, I would speculate that she has a unique strength and gift which could be drawn upon in her therapeutic process, particularly since her writings reflect her struggles within her cultural/religious milieu. One might only ponder how Zahra might be facilitated to rewrite (as she seems to be doing with the female characters in her stories) her own narrative -- a narrative which sees her incorporating her fledgling new insights and movements into developing an alternative role to that of victim, and one that can be developed within the limitations of her familial and cultural framework as it stands now. Following the lead of Valentine and Feinauer (1993), I believe that other survivors, as with Zahra, could be much assisted if counsellors emphasized and explored with clients resiliency areas in clients' lives.

Implications for Research

This current study examined an extremely under-explored phenomenon, that of the experience of a female adult childhood sexual abuse survivor of Asian ethnicity, specifically a female of South Asian ethnicity whose religion is Ismailism. Given the exploratory nature of this study, given that only a single case was examined, and given the type of narrative that emerged from this case, this study points to a multitude of future research avenues. The development of more comprehensive and culturally sensitive theories regarding sexual abuse and the development of appropriate and effective counselling interventions for working with adult survivors from an array of cultural/racial/religious backgrounds could benefit from research in a number of areas.

First, there is a need for research which examines the experience of a female South Asian survivor who has come to terms with her abuse experience(s) and who is now

agential in her life. Such research may shed light on what cultural or other resiliency elements such a survivor drew upon to make a "well-adjusted" meaning of her life. As such it may offer clues as to how a victim script which emerges from that culture may be dismantled.

Second, much could be learned from research which uses multiple case studies of female South Asians survivors so as to compare experiences and meanings made of those experiences. Third, single and/or multiple case studies of male South Asian survivors would be helpful in order to explore whether they have unique experiences and/or needs. Fourth, life history research is needed on survivors of both genders from a variety of non-Caucasian/non-western races and cultures, and/or on survivors who represent a variety of religious and socio-economic backgrounds as well as a variety of acculturation levels. Such life history research would not only provide insight into the variety of ways meanings of experiences are made within different cultures and backgrounds, but would allow for the development of broader perspectives which examine a range of antecedent experiences which may be related to how sexual abuse and its aftermath is experienced.

Fifth, comparative life history research among western Caucasian survivors and non-western/non-Caucasian survivors would be required in order to explore whether indeed there are universals in some areas of experience. Sixth, there appears to be a need for adjunctive or complementary quantitative research in a number of areas, such as community surveys regarding attitudes/awareness levels of sexual abuse among different ethnic groups, or questionnaires administered to survivors from different cultures regarding experiences, needs, and services. Additionally, qualitative and/or quantitative research which examines counsellor experiences of working with adult and/or child sexual abuse survivors from various cultures may prove to be a fruitful means of gathering helpful information regarding working with such individuals.

This is by no means an exhaustive listing of areas in need of research. Further, as the

situation stands presently, and as this current study would seem to indicate, some of these research projects would, admittedly, be quite difficult to undertake.

Summary

This study explored the experience of a female adult South Asian Ismaili Canadian childhood sexual abuse survivor. The experience of adult Asian Canadian childhood sexual abuse survivors is an extremely underexplored phenomenon. As such, a single revelatory case study was undertaken which used a phenomenological approach. Based on in-depth qualitative interviews with the survivor, and based on adjunctive sources of evidence, a narrative life history was developed (and validated by the survivor) which described the survivor's experience of childhood sexual abuse and its aftermath and the meaning she made of her experience. Upon analysis, it was found that the survivor's narrative was not only the account of a South Asian woman who had been sexually abused in childhood, but the account of a woman who had experienced emotional neglect, physical abuse, and racism. The analysis revealed an overall narrative structure and a number of themes which indicated that the meaning the survivor made of her cumulative experiences was to self-identify as a victim and to develop a victim script which permeated most aspects of her life, which continued into adulthood, and which was inextricably linked to her identity as an Indian female. This study found that the survivor's cultural/religious environment seemed to exacerbate her victimization experience and healing opportunities, while her personal religious beliefs appeared to offer her support. Both cultural and religious elements influenced the meaning the survivor made of her experiences. The life history also indicated that the survivor's contemplation of an identity other than that of a victim seemed only in its early stages.

REFERENCES

- Alexander, P. C. (1992). Application of attachment theory to the study of sexual abuse. Journal of Consulting and Clinical Psychology, 60, 185-195.
- al-Tabataba'i, M. H. (1977). Shi'ite Islam (2nd ed.). (S.H. Nasr, Trans.). Albany, NY: State University of New York Press.
- American Psychiatric Association. (1987). Diagnostic and statistical manual of mental disorders (3rd ed., rev.). Washington, DC: APA.
- Armstrong, P. F. (1987). Qualitative strategies in social and educational research: The life history method in theory and practice. Kingston-upon-Hull, England: Newland University.
- Assanand, S., Dias, M., Richardson, E., & Waxler-Morrison, N. (1990). The South Asians. In N. Waxler-Morrison, J. Anderson, & E. Richardson (Eds.), Cross-cultural caring: A handbook for health professionals in western Canada (pp. 141-180). Vancouver: University of British Columbia Press.
- Atkinson, D. R., Poston, W. C., Furlong, M. J., & Mercado, P. (1989). Ethnic group preferences for counselor characteristics. Journal of Counseling Psychology, 36, 68-72.
- Bagley, C. (1991). Long-term psychological effects of child sexual abuse: A review of some British and Canadian studies of victims and their families. Annals of Sex Research, 4, 23-48.
- Bass, E., & Davis, L. (1988). The courage to heal: A guide for women survivors of child sexual abuse. New York: Harper and Row.
- Beiser, M. (1985). The grieving witch: A framework for applying principles of cultural psychiatry to clinical practice. Canadian Journal of Psychiatry, 30, 130-141.
- Bennett, M., & Rutledge, J. (1989). Self-disclosure in a clinical context by Asian and

- British psychiatric out-patients. British Journal of Clinical Psychology, 28, 155-163.
- Berg, I. K., & Miller, S. D. (1992). Working with Asian American clients: One person at a time. Families in Society: The Journal of Contemporary Human Services, 73, 356-363.
- Beutler, L. E., & Hill, C. E. (1992). Process and outcome research in the treatment of adult victims of childhood sexual abuse: Methodological issues. Journal of Consulting and Clinical Psychology, 60, 204-212.
- Bharati, A. (1965). A social survey. In D. P. Ghai (Ed.), Portrait of a minority: Asians in East Africa (pp. 13-64). Nairobi: Oxford University Press.
- Bharati, A. (1972). The Asians in East Africa: Jayhind and Uhuru. Chicago: Nelson-Hall.
- Bhatti, B. K. (1991). Cross-cultural issues in the sexual abuse of children: A study of child welfare intervention. (Doctoral dissertation. University of California, Berkeley, 1992). Dissertation Abstracts International, 52, 3073A.
- Blume, E. S. (1990). Secret survivors: Uncovering incest and its aftereffects in women. New York: Ballantine Books.
- Bouhdiba, A. (1985). Sexuality in Islam. (A. Sheridan, Trans.). London: Routledge & Kegan Paul.
- Briere, J. (1989). Therapy for adults molested as children: Beyond survival. New York: Springer.
- Briere, J. (1992). Child abuse trauma: Theory and treatment of the lasting effects. Newbury Park, CA: Sage.
- Briere, J., & Runtz, M. (1987). Post sexual abuse trauma: Data and implications for clinical practice. Journal of Interpersonal Violence, 2, 367-379.
- Briere, J., & Runtz, M. (1990). Differential adult symptomatology associated with three types of child abuse histories. Child Abuse and Neglect, 14, 357-364.
- Briere, J., & Runtz, M. (1993). Childhood sexual abuse: Long-term sequelae and

- implications for psychological assessment. Journal of Interpersonal Violence, 8, 312-331.
- Bromley, D. B. (1986). The case-study method in psychology and related disciplines. Chichester: John Wiley & Sons.
- Brown, D. (1990). The variable long-term effects of incest: Hypnoanalytic and adjunctive hypnotherapeutic treatment. In M. L. Fass & D. Brown (Eds.), Creative mastery in hypnosis and hypnoanalysis: A festschrift for Erika Fromm (pp. 199-229). Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers.
- Browne, A., & Finkelhor, D. (1986). Initial and long-term effects: A review of the research. In D. Finkelhor (Ed.), A sourcebook on child sexual abuse (pp. 143-179). Beverly Hills, CA: Sage.
- Canada. (1984). Sexual offenses against children: Report of the committee on sexual offenses against children and youths. Ministry of Supply and Services Canada.
- Chattopadhyaya, H. (1970). Indians in Africa. Calcutta: Bookland Private.
- Claridge, K. (1992). Reconstructing memories of abuse: A theory-based approach. Psychotherapy, 29, 243-252.
- Cochran, L. (1986). Dramaturgical approaches to the study of persons. New York: Greenwood Press.
- Cochran, L. (1990). The sense of vocation: A study of career and life development. New York: State University of New York Press.
- Cole, P. M., & Putnam, F. W. (1992). Effect of incest on self and social functioning: A developmental psychopathology perspective. Journal of Consulting and Clinical Psychology, 60, 174-184.
- Courtois, C. A. (1988). Healing the incest wound: Adult survivors in therapy. New York: W. W. Norton & Company.
- Crites, L. (1991). Cross-cultural counseling in wife beating cases. Response to the

Victimization of Women and Children, 13,(4), 8-12.

- Cummins, P. (1992). Reconstruing the experience of sexual abuse. International Journal of Personal Construct Psychology, 5, 355-365.
- Daftary, F. (1990). The Ismailis: Their history and doctrines. Cambridge: Cambridge University Press.
- Demaue, L. (1991). The universality of incest. The Journal of Psychohistory, 19, 123-164.
- Dolan, Y. M. (1991). Resolving sexual abuse: Solution-focused therapy and Ericksonian hypnosis for adult survivors. New York: W. W. Norton & Company.
- Don Nanjira, D.D.C. (1976). The status of aliens in East Africa: Asians and Europeans in Tanzania, Uganda, and Kenya. New York: Praeger.
- Dossa, P. A. (1985). Ritual and daily life: Transmission and interpretation of the Ismaili tradition in Vancouver. (Doctoral dissertation. The University of British Columbia, 1986). Dissertation Abstracts International. 47, 1383A.
- Draucker, C. B. (1992). Counselling survivors of childhood sexual abuse. London: Sage.
- Dukes, S. (1984). Phenomenological methodology in the human sciences. Journal of Religion and Health, 23, 197-203.
- Durvasula, R. S., & Mylvaganam, G. A. (1994). Mental health of Asian Indians: Relevant issues and community implications. Journal of Community Psychology, 22(2), 97-108.
- Eckartsberg, R. von. (1986). Life-world experience: Existential-phenomenological research approaches in psychology. Washington, DC: Center for Advanced Research in Phenomenology, Inc. & University Press of America, Inc.
- Elliott, D. M., & Briere, J. (1992). Sexual abuse trauma among professional women: Validating the Trauma Symptom Checklist-40 (TSC-40). Child Abuse and Neglect, 16, 391-398.

- Engel, B. (1989). The right to innocence: Healing the trauma of childhood sexual abuse. New York: Ballantine Books.
- Esmail, A., & Nanji, A. (1977). The Isma`ilis in history. In S. H. Nasr (Ed.), Isma`ili contributions to Islamic culture (pp. 225-265). Tehran: Imperial Iranian Academy of Philosophy.
- Evans, A. S., Moynes, R. E., & Martinello, L. (1973). What man believes: A study of the world's great faiths. Toronto: McGraw-Hill Ryerson.
- Filippini-Ronconi, P. (1977). The Soteriological cosmology of central Asiatic Isma`ilism. In S. H. Nasr (Ed.), Isma`ili contributions to Islamic culture (pp. 99-120). Tehran: Imperial Iranian Academy of Philosophy.
- Finkelhor, D. (1984). Child sexual abuse: New theory and research. New York: The Free Press.
- Finkelhor, D. (Ed.). (1986). A sourcebook on child sexual abuse. Beverly Hills, CA: Sage.
- Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. Professional Psychology: Research and Practice, 21, 325-330.
- Finkelhor, D. (1994). The international epidemiology of child sexual abuse. Child Abuse & Neglect, 18, 409-417.
- Finkelhor, D., & Browne, A. (1986). Initial and long-term effects: A conceptual framework. In D. Finkelhor (Ed.), A sourcebook on child sexual abuse (pp. 180-198). Beverly Hills, CA: Sage.
- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. Child Abuse and Neglect, 14, 19-28.
- Finkelhor, D., & Korbin, J. (1988). Child abuse as an international issue. Child Abuse and Neglect, 12, 3-23.

- Fontes, L. A. (1993). Disclosures of sexual abuse by Puerto Rican children: Oppression and cultural barriers. Journal of Child Sexual Abuse, 2, 21-35.
- Gelinas, D. J. (1983). The persisting negative effects of incest. Psychiatry, 46, 312-332.
- Ghai, Y., & Ghai, D. (1979). The Asian minorities of East and Central Africa (up to 1971) (Report No. 4) (new ed.). London: Minority Rights Group.
- Gomaz, M. V. (1992). Some suggestions for change regarding culturally appropriate interventions in child sexual abuse: A reaction to Heras. Journal of Child Sexual Abuse, 1, 125-127.
- Goodwin, J. (1989). Sexual abuse: Incest victims and their families. Chicago: Year Book Medical Publishers, Inc.
- Greenberg, L. S., Rice, L. N., & Elliott, R. (1993). Facilitating emotional change: The moment-by-moment process. New York: Guilford Press.
- Gupta, M. (1994). Sexuality in the Indian subcontinent. Sexual and Marital Therapy: Journal of the Association of Sexual and Marital Therapists, 9, 57-69.
- Haffejee, I. E. (1991). Sexual abuse of Indian (Asian) children in South Africa: First report in a community undergoing cultural change. Child Abuse and Neglect, 15, 147-151.
- Halliday, L. (1987). Sexual abuse: Counselling issues and concerns. Campbell River: Ptarmigan Press.
- Heras P. (1992). Cultural considerations in the assessment and treatment of child sexual abuse. Journal of Child Sexual Abuse, 1, 119-124.
- Herman, J. L. (1992). Trauma and recovery. New York: Basic Books.
- Herman, J. L., & Schatzow, E. (1987). Recovery and verification of memories of childhood sexual trauma. Psychoanalytic Psychology, 4(1), 1-14.
- Hermans, H. J. M. (1992). Telling and retelling one's self-narrative: A contextual approach to life-span development. Human Development, 35, 361-375.

- Ho, T., & Kwok, W. (1991). Child sexual abuse in Hong Kong. Child Abuse and Neglect, 15, 597-600.
- Ho, T. P., & F. L. Mak (1992). Sexual abuse in Chinese children in Hong Kong: A review of 134 cases. Australian and New Zealand Journal of Psychiatry, 26, 639-643.
- Jehu, D., Klassen, C., & Gazan, M. (1985). Common therapeutic targets among women who were sexually abused in childhood. Journal of Social Work and Human Sexuality, 3, 25-45.
- Jehu, D., Klassen, C., & Gazan, M. (1986). Cognitive restructuring of distorted beliefs associated with childhood sexual abuse. Journal of Social Work and Human Sexuality, 4, 49-69.
- Johnson, A. W., & Nadirshaw, Z. (1993). Good practice in transcultural counselling: An Asian perspective. British Journal of Guidance & Counselling, 21, 20-29.
- Kawanishi, Y. (1992). Somatization of Asians: An artifact of western medicalization? Transcultural Psychiatric Research Review, 29, 5-36.
- Kelly, R. J., & McCurry Scott, M. (1986). Sociocultural considerations in child sexual abuse. In K. MacFarlane, J. Waterman, S. Conerly, L. Damon, M. Durfee, & S. Long (Eds.), Sexual abuse of young children: Evaluation and treatment (pp. 151-163). New York: Guilford Press.
- Kenney, C. (1989). Counselling the survivors of sexual abuse. Norwich: University of East Anglia.
- Kercher, G. A., & McShane, M. (1984). The prevalence of child sexual abuse victimization in an adult sample of Texas residents. Child Abuse and Neglect, 8, 495-501.
- Kirschner, S., Kirschner, D. A., & Rappaport, R. L. (1993). Working with adult incest survivors: The healing journey. New York: Brunner/Mazel.
- Kitahara, M. (1989). Incest -- Japanese style. [Review of Misshitsu no haha to ko

- (Mother and child in the closed room)]. Journal of Psychohistory, 16, 445-450.
- Kondora, L. L. (1993). A Heideggerian hermeneutical analysis of survivors of incest. Image: Journal of Nursing Scholarship, 25, 11-16.
- Kurian, G. (1986). Indian Journal of Social Work, 47(1), 39-49
- Kvale, S. (1983). The qualitative research interview: A phenomenological and a hermeneutical mode of understanding. Journal of Phenomenological Psychology, 14, 171-196.
- Lai, J., & Linden, W. (1993). The smile of Asia: Acculturation effects on symptom reporting. Canadian Journal of Behavioural Science. 25, 303-313.
- Law, S. K. (1979). Child molestation: A comparison of Hong Kong and western findings. Medicine, Science and Law, 19, 55-60.
- Leahy, R. L. (1991). Scripts in cognitive therapy: The systemic perspective. Journal of Cognitive Psychotherapy: An International Quarterly. 5, 291-304.
- Lindholm, K. J., & Willey, R. (1986). Ethnic differences in child abuse and sexual abuse. Hispanic Journal of Behavioral Sciences, 8, 111-125.
- McAdams, D. P. (1993). The stories we live by: Personal myths and the making of the self. New York: William Morrow and Company.
- McCall, G. J., & Simmons, J. L. (1978). Identities and interactions: An examination of human associations in everyday life (rev. ed.). New York: The Free Press.
- McLellan, W. (1992, May 6). Family violence: A special report. The Vancouver Sun, pp. C1,C3.
- Memon, K. (1993). Wife abuse in the Muslim community. Islamic Horizons, 22(1), 12-19.
- Mennen, F. E. (1995). The relationship of race/ethnicity to symptoms in childhood sexual abuse. Child Abuse and Neglect, 19, 115-124.
- Menon, R. (1992). Sexual abuse of children: Hidden peril. India Today, 17(20), 69-73.

- Merriam, S. B. (1988). Case study research in education: A qualitative approach. San Francisco, CA: Jossey-Bass.
- Mishler, E. G. (1986). Research interviewing: Context and narrative. Cambridge, MA: Harvard University Press.
- Mollica, R. F. (1988). The trauma story: The psychiatric care of refugee survivors of violence and torture. In F. M. Ochberg (Ed.), Post-traumatic therapy and victims of violence (pp. 295-314). New York: Brunner/Mazel.
- Mollica, R. F., & Lavelle, J. (1988). Southeast Asian refugees. In L. Comas-Diaz & E. E. H. Griffith (Eds.), Clinical guidelines in cross-cultural mental health (pp. 262-293). New York: John Wiley & Sons.
- Mollica, R. F., & Son, L. (1989). Cultural dimensions in the evaluation and treatment of sexual trauma: An overview. Psychiatric Clinics of North America, 12, 363-379.
- Morris, H. S. (1968). The Indians in Uganda. London: Weidenfeld and Nicolson.
- Nagaraja, J. (1983). Sexual problems in adolescence. Child Psychiatry Quarterly, 16 (1), 9-18.
- Naidoo, J. C. (1985). Contemporary South Asian women in the Canadian mosaic. International Journal of Women's Studies, 8, 338-350.
- Naidoo, J. C., & Davis, J. C. (1988). Canadian South Asian women in transition: A dualistic view of life. Journal of Comparative Family Studies, 19, 311-327.
- Nanji, A. (1983). The Nizari Ismaili Muslim community in North America: Background and development. In E. H. Waugh, B. Abu-Laben, & R. B. Qureshi (Eds.), The Muslim community in North America (pp. 149-164). Edmonton: Alberta, The University of Alberta Press.
- Narikiyo, T. A., & Kameoka, V. A. (1992). Attributions of mental illness and judgments about help seeking among Japanese-American and White American students. Journal of Counseling Psychology, 39, 363-369.

- Nash, C. (1990). Narrative in culture: The uses of storytelling in the sciences, philosophy, and literature. New York: Routledge.
- Nasr, S. H. (Ed.). (1977). Isma`ili contributions to Islamic culture. Tehran: Imperial Iranian Academy of Philosophy.
- Osborne, J. W. (1990). Some basic existential-phenomenological research methodology for counsellors. Canadian Journal of Counselling, 24, 79-91.
- Paddison, P. L. (Ed.). (1993). Treatment of adult survivors of incest. Washington, DC: American Psychiatric Press.
- Parson, E. R. (1985). Ethnicity and traumatic stress: The intersecting point in psychotherapy. In C. R. Figley (Ed.), Trauma and its wake: The study and treatment of post-traumatic stress disorder (Vol. 1) (pp. 314-337). New York: Brunner/Mazel.
- Patil, V. (1992). The girl child in India: In a no-win situation. In N. Heptulla (Ed.), Reforms for women: Future options (pp. 52-56). New Delhi: Oxford & IBH.
- Peng, K. L. (1984). Case report: History of incest in a parasuicide population in Singapore. Australian and New Zealand Journal of Psychiatry, 18, 188-190.
- Peters, S. D., Wyatt, G. E., & Finkelhor, D. (1986). Prevalence. In D. Finkelhor (Ed.), A sourcebook on child sexual abuse (pp. 15-59). Beverly Hills, CA: Sage.
- Peterson, M. P. (1993). Physical and sexual abuse among school children: Prevalence and prevention. Educational Psychology Review, 5, 63-86.
- Pierce, L. H., & Pierce, R. L. (1984). Race as a factor in the sexual abuse of children. Social Work Research and Abstracts, 20(2), 9-14.
- Polkinghorne, D. E. (1988). Narrative knowing and the human sciences. Albany, NY: State University of New York Press.
- Ponterotto, J. G., & Casas, J. M. (1991). Handbook of racial/ethnic minority counseling research. Springfield, ILL.: Charles C. Thomas Publisher.
- Powell, G. J. (1988). Child sexual abuse research: The implications for clinical practice.

- In G. E. Wyatt & G. J. Powell (Eds.), Lasting effects of child sexual abuse (pp. 271-281). Newbury Park, CA: Sage.
- Rao, K., DiClemente, R. J., & Ponton, L. E. (1992). Child sexual abuse of Asians compared with other populations. Journal of the American Academy of Child and Adolescent Psychiatry, 31, 880-886.
- Ratican, K. L. (1992). Sexual abuse survivors: Identifying symptoms and special treatment considerations. Journal of Counseling and Development, 71, 33-38.
- Reinharz, S. (1992). Feminist methods in social research. New York: Oxford University Press.
- Riessman, C. K. (1989). From victim to survivor: A woman's narrative reconstruction of marital sexual abuse. Smith College Studies in Social Work, 59, 232-251.
- Rosenwald, G. C., & Ochberg, R. L. (Eds.). (1992). Storied lives: The cultural politics of self-understanding. New Haven: Yale University Press.
- Roth, S., & Lebowitz, L. (1988). The experience of sexual trauma. Journal of Traumatic Stress, 1, 79-107.
- Rowan, A. B., & Foy, D. W. (1993). Post-traumatic stress disorder in child sexual abuse survivors: A literature review. Journal of Traumatic Stress, 6, 3-20.
- Runyan, W. M. (1982). In defense of the case study method. American Journal of Orthopsychiatry, 52 440-446.
- Russell, D. E. H. (1986). The secret trauma: Incest in the lives of girls and women. New York: Basic Books.
- Russell, D. E. H., Schurman, R. A., & Trocki, K. (1988). The long-term effects of incestuous abuse: A comparison of Afro-American and White American victims. In G. E. Wyatt & G. J. Powell (Eds.), Lasting effects of child sexual abuse (pp. 119-134). Newbury Park, CA: Sage.
- Sanderson, C. (1990). Counselling adult survivors of child sexual abuse. London: Jessica

- Kingsley Publishers.
- Schafer, J. R., & McIlwaine, B. D. (1992). Investigating child sexual abuse in the American Indian community. American Indian Quarterly, 16, 157-167.
- Segal, U. A. (1991). Cultural variables in Asian Indian families. Families in Society: The Journal of Contemporary Human Services, 72, 233-241.
- Segal, U. A., & Ashtekar, A. (1994). Detection of intrafamilial child abuse: Children at intake at a children's observation home in India. Child Abuse & Neglect, 18, 957-967.
- Seidman, I. E. (1991). Interviewing as qualitative research: A guide for researchers in education and the social sciences. New York: Teachers College Press.
- Sharma, S. M. (1984). Assimilation of Indian immigrant adolescents in British society. The Journal of Psychology, 118, 79-84.
- Siegel, D. R., & Romig, C. A. (1990). Memory retrieval in treating adult survivors of sexual abuse. American Journal of Family Therapy, 18, 246-256.
- Singh, G. (1986). Violence against wives in India. Response to the Victimization of Women and Children, 9(1), 16-18.
- Smith, H. (1965). The religions of man. New York, NY: Harper & Row.
- Smith, R. E. (1988). The logic and design of case study research. The Sport Psychologist, 2, 1-12.
- Solomon, R. C. (1976). The passions. Garden City, NY: Anchor Press/Doubleday.
- Stein, J. A., Golding, J. M., Siegel, J. M., Burnam, M. A., & Sorenson, S. B. (1988). Long-term psychological sequelae of child sexual abuse: The Los Angeles epidemiologic catchment area study. In G. E. Wyatt & G. J. Powell (Eds.), Lasting effects of child sexual abuse (pp. 135-154). Newbury Park, CA: Sage.
- Steiner, G. L., & Bansil, R. K. (1989). Cultural patterns and the family system in Asian Indians: Implications for psychotherapy. Journal of Comparative Family Studies, 20,

371-375.

- Stopes-Roe, M., & Cochrane, R. (1989). Traditionalism in the family: A comparison between Asian and British cultures and between generations. Journal of Comparative Family Studies, 20(2), 141-158.
- Sue, D. W. (1981). Evaluating process variables in cross-cultural counseling and psychotherapy. In J. Marsella & P. B. Pedersen (Eds.), Cross-cultural counseling and psychotherapy (pp. 102-125). New York: Pergamon Press.
- Sue, D. W., & Sue, D. (1990). Counselling the culturally different: Theory and practice (2nd ed.). New York: Wiley.
- Sue, S., Nakamura, C. Y., Chung, C. R., & Yee-Bradbury, C. (1994). Mental health research on Asian Americans. Journal of Community Psychology, 22(2), 61-67.
- Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy. American Psychologist, 42, 37-45.
- Suinn, R. M., Richard-Figueroa, K., Lew, S., & Vigil, P. (1987). The Suinn-Lew Asian Self-Identity Acculturation Scale: An initial report. Educational and Psychological Measurement, 47, 401-407.
- Thompson, G. (1975). The Ismailis in Uganda. In M. Twaddle, (Ed.), Expulsion of a minority: Essays on Ugandan Asians (pp. 30-52). London: Athlone Press.
- Thrasher, S. P. (1994). Psychodynamic therapy and culture in the treatment of incest of a West Indian immigrant. Journal of Child Sexual Abuse, 3, 37-52.
- Trepper, T. S. (1990). In celebration of the case study. Journal of Family Psychotherapy, 1, 5-13.
- Trimingham, J. S. (1964). Islam in East Africa. Oxford: Clarendon.
- True, R. H. (1990). Psychotherapeutic issues with Asian American women. Sex Roles, 22, 477-486.
- Turner, V. W., & Bruner, E. M. (Eds.). (1986). The anthropology of experience. Urbana,

- IL: University of Illinois Press.
- Tzeng, O. C. S., & Schwarzin, H. J. (1990). Gender and race differences in child sexual abuse correlates. International Journal of Intercultural Relations, 14, 135-161.
- Valentine, L., & Feinauer, L. L. (1993). Resilience factors associated with female survivors of childhood sexual abuse. The American Journal of Family Therapy, 21, 216-224.
- Watson, L. C., & Watson-Franke, M. (1985). Interpreting life histories: An anthropological inquiry. New Brunswick, NJ: Rutgers University Press.
- Waxler-Morrison, N., Anderson, J., & Richardson, E. (Eds.). (1990). Cross-cultural caring: A handbook for health professionals in western Canada. Vancouver: University of British Columbia Press.
- Weiss, R. S. (1994). Learning from strangers: The art and method of qualitative interview studies. Toronto: Macmillan.
- Westerlund, E. (1992). Women's sexuality after childhood incest. New York: W. W. Norton & Company.
- Westwood, M. J. (1982). A cross-cultural comparison of East Indian and Anglo-European expectations of counselling. International Journal for the Advancement of Counselling, 5, 283-289.
- Wong, D. (1987). Preventing child sexual assault among Southeast Asian refugees. Children Today, 16, 18-27.
- Wyatt, G. E. (1985). The sexual abuse of Afro-American and White-American women in childhood. Child Abuse and Neglect, 9, 507-519.
- Wyatt, G. E. (1990). Sexual abuse of ethnic minority children: Identifying dimensions of victimization. Professional Psychology: Research and Practice, 21, 338-343.
- Yin, R. K. (1989). Case study research: Design and methods (rev. ed.). Newbury Park, CA: Sage.

Yuan, L. M. (1990). Child sexual abuse in West China. American Journal of Psychiatry,
147, 258.

Potential Participant # _____

Instructions: For each question below, circle the number of the item that describes you best. Some items also ask you to provide additional information. Please answer all of the questions.

1. What languages can you speak fluently? _____
 2. Which of the languages did you learn first? _____
 3. Which language is most natural to you now? (For example, in which language do you think?) _____
 4. If you were born outside North America, at what age did you first come to North America? _____
 5. Please name the country in which you were born.
____Canada ____Other-Where? _____ ____Don't know
- Where was your mother born?
- ____Canada ____Other-Where? _____ ____Don't know
- Where was your father born?
- ____Canada ____Other-Where? _____ ____Don't know

6. How do you describe your own cultural or ethnic identity?
(For example: Canadian, Japanese, Cantonese, American, East-Indian, First Nations, Asian-Canadian, Indo-Canadian, etc.)
-
7. What was the ethnic origin of the friends and peers you had, as a child up to age 6?
- 1 ☐ Almost exclusively from my own cultural group
 - 2 ☐ Mostly from my own cultural group
 - 3 ☐ About equally from my group and Anglo or other groups
("Anglo" means English-speaking.)
 - 4 ☐ Mostly Anglos or from cultural groups other than my own
 - 5 ☐ Almost exclusively Anglos or from cultural groups other than my own
8. With whom do you now associate in the community?
- 1 ☐ Almost exclusively from my own cultural group
 - 2 ☐ Mostly from my own cultural group
 - 3 ☐ About equally from my group and Anglo or other groups
("Anglo" means English-speaking.)
 - 4 ☐ Mostly Anglos or from cultural groups other than my own
 - 5 ☐ Almost exclusively Anglos or from cultural groups other than my own
9. Do you participate in special occasions, holidays, traditions, etc. that are specific to your culture of ethnic origin?
- 1 ☐ Nearly all of them
 - 2 ☐ Most of them
 - 3 ☐ Some of them
 - 4 ☐ A few of them
 - 5 ☐ None at all
10. How much do you identify with each culture:
- (a) Your culture of ethnic origin:
 - 1 ☐ Very much
 - 2 ☐ Mostly
 - 3 ☐ Partially or somewhat
 - 4 ☐ A little
 - 5 ☐ Not at all
 - (b) Anglo-Canadian culture:
 - 1 ☐ Very much
 - 2 ☐ Mostly
 - 3 ☐ Partially or somewhat
 - 4 ☐ A little
 - 5 ☐ Not at all

APPENDIX B



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FOLLOW-UP LETTER OF INFORMATION TO
AGENCY/THERAPIST/MEDICAL DOCTOR

Date

Dear _____:

Further to our phone conversation of _____, I wish to thank you for expressing interest in helping me to recruit a participant for my research -- An Adult Asian Canadian's Experience of Childhood Sexual Abuse and Recovery From Its After-Effects.

As discussed, I have enclosed an outline of my project which should provide you with a more detailed overview and which I would ask you to use when discussing the project with the potential participant. I have also enclosed a copy of the Culture Questionnaire (with an attached explanatory letter to the potential participant) which should help you in assessing whether or not the participant continues to experience the influence of his/her Asian heritage in his/her life and is able to articulate his/her experience.

When discussing your client's/patient's potential participation, please emphasize that should he/she at any time during the project decide either not to answer particular questions or to withdraw from the project, he/she is free to do so without fear of reprisals. Additionally, the participant should be assured that all discussion with this researcher of his/her experience will be handled and debriefed with respect and sensitivity, and that should he/she wish to discuss with you his/her experience in the project that you would be available for such discussion.

As mentioned in our conversation, once you have determined that the participant both meets the outlined criteria and is voluntarily willing to participate in the study, please ask the participant for permission for you to release his/her name to me and then would you please contact me with that information. In turn, please ask the participant to also contact me in order that he/she and I may arrange a mutually agreeable meeting time and location and that he/she may bring the completed copy of the Culture Questionnaire. (At our first meeting, I will seek his/her formal consent to participate in the study.)

If the potential participant has filled out a copy of the Culture Questionnaire, but is either unsuitable for participation or does not wish to participate, please destroy the copy of the questionnaire.

If you treat the participant within an agency setting, please send to me (care of the above address) a brief letter signed by the appropriate officials of your agency indicating that they are aware of the details of this research study and consent to the participant's involvement in the study.

I hope that through the participant's sharing of his/her experience, he/she will feel empowered by having contributed to the knowledge in this field as well as potentially contributing to enhancing the quality of counselling/treatment received by survivors of Asian ethnicity. However, if you believe that the participant does not meet the selection criteria and/or if he or she does not feel willing to participate, I would appreciate if you let me know so that I may continue with my search for a suitable participant.

If you have any questions of either myself or my project supervisor (Dr. L. Cochran), please call. My number again is 689-8204, and Dr. L. Cochran can be reached at the University of British Columbia at 822-6139. Thank you again for your interest and time, and I look forward to hearing from you.

Sincerely,

Pascale Best

focus on the following areas of his/her experience: his/her experience of having been sexually abused in childhood; the impact the abuse had on his/her life; the cultural influences, if any, which she/he perceived to have affected his/her abuse experience and later recovery/counselling process; and what the survivor considered helpful/hindering during the counselling/therapy and recovery process. Additionally, if available, other sources of information (such as drawings, poetry, letters, etc.) will be examined and included in the case presentation. During the final interview, this researcher will provide the participant with a completed copy of the written narrative and biographical account of his/her experience in order that the participant be allowed the opportunity to comment, make changes, and validate the accuracy of his/her experience.

It is this researcher's hope that the findings of this study will not only add to the literature which discusses the role of ethnicity in sexual abuse, but that it will stimulate further research aimed at developing theory-based culturally sensitive therapeutic approaches appropriate to this specific population. This researcher further hopes that through the participant's sharing of his/her experience, he/she will feel empowered by having contributed to the knowledge in this field as well as potentially contributing to enhancing the quality of counselling received by future survivor clientele of Asian ethnicity.

Participation: Any potential participant will be required to meet a number of selection criteria. The participant must be:

1. an adult Asian-Canadian female or male of East, South East, or South Asian ethnic origin (eg. Chinese, Vietnamese, Japanese, Filipino) currently in counselling who has disclosed a history of childhood sexual abuse (either a single or more frequent occurrence). The participant should be one whose awareness and memory of the abuse existed prior to undergoing counselling/ therapy. Childhood sexual abuse for this study is defined as "sexual contact, ranging from fondling to intercourse, between a child in mid-adolescence or younger and a person at least five years older" (Briere, 1992, p.4)
2. in the latter stages of counselling such that he/she has come to terms with many of the issues involved in recovery and is thus mentally prepared to share what at times may be sensitive material; as well it is important that the participant have access to a therapist/medical doctor in order that, should he/she feel it necessary, he/she may further debrief his/her experience of participating in the project
3. someone who continues to experience the influence of Asian culture in his/her life as assessed by the attached Culture Questionnaire
4. someone who is able to articulate his/her experience in English.

APPENDIX D

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CONSENT FORM

Masters Thesis Research Project: An Adult Canadian-Asian's Experience of Childhood Sexual Abuse and Recovery From its After-Effects

This project is being undertaken as a Master's degree thesis by Pascale Best under the supervision of Dr. L. Cochran in the Department of Counselling Psychology at the University of British Columbia. The study is concerned with acquiring an understanding of an adult Canadian-Asian's experience of childhood sexual abuse, its impact on his/her life, and how he/she experienced the recovery and transformation process from victim to a survivor who has gained command of his/her life.

By exploring the role (if any) that the participant's Asian culture and ethnicity may have played in his/her experience, this study hopes to provide insight into any unique aspects of both the experience and after-effects of childhood sexual abuse as well as any unique therapeutic/healing needs for someone of Asian ethnicity. Further, it is hoped that through the participant's sharing of his/her experience, he/she will feel empowered by having contributed to the knowledge in this field as well as potentially contributing to enhancing the quality of counselling received by future survivor clientele of Asian ethnicity.

If you decide to participate in the study, you will be engaged in personal in-depth interviews with the researcher at a private location and at times that are mutually agreeable to you and the researcher. During the interviews, you will be asked to develop a life-line of significant events in your life, and then be asked to describe your experience of having been sexually abused, how the abuse impacted your life, and how you experienced your healing process. You will also be asked to share relevant personal documents that would help provide a fuller understanding and description of your experience. This information will be used to generate a narrative and biography of your life as it relates to your sexual abuse and recovery experience.

APPENDIX F

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RECRUITMENT PAMPHLET

ATTENTION ASIAN WOMEN!

If you (or a friend you know) are a **SURVIVOR OF CHILDHOOD SEXUAL ABUSE** and you would be willing to **CONFIDENTIALLY** share your story and experience of your healing process, please read on.

I am a graduate student in UBC's Counselling Psychology program. For my Master's thesis research, I am interested in acquiring an understanding of an adult Canadian-Asian's experience of childhood sexual abuse, its impact on her life, and how she experienced the recovery/healing process. Most of the information available about counselling adult survivors is based on the experiences and treatment of Caucasian women of western ethnicity. By exploring the role that the participant's Asian culture and ethnicity may have played in her experience, I hope to provide insight into any unique aspects of both the experience and after-effects of childhood sexual abuse as well as any unique therapeutic/healing needs for someone of Asian ethnicity. Further, I hope that **THROUGH SHARING YOUR EXPERIENCE, YOU WILL FEEL EMPOWERED BY HAVING CONTRIBUTED TO THE KNOWLEDGE IN THIS FIELD AS WELL AS POTENTIALLY CONTRIBUTING TO ENHANCING THE QUALITY OF COUNSELLING RECEIVED BY FUTURE SURVIVORS OF ASIAN ETHNICITY.**

I am looking for an adult survivor of childhood sexual abuse who:

1. is of East, South East, or South Asian race and ethnicity
2. had memory of the abuse prior to undergoing counselling/therapy
3. is currently being seen by a counsellor and is in the latter stages of counselling such that she has come to terms with many of the issues involved in recovery, or has completed counselling, but still has access to her counsellor/therapist
4. continues to experience the influence of Asian culture in her life
5. is able to articulate her experience in English.

Participation in the study will primarily consist of in-depth interviews. You will be asked to sign a consent form, and **ALL INFORMATION WILL BE HELD IN THE STRICTEST OF CONFIDENCE AND ANY IDENTIFYING INFORMATION OMITTED.** The time required will be about 6 hours, or as long as you need to tell your story.

APPENDIX H

INTERVIEW QUESTIONS

A. Life-line exercise and chaptering process questions:

1. In order for me to help place what you might share with me in context, I'd like to do an exercise with you which entails our developing a life-line. I'd like you to begin by thinking about your life, and I'm wondering if you would share with me some of the key events in your life (eg. moves, births, deaths, the abuse, graduation, marriage etc.)
2. I'd like you to think about your life as a book, and if you had to divide it into chapters, I'd be interested in knowing what you would title those chapters?

B. Specific interview questions:

1. Would you share with me as much as you feel comfortable sharing about your experience of sexual abuse in your childhood?: when did the abuse begin?/end?; someone you knew? related?; for how long did the abuse go on? what helped you cope with the abuse or make sense of it?
2. At the time of the abuse, did you tell anyone about it? When did you first tell?
3. How was your life affected both immediately after the experience and the years following the experience? eg. how you saw yourself/felt about yourself?; how it affected your relationships, your behaviour, other areas of your life; what you chose to do or not do in your life etc.?
4. What helped you cope with the abuse or make sense of it? What hindered?
5. Why did you seek counselling or help? Would you tell me about your decision to seek help and how you went about it? What kind of help have you received? How long have you been in counselling?
6. Looking back on your counselling thus far, what do you see as the things that the counsellor did that helped you the most/that weren't so helpful?
7. Were there any aspects of your culture that affected your experience of abuse, impacted your life, and/or your counselling process -- ie. any role models, family values, religious beliefs, cultural images or stories or sayings that either helped you or hindered you?

8. What does it mean to you to be an Indian woman; an Ismaili woman?
9. Was it important that your counsellor be from the same culture as you, or understand your culture?
10. What helped your attempts at healing?
11. Can you tell me what it means to you to be a sexual abuse survivor? Do you believe the abuse experience still continues to affect you? How?
12. Can you describe what you have learned as a result of being sexually abused?
13. How would life have been different if you had not been sexually abused?
14. How do you see yourself now, and what do you see for yourself in the future?

APPENDIX J



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AUTHORITY TO SHARE INFORMATION & CONTINUE PARTICIPATION

Date _____

Dear Participant:

On April 24, 1995 you consented to participate and subsequently have been participating in my Master's thesis research project: An Adult Canadian-Asian's Experience of Childhood Sexual Abuse and Recovery From its After-Effects.

However, in light of your recent suicide attempt and despite your expressed willingness to continue participating in the study, I have been advised by my supervisor (Dr. Larry Cochran) that before you continue any further participation in the study, I must consult with your therapist.

If, after having spoken with your therapist, he informs me that it is his opinion that you are ready to continue, we will do so. Otherwise, we will agree to terminate your participation in the study, and only the information obtained from you up to our last contact (June 7, 1995) will be included in the study.

Additionally, if you do continue to participate in this study, it must be clearly understood that for the duration of this project your participation will only be agreed to if you continue to remain under the care of your therapist and access him should you again find yourself experiencing emotional difficulties.

Upon your written consent, all information provided to me by your therapist will be treated with the utmost confidentiality, and any information I release to your therapist will equally be held in confidence.

Authority to Share Information and Continue Participation

I hereby authorize Pascale Best, a graduate student in the University of British Columbia's Counselling Psychology Department, to obtain and provide

information to/from the following person:

Name of therapist: _____

Address: _____

Phone: _____

In addition, I agree to the above conditions in determining whether I will continue to participate for the duration of this project.

Participant's Signature

Researcher's Signature

Date