

LESBIAN SURVIVORS OF CHILDHOOD SEXUAL ABUSE: COMMUNITY, IDENTITY, AND RESILIENCE

SARAH BAKER
Toronto, ON

ABSTRACT

Adult lesbian survivors of childhood sexual abuse were interviewed using grounded and structured methods to explore the interaction between being, or coming out as, a lesbian and healing from childhood sexual abuse (CSA). A history of CSA was found to render coming out as a lesbian more complicated and often more difficult. Having or developing a lesbian identity caused significant changes in respondents' social support networks and spiritual beliefs and communities, afforded many opportunities for greater healing, and in the balance seemed to facilitate the healing process. Implications for program planning and service delivery are briefly discussed.

INTRODUCTION

The alarming prevalence and devastating impact of childhood sexual abuse (CSA) have been extensively documented in the literature (Goldman & Padayachi, 2000; Greenberg, 2001). Studies of adult CSA survivors have tended to sample from women without querying sexual orientation, with the—somewhat paradoxical—result that the experiences of lesbians who undoubtedly participated in these studies have both influenced current knowledge about women CSA survivors and been rendered invisible. Researchers and theorists have begun to address this oversight by: (a) including questions relating to sexual orientation in studies about CSA (Campbell & Carlson, 1995; Griffith, Myers, Cusick, & Tankersley, 1997); (b) exploring CSA in studies focusing on lesbians (Bradford, Ryan, & Rothblum, 1994; Eliason & Morgan, 1996; Loulan, 1988; Morgan, 1992); and (c) focusing specifically on lesbian CSA survivors (Butke, 1995; Hall, 1996; Hughes, Johnson, & Wilsnack, 2001; Hyman, 2000). The result is a nascent but growing understanding of the impact of CSA on the lives of lesbian survivors. Building on this knowledge base, some researchers also are turning their attention to the character of lesbian survivors' healing processes (Grossman, Cook, Kepkep, & Koenen, 1999). Both the impact of CSA among lesbians, and their experiences in coming to terms with that impact, are the focus of this article.

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Prevalence of CSA Among Lesbians

Lesbian respondents in community samples have reported CSA histories at frequencies ranging from 25-28% (Bradford et al., 1994; Eliason & Morgan, 1996) to 38% (Loulan, 1988). These rates are thought to be comparable to, or slightly higher than, frequency rates for women regardless of sexual orientation, which also vary widely, from 15-20% (Briere & Runtz, 1988; Finklehor, 1994) to 54% (Russell, 1984b). This variability—which has been largely attributed to sample bias and to methodological issues including inconsistent CSA definitions, methods of querying CSA history, and sampling techniques (Goldman & Padayachi, 2000; Greenberg, 2001)—makes it problematic to compare CSA incidence rates in lesbians with those of women in general (Hughes et al., 2001). Perhaps the best that can be said at present is that CSA appears to be about as common among lesbians as it is among heterosexual women.

Issues Facing Lesbian Survivors of Childhood Sexual Abuse

Similarities between lesbians and women in general in the impact of childhood sexual abuse. Extant research suggests that lesbians experience many of the same post-CSA sequelae as women in general. A comparison of the MMPI-2 profiles of lesbian and heterosexual women who did and did not report a CSA history (Griffith et al., 1997) found that sexual orientation did not differentiate the two groups of survivors on any individual clinical *t*-score, nor on the average *t*-score across all clinical scales. Compared to controls, the CSA survivors, regardless of sexual orientation, had higher *t*-scores on seven clinical scales, and a higher average *t*-score across clinical scales. Two code-types characterized the CSA group, but not the controls, as having the following attributes: (a) relationship problems, including trust issues and dependency; (b) a view of the world as dangerous; (c) social withdrawal; (d) insecurity, lability, and problems regulating emotions; (e) difficulties with authority and adherence to social norms; and (f) fears of rejection or abandonment.

Alcohol problems also were found to affect both lesbian and heterosexual CSA survivors (Hughes et al., 2001), but again scores on alcohol assessment tools did not differentiate the two groups based on sexual orientation. Lesbian respondents were, however, significantly more likely to be “12-month abstainers” (i.e., to be in recovery, p. 524), and to have wondered whether they had a drinking problem. Hughes and colleagues suggest that lesbian CSA survivors may be either slightly more at risk for developing a drinking problem or, as a group, more self-aware and introspective and thus more likely to consider and disclose the possibility that their drinking is problematic.

Preliminary findings comparing lesbians and heterosexual women thus point to commonalities in CSA sequelae; studies using only lesbian participants concur. In a study of lesbians’ alcohol use (Hall, 1996), 46% of participants disclosed, without prompting, a CSA history. CSA survivors’ alcohol abuse was significantly more problematic than those not reporting such a history in that it often included multiple addictions, poly-drug use, and frequent relapses. The CSA survivor group also reported increased incidence/severity of: (a) self-harm and suicidal ideation; (b) depression, negative self-image, and low self-esteem; (c) isolation; and (d) sexual problems. This pattern of quite severe and diverse problems is consistent with findings for women CSA survivors in general.

Distinctive qualities in the experience of lesbian survivors of childhood sexual abuse. Lesbians who are CSA survivors may face additional stresses, for example,

having to contend with the social stereotype that homosexuality is caused by traumatic childhood sexual experiences (e.g., Tomeo, Templer, Anderson, & Kotler, 2001). Clinicians and researchers report their clients or respondents struggling—internally and with family, friends, and service providers—with this stereotype (Browning, Reynolds, & Dworkin, 1991; Butke, 1995; Hammersmith, 1987), to the detriment of their access to appropriate services and their development of a stable and positive lesbian identity. Identity formation appears to be particularly challenging for lesbian CSA survivors. Indeed, they experience more difficulties integrating their lesbian and ethnic or racial identities than do those lesbians who do not report a history of CSA (Hall, 1996).

Lesbians also face daily challenges that may exacerbate the impact of CSA and impede recovery, including: (a) daily discrimination and stigma; (b) lack of competent, lesbian-positive support and treatment services (Campbell & Carlson, 1995; Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991; Gartrell, 1992); and (c) loss of traditional supports such as family, friends, religious institutions, and service providers (Bradford et al., 1994; Butke, 1995; Griffith et al., 1997; Hughes et al., 2001). A recent study examining the impact of CSA on lesbians' earning potential (Hyman, 2000) also found that CSA exerted direct and indirect (via physical and mental health problems and lost educational opportunities) negative effects on lesbians' annual income.

Despite these issues, there is a sense in the literature that lesbian CSA survivors may enjoy benefits not shared by heterosexual women, such as accessing a community that is more open to discussing personal difficulties, or where feminist analyses of violence and abuse are common (Butke, 1995; Moon, 1996; Sang, 1989). There is also evidence that integrating into lesbian or LGBT (lesbian/bisexual/gay/transsexual) communities and becoming increasingly open about one's sexual orientation are associated with improvements in self-esteem and self-confidence (Bradford et al., 1994; Walters & Simoni, 1993). The results from a survey of lesbians' use of therapy (Eliason & Morgan, 1996) concur: 92% of respondents currently or previously in therapy had women therapists, 40% had lesbian therapists, and 68% said the therapy had a feminist orientation. Seventy percent of respondents were very or somewhat satisfied with the therapy they had received. Respondents also reported finding more support within the lesbian community, having an average of 5 lesbians with whom they discussed their problems, versus 3 non-lesbians (p. 37).

In the process of coming out, many women acquire strengths and coping skills to manage distressing emotions, hostile environments, and painful realities; these capacities may help them respond more effectively and proactively to CSA sequelae (Hughes et al., 2001). Perhaps it is this willingness to tackle difficult issues that accounts for lesbians' more frequent use of individual and group therapy, as compared to women in general. In a survey of 1,925 lesbians (Bradford et al., 1994), 73% were presently in, or had previously received, personal counselling or mental health support. Thirty-six percent had sought help from non-professionals (such as friends, support groups, and peer counsellors) and a third of respondents received help from both. In a more recent study (Eliason & Morgan, 1996) with a smaller sample ($N = 101$), 85% of lesbian respondents said they were currently or previously in therapy. There is also some evidence that lesbians, whether or not they are CSA survivors, make more use of support groups such as Adult Children of Alcoholics, Overeaters Anonymous, and incest support groups (Griffith et al., 1997). Lesbians' reasons for entering therapy include: (a) the stress of coming out and living with oppression, (b) lack of social support and stress management resources, (c) positive

attitudes in lesbian culture toward therapy and personal development, and (d) willingness to address personal issues (Morgan & Eliason, 1992). It is conceivable, then, that lesbians' ability to deal with the impact of CSA may be facilitated by prior use of counselling and personal support, and greater comfort disclosing and exploring difficult personal issues (Hughes et al., 2001).

Resilience Among Lesbian Survivors of Childhood Sexual Abuse. Based on the above review, the prevalence and impact of CSA among lesbians appear in some respects comparable to, and in other ways quite distinct from, that which has been documented for women in general. This understanding of CSA sequelae among lesbians is essential if clinicians and community agencies are to respond effectively to their lesbian CSA survivor clients' needs. Equally crucial for adequate service delivery, however, is gaining a clearer appreciation of lesbians' experiences of healing from CSA. One way in which the healing process may be framed is by exploring resilience among adult lesbian CSA survivors. The concept of resilience has, in recent years, received extensive attention in the theoretical and research literature (for critical reviews, see Glantz & Sloboda, 1999; Luthar & Cushing, 1999; Luthar & Zigler, 1991). Emergent scholarly writings propose that attempting to locate resilience in either the individual (e.g., as consisting of personality traits) or the environment (e.g., protective factors such as social support) is likely to yield an inadequate framework for the construct (Kumpfer, 1999). Transactional models that frame resilience as a dynamic process involving environmental factors, individual differences, and developmental stages are therefore receiving growing attention (Grossman et al., 1999; Johnson, 1999; Kumpfer, 1999). Such models, while still in their infancy, have the potential to allow us to identify, and to cultivate, the conditions and experiences that lead to positive outcomes for survivors of adversity.

METHOD

In this study, lesbians who self-identified as having been sexually abused in childhood were interviewed regarding the impact of the abuse, and how they came to terms with that impact (i.e., their experience of resilience). Resilience was conceptualized as a transactional process, involving complex and dynamic interactions between each respondent and her environment over time. An open-ended, qualitative approach was used to explore resilience among participants, and was deemed preferable to a structured, non-interactive procedure so as to avoid loss of information and detail. Using an interview format also allowed the researcher to monitor respondents' emotional state, which was deemed to be important given the nature of the material.

Participants

Adult lesbian CSA survivors were recruited by posting flyers in the LGBT community of a large central Canadian city and mailed to local ethnocultural, religious, and social LGBT organizations representing various age groups. The flyers invited lesbian survivors who "have worked through the issues and are willing to share [their] stories of healing" to contact the author. Fourteen women responded and were screened by telephone regarding whether they: (a) self-identified as lesbian and as a CSA survivor, (b) had addressed the impact of the abuse, and (c) thought they had reached some point of resolution regarding the abuse. Three women declined to participate, one did not schedule an interview, and ten women were interviewed.

Respondents ranged in age from 19 to 64 ($M = 36.6$). Eight women lived in urban areas, and two in semi-rural areas. In response to a query about ethnic, cultural, or racial identification, four women said they did not identify with a particular racial, ethnic, or cultural group, and six respondents self-identified, in their own words, as: First Nations (1); Israeli and Jewish (1); Sephardic Jewish and Francophone (1); European-born, now Canadian (1); Canadian-born, Irish background (1); and White (1).

Eight women unequivocally endorsed a lesbian identity. One respondent had recently entered a same-sex relationship and was unsure if she was lesbian or bisexual. Another self-identified as a lesbian because of her strong affective, non-sexual, attraction to women and lack of attraction to men. Respondents came out to themselves between age 15 and 60 ($M = 31.5$).

All respondents reported that by age 13, they had been sexually abused by an adult. Six women reported multiple perpetrators. The 20 reported perpetrators, of whom 17 were male, included (with number in parentheses): biological, adoptive, or step relatives (13); family friends (3); doctors (2); housemother (1), and a stranger (1). The duration of abuse by a given perpetrator ranged from one incident to nineteen years of ongoing abuse. All respondents described at least one year where sexual abuse was consistently a part of their lives. On average, the women reported 7.3 years of consistently recurring abusive incidents.

Respondents became aware of issues related to the abuse that needed attention at ages ranging from 15 to 41 ($M = 25.5$). Time to reaching a point of resolution ranged from 1 to more than 20 years. Some women worked at recovery intensively for short periods, others took breaks in the process, and others did not address the issues immediately after becoming aware of them.

Procedure

Interviews were conducted in a private office or at respondents' homes. Ethical issues were discussed as part of consent procedures. Respondents were given a list of local affordable resources for lesbians and trauma survivors. Demographic information and circumscribed information about the abuse (e.g., age at onset and cessation, relationship to the perpetrators) and lesbian identity development (e.g., age came out to self and others) were gathered, after which interviews were begun.

Interviews employed two qualitative approaches. In the first half of each interview, a grounded phenomenological approach elicited a narrative of the healing process (Patton, 1990). The responsiveness of a grounded approach was thought to be particularly well suited to the exploration of resilience as a process shaped by individual experiences and environmental factors (Glanz & Johnson, 1999; Grossman et al., 1999; Mertens, 1998). Respondents were asked to describe, in their own words, how they came to terms with the abuse. These portions of the interviews were analysed during and after data collection, using the Constant Comparative method (Strauss & Corbin, 1990). Emergent themes in each interview shaped subsequent interviews. By the tenth interview, no new information emerged.

The second half of each interview explored the impact of lesbian identity on the healing process, and began with the question, "How do you see your lesbian identity fitting in with the healing process?" Since information relating to specific topics was desired, this portion of the interview was more structured, and was not significantly altered across interviews. Respondents were asked to discuss: (a) the impact of coming out on social supports and professional resources; (b) identity issues relating to being a lesbian and a CSA survivor; (c) overlap of skills used in healing and in

coming out; and (d) any other issues related to their lesbian identity and resilience process they wished to discuss. Finally, respondents were asked if there was anything else they wanted to discuss. Interviews lasted 1½ to 3 hours and were tape-recorded and transcribed verbatim by the researcher.

Interview analysis then proceeded as follows. The first five interviews were reviewed in their entirety to produce a preliminary coding scheme identifying discrete ideas, experiences, actions, and changes. The lesbian portions were coded for interactions between having a lesbian identity and the healing process. The first three interviews were then re-coded using the preliminary scheme, which was refined to yield greater precision and coverage. Each interview was then coded in chronological order, with the coding scheme undergoing constant revision. The final version of the coding scheme was then applied to all interviews, using NUD*IST.

RESULTS

Resilience and a Lesbian Sexual Orientation

For most respondents, being (or coming out as) a lesbian brought confusion into the already complicated resilience process. The relationship between sexual orientation and resilience was not described as uniformly positive or negative. As a broad, and perhaps inadequate, generalization it appears that experiencing CSA rendered coming out somewhat more complicated, whereas being a lesbian tended to facilitate the resilience process.

Childhood Sexual Abuse and Lesbian Identity

Experiencing CSA created considerable interference in respondents' attempts to know and accept their sexual orientation. Three women said the coping strategies they used to gain distance from the abuse—dissociation and denial—impeded their later exploration of their sexual desire and interests. Two could acknowledge their attraction to women, but low self-confidence, which they attributed to the abuse, made it difficult to act on their attraction. One woman took from the abuse the message that her sexual experience was completely unimportant; as an adult, she had to struggle to value and respect her own desires. Finally, four women reported struggling with internalized homophobia that they traced directly back to messages from the abusers.

Perhaps the most pernicious obstacle to the coming out process was, as one woman called it, "The Myth" (i.e., the social stereotype that women are lesbians because they fear, hate, or simply have not met the right man or men). Seven women mentioned this stereotype in relation to their coming out process. Four heard it from people to whom they came out—either as a genuine, albeit misguided, attempt to help them sort through their confusion or as a hostile attack by friends and family. "The Myth" left many women feeling confused and uncertain about the legitimacy of their sexual orientation and, for some, it took years to resolve this concern:

I was very acutely aware of this myth. However, felt more the need to brace myself against it . . . having some kind of argument against that. . . . "If every woman who was abused was a lesbian," the world would be a better place. [laughs] . . . I think I was scared that I was . . . to some degree running away from men, but I was worried that I wasn't going to like sex with women, either. And then . . . where would I be? . . . Maybe I just don't like sex . . . [W]hich turned out to be completely untrue. [laughs] Suffice it to say.

Two women, both of whom were least certain of their sexual orientation, accepted the idea that their sexual orientation was partly a product of early traumatic experiences with men:

I don't know how one knows one is a lesbian, but I think I was definitely traumatized into being a lesbian, by various things. Not only the sexual abuse . . . God was a very scary person to me. This wasn't a kind, benevolent God. This was the horrifying, you could never get away from him. . . . I don't know whether I was a born lesbian. I think definitely I was a made lesbian.

Respondents also described struggles negotiating their changing identities as lesbians and CSA survivors. Nine women reported a complete or substantial overlap between the time when they came out, and their healing process. For three, this was a period of profound upheaval:

my identify as a survivor [has] undergone a rather huge transition, insofar as . . . that was everything. And then in a way, being a lesbian became everything. . . . I kind of feel like the dust has just sort of settled around that, and I'm not only just a lesbian, now. And I'm not only just a survivor now. But I don't really think I've quite coalesced how the identities interact, fuse, or what that whole business is.

The vast majority of respondents, then, described a very complex negotiation between their coming out process and being a CSA survivor.

The Impact of Coming Out and/or Being a Lesbian on the Resilience Process

The development of a lesbian identity had a significant impact on the women's resilience processes, an impact that was most marked in changes to three aspects of respondents' support networks: (a) social supports, (b) spiritual community, and (c) professional and paraprofessional resources.

Social Support Networks. Seven women reported that coming out affected, and often interfered with, social relationships that had previously been of great importance, particularly during their healing work. Three women, when they came out, lost close friends who had helped them during their healing process. Family relationships that had been sources of support in dealing with the CSA also were thrown into conflict during the coming out process:

My twin sister and I, we are, *were* really close. . . . I could come home from work and say "[twin], phone me," and she'd phone me. Or I'd say, "[twin], I need you," and she'd be at the door. . . . I told my twin sister . . . I said, "do you know what two-spirited means?" And she said, "Yeah." I says, "Well, I'm two-spirited," I says, "and I'm gonna tell everybody about it now." . . . [W]e're not close anymore. . . . And it's been really hard because there's times when, "[twin], phone me please." And . . . I don't hear from her.

Respondents described losing relationships with relatives that had the potential to be supportive and fulfilling because of homophobic reactions when they came out. For one woman, the costs of coming out were felt across all areas of her life:

leaving my home . . . [L]osing my family. Losing relationships with my nieces and my nephews. My job. Friends that I worked with. Friends that I'd been friends with all my life. . . . [T]hat was compromised. But my one decision had been that I left [my husband] or I would be dead within a month . . . and . . . a live mother was probably better than a dead mother for my kids. . . . I had to give up the whole average life in another world . . . and I don't regret doing it.

As respondents' social support networks began to shake or crumble in response to their coming out, they began to look elsewhere for support, friendship, and love. Two women entering into a same-sex relationship found that, through their partners,

a door was opened into a new and more responsive social community. Two others found their political identities changing as they worked through their healing and coming out processes. Their old social networks, no longer capable of meeting their needs, also began to change. One woman drew upon her existing feminist community to reach out to other lesbians for support and friendship. Another found that the lesbian separatist community in which she moved no longer adequately met her needs.

I'm finding myself very drawn, and have very wonderful friendships, mostly with gay men. A couple of straight men. Go figure! [laughs] . . . [P]art of learning to understand myself and learning to accept my own pluralism has been to accept that . . . if I draw up a list of characteristics and go look for that perfect dyke to be my friend, that chances are it might not work,

In all, seven women described shifting to a social network of primarily or substantially lesbian social connections and activities. Their reasons for preferring such a network varied. Two women found that, in such communities, there was a greater understanding of oppression:

. . . lesbians have the potential to have a greater understanding and analysis of that whole idea of other, and being a member of an oppressed group. . . . [E]ven lesbians who . . . aren't survivors of abuse, . . . seem to have some level of support and tolerance and compassion, that I think sometimes heterosexual women don't have.

Respondents also described meeting other lesbian survivors, whose insight and experiences helped the women sustain their optimism and efforts.

Most respondents described their lesbian friends as more able than their heterosexual friends to form strong affective bonds and to provide appropriate support. Being in an intimate relationship with another woman was also, for four women, an intrinsically healing experience:

I would be tempted to say . . . yes to the fact that it's a lesbian relationship made a difference. . . . [My partner] like totally sees me for who I am. And waited out the difficult moments. And I think that I created an awful lot of those. . . . I kept testing the relationship, and she wouldn't walk. And that was the hardest thing for me to deal with was, like, being loved. . . . I will love you to pieces, but just don't love me back too hard, 'cause I don't know what to do with it!

Some respondents reported experiences within lesbian communities that were particularly healing, and that may not have been available elsewhere. One went through key developmental phases that had been missed due to the sexual abuse, including finding a place where she fit in:

I was acting out like a teenager for a while. . . . after I separated . . . I was kind of special being a lesbian. I was different and unique, and that's what a teenager wants to be, find her identity.

Several women reported that the welcoming reception they enjoyed as they entered various lesbian communities helped increase their self-esteem and self-confidence:

I flirted with a lot of women and a lot of women flirted with me. Wha! . . . [T]hat was so good for my soul!! . . . Nobody made me feel stupid. Nobody was watching [me] cruising a . . . woman. . . . I've only experienced things like this in the lesbian community.

Younger respondents enjoyed meeting older and more established lesbians, whose existence validated their new-found lesbian identities, and who served as role models:

Meeting older women even, and listening to what they said. . . . [T]o go and see that . . . some have partners and they're happy and they . . . have jobs and pets

and . . . they're leading normal, so to speak, lives.

Spirituality and Spiritual Community. Spirituality emerged as a crucial component of the resilience process by offering ways to: (a) grapple with the meaning of the abuse; (b) enjoy a sense of faith and security; and (c) meet like-minded people, many of whom had also struggled with adversity, trauma, and violence. Spiritual communities also offered supports to members struggling with difficult personal issues:

I joined a care group . . . with lesbians only. . . . [T]he image that comes to mind is a cocoon. The church cannot give you everything. . . . [In the care group] there was a lot of phone support between the women, and there I talked about my incest.

Respondents' spirituality and spiritual community were strongly influenced by their identities as lesbians and as survivors. Three women described longing for spiritual community, but being unable to feel safe in the religion in which they had been raised—often because of associations between the abuse and the religious institutions—and six women recounted their search for non-homophobic and/or lesbian or queer spiritual perspectives and communities. Four of these women found a comfortable place in religions different from those of their childhood:

I went to a Buddhist church . . . they were so accepting and so loving. . . . I talked about being gay and . . . not knowing what to do. . . . [S]he said, "You know the answers." Which I liked that, because . . . a Rabbi would have said to me, "No. No. God, God forbid."

A woman from an Anglican background explained her transition:

I don't like the Anglican Church's stand on homosexuality. . . . [T]he . . . fellowship of MCC churches is more supportive of people who are lesbian and gay and transgendered, bisexual. . . . [I]t's a more accepting, in general . . . of people and where they're at.

By connecting with women-centred and goddess-based spiritual perspectives, two respondents were also able to build or rebuild a positive and empowered concept of womanhood and femininity:

I became interested in . . . goddesses. And I connected with a . . . women's spirituality group. . . . [M]y spirituality really shifted into being both feminist and lesbian. And a survivor . . . There's a space for all three things . . . and it became a really important part, too, I think, in my healing.

Professional and Paraprofessional Resources. The respondents made extensive use of professional and paraprofessional resources, and counted many (though not all) as invaluable in their resilience process. Seven had at least one positive medium-to long-term counselling experience (from one to eight years). Support groups such as Overeaters Anonymous, Al-Anon, and CSA survivor support groups were very important in the resilience process, particularly since they were generally free of cost, so more accessible. However, despite these options, respondents reported significant difficulties in accessing appropriate and adequate counsellors and/or support groups. Seven women said they had counselling experiences that were ineffective and unhelpful, and five described counselling experiences that significantly impeded their healing process. These latter experiences fell, broadly speaking, into three categories.

The first category, mentioned by four women, was counsellor inexperience and incompetence in working with violence- and trauma-related issues. One woman said of her psychoanalyst:

I told her, "I can't do analysis right now. I'm in total crisis, and I'm suicidal." And she said . . . she can't do anything about it. . . . I needed someone one-on-

one to tell me how to deal with my rage. . . . She said, "I don't know. . . . I'm not a counsellor. All we can do is for you to talk about it and we'll see what's open up." And I said, "Ok, fine. We can talk about it. But in the meantime I'm gonna commit suicide."

Another woman, who also struggled with suicidality that she later identified as being consequent to CSA, found little help in addressing this issue:

When I was in the psychiatric unit . . . [past trauma] just shouldn't matter. "Because that's in the past." . . . [Y]ou get on with your life and forgive the person. The psychiatrist I was seeing . . . he'd say, "Look outside. Isn't it a beautiful day? See those beautiful green trees and look at those beautiful flowers across the street?" And I'm like, "And they're paying you how many dollars an hour?!" . . . And then he'd give me a prescription for . . . pills.

The second category of detrimental experiences, reported by two women, was with professionals whose behaviours ranged from highly questionable to clearly unethical:

[My counsellor] started seeing my ex-husband [as a client]. And I felt very betrayed. . . . She felt that I should go back to him, and she advised me very poorly.

Another woman shared the following:

when I told [my counsellor] about the sexual abuse . . . he did not recognize that I needed to move on to a woman therapist. And so he tried to hang on to me as a patient . . . to the extent that he minimized my need to explore that. He didn't want to look at closure issues. . . . Suggested that we bring in a . . . woman therapist and they tag team with me. Which I didn't have the financial resources for. . . . So eventually I had to end the therapy with no closure, just 'cause he kept making the appointment.

Two women's attempts to find qualified professionals were impeded by geographic and economic constraints. As a result, their access to adequate treatment was disjointed and insecure, and they sometimes experienced setbacks and destabilization:

I had a really difficult time finding even a psychiatrist who would work with me. I would go and see a therapist and we would start on things . . . and then I would get into doing work with them and we'd work for about 3 or 4 months, and then all of a sudden, they'd up and go on leave, it seemed like overnight. Then I would be hooked up with someone else [and] they would say, "I'm not . . . trained to work with people with posttraumatic stress." . . . [T]hey would refer me to somebody else and it was . . . awful.

In addition to problems accessing affordable and competent professional resources for trauma survivors, five women said that finding non-homophobic or non-heterosexist supports was also difficult:

I called up the local [semi-rural] women in crisis place. And . . . it took me forever to find a lesbian counsellor. Like, don't even try out there.

it interfered a bit in [a CSA survivors'] group . . . [T]hey'd be talking about boyfriends and I just could not relate . . . just as they could not relate to me being with a woman. . . . [When her relationship ended] things were pretty bad . . . because she had been such a big support for me. And then it was hard to talk about that in group because of the lesbian issue that no one else really had.

Partly in response to these problems, five women actively sought out, or started their own, lesbian or queer survivor resources, including lesbian therapists, lesbian CSA survivor groups, and gay Alcoholics Anonymous. Some did their most significant healing work with these services; most felt they were important and valuable:

[my therapist] was a feminist lesbian. . . . I sort of copied her, I guess. . . . [S]he was somebody I'd really like to be. . . . [S]he wore . . . such sensible shoes and . . . to me she was just that's who I wanted to be like. . . . [A] healthy, wonderful person who was a lesbian.

Negative Experiences in Lesbian Communities

Not all respondents had positive experiences within lesbian communities. Three described conflicts in their intimate relationships that, in addition to being distressing in themselves, intersected painfully with their CSA-related issues:

I did learn the hard way that women can be somewhat controlling and abusive. And they can be very insensitive . . . anti-feminist.

I have been with women who totally triggered me. Who were totally male in their way of being sexual. . . . And who . . . sent me into like flashback hell. . . . [S]he . . . reinforced the statement of . . . when you're with me, I'm the boss.

Two respondents said they felt excluded and unsafe, because of discriminatory attitudes within some lesbian communities:

being a Jew in feminist and lesbian-feminist circles is not easy. . . . [T]he anti-racist movement doesn't really . . . make sense for understanding anti-Semitism. We're often conflated with whiteness. We're often blamed for patriarchy . . . I hear feminists talk about conspiracy theories, you know? Like, the Jew conspiracy. Excuse me?!?

Other women felt alienated by what they saw as an excessive or inappropriate emphasis on equality, inclusiveness, and non-judgementalism within lesbian communities:

[I saw a] lesbian, feminist therapist. . . . I got the whole sheet of instructions. Her rights and responsibilities. My rights and responsibilities. . . . [P]ractically verbatim taken out of the textbook . . . I got the sense that she just had some issues that were unresolved for her.

I saw this sign saying, "This office is queer positive." . . . I hate the word queer, by the way. And I was gonna tell them, "you know, why not write this office is human positive?" Which means disability, gay, Black, you know, yellow, pink, whatever.

Resources and social supports were, therefore, clearly central in respondents' resilience processes. Several women commented that, without their friends, families (chosen or otherwise), support groups, and spiritual communities, their healing would have been obstructed, or even derailed. Equally essential to the resilience process was the need for supports and resources to be competent, appropriate, and accessible—which, for these women, meant lesbian- or queer-positive, possibly feminist, inclusive, and affordable. Those who, due to geography or finances, had difficulties accessing such resources and communities tended to report a longer process of dealing with CSA, more suicide attempts, and more severe emotional distress. The women's negative experiences in lesbian, feminist, or queer communities highlight the importance of diversity in the resources available and of not assuming that every lesbian survivor's needs and experiences are the same.

Beneficial Effects of Coming Out on the Resilience Process

In contrast to conventional wisdom which characterized coming out as a time of stress, anxiety, emotional turmoil, and loss, respondents noted a number of ways that coming out actually furthered the resilience process. Four women said coming out

was a vital source of fun, joy, soothing, and distraction that provided much-needed breaks from the pain and labour of healing:

it was ointment on my wounds. Because it was so sweet to my soul to feel alive, to feel sexual. To feel like I belonged. I was so awed at that fact. Oh, it was like a bonus. It was such a gift. Like, wow! Like, gee, it feels so good and so life is not all dark.

I don't find being gay hard, by any means. It's the easiest thing I've ever done. . . . [C]oming into my own sexuality . . . was the greatest sort of joy and celebration . . . [I]t's maybe the purest form of what I have done in my life, to reach that point of being free internally to . . . want to be with someone. . . . It was amazing!

In fact, when asked what effect coming out had on the healing process, only two women said that, in some respects, it aggravated their distress.

For two women, coming out during their healing process meant discovering a sexual self that was unscathed by the CSA. Even while dealing with CSA sequelae, they were able to enjoy safe, comfortable, and pleasurable sexual intimacy for the first time their lives:

My . . . lesbianism was completely untouched by all of that. . . . [T]hey do not live in the same place inside of me. They do not interact. I have . . . very clear, very grounded, very sexual experiences with my partner . . . [T]he two don't even touch each other.

Five respondents said that coming out during their healing processes gave them "an edge" over their heterosexual counterparts—noting, for example, that being a lesbian made them more likely to connect with supportive and informed people. Four women, all sexually abused by men, also enjoyed not having to deal with intimate relationships with men. For one of these women, being a lesbian somehow dismantled her feelings of powerlessness in relation to men:

it helped, because of my co-dependency on the men in my life. . . . [S]ince I've come out . . . it's given me the distance from men. . . . I could see that women weren't second class. Women didn't have to be abused. Little girls didn't have to be abused. . . . I have as . . . many rights as the man walking down the street, or my ex-husband, . . . or anyone has. . . . And that was really sort of power-giving. Empowering.

Finally, three respondents said that, through their coming out processes, they discovered hitherto unknown personal strengths which they applied to their healing. One woman, after coming out and connecting with a women-centred spiritual network, was able to reclaim the feminine identity she had lost through the abuse:

I gained fifty pounds . . . [T]he bigger I was getting, the more confident I felt. . . . "I'm big, bold and beautiful." . . . [T]he bigger I was getting, the shorter I wanted my hair. . . . I just wanted to shed that bombshell image . . . because it's . . . not me.

For another, acknowledging that she was two-spirited meant coming into a whole new realm of support:

I always go like this [gestures] because I have . . . two spirit people walk with me all the time. . . . And take care of me. So I know they're always there takin' care of me and helping me.

CONCLUSIONS

Lesbian survivors of CSA were interviewed regarding their resilience processes, and the information provided by respondents is very pertinent for service providers. The impact of CSA on coming out was extensive. Respondents struggled to access, experience, and accept their sexual selves, a process complicated by internalized homophobia and the social stereotype that CSA causes homosexuality. While this stereotype is “overly simplistic and does not take into account the multi-determined factors connected with sexual orientation” (Butke, 1995, p. 244), it appears to be pervasive in society and caused nearly half of the respondents considerable distress. Clinicians working with CSA survivors who are also coming out need to be alert to the exponentially increased upheaval caused by undergoing two simultaneous shifts in identity.

Being a lesbian also made the resilience process substantially more complex. Most respondents lost important segments of their social network and professional resource base. These losses were often offset, however, as the women encountered and/or integrated into lesbian or queer communities that were frequently more equipped than the “mainstream” to offer informed and appropriate support and services, positive role-models, and healing relationships. Not all of the women were equally comfortable in lesbian community, however, and their ability to access these resources was constrained by geographic and economic factors.

Coming out also brought certain less obvious benefits to the healing process, such as: (a) having a source of joy, exploration, and excitement; (b) not having to deal with men in relationship; and (c) uncovering a new self—sexual, relational, and autonomous—previously masked by CSA sequelae and social conditioning. Further, consistent with the CSA literature (Ganje-Fling & McCarthy, 1996; Heilbron & Guttman, 2000), spirituality emerged as a highly salient part of the resilience process, although most respondents needed to depart from the religions of their childhood, and seek a belief system and community that were lesbian-affirming and inclusive.

Perhaps the most striking outcome of this study was that community and social supports, both informal and professional, were absolutely integral to resilience in lesbian CSA survivors. In order to effectively contribute to a resilience process, however, these supports and resources had to fit respondents’ needs and strengths, and the “fit” was not the same for every respondent. For program planning and service delivery to be effective for lesbian CSA survivors, then, they must—as much as is feasible—be flexible and responsive. When responsiveness would exceed the mandate, resources, or competencies of an agency, referral may be the better option.

The findings outlined here should be treated as exploratory in nature, and may not be broadly generalizable due to the small sample size. Nor should these results be treated as comprehensive; the inter-relationship between coming out and recovery from CSA is clearly exceedingly complex, and warrants extensive further study. Larger and more diverse samples, the inclusion of quantitative as well as qualitative measures, and the use of multiple raters would greatly improve the generalizability and relevance of research findings to other lesbian survivors.

RÉSUMÉ

Dix femmes adultes victimes d’abus sexuel durant leur enfance et s’identifiant comme lesbiennes ont accordé une entrevue afin de discuter de leur processus de rétablissement dans le contexte de leur orientation sexuelle. L’entre-

vue était en partie libre et en partie structurée. Une histoire d'abus sexuel en enfance semble rendre le processus de s'afficher ouvertement comme lesbienne plus compliqué et souvent plus difficile. Reconnaître et se déclarer lesbienne a conduit les répondantes à de nouveaux réseaux de soutien sociaux et de nouvelles croyances et communautés spirituelles; leur a offert nombreuses occasions pour venir à bout des conséquences de l'abus subi; et, chez la plupart des femmes, semble avoir facilité leur rétablissement. Les effets sur la planification des programmes ainsi que sur la fourniture des services sont brièvement discutées.

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