

## Chapter 5: Discussion, Implications, and Conclusions

The vision of what I hoped to accomplish by examining the experience of childhood sexual abuse in lesbian women was detailed in Chapter 1. The ontological assumptions in this study were that people exist within multiple levels of meaning; they do their utmost to make sense of their experiences; they are influenced by their cultural and historical contexts; and they use language to construct their realities. Embracing this view of human experience made it possible for me to recognize a problem that had not yet been addressed in the existing literature: reckoning lesbian identity formation, including its characteristic issues of coming out and internalized homophobia, with the lasting effects of childhood sexual abuse. From my phenomenological perspective, the purpose of the study was unambiguous: to identify and describe selected lesbian women's perspectives about the ways they experienced their (a) childhood sexual abuse, (b) the process of coming out, and (c) their perceptions of how both these phenomena might interact. The research questions were formulated to focus on the identified problems of the study; the logical outcome of answering these questions ultimately led to realizing the intended purpose of this study. Therefore the first, and most critical, objective of this chapter was to demonstrate how the results of the analysis furnished me with sufficient information to respond satisfactorily to the research questions.

1. How are experiences of childhood sexual abuse perceived by selected lesbian women?
2. How are coming out experiences perceived by lesbians who survived childhood sexual abuse?
3. Do lesbian women perceive any relationship between their experiences of coming out and childhood sexual abuse?

Subsequent to answering the research questions in this chapter, I compared and contrasted the results of the analysis with those found in existing literature. In addition, I presented discussions about possible areas of future inquiry, as well as several key implications of this study.

The chapter was organized in the following manner: (a) Addressing the research questions—essences and variations of experience, (b) Outcomes of the research with regard to the literature, (c) Possible areas for future inquiry, (d) Personal outcomes, (e) Implications for the counseling profession, (f) Social implications, and (g) Conclusions.

### *Addressing the research questions*

This section comprised two parts: (a) essences of experience, and (b) variations of experience. *Essences*, or themes that emerged through interpretation, reflected each participant's experience, but also applied across all accounts in the data set. To briefly summarize, the themes were: (a) living with ambivalence, (b) being at risk, (c) feeling different, (d) living in two worlds, (e) needing affirmation, (f) it should have easier to come out; Chapter 4 contains a discussion of the analysis in which the six themes emerged. In this section, I applied the six themes to answer each of the three research questions; for example the participants experienced ambivalence (theme #1) about their CSA (RQ #1), coming out (RQ #2), and how the two phenomena are related (RQ #3). *Variations* are meaningful aspects of experiences that unfolded for individual participants, and were sometimes shared by others. By performing both of these analytic strategies (within- and across-cases) I was able to apprehend the overall experience of the

phenomena, and also incorporate meaningful, but distinctive experiences of the same phenomena.

*Essences of experience.*

RQ#1: How are experiences of childhood sexual abuse perceived by selected lesbian women?

The 6 themes that emerged from interpretive analysis revealed essences of the phenomenon of childhood sexual abuse, as perceived by selected lesbian women who experienced them.

1. I live with ambivalence about my childhood sexual abuse.

With regard to the sexual abuse experience, each of the ten participants live with the push and pull of internal conflict, that is manifested and expressed in a way that reflects each individual's social context. While investigating the etiologies of ambivalence was beyond the scope of this study, it was nevertheless, possible to assert that the cognitive and affective states of ambivalence were extant, even where traumatic events were accessible to conscious recollection. For example, Phia, Kitt, and Olivia were tentative about labeling their respective perpetrators' activities as *abuse*, and Kitt and Jasmine were uncertain about the cause of their own revictimization. Laura, Leonie, Tess, Jasmine, Sheree, and Harriet experienced vacillating responses to their respective disclosures of abuse from family members, none of whom maintained consistent beliefs that their child was sexually abused. Internalizing the denial and refusal of their family responses to the trauma, left the women with more questions than answers about their CSA experiences. Marina struggled with an inability to maintain an inner dialectical conversation, but she was equivocal about ultimately finding solutions to overcoming severe, negative emotional and mental states that she perceived were caused by CSA.

2. I constantly feel I am at risk because of my childhood sexual abuse.

Feelings of powerlessness and betrayal, aftereffects of CSA, were critical factors in the way the participants perceived themselves, others, and the world. Harboring such feelings served to intensify perceptions of vulnerability, particularly with regard to their sexual and interpersonal relationships. Five of the participants (Sheree, Jasmine, Kitt, Leonie, Olivia) described incidences of revictimization; five women (Phia, Jasmine, Tess, Leonie, Sheree) gave accounts of increased sexual involvement when they were adolescents and young adults. Because the effects of CSA uniquely manifested themselves in each participant, and the events of the abuse were different, no one set of sequelae could define a survivor's profile. However, the participants had a number of internalizing and related behaviors in common, such as anxiety, depression, hyperarousal, flashbacks, insomnia, susceptibility to mood swings, and feelings of isolation, to name a few. In attempts to attenuate these symptoms, the women often employed maladaptive coping strategies that acted, instead, to intensify their feelings of vulnerability and helplessness. They each discussed their own abuse of alcohol and drugs; one of the women (Olivia) still depends on the effects of cocaine to ease her psychic distress. Some participants (Phia, Sheree, Jasmine) still engage in risky behaviors such as self-injury, parasuicidal acts, and bulimia; these actions also imply continued mental health disturbance.

3. My sexual abuse caused me to feel as though I was different from others.

By the time the participants reached puberty, they were aware that they felt out of harmony with their peer subculture. Kitt felt ostracized and "was dying" to be liked; Marina and Olivia felt different to the extent that they kept themselves isolated from others; Laura felt

“different” after she was abused, but maintained a veneer of normalcy. After losing weight by starving and purging, Phia became popular, and took every opportunity that arose to “go behind the bushes” with boys. Jasmine, “desperate for love,” got involved with a fast crowd and began doing drugs and stripping. Leonie perceived that some of her differences lay in her experience of CSA; her present community of friends is mostly lesbian women who have had abuse experiences. Tess expressed anger and blamed her emotional and mental states on the sexual, physical and emotional abuse she received from family members; she hopes to be capable of managing her emotional and material needs in the near future. Harriet eventually came to understand that incest in her family made their dynamics different from other families, and after 10 years of being in the mental health care system, she was ready to engage with the world.

4. I often feel as though I’m in two worlds.

The best way to avoid feeling pain, shame, and helplessness associated with CSA is to find a sanctuary away from the source of harm. But when a child perceives that there are people who either threaten her, or are complicit or indifferent to her pain, she often creates a mental space within herself where she can go to self-soothe and find solace. Dissociating or fragmenting consciousness was characteristic of the women who participated in this study. Three of the women (Marina, Phia, Jasmine) described events in which their minds and bodies disconnected from one another. But fragmentation of the self blocks the natural ability for an individual to integrate memories, emotional states, and physical sensations; thus all of the participants, to varying degrees, had difficulties in remembering, identifying, and labeling their childhood sexual abuse events. Sheree said it would be too dangerous if her entities were to integrate; Phia described feeling as though she were two people sitting next to each other; and Olivia created a drug-induced refuge, where grief, shame, and guilt do not exist.

5. I want people to believe what happened to me.

Surviving childhood sexual abuse, and living with its aftereffects is daunting by itself, but having others deny or question what occurred, layers and reshapes the dimensions of the experience. Validation is affirmation of existence; its absence sends the message that your existence is worthless, and your needs do not matter. Leonie’s parents took actions that ended the abuse committed by a babysitter, but her mother rejected the verity of sexual abuse perpetrated by her father and brother. Laura told her parents about the abuse she had suffered, but they viewed it as childish sexual exploration, and the subject was closed. Sheree, Tess, Harriet, and Jasmine confided their respective abuse experiences to family members, and they were met with initial reactions of shock and outrage, followed by denial. Most of the participants were consistently denied affirmation for many aspects of their lives by those people in whom, as children, they placed their safety and trust; over time, most of the women have started to gain confidence in their thoughts and feelings about their childhood sexual abuse.

6. It should have been easier to recognize and talk about my abuse.

Eight of the ten women who participated in this study kept their abuse secret well into their adult lives. Three of the participants (Sheree, Phia, Kitt) were aware of the events of their CSA, but did not label them as such until they were adults. Four of the women (Jasmine, Harriet, Tess, Marina) showed symptoms of posttraumatic stress, general anxiety, depression, and externalizing behavior, but the abuse events only became available to conscious recall when they were adults. Three of the women (Olivia, Laura, Leonie) could recall the traumatic events, and labeled them as such, but waited many years to disclose their secret to others. Nine of the ten

participants in this study did not disclose the abuse to family members at the time it occurred, and one (Phia) never has. Six participants (Tess, Laura, Jasmine, Harriet, Leonie, Sheree) eventually revealed their abuse to family members and therapists, but coping with reactions of disbelief and denial served to diminish their willingness to be more forthcoming about their abuse.

RQ#2: How are coming out experiences perceived by lesbians who survived childhood sexual abuse?

The 6 themes that emerged from interpretive analysis revealed the essences of the phenomenon of coming out, as perceived by selected lesbian women who experienced sexual abuse in childhood.

1. I live with ambivalence about being lesbian.

The women who participated in this study articulated ambivalent messages about their experiences of coming out; their statements showed instances of cognitive, affective, and attitudinal conflicts between wanting to come out and the desire to remain closeted. All of the participants expressed, to varying degrees, at least some cognitive tergiversation about their lesbian identity, even though they identified themselves as lesbian. In fact, two of the participants (Jasmine, Laura) stated that they might one day choose to be with a man, and Olivia offered that perhaps traditional marriage and child rearing practices is the natural way to live. Laura's ambivalent attitude towards her own homophilic attractions was revealed when she told me that she was afraid her brother might be gay. Phia feared telling her nephew about her sexual orientation, lest he think she was not "normal." In their interview responses, some of the participants also expressed ambivalence in the way they behaved from time to time. For example, Tess was in a 5-year relationship, and was unaware that she never showed affection for her partner while she was with members of her family. Laura, on the other hand, was aware that she did not publicly display affection for her partner, and articulated that she held opposing notions about the situation—the belief such public expressions are improper, concurrent with the desire to show her feelings as others do. In her poetry, Leonie observed (perhaps in herself or others) ambivalent attitudes about homophilic attractions.

2. I am constantly at risk of being found out about sexual orientation.

All the women who participated in this study felt they were at risk for verbal and physical assaults from family members, peers, and strangers. In fact, they all feared being ostracized from their families if they were to disclose their homophilic attractions, and in some cases, those fears materialized. The women perceived threats of rejection and harassment (even violence) in their everyday lives that often kept them in mental states of hyperarousal and vigilance, especially when they were among people they did not know. At various times in their lives, all but one of the participants (Phia), encountered oppressive and discriminatory behavior in multiple settings, including their neighborhood, homes, school, and work; parents, peers, and coworkers were the perpetrators. Although Phia did not report any experience of harassment, she insightfully realized that she would have lost her job working with children, had she been out as a lesbian at the time; that prospect both frightened and horrified her. There were other forms of discrimination, supported by legislation and legal actions that engendered feelings of being at risk, emanating from identifying as a lesbian woman. For example, Sheree lost custody of her son because of her lesbian lifestyle, Kitt could not claim a tax exemption because of her marriage to a woman, and

Leonie was worried she would be fired from her job as an art teacher if parents and administrators were aware of her sexual orientation.

3. I know most people are not gay like me, but I have the same needs as they do.

Feeling different from others, along with a sense of being defective, was a core experience of coming out for all the participants in the study. The women began to feel different from their peers, with regard to their sexual orientation, generally around the time of puberty, although some participants (Sheree, Tess, Leonie, Jasmine) remembered specific instances of homophobic behaviors they engaged in when they were children. Kitt recounted how cruelly her classmates treated her, and how desperate she was to have friends. Marina never felt accepted by her peers to the extent that she withdrew into herself and abandoned any effort to form a peer network. Laura was cognizant that she felt different, but managed to avoid revealing this to her friends; she never undressed in the girls' locker room; she was openly demonstrative with a boyfriend. All the participants articulated that they would like to be accepted into the community of humankind, to have an intimate relationship, together with the possibilities and responsibilities of marriage, children, and ability to be who they are.

4. I keep my lesbian identity separate from my other identities.

Three of the participants (Sheree, Olivia, Phia) explicitly described themselves as being two people in one body with regard to their sexual identities. Sheree described her sexual persona as sadistic and cruel, but her other part was warm and nurturing. She also believed that integrating these two aspects of her personality would be too dangerous for her to attempt. Olivia said that she felt as though she had two sexual lives—one asexual, the other lesbian. Until recently, Phia was in a heterosexual relationship, and has begun to gradually construct a new world in which she can feel cognitively and affectively at ease. Laura keeps her lesbian persona literally and figuratively in the basement of her parent's house, where she lives with her partner, in a fairly closeted relationship. The times she is outside that space, she constricts her homophobic affect and behavior, further separating herself from her lesbian identity. Jasmine and Marina were able to easily dissociate from unpleasant thoughts and feelings, and used this coping mechanism to deny their homophobic attractions. While Marina has integrated the lesbian aspect of her identity, Jasmine has not.

5. I wish others understood what it is like to be a lesbian; how scorned I sometimes feel.

The dread and anxiety of rejection by family members, which all the participants entertained before they disclosed their same-sex attractions to anyone, was indicative of their deep wishes to receive acceptance, respect, and recognition for their declared sexual identities. Many of the participants articulated that the mental health professionals on whom they often relied, should have been more knowledgeable about LGB issues, and external factors that impact lesbian identity development. Marina stated that she refused to talk to psychiatrists about her sexual orientation at the time she sought help about her CSA issues; Harriet questioned her therapist's past experience in treating lesbian clients, and believed it was not her job to educate her about LGB issues. Three of the participants (Phia, Olivia, Marina) chose to see therapists who were lesbians. Two of the women (Kitt, Olivia) struggled with the lack of affirmation of their sexual identity from their respective churches, while both African-American women (Olivia, Tess) were angered by the attitudes shown by their respective communities with regard to LGB individuals. Marina, Harriet, Kitt, Sheree referred to societal intolerance of lesbian identity as they are manifested in the law, public policy, and legal actions.

6. It should have been easier to come out as a lesbian woman.

Although expressed in a variety of ways, the participants described coming out as tentative, tenuous, and stressful. A common theme among the women who participated in this study concerned the personal expectations of compulsory heterosexuality they had to follow before they were able to embark on the exploration of their lesbian identities. All of the women believed that their homophilic attractions were, at one time in their lives, a phase they were going through, and one woman (Laura) still holds that notion. Previously, Phia, Leonie, Harriet, Sheree, and Jasmine identified themselves as bisexual although, at the time, they were dating women exclusively. Kitt, Olivia, Marina, Tess, Harriet, and Jasmine were frustrated by the dearth of appropriate venues available for lesbian women to meet and socialize with other lesbians. A lack of appropriate places to connect with others reduced the opportunities for these women to experiment, socialize, and identify with their chosen peer group.

RQ#3: Do lesbian women perceive any relationship between their experiences of coming out and childhood sexual abuse?

The 6 themes that emerged from interpretive analysis revealed ways in which selected lesbian women connected parts of their coming out process to their childhood sexual abuse experiences.

1. I live with ambivalence about how my abuse and my same-sex attractions connect.

In a variety of contexts, the women often spoke about their feelings of ambivalence regarding their childhood sexual abuse, sexual identity, coming out, perpetrator, and interpersonal relationships. The participants highlighted the issue of the double secret—being lesbian and being sexually abused as a child. Each participant articulated their past ambivalence about why they were attracted to women, and had entertained the possibility that their history of childhood sexual abuse caused their homophilic attractions. All but two of the participants now reject this notion entirely; Laura and Jasmine still consider the verity of that supposition.

2. Because of my abuse, I feel at risk in my relationships.

A feeling safety in the world is the foundation on which human beings form relationships. The women who participated in this study felt a diminished sense of safety because of their CSA experience. They also felt vulnerable and insecure concerning their ability to have intimate relationships, and to disclose their sexual identity. For example, Marina said that her experience of CSA caused her to be “terribly insecure” and “afraid to open up and be vulnerable.” Sheree managed her dread of being victimized by creating scenes that put others in states of anxiety and pain. Tess saw herself as a lesbian-anarchist-feminist who, because of her identity, often sensed she was in danger of physical violence; she felt out of harm’s way “being in women-only spaces or lesbian bars.” Leonie recognized that her problems of intimacy were related to her child abuse experiences, and asserted her need to be with a woman who is “big” enough to hold all of her problems. Olivia and Laura used silence as a strategy to cope with their anxiety resulting from CSA, and in managing social stigma associated with coming out; the women’s respective family members routinely used secrecy to deny unacceptable behaviors and thoughts that threatened family coherence.

3. Even though I know I am not like others, I sometimes wish I were.

The dimension of feeling different was very intense for the participants, but they also expressed a desire to be accepted for who they are. All the participants portrayed their respective family dynamics as uncharacteristic and dysfunctional, but Kitt, Harriet, Phia, and Tess also mentioned aspects of their parents' households that were more typical of other families. At the outset of the interview, Harriet stated that she came from an ordinary nuclear family; her father, who provided them with big houses, was a chemical engineer. Kitt, as a child, lived in a big house and had a maid; Phia's parents were rich, WASPish country club types who were drunks, like the rest of their friends; and Tess' father was a brilliant lawyer, and her mother an elegant Southern lady. I believe that the intent of these women was not to impress me, but to assure themselves that they were, indeed, just like the rest of us. Marina was trenchant in her belief that her CSA experience caused her to perceive herself as immeasurably unlike other people, and that these perceptions severely limited her ability to have good or satisfying relationships. Kitt acutely sensed being different, and in her desperation to have friends, she continued to "do everything to please others," often disregarding the negative consequences of her actions to her well-being. Sheree was aware that her divergent sexual proclivities were related to her CSA experience, and Tess and Olivia believed that their ethnicities and religion played parts in intensifying their feelings of difference, as well as impeding their ability to come out. Phia was aware that many aspects of her life were different from those of most people—she is a pagan, a lesbian whose coming out is atypical, and an actress. She has an array of posttraumatic stress symptoms, but has minimized the circumstances and effects of her victimization. Leonie repeatedly emphasized the extent to which her experience of CSA caused her to feel different from others, and how the experience affected her intimate relationships with other women.

#### 4. I exist in two worlds.

As a result of CSA, the women in this study experienced divisions of their inner selves that often led to feelings of confusion, frustration, and depression. Jasmine described herself as both a whore and a nun; Tess was angry and frustrated that family dynamics of secrecy has kept her in two worlds—one where she is proudly lesbian, and the other where she feels shame. While some of the participants were hospitalized (Harriet, Phia, Marina, Olivia, Sheree) because of serious effects of depressive disorder due to CSA, all of the participants experienced depression. Some of the women spoke openly about living in two worlds (Phia, Olivia, Jasmine, Sheree), especially with regard to coming out. The majority of the participants displayed dissociative symptoms, also characteristic of individuals who suffered childhood sexual abuse. They manifested as amnesia (Jasmine, Tess, Marina, Harriet), perceptual distortions (Phia, Kitt, Olivia, Marina, Tess, Jasmine), panic attacks (Marina, Jasmine, Leonie), and flashbacks (Tess, Marina, Jasmine, Laura, Sheree.) It is also likely that for some of the participants, alcohol and drugs were used to induce dissociative states (Olivia, Marina, Laura, Phia, Tess, Leonie) in order to diminish negative affective and cognitive responses.

#### 5. I need affirmation for who I am, and what I have experienced.

All of the participants articulated that the CSA events were minimized or denied by family members and others; some participants also found difficulty in giving credence to their own abuse-related thoughts and emotions. Also with regard to coming out, an absence of social support, combined with the consequences of developing a stigmatized identity, made it difficult for these women to move towards a lesbian identity. As they did with their abuse-related feelings, they often ignored or minimized their own affective and cognitive responses to their

homophilic attractions. The lack of affirmation with regard to both CSA and same-sex attractions led these women to feel as though they were continually being judged by others. Various behavioral responses to such thoughts were anger, self-injury, isolation, and the use of drugs and alcohol. Some of the participants showed dismay at the lack of validation they received from some mental health professionals with regard to both their CSA and coming out experiences. Marina said she needed a lot of reassurance, and did not think that would ever change. Tess angrily mused that she felt invisible because her emotions and experiences were never validated. When Laura disclosed her sexual abuse to her parents, they showed no support or concern; her mother does not approve of her lesbian lifestyle; Laura and her partner isolate themselves from the LBG community.

6. I kept my two secrets hidden from others and myself for much too long.

The women used the coping response of nondisclosure to manage the stigmas of childhood sexual abuse, as well as the internalized homophobia they experienced as they began the process of coming out. Concealing the double secret created a conundrum: they might gain social support by disclosure, but be forced to tolerate negative responses from others. Conversely, nondisclosure might help them avoid negative reactions, but preclude them from obtaining potential social or therapeutic support. The participants in the study varied in the extent to which they felt that their difficulties with coming out were related to their childhood abuse experiences. Nonetheless, the general perception among the participants was that their particular experience of coming out was atypical and difficult because of their CSA experiences. Phia remembered telling herself not to reveal her homophilic attraction to her parents, believing that her mental breakdown had already caused her parents so much anguish. Leonie perceived that her abuse experience permeated most aspects of her life, but did not identify specific connections. When Sheree turned 30 years old, 3 events occurred: she had her first lesbian love relationship, she recognized her father's behavior as sexual abuse, and she sank into a deep depression. Harriet and Marina credited their abuse history with the difficulties they experienced in coming out. Tess and Olivia perceived that their background as African-American Southern Baptists was deeply connected with the way they experienced both coming out and CSA. Jasmine consistently vacillated between accepting and rejecting the events of her abuse; in a like manner, she also wavered between claiming and rejecting an identity as a lesbian woman. The coping mechanisms Kitt utilized to manage effects of CSA and coming out, to a high degree, were informed by her experiences of emotional and physical abandonment. The guilt and shame that she voiced around both of these personally significant issues affected the way she hesitantly processed both events.

*Variations of experience.*

The purpose of this section was to present some meaningful aspects of experiences that unfolded for individual participants, but were also sometimes shared by one or two others. However, prior to that discussion, a recapitulation of some biographic information about each participant is helpful in the pursuit of apprehending the multiplicity of responses to certain phenomena that emerged from the within-case analyses of the interview transcriptions. The ten women who were selected as participants in the present study were from a variety of backgrounds; their sexual abuse histories were unique, as was each coming out experience. Table 5 (below) shows a summary of biographic information about the participants.

Table 5  
*Abridged biographic information about the participants*

Name	Age	Ethnicity/ Religion	Employment	CSA Perpetrator/s	Partnership Status	Children/ Participants' Age at Birth
Olivia	52	African- American/ Southern Baptist	Federal government	Father	Occasionally dates women	1 daughter Gave birth @ 30
Sheree	53	Not revealed/ Atheist	LGBT clinic/ Dominatrix	Grandfather, Father	Lives with a helper	1 son Gave birth @ 25
Marina	26	Italian/ Catholic	None	Stepfather	Dates women	n/a
Kitt	46	Adopted/ Catholic	Financial Officer	Family friend, stepfather	Married lesbian relationship	1 daughter Gave birth @ 19 Child adopted out
Laura	24	Mixed/ Catholic	Insurance Administrator	Neighbor	Married lesbian relationship	n/a
Phia	49	Anglo-Saxon/ Pagan	Actor	Mother	Dates women Lives with husband	n/a
Tess	44	African- American/ Southern Baptist	Musician	Father	Dates women	n/a
Leonie	28	Canadian/ Mennonite, Jewish	Musician	Baby sitter, brother, father	Recently separated from partner	n/a
Harriet	33	English/ Anglican	None	Father	Dates women	n/a
Jasmine	40	Jewish/Jewish	None	Father, strangers	Dates women	n/a

*Note.* n/a = not applicable.

As shown in Table 5, there was only one participant (Phia) who was sexually abused by a female; she was the survivor's mother. Phia, at 47 years of age, was also the oldest to come out to herself, although she had been aware of homophilic attractions for decades. She is still ambivalent about assigning the term "sexual abuse" to her mother's behavior, although at some cognitive level, she recognizes it as CSA. Additionally, she was the only participant to declare that she has no internalized homophobia, yet despite this declaration, she still lives with her husband; she has not as yet disclosed her lesbianism to her nephew—the only family member with whom she interacts—because he "thinks of her as normal," and is afraid he would think otherwise if he knew.

During the interviews, it emerged that two of the participants kept themselves more isolated and closeted about their sexual orientation than the others. Both of these women also kept their respective CSA experiences more closeted than the other participants, although they each reported how profoundly these events had affected them. Additionally, out of all the other participants, these two women had the most tenuous connections with the lesbian community.

Sheree was the only participant to engage in the practice of bondage and discipline (see Table 5); she attributed her proclivities for sexual activities as a lesbian dominatrix to the power and control wielded by her father. Sheree proudly claimed that she had the rare ability to separate sex from love, and likely used this splitting mechanism to cope with thoughts and emotions around her childhood abuse, as do many survivors.

Kitt became pregnant when she was in her first year in college; she did not tell her mother until she was 6 or 7 months along, because she didn't feel comfortable talking about her condition. Although two other women in the study each bore one child (see Table 5), they were older than Kitt at the time of the births, and were in traditional marriages at the time. Kitt said the child was the result of sexual experimentation with a boy she was seeing; but at the time she conceived the child, her stepfather was still abusing her. The child was adopted out.

#### *Outcomes of the research compared with the literature*

##### *Lesbian identity development.*

Each woman who participated in this study carved a unique path to developing a lesbian identity; and each defined that identity in a different way. While stage models of lesbian identity development are useful in conceptualizing the coming out journey (Kahn, 1991), they tend to reify suggestions of linearity (Golden, 1997). The results of this study showed wide variations in the rates and patterns of development, as well as in the participants' attitudes and openness about their homophilic attractions. As the participants began to discover their sexuality, they articulated similar feelings and thoughts such as confusion, shame (fear of rejection and abandonment), minimization, and denial. Mosher (2001) suggested that these four core emotional experiences are fundamental to the coming out process, and may be a factor in individuals hiding their sexuality. He also noted that suicide ideation and depression often accompany these core emotional experiences. In stage model theories, the affective and cognitive experiences described by Mosher are the first stepping stones towards the eventual integration of the self. The participants in this study, however, still struggle, to greater or lesser degrees, with the four core emotional experiences, as well as parasuicidal behaviors and depression. This is also true for the participants who live openly and proudly as lesbian women.

In their ongoing research about diversity in the coming out process, Diamond and Savin-Williams (2000) reported that the timing of a woman's first homophilic attractions does not

predict the quality, exclusivity, or stability of her sexual identity. The authors' research also found considerable variation in the quality, number, and contexts of same-sex attraction. In this study, four participants articulated their same-sex attractions and behavior when they were young children. Nine out of the ten participants engaged in sexual relationships with men; and three of the women in this study had children while they were in heterosexual relationships. Three of the women were married to men, and one has, thus far, remained in that situation. The findings in the present study also supported the idea that women experience their sexuality as fluid, as some authors have suggested (Carrion & Lock, 1997, Diamond & Savin-Williams, 2000; Eliason, 1996). In fact, one woman still fantasizes about meeting a "white knight," and another said that she might decide to be with a man at some time in the future.

*Internalized homophobia.*

There is diversity in the sequence of coming out, and research suggests that supportive social networks may promote comfort with sexual orientation (Floyd & Stein, 2002). Szymanski and Chung (2003) also suggested that involvement in gay-related activities is indicative of self-acceptance, and may play a vital role in mitigating the effects of internalized homophobia. In this study, five women who reported at least some contact with the lesbian community were less closeted about their sexual identity than two women who did not actively participate. However, three women who reported substantial involvement in the community also articulated internalized homophobic attitudes and feelings.

Whitman et al. (2000) posited that a pattern of disclosure exists as a function of identity development, as an individual gradually sheds internalized homophobic attitudes and feelings; stage models of identity development also view disclosure to family and friends as an increasing sense of normalcy with this identity (Cass, 1979). To the contrary, rather than being manifestations of internalized homophobia, the women in this study appeared to use non-disclosure as a way to ensure their levels of safety, and provide them with a sense of control. In light of their early childhood sexual abuse experiences, reinforced by a society that is often violent and rife with homophobia, the use of this self-preservation technique makes sense.

"Despite the acknowledged homophobia in African-American communities" (Greene, 1998, p. 48), African-American gay men and lesbians consider family and community connections important to the extent that they primarily identify themselves according to their race (Greene, 1998; Savin-Williams, 1996). Because of this conflict, developing a lesbian identity can create a sense of betrayal to one's community (Gonsiorek, 1996), imposing additional tasks on ethnic minorities that can retard or arrest the process (Greene, 1998; Rosario et al., 2004). In this study, the two African-American women recognized a gender-related hierarchy in their culture, and expressed anger and frustration about its effect on them. They perceived that they were negatively impacted as a direct result of community attitudes and mores; both articulated the notion that while sexual abuse is tolerated in the African-American community, being lesbian is not.

*Homophobia: societal attitudes, behavior, and public policy.*

The hegemony of heterosexism promotes the societal view that only heterosexual manifestations of love and sexuality are appropriate; this perforce leads to a devaluation of gay and lesbian expressions of sexual identity (Bobbe, 2002). Negative public attitudes towards lesbian women bar them from participating in community institutions (e.g., organized religion) that sustain and support heterosexuals (Bradford et al., 1997). The women who participated in

this study were fundamentally aware that their lesbian identity directly impacted the manner in which laws either failed to protect their basic human rights, or actively worked to discriminate against them. For example, one of the participants, although married in a church ceremony, was not recognized by the State as a family member; another was denied custody of her son; several of the women expressed their desire to be married, and be afforded the legal status and privileges of such an arrangement. Whether passive or active, societal sanctioning of anti-LGB sentiments filters down from institutions to the immediate environment in which children develop (Carrion & Lock, 1997). All the participants in this study experienced varying degrees of family and peer rejection, marginalization, and harassment. They were exposed to verbal assaults, such as name-calling, and continually worried about threats and physical assaults that might be perpetrated by intolerant fanatics.

There were also a number of issues relating to attitudes and treatment by health care professionals that some of the participants mentioned during the interviews. Collectively understood, the participants' comments implied that counselors should be aware of the concerns and developmental tasks unique to lesbian women. Logan (1996) emphasized the need for health professionals to understand the extent to which their LGB clients have experienced homophobia; especially in the way it impacts self-esteem, and their ability to maintain relationships. Other researchers (Garofalo et al., 1998; Hanley-Hackenbruck, 1988) have also suggested that it is extremely important for counselors to be accepting and noncritical of the client's sexual orientation, and whatever the client feels or articulates about that orientation. In fact, Hanley-Hackenbruck suggested that in order to bring a sense of order to the confusion, shame, and denial experienced in coming out, therapists should understand and recognize internalized homophobia, as well as societal homophobia, in order to allow the individual to reach her "potential for growth and change" (p. 32).

#### *Childhood sexual abuse.*

Existing research provides evidence that childhood sexual abuse impacts negatively on human development (Paolucci et al., 2001). It is associated with internalized distress and difficulties, as well as impairments in the development and maintenance of relationships with others (Rumstein-McKean & Hunsley, 2001). In the present study, five participants were hospitalized for a range of symptoms, including depression, dissociation, anxiety, and suicide ideation. All the participants described difficulty in forming and maintaining relationships; two participants are in long-term relationships with partners; and all the participants reported having conflicted relationships with family members. There is a body of research that linked the experience of childhood sexual abuse with promiscuous sex, and pregnancy (Loeb et al., 2003; Smith, Davis, & Fricker-Elhai, 2004), as well as research that suggested that adolescent women who identify themselves as lesbian may be at increased risk of pregnancy (Saewyc, Bearinger, Blum, & Resnick, 1999). In this study, one participant described her sexual behavior in adolescence as promiscuous, and was employed as a stripper for a period of time. Three other participants did not perceive their sexual behavior as promiscuous, but as adolescents, they regularly had sex, and found it pleasurable.

Polusny and Follette (1995) suggested that individuals with histories of CSA adapt strategies to minimize thoughts and memories of the events through such coping behaviors as dissociation, self-injury, and substance abuse. In the present study, four participants lacked conscious recollection of their respective abuse events for extended periods of time. Three of the

participants had memories of trauma, but found it difficult to understand it as sexual abuse, and thus diminished the culpability of their abusers. Six of the participants engaged skin carving; according to Blume (1990), self-mutilation relieves tension, and creates a hypnotic state. While all the participants reported using alcohol and other substances, three gave accounts of abusing alcohol, and three reported habitual abuse of drugs. One of the three who reported habitual use is still addicted to cocaine.

According to Andrés-Hyman et al. (2004), some researchers suggested that particular ethnic groups serve to “undermine CSA survivors in culturally specific ways” (p. 324), although they also reported that the literature is inconclusive as to which groups are involved. In the present study, the participants who claimed African-American heritage believed that their respective communities tolerated physical and sexual abuse of children; in both cases, the perpetrators were their biological fathers. Loeb et al. (2003) posited that the circumstances surrounding CSA, as well as the manner in which abuse events are processed by the survivor and the families, are more relevant as mitigating factors than is ethnic background.

Seeking and receiving social support is thought to be of benefit to victims of CSA; however fear of intimacy and inadequate capacity to trust, often impede victims from obtaining advantages that such support might provide (Jonzon & Linblad, 2004). In this study, only one participant received parental support when she was a child, upon disclosure of abuse; she later experienced denial and rejection when she disclosed subsequent victimization. Supportive therapeutic relationships, good information, and active participation also facilitate and promote healing from the effects of CSA (Glaister & Abel, 2001). While most of the participants acknowledged the care and compassion of mental health professionals with whom they had contact, they also articulated that their therapists generally lacked sufficient knowledge and understanding of childhood sexual abuse issues.

#### *Topics for future inquiry*

For minority lesbian women, various cultural factors may have significant impact on the coming out process, as well as on their responses to their experiences of childhood sexual abuse. It is also possible that traditional gender roles, conservative religious values, and the practice of corporal discipline, might unknowingly convey messages tolerating certain behaviors that actually are anathema to the community’s ethos. Investigating the effect that the confluence of cultural and ethnic attitudes has on minority lesbian women, who were sexually abused as children, might generate valuable information for counselors and researchers.

The results of this study showed that only one out of the ten women who participated was sexually abused by a female perpetrator; the participant only began to recognize her homophobic attractions when she was 47 years old. There has been minimal research that explored the effects of CSA perpetrated by women (Denov, 2004), and to my knowledge, none about the effects of such abuse on lesbian women. A study investigating the long-term effects of female sexual abuse on lesbian women might yield useful data. It is possible that the scripted sex roles of female passivity inform societal perceptions, which are then internalized by the victims of the abuse (Denov, 2003). Denov (2003) also suggested that it is possible that professional groups, such as social workers and health care workers, consider sexual abuse by women less dangerous, and less harmful than similar abuse by men. Investigating these problems might well lead to new avenues of inquiry.

Another topic that might substantially advance treatment methods for lesbian women who suffered childhood sexual abuse, is the examination of attenuating factors that could account for resiliency in lesbian survivors; some of these are coping styles, supportive family and peer relationships, and a sense of spiritual connections. A close examination of the support systems of women who rarely experienced severe symptoms (e.g., parasuicidal behavior, dissociation, depressive disorders), might be key in discovering explanations for resilience in some lesbian survivors. The results of such an investigation could be helpful to health professionals who develop individual, couple, and group treatment plans, as well as for guidance counselors who plan and prepare psychoeducational material.

This study involved observing the diverse developmental paths of the coming out process of lesbian women who experienced childhood sexual abuse. The creation of a conceptual model of lesbian identity development that also accounts for adverse reactions to CSA might be helpful in understanding the conditions and processes that create multiple developmental trajectories. If the quality, timing, and interpretation of same-sex responses are multiply determined, then it makes sense to create a model that includes associated variables of CSA, explaining its effects on lesbian identity development.

*Personal outcomes.*

The process of reflexivity that has brought me thus far in my attempt to understand the participants' experience of being a lesbian woman sexually abused as a child, challenged some of my basic assumptions. In this first endeavor to do a qualitative examination, I discovered that I was *morally* challenged to expose the beliefs that were embedded in my personal historicity; and I use the word moral in good conscience. I asked ten women to be open, honest, and forthcoming about events that are intimate in nature, and often painful to express; they, in turn, articulated a desire to "help others through this research project." In so doing, they charged me with a dual responsibility: (a) to represent their experiences, and (b) to discover the essences of their experiences, thereby fulfilling the purpose of this study.

Operating within a qualitative paradigm, perforce expanded my tolerance of ambiguity, trust in my ability, and faith that I could accomplish each task. As a researcher, being a lens in the hermeneutic circle through which all data were iteratively focused, enabled me to experience a lived space with others, in order to learn, illuminate, and generate data. This type of research offered no right ways to find the answers to the research questions that were posed. I often found myself saying such things as, "I don't understand, but I will, eventually." "Trust in yourself, and in what you do." "Have faith, it will be done." And although there are some very fine texts that offer suggestions concerning methodological specifics, I often found myself feeling at sea, drifting unanchored in a mist of ambiguity, yet faithfully anticipating a guiding light.

As a mental health counselor, I recognized the profound benefit of being aware, and utilizing my own cognitive and affective responses that inevitably arises in delivering therapy. While attentiveness to these reactions challenges my personal sense of safety, and risks my becoming inured to stories of trauma, it also strengthens my ability to distinguish and maintain boundaries between my own feelings, attitudes, and actions, and those of my clients. Becoming aware of my unconscious responses reinforces a more natural therapeutic alliance, and allows me to be more authentic and present within the therapeutic dyad.

With a large degree of humility, I also want to convey that my participation in creating this body of research has improved my capacity to "hear and know myself"; this new knowledge

has led me to a deeper, broader perception and respect for my fellow humans—their journeys, their suffering, and their joys.

*Implications for the counseling profession.*

Counselor education programs should provide their students with accurate and timely information about various aspects of childhood sexual abuse, including definitions, perpetrators, and long-term sequelae of abuse. It is important to know the variety of symptoms that occur and coping strategies that survivors use to manage them. Graduate courses in multicultural counseling may provide some information about gay men and lesbian women, but clearly there is a need for counselor educators to offer more coursework or workshops on societal homophobia toward LGBT individuals, particularly in the present sociopolitical climate that is so openly antigay.

The findings of this study indicated that there were some obstacles to creating a therapeutic alliance in the various mental health settings described by the participants. Certain health professionals in this study were portrayed as being bewildered, or timid about discussing the subject of CSA. Some of the participants were bemused, and others angry about the lack of knowledge or expertise that some health professionals showed in attempting to treat clients who are attracted to the same sex. They included therapists who had little knowledge about sexual abuse or the way homophobia negatively impacted their client's lives. All the women in this study articulated the wish to have therapists who were knowledgeable, empathic, and nonjudgmental; they expressed the need for affirmation of their essences of being lesbians, as well as being sexually abused as children.

The results highlighted the criticality for counselors to recognize the role of context in understanding client responses to childhood sexual abuse, and to coming out in the context of the heterosexist imperative. Counselors need to have essential information about these topics to pass on to their clients, and to formulate interventions that focus on strengths and support. They must also address individual contextual issues, and understand that sexual abuse and coming out are social issues, as well as private concerns. As discussed above, remediation of these issues should be addressed in the counselor education programs of our graduate schools, but individual therapists can make observations about their own practices. How many of us routinely ask our clients about childhood sexual abuse? How many of us are familiar with definitions of CSA, its long-term sequelae, and coping strategies individuals use to manage its symptoms? Do we use textbook definitions of sexual identity, or do we encourage our clients to express their own perceptions regarding their sexual orientation, and their sexuality? This study strongly suggests that clients' historical and contextual information, in combination with a counselor's theoretical knowledge and experience, can be of critical value in formulating treatment plans to develop adaptive coping strategies, reduce symptoms, regulate emotions, and develop career paths.

*Social implications.*

In general, qualitative research in the field of mental health counseling considers the whole of an individual's experience, and has the potential to promote the development of an understanding that reaches beyond individual perspectives. Although this is a study of individual human experience, that is, being a lesbian woman who survived sexual abuse in childhood, it is also about the way we, as a society, behave towards other human beings who find themselves marginalized by mainstream attitudes and values; these mainstream worldviews are represented in the rules, laws, and accepted actions of those in the majority.

It seems imperative that our society accept the notion, that in order to effect individual well-being, we must also address societal ills, such as addictions, child sexual abuse, poverty, and ignorance. If we, as a society, truly hold the concept of representative democracy to be the most decent way for individuals to manage their lives, then we must be certain that those groups of individuals who do not maintain mainstream beliefs are supported and protected by our social institutions.

#### *Summary of Chapter 5*

The chapter addressed the research questions this study posed, using the essences and variations of the participants' experiences of their perceptions of being lesbian women who were sexually abused as children. Tables were presented that showed the inductive process by which themes of these experiences emerged. The outcomes of the research of this study were compared and contrasted with existing literature, in order to illuminate both similar and divergent findings. The remainder of the chapter included discussions on possible areas for future inquiry, personal outcomes, implications for the counseling profession, and social implications. The section that follows is a discussion of the conclusions that were reached, emanating from my interpretive analysis of the empirical materials.

#### *Conclusions*

Although existing literature is rich with descriptions of the process of coming out for lesbian women, the present study is distinctive in its systematic examination of coming out from the perspective of lesbian women who were sexually abused as children. Through the hermeneutic-phenomenological analysis of interviews with selected participants who identified as lesbian women, my objective was to identify and describe participants' perspectives of childhood sexual abuse, coming out experiences, and their perception of how these experiences might interrelate.

The results of this study were consonant with findings from previous studies that suggested maintaining a lesbian identity is an ongoing task, continually informed by events and relationships that typically occur during the lifespan of an individual. However, in the course of this investigation, the findings pointed to a new understanding—the coming out process becomes more complicated when histories of childhood sexual abuse need to be considered. While family and social factors had powerful influences on coming out for all the participants, the emotional and behavioral strategies that each woman adapted in order to cope with long-term sequelae of CSA, also appeared to have considerable impact on the coming out process as well.

At a foundational level, the experience of childhood sexual abuse impairs the ability for a child to develop trust. Expressions of mistrust are obvious when they are outwardly directed towards others, however recognizing mistrust that is inwardly projected is more complex. Childhood sexual abuse, perpetrated in environments that were rife with dysfunctional dynamics, sent very clear messages about trusting others, to the participants in this study: people are not consistent, reliable, or respectful. But the most pivotal life-lesson gleaned from their years of being denied a safe, secure, and comfortable environment was to mistrust their own judgments, perceptions, and emotions. In fact, the potency of an absence to trust in one's self was, I believe, the foundation on which feelings of ambivalence, difference, vulnerability, and worthlessness were generated. However, the source of the unbearable pain that caused the participants such a diminished sense of self was minimized, denied, or withdrawn from conscious recollection. The participants in this study developed their identities as lesbian women within the context of

childhood sexual abuse. The pivotal lesson of self-mistrust was a salient influence as they attempted to recognize their homophilic attractions, create meaningful intimate relationships, feel comfort in expressing their identities as lesbian women, and participate in the lesbian community. The women had to navigate through the perils of familial and societal homophobia that sent familiar messages to the participants: you are different, worthless, and not welcome to sit at the table with the rest of humankind.

This study contributed to understanding unique perspectives of ten selected participants, regarding the experience of coming out in a context of childhood sexual abuse. Their individual developmental processes, as well as outcomes of the sense of self varied as widely as the individual circumstances, and the social forces that shaped them. Despite the complexity of these interactions, there was a clear message the participants imparted to me: Although there might be many connections between CSA and coming out, there is no causal relationship between the two.

The cultural imperative towards heterosexuality continues to inform societal attitudes, which are ultimately manifest in our laws and public policy. All people, regardless of their sexual identity, could benefit from discussions of the diversity and variability in human sexuality. As teachers, parents, friends, and health care professionals, we should consider the implications of the hegemony of heterosexuality; particularly in the way it impacts the mental, physical, and spiritual coherence of all human beings.