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Kathleen A. Salmon
Sex abuse?
Just as long as you're not gay:
An exploratory study with queer adults
on childhood sexual victimization

ABSTRACT

This exploratory study engages with the experiences of queer adults following childhood sexual victimization (CSV), with particular attention to issues and situations that may implicate both their queer identity and history of CSV. These issues include possible messages that participants received about CSV and queer identities; the impact of CSV on coming out; resiliency and support systems; and, whether participants engaged with queer-affirmative resources or persons in the process of healing from CSV. Intersectional theory was applied in conceptualizing this study and analyzing data, as this theory puts particular attention on the ways that multiple social identities interact influencing one's experiences.

Participants were interviewed using a semi-structured, open-ended format. Narrative data was analyzed using a thematic analysis with a grounded theory approach. The study's findings demonstrate a need for practice and resources that affirmatively and appropriately address queer survivors, as well as some restraint in making assumptions about survivors' experiences and needs based on their social identities.

Notably, as this research is inclusive of all queer-identities, it is the first qualitative study that includes the experiences of transgender survivors following CSV.

Ultimately, the results of this study will be used to create healing resources (such as books and websites) and recommendations for treatment approaches for queer survivors of CSV.

**SEX ABUSE? JUST AS LONG AS YOU'RE NOT GAY: AN EXPLORATORY STUDY
WITH QUEER ADULTS ON CHILDHOOD SEXUAL VICTIMIZATION**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2014

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CHAPTER 1

Introduction

Childhood sexual victimization (CSV) impacts every segment of the United States population, and can often have a significant impact on survivors. In recent decades a tremendous amount of research has attempted to determine appropriate and effective methods of treatment following abuse and assault for both adult and juvenile populations. This research has primarily focused on cisgender and heterosexual populations. Treatment interventions, assessment protocols and resources for survivors would likely benefit from a more thorough assessment and acknowledgment of the barriers and resiliencies queer people may encounter in addressing CSV. This current study intends to explore the need for queer-specific resources and mental health treatment by focusing on topics that may implicate both participants' queer identities and history of CSV.

To explore the experiences of queer adult survivors an intersectional framework will be applied. This framework brings attention to interactions between social identities and cultural climate. While this research will primarily be focused on the interactions between social identities, the literature review will provide historical data

illustrating a piece of the cultural climate. Both through the literature review and analysis of participant data, it is apparent that the cultural and historical climate for queer survivors is stacked against them in multiple and intersecting ways. The study attends to strengths, resiliencies and resources of queer survivors.

Finally, this current study is the first qualitative study on CSV to include transgender people; people who may identify their sexual orientation other than lesbian, gay or bisexual; and, people questioning their identity. A review of the literature demonstrates an absolute paucity of research on transgender people and CSV – there are not even population-based data on rates of CSV amongst this population. The majority of quantitative research on queer populations and CSV has focused on the lesbian, gay and bisexual (LGB) population, and qualitative studies addressing participants' experiences have focused on lesbian and bisexual women. This study was also open to participants who identified as questioning, however, it did not receive any participants identifying as such.

Focus of Study

This current study broadly focuses on possible situations and experiences that implicated both a queer identity and history of CSV. To narrow this study, it focuses on impact of messages and beliefs that queer people received from family, friends and society regarding sexual abuse and assault and queer identities. This study also addresses resiliency, coming out, support systems and resources and their applicability to healing following CSV. Given the cultural climate of heteronormativity, cisnormativity and victim-blaming, this author hypothesizes that queer survivors have

experienced multiple forms of stigma (commonly referred to as double stigma in the professional literature) which may have compounded feelings and experiences of isolation, self-hate, discrimination, shame, or trauma.

While working in the field of child abuse I realized that there were no resources for children and adolescent survivors of sexual victimization that were queer-affirmative. Equally worrisome was the lack of resources for caretakers on how to support a queer child in the healing process following abuse. This study developed in effort to address these gaps in resources.

The work of the Family Acceptance Project (FAP) was also influential in conceptualizing the focus of the study. Their research explored correlations between health outcomes and the messages of acceptance and rejection that youth received regarding their queer identity. Their studies found strong associations between the degree of family accepting and rejecting behaviors regarding their child's LGBT identity and reduction of negative health outcomes (i.e. depression, substance abuse and suicidal behaviors), as well as an increased positive impact (i.e. self-esteem, social support and general health) (Ryan, Huebner, Diaz & Sanchez, 2009; Ryan, Russel, Huebner, Diaz & Sanchez, 2010). These studies have since been used to create specific and through educational and treatment guidelines for families and practitioners on engaging with queer youth in affirmative manners (Ryan, 2009).

Considering the demonstrated impact that family rejection and accepting behaviors had on LGBT youth health outcomes, I initially decided to structure the study around the role of messages regarding sexual victimization and queer identities that

participants heard. This decision is reflected in the literature review, which makes an attempt to trace messages about sexual abuse victims and a causal relationship between sexual victimization and queer identities. It is evident in the interview guide and influenced the way I interpreted the findings. Based on my understanding of Ryan, Huebner, Diaz and Sanchez 2009 and Ryan, Russel, Huebner, Diaz and Sanchez's 2010 studies, I hypothesized that the messages that participants heard would (a) mostly focus on causation and correlation and (b) negatively impact their healing process following sexual victimization.

CSV in the Queer Population

In recent years, published research has begun to explore the issues related to childhood sexual abuse (CSA)¹ and assault on queer people. This research has primarily focused on two areas: establishing rates of occurrence and mental health outcomes. Most research has focused on the LGB populations, with almost no attention to transgender populations.

As one would expect, research on CSA demonstrates that LGB people are susceptible to the same psychological ailments and subsequent risks following abuse as other researched populations (e.g. Balsam, Lehavot, Beadnell, & Circo, 2010; D'Augelli, Grossman & Starks, 2006; Heidt, Marx, & Gold, 2005). Again, while there is little literature addressing transgender people and CSA, other studies of trauma in the transgender population similarly affirms the psychological impact of trauma (e.g.

¹ Although this study addresses CSV, much of the literature employs the term CSA, which will be further discussed. To maintain consistency with the canon of research on sexual victimization, the term CSA will be employed when appropriate.

Kersting et al., 2003). Though psychological outcome and additional risks are the same, some research has indicated that the LGB survivors and survivors exhibiting gender nonconformity exhibit higher rates of PTSD and anxiety (Balsam, Levahot, Beadnell, & Circo, 2010; Kersting et al., 2003), adult sexual revictimization (Heidt, Marx, & Gold, 2005) and alcohol abuse (Hughes, Johnson, Wilsnack, & Szalacha, 2007). These higher rates of risk may be indicative of multiple factors, including the lack of effective resources for the queer population addressing sexual victimization.

Research on rates of CSA has indicated that childhood and juvenile sexual abuse and assault occurs with greater frequency amongst the LGB populations than the general population. Research on the general population consistently finds rates within 25-30% (Briere & Elliot, 2003; Gorey & Leslie, 1997; Finkelhor, Hotaling, Lewis, & Smith, 1990). Rates of abuse indicate the females are abused at much higher rates than males. Rates of abuse and assault in the juvenile LGB population have found rates as high as 76% (Rothman, Exner, & Baughman, 2011), though rates of LGB women typically are found to be within 30-57% (Balsam & Morris, 2003; Balsam, Rothblum, & Beauchaine, 2005).

Rates of CSA have been less researched in transgender populations. Gehring and Knudson (2005) found that 55% of a clinical population of 42 transgender people experienced CSA. In a recent, and unpublished study, FORGE Forward (2005) found 74% of a non-clinical population of 32 people experienced CSA. While establishing rates of abuse and mental health outcomes has important policy, research and treatment implications (as well as demonstrating to individual survivors they are not alone), this

research does not necessarily provide insight into appropriate treatment, policy or research recommendations addressing the queer population. Nor does it provide queer survivors with information particular to unique barriers, situations and resiliencies they may encounter.

To complement quantitative data, a distinct but limited body of qualitative research, which primarily focuses on the lesbian and bisexual female population, indicates that this population is affected by unique barriers and resiliencies related to their queer identity. This research primarily exists in unpublished dissertations and theses of graduate students (Cohen, 2008; Kirsztajn, 2009; Kisler, 2013; Kutner, 2013; Menna, 2009; Stanley, 2002; Van Meer, 1990), with a handful of published studies (e.g. Baker, 2003; Balsam, 2003; Brady, 2008; Hall, 1999; Balsam & Morris, 2003). Other than a brief section in an unpublished study released by Forge Forward (2005), there is no qualitative data on transgender people's experiences with CSA.

The qualitative research on CSA and the LGB populations address an array of topics specific to the LGB populations. These topics include the impact of sexual abuse and assault on the coming out process (Gilgun & Reiser, 1990; Kutner, 2013; Kirsztajn, 2009), the impact of double stigma and minority stress on resiliency (Cohen, 2008), influence of family environment on outcomes associated with CSA (Stanley, 2002) and being a lesbian survivor in a heterosexual culture (Kutner, 2013). This third group of research provides insight into developing meaningful treatment procedures and useful information for creating queer-specific healing resources.

Another limited segment of literature offers advice and insights to clinicians working with transgender survivors of sexual victimization (Munson, 2006) and LGB survivors of CSA (Arey, 1995; Isenese, 1997; Riveria, 2002; Timms & Connors, 1990).

Implications of Research

This current study has several implications for practice, policy and research. First, with regards to practice, this study addresses a gap in professional literature. There is little guidance for social workers regarding appropriate interventions and treatment considerations when working with queer survivors of CSA. This study may be used to create interventions that go beyond assessing symptomatology and risk factors, and instead address a fuller range of experiences that queer survivors may have. For instance, this study attends to specific areas (such as coming out) that social workers should assess in working with queer survivors of sexual abuse and assault. Finally, this study may encourage clinicians to improve their practice by exploring and reconciling personal biases they may hold towards queer people and survivors of trauma.

With regards to research and clinical resources for queer survivors, this research responds to a gap in literature, particularly a gap in literature for the transgender population. Most available resources on healing following sexual abuse and assault are cis- and hetero-normative, and therefore do not examine the impact of societal discrimination and oppression that queer survivors experience. Nor does literature assess for resiliencies or support systems that queer survivors that may assist in healing from CSV. The only resources available attending to these issues are targeted towards

an LGB and adult audience (e.g. Clunis & Green, 1995; Gartner, 2005; Isensee, 1997), and one brief guide produced by Forge Forward for a transgender audience (2005).

While this research is conducted with a greater focus on clinical applications, it may indicate areas that policy could intervene to reduce the impact of discrimination or encourage communities to engage queer survivors. For instance, policy may be particularly directed towards countering negative messages about queer people and sexual victimization. Historically, media has correlated the “development” of a queer identity with sexual abuse and assault, and frequently associates lesbian, gay, bisexual and transgender (LGBT) people with pedophilia.

This research may also be used to guide social activism by creating insights in addressing oppression and violence. Similar to the feminist movement that brought attention to the prevalence and impact of sexual violence, queer and anti-violence organizations may have additional insights into understanding societal patterns of oppression and their impact on individuals and groups.

Overview

Following this introduction, chapter two reviews the literature pertaining to childhood sexual abuse and queer identities. The literature review takes an extremely broad overview of research, theory and cultural associations made between sexual abuse and queer identities. The rationale for this broad approach is that it attempts to contextualize the source of messages and beliefs. Chapter three describes the study’s methodology including the research question and approach, recruitment and sampling, data collection and data analysis. This chapter also discusses limitations of the study

found in the research design and implementation. Chapter four presents the findings of this current study drawn from seven participant interviews. Finally, chapter five discusses those results in the context of previous research, as well as implications and limitations of the study.

A Note on the Term Queer

The labels we use to define sexual orientations and gender identities are complex and culturally situated. In deciding the labels to use, I thought carefully about my purpose and intentions in this thesis. Ultimately, I decided to adhere to my personal preference of using queer as an umbrella term, over LGBTQ. This is reflective of my attempt to take an incorporative approach towards queer identities in this study, and attempt to avoid privileging certain identities or excluding other identities.

In determining appropriate language and labels for this study, I debated between using the term queer and the abbreviation LGBTQ. Ultimately, I choose the term queer for several reasons. First, I conceptualize the term queer as an umbrella term referring to queer sexual orientations and gender identities. As an umbrella term I believe it is more inclusive than using the alphabet soup abbreviation LGBTQ. Especially, as this study intended to appeal to all people within the queer and questioning spectrum, I wanted to avoid using an iteration of LGBTQ due to the common critique that the 'T' within the abbreviation is often more of a token than meaningful inclusion of the transgender population. When separating queer sexual orientations from queer gender identities, I make it clear by employing the terms transgender or queer sexual orientation.

While there is great value to separating and independently studying individual queer identities (i.e. lesbian, transgender, bisexual), I decided that given the focus and exploratory nature of this study it was permissible to address the larger queer population, and invite participants who are questioning the labels they use. Additionally, this approach welcomes people who only identify as queer.

This inclusive approach has several limitations. Perhaps the most concerning limitation was that it runs the risk of conflating gender identity with sexual orientation. Yet, I reasoned that our culture frequently conflates gender identity with sexual orientation, and I hypothesized that transgender participants and those with queer sexual orientations would have similar experiences. For instance, the notion that CSV causes lesbian and gay identities has been culturally popularized. I theorized that this notion would be indiscriminately applied to the transgender population as well. Additionally, I presumed that a person's response to such discriminatory messages would be less based on their gender identity or sexual orientation and more on factors largely unaccounted for in this study (i.e. resiliency, personality, age). Based on this, I reasoned that any recommendations that this study would produce would be equally applicable to people of any queer identity. Throughout my recruitment, interview and in writing this thesis, I made efforts to demonstrate that I acknowledge the difference between the two. For instance, in reporting on research I distinguish between research on LGB, transgender and youth exhibiting gender nonconformity samples. Most research is on LGB people and so I frequently highlight the lack of corresponding research on the transgender population. In interviewing the study's sample I asked

demographic questions asking participants to define their sexual orientation and gender identity.

Choosing to use the term queer posed the following complicated situations, which likely impacted the study's results. While I strongly prefer the term queer, the word has been historically been used in a derogatory and oppressive manner and many people reject the term. Though the term queer is used by some as an act of reclamation, not all perceive it as such. Acceptance or use of the term queer may also be reflective of culture based on an individual or group's social identities, particularly region, race, ethnicity and class. Use of the term queer may therefore inadvertently dissuade people of certain social identities from participation.

In an attempt to appeal to those who prefer an iteration of LGBTQ, recruitment materials phrased inclusionary criteria as: "Queer, questioning or another queer identity (such as lesbian, transgender, bisexual, genderqueer)" (Appendices, C, D, & E). In phrasing it like this, I attempted to indicate acceptance of those who identify with specific queer identities found in the LGBTQ term. Despite this attempt to demonstrate inclusivity, recruitment materials may have dissuaded eligible individuals from participation for various reasons.

Another difficulty I have encountered is in providing affirmative definitions for the terms queer, queer sexual orientations and transgender. I avoid definitions that rely on comparisons or terms that are noun-based, such as non-heterosexual orientations and sexual minorities, which are often used in research. Although I have qualms with the use of terms like non-heterosexual and sexual minority these terms appear

throughout my thesis. In referring to previous literature it is most appropriate to use the terms employed by the previous researchers in referring to their studies.

I prefer terms that emphasize the descriptor, like gender non-conforming behavior. The only affirmative way I have determined to refer to 'queer sexual orientations' is by stating such. However, by using the term 'queer sexual orientations' I inadvertently strengthen the relationship between the term queer and sexual orientations, as I typically do not refer to transgender identities in a similar fashion. I chose to use the term transgender in this study because it has been established as an umbrella term referring to all queer gender identities. Unlike the term transgender there is simply no all-inclusive term referring to just queer sexual orientations.

Finally, while queer and transgender are primarily employed as umbrella terms in this study, they can also be employed as a stand-alone identity.

CHAPTER 2

Literature Review

At the time of writing, the majority of published literature regarding queer survivors of CSA² focuses on the LGB population, primarily women. Consistent with the rest of academic research (Wyss, 2004) virtually nothing addresses CSA in the transgender population. Empirical studies indicate that rates of CSA are higher amongst the LGB population, and a few small-scale studies also indicate this in the transgender population as well. While this information is helpful in highlighting CSA as a major concern in the queer population (as it is for all populations), research often does not address or explore issues particular to queer survivors. There are a few studies, mostly masters' theses and doctoral dissertations, which address this gap in the literature for the LGB population, but not for the transgender population. Such studies address the impact of issues such as double stigma, coming out, homophobia and heterosexism on the healing process following CSA.

² Although this study addresses CSV, much of the literature employs the term CSA, which will be further discussed. To maintain consistency with the canon of research on sexual victimization, this literature review will use the term CSA, unless otherwise appropriate.

The literature review consists of four main sections. The first section begins with a definition of CSA and a review of the popularized history of research and advocacy around CSA in the general population. It concludes with a relatively unstudied history of CSA and queer people. The final piece attempts to cobble together studies and theories from the 1970s onwards, which tend to focus on correlations between queer identities and CSA. Other than some brief references in the literature reviews of published research, no scholar has thoroughly reviewed the history of research and advocacy regarding CSA in queer populations. Though deficient in numerous ways, this literature review may be the most expansive account of the progression of research into homosexual and transsexual survivors of CSA.

The second section reviews contemporary empirical research exploring rates of CSA, which indicate higher rates of CSA amongst the LGB population and those presenting gender nonconformity. There are no major empirical studies on rates of CSA amongst the transgender population in the United States, though there are two international studies and an incomplete (though released) study by Forge Forward (2005). The review concludes with a final section of contemporary research that addresses the LGB population's experiences with CSA. These studies are primarily qualitative and focus on lesbian women. It makes an attempt to include issues and studies relevant to the transgender population, however there are few resources available.

Finally, the review includes a brief discussion of intersectional theory, which guided the creation of this study and informed analysis of data. The review concludes by acknowledging its limitations.

Searching the Literature

Key terms and themes used in database searches in effort to find articles about the impact of CSA and queer populations included: childhood sexual abuse, sexual assault, rape, sexual victimization, trauma, juvenile rape, incest, juvenile sexual assault, polyvictimization, queer, transgender, male-to-female (MtF), female-to-male (FtM), transsexual, men who have sex with men (MSM), lesbian, gay, bisexual, genderqueer, homosexual, double stigma, minority stress, resilience, reorientation therapy, reparative therapy, gender nonconformity, gender atypicality, gender dysphoria, homosexuality and trauma. Sources were provided by Smith College and the University of Colorado, Boulder. Database searches proved to be largely unfruitful in locating articles, and the vast majority was located by reviewing reference lists of pertinent articles. A major oversight in searching the literature was not searching for articles on intersex people, some – but not all – of who consider themselves within the queer spectrum.

Historical Overview of Childhood Sexual Abuse

Childhood sexual abuse has many definitions, which are both culturally and historically bound. Prior to providing a historical overview I will define CSA and my rationale for employing the term childhood sexual victimization for the purposes of this thesis and study. Some historical context for the term CSA will also be provided.

Childhood sexual abuse. Definitions for childhood sexual abuse range from broad and inclusive (predominant in the mental health profession), to narrow and restrictive terms (used by the legal profession). Each individual word in the term childhood sexual abuse has been defined and operationalized differently by different professionals (Haugaard, 2000). For example, some researchers define the end of childhood to be age 12, while others use age 18 (Haugaard, 2000; Balsam & Morris, 2003). Sometimes in addressing child sexual abuse, childhood or juvenile sexual assault is not included, and vice versa. The lack of a consistent definition poses challenges when comparing studies, particularly when researchers do not explicitly define their use of the terms.

This study will refer to sexual abuse and assault occurring before age 18 as childhood sexual victimization (CSV) as an attempt to join these two terms, which are sometimes perceived as separate issues. CSV will be defined by a contemporary and broad definition of childhood sexual abuse by Higgins and Swain (2009):

Sexual abuse involves any sexual activity with a child where consent is not or cannot be given. This includes sexual contact that is accomplished by force or threat of force, regardless of the age of the participants, and all sexual contact between adult and child, regardless of whether there is deception, or the child understands the sexual nature of the activity. Sexual contact between an older and a younger child can also be abusive if there is a significant disparity in age, development, or size, rendering the younger child incapable of giving informed consent. The activities may involve physical contact, including penetrative or

non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways (p. 15).

Additionally, to make clear, this study will include molestation, incest, rape, juvenile sexual assault, peer-to-peer sexual victimization and hate crimes employing sexual assault under the broad term 'childhood sexual victimization.'

The decision to use CSV is inspired by Finkelhor, who argues that there is more confluence between sexual assault and sexual abuse. More broadly, he argues there is more interconnectedness between differing forms of abuse (i.e. physical, emotional) than research commonly acknowledges (Finkelhor, 2008). For instance, the impact of abuse is more dependant on variables such as age, resilience, severity and duration of abuse, rather than the form of abuse.

The rationale for an expansive definition of CSA is based on two reasons. First, this study avoids assessing the actual abuse or assault that participants experienced, without such an assessment it would make little sense to use a restrictive definition of CSA. Second, this study had an interest in experiences related to sexual abuse and assault that seemed they would be unaffected by the specific form of sexual abuse or assault participants experienced.

As Finkelhor (2008) notes, the term 'childhood sexual abuse' often gives an impression that it excludes adolescents. However, for ease of reading and to maintain consistency with the body of literature, this study will use the term 'childhood' and

define it as lasting between ages 0-18. In recruitment efforts the term 'juvenile' was used alongside 'childhood' in order to make clear that the study sought people who experienced CSA up to age 18.

Discovery and suppression. This historical review maintains an Euro- and U.S.-centric understanding of CSA and focuses on research produced in these contexts. CSA is not particular to any society, or segment of a population. Despite its prevalence, it has been a frequently ignored feature of Western society (Bolen, 2001). In an overview of the evolution of research and theory on CSA, Olafson, Corwin and Summit (1993) theorized that Western society goes through periods of discovery and cultural denial of CSA. They describe suppression as an act of cultural dissociation, which functions to maintain fundamental patriarchal structures of male entitlement, domination and subjugation of females and children. Due to the invested interests of patriarchy, Olafson et al. (1993) asserted that without societal challenges to patriarchy there would be no meaningful protections of children from CSA. Indeed, it was not until the challenges of 1970s feminist movement to patriarchy that meaningful societal action and attention began to address CSA in the United States.

Based on recent decades of research and societal awareness of CSA, as well as other forms of victimization, it would appear that the U.S. society has entered a period in which knowledge of CSA cannot be suppressed any longer. However, while attention to CSA in the general population has been sustained, research on queer identities is still lagging behind. Transgender identities are particularly under-researched and this population has the least amount of transgender-specific resources

in healing after CSA. It would seem that Olafson et al.'s (1993) theory of suppression can be applied to address queer populations. As acknowledging sexual victimization amongst women and children threatened patriarchy, acknowledging CSA within the queer population challenges the society's heterosexist and cisgenderist structures. These systems of privilege operate similarly to, and maintain the continuation of, patriarchy. They impact research, societal beliefs and individual's experiences of oppression and discrimination. Before further addressing queer identities and CSA, the popularized account of research and theory in general populations and CSA will be presented. Though this history has not incorporated queer identities, it will be used to provide scaffolding and context to research on queer populations.

Suppression: 20th century. In the context of Western professional theory and research, Sigmund Freud made perhaps the most influential 20th century theorizations on CSA (Bolen, 2001). His 1896 seduction theory on CSA, however revolutionary, was part of a longer medical discourse asserting the existence of sexual abuse. Notably, he was the first to describe CSA's pervasive psychological effects, dissociation, amnesia and conversion disorders (then defined as "female hysteria") on CSA victims. Freud asserted that sexual abuse occurred across all classes and males were perpetrators. His theory radically challenged class- and gender-based cultural beliefs about sexual abuse, which maintained that sexual abuse only occurred in low-class populations and was never perpetuated by respectable men. Furthermore, he posited that the frequency of hysteria was higher in girls because they were more often sexually assaulted, not because of a constitutional weakness (Olafson et al., 1993).

However, by 1905, for reasons unknown, Freud publically renounced his seduction theory and realigned himself with dominant cultural and professional beliefs. In retracting his original theory he replaced it with an etiology insisting that sexual trauma never occurred. He began describing CSA as fantasy, fictitious, and imaginary. Similar to his later Oedipal theories, sexual abuse became the fantastical desire of the daughter yearning for an unavailable love object – the father. The perpetrator was perceived to have fallen prey to the child’s seduction tactics, thereby absolving perpetrators of any culpability. Trauma reactions in females, like hysteria, were attributed to an inherent constitutional weakness (Berzoff, 2008; Bolen, 2001; Olafson et al., 1993).

Following Freud, theories of child sexual abuse continued to maintain victim culpability and absolved the offender. When research was conducted, a fairly rare event, daughters were portrayed as seducers of their fathers and validated childhood sexual activity as innocuous (Bender & Blau, 1937; Bender & Grugett, 1952). Psychiatry continued to focus on Freud’s psychoanalytic notions of ‘developing drives and childhood fantasies,’ and dismissed the possibility of real psychic trauma. For instance, Bender and Grugett (1952) theorized that inappropriate sexual behavior in children occurred due a failure in their development of object-relations, as opposed to trauma. Furthermore, the disciplines of social work and psychiatry labeled victims as ‘participating victims’, accused mothers of being especially susceptible to incest and criminalized young victims. The mainstream discipline anthologized activists resisting these stereotypes and deemed them sexually abnormal (Bolen, 2001).

Following the 1930s, sexual modernists emerged in the discourse and their notions have continued into the following decades. Sexual modernists advocated for the normalcy of childhood sexuality, and went so far as to embrace assault and rape as being within normal expressions of sexuality. They asserted that ‘therapeutic rape’ was akin to liberating the sexuality of the child. They asserted males inherently have a tendency for sexual violence, which both normalized and absolved males of accountability. Simultaneously, they perceived no ill effects on either children or women victims (Olafson et al., 1993). For example, Yates (1978) asserted that, “Non-coercive father-daughter incest can in fact produce competent and notably erotic young women. Childhood is the best time to learn” (quoted by Olafson et al., 1993, p. 15). While there is no research on the relationship of sexual modernity to the myth that children can be ‘converted’ to homosexuality through molestation, perhaps it could be argued these ideas are related by a belief in the liberation or stimulation of sexuality through victimization.

The infamous 1953 Kinsey study, authored by Kinsey, Pomeroy, Martin and Gebhard, is commonly remembered as a pivotal moment in opening the U.S. discourse on sexuality, collected the largest body of data about CSA – which was almost completely ignored. Additionally, mirroring the notions of sexual modernists that sexual victimization has little impact on victims, Kinsey et al. stated:

It is difficult to understand why a child, except for its cultural conditioning, should be disturbed at having its genitalia touched, or disturbed at seeing the genitalia of other persons, or disturbed at even more specific sexual

contacts...Some of the more experienced students of juvenile problems have come to believe that the emotional reactions of the parents, police officers, and other adults who discover that the child has had such a contact, may disturb the child more seriously than the sexual contacts themselves (Kinsey, Pomeroy, Martin & Gebhard, 1953, p. 121).

Kinsey et al.'s concluding statements also discredited activists and authorities engaged in supporting victims. Furthermore, the report absolved predators by positing that adult sex with 'immature animals' to be biologically normal.

Feminism: 1970s. The feminist movement of the 1970s created a fundamental shift in social and professional attitudes regarding child sexual abuse. They encouraged macro-level analysis with the famed mantra "the personal is political" and created a historical socio-political shift that began to destabilize societal notions of male superiority. Feminists proposed that sexual violations are largely a result of systemic inequality and gendered repression. They challenged the dominant paradigms about diagnostic etiology, the role of the family, sexuality and gender roles. They also made linkages between institutionalized patriarchy and CSA. In challenging the established notions of victim culpability, feminists emphasized the power of the perpetrator over the victim as a key aspect defining CSA (Bolen, 2001; Finkelhor, 2008, 1984, 1981; Olafson, 2002; Whittier, 2009).

In the 1980s, CSA had fully rooted in the U.S. society's public consciousness and attention to CSA and its impact continued to develop. The success of the feminist movement was in part due to the network of professionals and survivors. Unlike in the

past, individuals were not facing criticism alone, as Freud had done, but were connected to a larger political and societal communities committed to the bringing CSA to the attention of society (Bolen, 2011; Olafson, 2002; Olafson et al., 1993).

Research overwhelmingly substantiated the prevalence of CSA amongst males and females, as well as indicated that men far outnumbered women as perpetrators. The now undeniable prevalence encouraged the development of evaluation, treatment and assessment protocol across all mental health disciplines. Rigorous comparative studies about the effects of CSA began to emerge as well (Olafson et al., 1993). Despite the advances in research, empirical knowledge, particularly regarding protocols and interventions, lagged behind (Bolen, 2001). Furthermore, up until this time, research and theory focused primarily on female victimization. What little research available on male victimization was fraught with limitations (Vander Mey, 1988; Watkins & Bentovim, 1992). Research on males began to evolve, and greater attention was given to issues related to race, ethnicity and class.

The backlash of the 1980s & 1990s. A strong backlash against females, mothers and clinicians working in the field of sexual abuse coincided with the increased awareness of CSA in the 1980s and strengthened in the 1990s (Bolen, 2001; Olafson, 2002; Olafson et al., 1993). Bolen describes that the climate of the 1990s, which has a reactive, conservative strand against social advances made in the prior decades, as ripe for such a backlash. Olafson (2002) identified the conservative and hegemonic forces that propelled the current backlash as such:

The forces that suppressed the issue of child sexual abuse for centuries and have fed the rapid backlash were cognitive rigidity in the professionalized knowledge of the organized health professions, the defense of the patriarchal family, societal assumptions about social class and deviant sexuality, gender bias, wavering public commitments to children's issues, civil liberties concerns about the sanctity of the home, the fragmenting of the organized feminist movement that had politically empowered survivors and their advocates, and timeless prejudices against victims of all disasters, especially interpersonal ones (Olafson, 2002, p. 83).

Groups whose power was diminished and threatened by awareness and action around CSA fueled the backlash.

These conservative attacks functioned to maintain patriarchal hegemony by distracting attention away from the deeper issues related to CSA – particularly, the basic rights, well-being and protections of children. The attacks typically focused on ideas that would discredit children and defame women, who were benefiting from the increased awareness of sexual violence. They included topics such as questioning whether females were under identified as offenders; false accusations; and, false memories. Similarly, as will be discussed in following sections, there were associations made between pedophilia, sexual assault and queer identities, which had already been present in media and professional literature. These notions also functioned to distract attention away from CSA, and as a means of debasing homosexuality as a valid identity (Bolen, 2001).

Present day: Sustained period of discovery. Despite the period of backlash, a sustained period of research, intervention and policy beginning in the 1970s has continued into the present (Finkelhor, 2008). Societal awareness and attention to CSA can no longer be suppressed. The countermovement has partly self-destructed by repeated demonstration of an obvious lack of concern about violence and child victims (Whittier, 2009).

Coinciding with this sustained attention is a significant decline in all forms of child abuse, except for neglect, starting in the 1990s (Finkelhor & Jones, 2006). After at least 15 years of increased rates, childhood sexual abuse substantiations declined by 51% between 1990 to 2005. Similarly, substantiated sexual assaults of teenagers declined by 52% between 1992 and 2005. Declines were reflective of regional and demographic variability. Although the data reflects substantiated claims, Finkelhor and Jones conclude they are reflective of a real decline in sexual abuse and are not a result of artifactual causes.

Over the last decade there have been many iterations of high-profile cases that reignite public interest in CSA and challenge patriarchy. Such cases tend to involve male perpetrators, such as Jerry Sandusky, Boy Scout leaders, Catholic priests and other religious officials. Perhaps the greatest contemporary challenge to the patriarchal status quo, reports of Catholic priests sexually abusing children became a high-profile topic (Keenan, 2011; Whittier, 2009). Sexual abuse within the Catholic ministry had been reported on by the media in the 1980s and 1990s, but the 2002 the case of Father Gilbert Gauthier opened the floodgates of child sexual abuse revelations and public knowledge

of priests as perpetrators. Overtime, more accusations have come out against leaders in other faiths, but none as well documented as the Catholic Church (Keenan, 2011). In reviewing the impact of the societal awareness of CSA, Whittier (2009) asserted that:

The wave of disclosures and court cases regarding clergy abuse illustrates the vast scope and unexpected directions of the impact of the movement against child sexual abuse...without these activists who began the whole thing, survivors of abuse by priests would not have been able to stand without shame and pursue justice (p. 209).

Data on CSA in the Catholic Church has also assisted in challenging the societal belief that females were the sole victims of sexual abuse. Catholic priests have been found to have a strong tendency to victimize males over female, of about a 4:1 ratio (Keenan, 2011). However, proponents of the Catholic Church (and therefore patriarchy), have used this data has been used to assert that aberrant priests were homosexuals who infiltrated the church (Keenan, 2011). Again, such a message maintains patriarchal power by distracting attention away from the deeper ills of victimization and attacking a socially marginalized group.

Looking towards the future. The future of research, policy and approach to CSA may shift in coming years. To maintain and create effective interventions, policies and treatment, Finkelhor (2008) argues for a departure in the way that victimization and violence is conceived. He perceives that past approaches to childhood victimization have created distinct fields (e.g. sexual abuse, abuse and neglect, missing children, bullying, maltreatment) that are more alike than dissimilar. He points to research on

polyvictimization (which indicates victims are rarely subject to only one form of violence) and trauma responses (PTSD has the same presentation for a war veteran as it does a rape victim). This fragmentation has been a detriment to a sustained focus on childhood victimization and prevented enduring solutions from emerging. Finkelhor suggests for reunification and integration of the disparate fields of child abuse by establishing a 'developmental victimology' to "study and understand the process of victimization, the effects of victimization, and the needs of the victims" (2008, p. 21). It waits to be seen if research and policy will take heed of this approach.

History of Research on CSA in Queer Population

No scholar has published an analysis of the history of research, theory and practice of CSA in queer populations, as has been done for CSA in the general population. This segment cobbles together research and theory from the late 1960s through 1990s. Its downfall is that it stands separated from the segment on the general population, thereby reinforcing a societal pattern of isolating marginalized identities from historical accounts. However, ultimately this segment was left separate as it has a markedly different tenor than the previous section. Additionally, this segment also lacks references and correlations to the gay, transgender and LGBTQ rights movements. Readers are asked to create their own critical understanding of the relationship between societal movements and the course of research.

Additionally, to provide greater context for the source of myths and messages that participants of this study may encounter, this segment includes brief references to notions found in contemporary media. Finally, this segment also includes a review of

resources available for LGB and transgender survivors of CSA. Other than a resource sheet by Forge Forward for transgender survivors of trauma, there is nothing available for the transgender population. Such resources may also have provided sources of myths and messages, as well as resilience and support that participants encountered.

Links between homosexuality and CSA. It is unclear where and when the initial notion that CSA caused homosexuality first appeared in public discourse or professional literature. It was beyond the scope of this review to explore early psychoanalytic theories. However, psychoanalytic theories posited that inadequate childhood environments, particularly poor maternal figures, caused homosexuality. Early articles on CSA in the 1970s through 1990s often suggested, if not outright endorsed, notions that CSA caused homosexuality (e.g. Cameron & Cameron, 1995; Finch, 1967; Justice & Justice, 1979). These authors rarely backed up theories or assertions of causality by data, relying primarily on societal assumptions and myths in crafting their discussion.

An article of commentary by Finch (1967) asserted the linkage between CSA and homosexuality. He put forth two theories relating homosexuality and CSA, first that sex with adults can cause homosexuality, and second that young homosexual boys encourage older men to have sex with them. Finch wrote:

A boy may be led into homosexual orientation by repeated exposure to homosexual activities with an adult male, and conversely, a girl may be led into a future lesbian adjustment by long continued sexual contact with an adult

woman. Heterosexual adult-child contacts usually lead to serious problems in the future sexual adjustment (p. 1).

Notably, he does not identify sexual contact with adults as a form of child abuse, which can be perceived as both an act of victim-blaming and absolving the perpetrator.

There are also youngsters who invite and even unconsciously welcome some type of sexual molestation by adults. These include young hysterical girls...or the latently homosexual young boy who makes himself an available subject for adult male homosexuals (p. 2).

Finch does not detail what sources or experiences he used when crafting his opinion.

In the 1980s and 1990s there was a trickle of studies positing a connection between same-sex incest and homosexuality. For example, Cameron and Cameron (1995) authored a pointed article positing a causal effect between incest and homosexuality. Through a simplistic statistical analysis, which found higher rates of incest in a lesbian and gay sample, they asserted that homosexuality could be learned. Other possible reasons for higher rates of incest were not entertained. Reflective of cultural attitudes and presumed truths, authors state:

It is known that homosexual experimentation, seduction or rape can create an interest in homosexual activity...Also homosexuals make the claim that they can "make straight men gay." Homosexual incest, because it takes place in an environment sheltered from public scrutiny, would appear to be a serious candidate for causing at least some homosexuality (p. 612).

Researching cause-and-effect. In 1973, the American Psychiatric Association (APA), the most influential governing body of mental health diagnoses, removed homosexuality from the Diagnostic and Statistical Manual of Psychiatric Disorders (DSM) (Bayer, 1987). This development was linked to the gay rights movement and increased visibility of gay and lesbian people in society. Though studies continued to assert simplistic, causal relationships between CSA and homosexuality, some research began to explore this notion. Research began to take a quantitative, and sometimes qualitative, approach to the topic. Unlike earlier studies, these studies tended to reflect academic neutrality, and homophobic and heterosexist biases were *less* apparent. Some studies were even written seemingly in a manner affirmative of homosexuality or used results to refute the notion of causation (e.g. Hammersmith, Bell, & Weinberg, 1981). However, this quantitative research was still narrowly focused on casual relationships. Meanwhile, during this time research on CSA and in the general population was expanding and addressing trauma responses, risk factors, effective interventions and a host of other pertinent topics.

In 1981 Hammersmith, Bell and Weinberg published a major statistical study exploring the origins of homosexuality and heterosexuality. In response to potential concerns from gay-rights activists, authors noted that their data on psychosocial developmental models could possibly be used to refute the notion that homosexuality was the result of inadequate environmental factors. They interviewed 979 homosexual and 477 heterosexual men and woman from 1969-1970. By employing path analysis, authors explored the relationship between independent and dependent variables that

may have impacted the development of homosexuality. Findings refuted a correlation between poor parenting and homosexuality, and noted that CSA bore no relationship to the development of homosexuality.

It would appear that homosexuality is not the result of atypical experience with persons of the opposite sex...They were no more likely to have had such negative experiences as rape or parental punishment for sex play with children of the opposite sex. As traumatic as such experiences might be, they cannot be regarded as significant in predisposing very many young people toward homosexuality. Further, "seductive" opposite-sex parents (experiences with whom have been thought to confuse children and thwart "normal" heterosexual development) [parentheses not added from original source] were not reported by more homosexual than heterosexual respondents. Finally, the popular stereotype that homosexuality results when a boy is "seduced" by an older male or a girl by an older female is not supported by our data (Hammersmith et al., 1981, p. 185).

The analysis neatly addresses several myths correlating CSA and homosexuality.

Contemporary anti-gay responses to CSA. Perhaps in response to advances in queer rights and visibility, there has been a continued assertion of a causal link between CSA and homosexuality, particularly by anti-queer organizations. Perhaps the most well known myth associating CSA with queer identities is that child molesters are homosexual men and will turn their victims into homosexual adults ("Gay Marriage," 2013; Signorile, 2012). Organizations such as the National Organization for Research and Therapy of Homosexuality (NARTH, 2014), Family Research Council (FRC) and

Focus on the Family promote theories of causation between CSA and homosexuality (Jones, 2010; FRC, 2002; NARTH, 2008). Such notions are efforts to discredit or criminalize homosexuality, as evidenced by the FRC's report on *Homosexuality and Sex Abuse*:

Perhaps the most tragic aspect of the homosexual-pedophile connection is the fact that men who sexually molest boys all too often lead their victims into homosexuality and pedophilia. The evidence indicates that a high percentage of homosexuals and pedophiles were themselves sexually abused as children (FRC, *Homosexuality*, 2002).

Contemporary conversion advocates, such as the American Family Association, Liberty Counsel, NARTH and the American Christian Counseling Association (AACC), correlate homosexuality with CSA and other failures in a child's environment. For instance, in response to recent state bans on conversion therapy, Liberty Counsel's Matt Staver draws upon the myth that homosexuality is caused by sexual abuse by invoking the well-known case of Jerry Sandusky, found guilty of 45 counts of CSA.

Legislators and judges in the state of California have essentially barged into the private therapy rooms of victimized young people and told them that their confusion, caused by the likes of a Jerry Sandusky abuser, is normal and they should pursue their unwanted and dangerous same-sex sexual attractions and behavior, regardless of whether those minors desire their religious beliefs to trump their unwanted attractions (Liberty Counsel, 2013).

These attitudes are not confined to mass media, but can also be found in resources for sexual abuse survivors. In a women's guide to healing, Paulk (2003) suggests that the high rates of CSA amongst lesbian women are evidence of CSA causing same-sex attraction. She writes that: "Childhood abuse or witnessing abuse can lead a girl to reject her own female self early on" and become a lesbian (2003, p. 59). Paulk is vocal and active in the anti-gay movement.

Refuting correlation. In response to the theory of correlation or causation, as well as the beliefs that homosexuality was linked to inadequate parenting, the American Psychological Association (APA) summarized the results of research and rejected the notion that sexuality was provoked by sexual abuse:

Fears about children of lesbian or gay parents being sexually abused by adults, ostracized by peers, or isolated in single-sex lesbian or gay communities have received no scientific support. Overall, results of research suggest that the development, adjustment, and well-being of children with lesbian and gay parents do not differ markedly from that of children with heterosexual parents (APA, 2004).

Research has demonstrated no evidence that gay or lesbian sexual orientations impacts sexual abuse behaviors, just as common sense would suggest that heterosexuality does not prompt adult males to sexually abuse female children. In fact, research has concluded that most perpetrators are heterosexual males (Bolen, 2001).

History of Research on CSA in Transgender Population

Unlike homosexuality, the correlation between transgender identities and CSA seems to have stayed primarily in professional literature on transsexual identity development and trauma. The difference in breadth and depth of research may be related to the differences in societal visibility and acceptance between queer sexual orientations and transgender identities. As transgender identities increasingly gain societal visibility and civil rights, negative associations between transgender identities and CSA seem to appear more in public media, as they have for homosexuality.

History of transsexualism as a mental illness. Gender Identity Disorder (GID) and transsexualism were defined as a mental illness by the DSM-III in 1980. Originally there were two related but separate diagnoses GID for children and transsexualism for adolescents/adults were diagnosed (Shechner, 2010; Mizock & Lewis, 2008). The diagnosis has since evolved to Gender Dysphoria in the recent DSM-V, which some perceive to be less stigmatizing than original diagnoses.

What little literature written on transsexual identities and CSA has revolved around the notion that dissociative disorders, a trauma response, can develop transsexual identities by causing a person to develop a second identity with a different gender than their initial identity. There is formidable research indicating links between dissociative disorders and CSA, and other forms of trauma. Yet, there is no conclusive evidence of trauma and dissociative disorders causing transsexual identities with any regularity. Other than a small, clinically-based study by Kerstin et al. (2003), there are no empirical studies that have explored a relationship between gender identity and

dissociative disorders. Therefore, of the three variables, only dissociative disorders and childhood trauma are correlated (APA, 2000; Manning & Stickley, 2009).

This connection between gender identity, trauma and dissociative disorders was presented in numerous case studies over the later half of the 20th century (e.g. Green & Money, 1969; Schwartz, 1988; Money, 1974; Money & Primrose, 1968). These case studies discuss individual victims of abuse who developed multiple personality disorder, or other dissociative disorders, with one of their alter egos being of a different gender than their initial ego.

Correlation of CSA and Transsexual Identities in Literature. A few studies have postulated a correlation amongst dissociative disorders, childhood trauma and transsexual identity. For example, Devor (1994) posited that:

In some cases transsexualism may be an extreme adaptive dissociative response to severe child abuse. Under such circumstances, transsexualism might constitute a kind of adaptive 'normal dissociation' enabling individuals to consciously and willfully move between psychic personality elements (p. 67).

However, Devor(1994) emphasizes that the purpose of the research is to provide information and support for people who may identify as transsexual as a response to child abuse; however Devor does not believe that child abuse is a causal factor of transsexualism. Devor (1994) was building upon research by Bradley (1980, 1985), Lothstein (1983) and Pauly (1974), which had also suggested correlation between trauma and transsexual identities. Psychodynamically informed, Pauly (1974) suggested that female-to-male individuals first developed a male protector/survivor personality,

in attempt to perceive themselves as invulnerable as their male abuser. Similarly, using Freud's Oedipal theory, Green (1974) suggested that to prevent a sexual relationship with the father, female-to-male individuals used transsexualism as a defense.

In a case study of a transsexual client diagnosed with multiple personality disorder (MPD), Schwartz (1988) suggested that a history of extensive child abuse was intertwined with the client's gender identity and the development of MPD. In this case, the client had "widely different types of [male and female] alters [that] were created for particular reasons" (p. 50) to address the pain of sexual and physical abuse.

One piece of contemporary research returned to the discussion of transsexual identities, dissociative disorders and trauma. In an attempt to determine if there were correlation between dissociative disorders and transsexual identities, Kersting et al. (2003) researched transsexual people in a German gender reassignment clinic. The study compared 41 transsexual people to 115 people in a psychiatric unit, and also compared these two groups to German normative samples of non-transsexual individuals with dissociative disorders. The study used several measures, including an adapted German equivalent of the Dissociative Experience Scale (DES), identified as the only validated questionnaire designed for measuring different aspects of dissociative symptoms. Results indicated that the transsexual sample had a high prevalence of all forms of childhood trauma, especially emotional abuse and emotional neglect. Results also found higher rates of dissociative symptoms than the normative sample, and fewer symptoms than the sample of those diagnosed with dissociative disorders. However,

this data could easily be misused to simplistically correlate dissociative disorders with the transsexual population. To complicate the data, Kersting et al. (2003) note that:

Elevated values are due primarily to one DES item concerning the sense of living in different body...the question arising is whether the depersonalization score of the DES is to be seen in this case not as an expression of a pathological depersonalization experience but rather as a genuine feature of the transsexualism. This interpretation is supported by the finding that the described depersonalization experience was less intense in patients who had already undergone surgical sex reassignment than in those who had not. To this extent, this result suggests that the DES is of only limited applicability for the screening of dissociative disorders in transsexuals (p. 186).

Kersting et al. (2003) note that despite the limitations and complications of the study, the results indicated that some dissociative disorders may be falsely deemed as transsexualism. Furthermore, the transsexual sample was also found to have comparable rates of psychopathological disorders as the general population, giving some indication that a transsexual identity is separate from pathology.

While Kersting et al. (2003) noted that the results also could not be applied to indicate a simple correlation between childhood trauma and a transsexual identity, they assert that further studies need to address a possible correlation. Similar to past studies (e.g. Devor, 1994), they use psychodynamic notions to suggest a correlation between etiology of gender identity and trauma.

A previously existing sense of alienation towards one's own sex may be further intensified by an atmosphere characterized by emotional neglect and abuse because the sexual experience is causally associated with the quality of the parental relationship. The desire to live in a body belonging to the other sex is thus linked with the desire for a caring and supportive parental object (Kersting et al., 2003, pp. 187-189).

Some limitations of this study include a confabulation between gender identity and sexual identity, which seems to have underscored the psychodynamic suggestion of trauma influencing gender identity. This study also focused on a clinical transsexual population and did not adequately address or account for the impact of societal oppression as a form of trauma.

Societal responses to transgender identities and CSA. While anti-queer groups have focused primarily on sexual orientation over the last few decades there is increased societal attention towards the transgender population. Recently tactics of associating LGB people with CSA and pedophilia have been directed at transgender people. For example, in response to a recent Phoenix ordinance prohibiting transgender discrimination in public restrooms, Representative John Kavanagh speculated that pedophiles would have easier access to children of the opposite sex (Eisner, 2013). Similarly, the REAL Women of Canada, a social conservative group, stated a bill prohibiting discrimination based on gender identity and gender presentation would give recognition and acceptance to pedophiles (Smith Cross, 2012).

The APA lacks a statement declaring that transgender identities are not caused by child abuse, as it has for homosexuality. Considering that there has been literature correlating transgender identities and CSA, it is unclear why the APA has not publically taken a stance on the matter. The APA's only statement on the formation of transgender identities is vague and states that: "There is no single explanation for why some people are transgender" (APA, 2014). This statement implies a causal relationship between an unknown and gender identity.

Resources for Transgender People Following CSA. Perhaps as further indication of the lack of cultural visibility and of cultural associations between transgender identities and CSA, there are no self-help resources available for transgender people healing from sex abuse, unlike the few aimed towards queer sexual identities. There are also no clinical resources available for professionals working with this population. The only resources available for both clinicians and survivors are internet-based pamphlets created by anti-violence and rape crisis organizations, such as the Anti-Violence Projects and Forge Forward. Such organizations may also sponsor in-person trainings on working with transgender survivors of violence.

Rates of CSA

This segment of the literature review will look at rates of childhood sexual abuse in the general population and the queer population.

Rates of CSA in general population. Research has found between 25-30% of the general population have been sexually abused as children (Briere & Elliot, 2003; Finkelhor, Hotaling, Lewis, & Smith, 1990; Gorey & Leslie, 1997). In a major nationwide

study of 4,500 children ages 17 and younger, the 2011 National Survey of Children's Exposure to Violence (NatSCEV) found a smaller percentage of abuse than commonly cited, which is part of the evidence Finkelhor (2008) cites, as part of the evidence that CSA rates are diminishing. They found that 17.4% of girls and 4.2% of boys experienced sexual assault before age 18 (Finkelhor, Turner, Shattuck, & Hamby, 2013). Within the year, 5.6% of the total sample of 4,500 children experienced a sexual victimization and 2.2% experienced a sexual assault. Girls age 14 to 17 were the highest risk group with 22.8% of who experienced sexual victimization; 10.7% of who experienced sexual assault; 13.6% of whom experienced sexual harassment; and, 12.9% of who were exposed to unwanted Internet sexual solicitation. Of all the cases of CSA reported to NatSCEV, only 19% were reported to authorities. The NatSCEV is the first comprehensive nationwide study of the extent and nature of children's exposure to violence across all ages and settings (Finkelhor, Turner, & Hamby, 2011).

Rates of CSA Amongst Queer People. A large portion of research on CSA in queer populations focuses on establishing rates of occurrence. There are two main types of contemporary research into rates of CSA in the queer population. The first primarily addresses rates of CSA and the second gathers data on rates as corollary information in studies on different subjects (i.e. studies on HIV that assess for past victimization).

Studies have consistently found higher incidences of CSA within the queer population than in studies of general populations. Most studies have focused on LGB populations, primarily women. In disseminating findings, some researchers cautiously indicate that findings do not simplistically reflect correlation or causation between CSA

and sexual orientation (e.g. Anderson & Blosnich, 2013; Stoddard, Dibble, & Fineman, 2009).

There is a near-dearth of research on rates of CSA amongst transgender people. Instead, there are some recent studies exploring CSA in relation to non-conforming gender presentation and gender behavior. These studies are applicable to any population, not just the transgender population who may not exhibit gender nonconformity. These studies have indicated that youth exhibiting gender nonconformity are more at risk of being targeted by perpetrators (D'Augelli et al., 2006; Lehavot, Molina, & Simoni, 2012; Roberts, Rosario, Corliss, Koenen, & Austin, 2012).

Research on combined male and female sexual minorities. In a comprehensive review of studies published between 1989-2009 of 140,000 sexual minority participants, Rothamn, Exner and Baughman (2011) found that 76% of sexual minority women and 60% of sexual minority men experienced CSA. Friedman et al.'s (2011) meta-analysis of 37 school-based studies found that, "sexual minority individuals were 3.8 times more likely to experience childhood sexual abuse" (p. 1490). While this literature review does not address polyvictimization, this study also found sexual minority youth to be:

1.2 times more likely to be physically abused by a parent or guardian, 1.7 times more likely to be threatened or injured with a weapon or otherwise assaulted by a peer at school, and 2.4 times more likely to miss school because of fear (Friedman et al., 2011, p. 1490).

Lesbian, bisexual, homosexual and gay women. The majority of research on CSA in the queer population has focused on lesbian and bisexual women. Recent studies of

community-based samples have found rates of CSA between 30-40% (Balsam et al., 2005; Hughes, Haas, Razzano, Cassidy, & Matthews, 2000). Other studies of nonclinical samples have found that between 19% (Austin et al., 2008) to 50% (Balsam et al., 2005) of lesbian, gay and bisexual women experienced CSA, and rates in between (Balsam & Morris, 2003; Bradford & Ryan, 1987; Loulan, 1988; Russell, 1986).

Studies that have compared lesbian/bisexual women to heterosexual comparison groups have consistently found higher rates of CSA amongst lesbian and bisexual women (Austin et al., 2008; Balsam et al., 2005). A population-based study by Austin et al. (2008) found that 34% of lesbian women, 35% of bisexual women and 21% of heterosexual women were sexually victimized in childhood. However, as Stoddard, Dibble and Fineman (2009) describe, the disparities of rates in population-based studies may be methodologically based and due to factors such as:

- (a) Differences in the ways in which abuse is defined in the research;
- (b) differences in the ways in which respondents interpret these definitions [of sexual abuse];
- (c) differences in the age ranges and characteristics of the samples surveyed;
- (d) cohort differences in respondents' willingness to divulge abuse;
- and (e) small sample sizes (p. 408).

To remedy these methodological possibilities, Stoddard et al. (2009) designed a sibling study comparing multiple forms of abuse experienced by heterosexual and lesbian sisters. They found that 86% of lesbian sisters were sexually abused while 49% of heterosexual sisters were. Similarly, another sibling study comparing lesbian, bisexual

and heterosexual women, Balsam, Rothblum and Beauchaine (2005) found that 44% of lesbian, 45% of bisexual and 30% of heterosexual women adults reported CSA.

Bisexual individuals. In a study employing the Adverse Childhood Experiences (ACE) scale, Anderson and Blosnich (2013) found that lesbian, gay and bisexual individuals experienced disproportionately higher rates of ACE than heterosexual counterparts. Relevant to this study, bisexual participants experienced CSA three times more than heterosexual peers, while gay and lesbian participants experienced CSA twice as often as heterosexual peers. The bisexual sample also contained a higher proportion of females from racial/ethnic minorities and lower levels of educational attainment. Anderson and Blosnich's (2013) research supports that studying queer sub-populations separately may be "important for understanding particular experiences among each subgroup" (pp. 4-5).

Gay, men who have sex with men, bisexual and homosexual men. Studies of gay, bisexual, MSM and homosexual men have also found higher rates of CSA than in the general population. In nonclinical, population-based samples using gay and bisexual men, and MSM rates of CSA have been found to be between 15-28% (Brennan, Hellerstedt, Ross, & Welles, 2007; Heidt, Marx, & Gold, 2005; Jinich et al., 1998; Paul, Catania, Pollack, & Stall, 2001; Strathdee et al., 1998).

In a sibling studies rates of CSA were higher amongst gay and bisexual brothers than heterosexual brothers. Balsam, Rothblum and Beauchaine (2005) reported rates of CSA were 32% amongst gay, 45% amongst bisexual and 13% amongst heterosexual male adults.

CSA, HIV & gay, bisexual and MSM males. There is a substantial segment of research addressing CSA as a corollary variable in studies that focused on HIV in the gay and bisexual men and MSM populations in the 1990s (e.g. Doll, 1992; Bartholow et al., 1994; Jinich et al., 1998; Strathdee et al., 1998). In studies of clinical populations from sexually transmitted infection clinics, rates of CSA amongst MSM have ranged from 11% to 37% (Bartholow et al., 1994; Doll, 1992). These studies found increased rates of HIV to be associated with CSA.

In an attempt to evaluate for correlation between HIV and CSA, a 2005 cross-sectional study was designed to assess rates amongst gay and bisexual men with low level medical and mental health concerns. A random sample selected from the 1997 and 1998 Twin Cities' Men's Health and Sexuality Study found that 15.5% of participants reported CSA. CSA was correlated with higher rates of positive HIV status, using sex for payment and being a current user of sex-related drugs. Unsafe sex and sexually transmitted infections were associated with a decreased rate CSA (Brennan, Hellerstedt, Ross, & Welles, 2007).

LGB people of color. A major limitation of these studies have been their predominantly white participant base, which have prevented statistically significant data rates of CSA amongst people of color. In a multi-ethnic study of "mostly heterosexual" and "heterosexual" women, Corliss, Austin, Roberts and Molnar (2009) found that 45% of African American and Latina young women who identified as mostly heterosexual reported CSA, compared to 15% of those who identified as only heterosexual 15%. In one of the largest studies on LGB women, Miller and Balsam

(2003) found that 58% of Native American LGB experienced CSA; 53% of Latina women; 47% of African-American women; and, 36% of both Asian and white LGB women.

Transgender Individuals. Although the literature on sexual victimization has broadened to include queer sexual orientations, there are very few studies that address transgender identities. Overall, studies on violence indicate that transgender populations experience disproportionate rates of trauma compared to cisgender populations (National Coalition of Anti-Violence Programs, 2014). The National Coalition of Anti-Violence Programs (NCAVP) asserts that violence against transgender people is pervasive and exceedingly underreported (NCAVP, 1995). Based on clinical studies and internet surveys powered by nonprofits, rates of CSA amongst the transgender population seem higher than those found in the general population, thereby consistent with the larger trend of increased violence against transgender people.

Though only assessing one context of sexual violence, the National Transgender Discrimination Survey (NTDS) evaluated school-based violence among 6,550 transgender individuals. Nine percent of respondents were sexual victimized by a peer and 3% by a teacher/staff member between grades K-12. Additionally,

American Indian (24%), multiracial (18%), Asian (17%) and Black (15%) respondents experienced sexual assault at higher rates than students of other races. MTF respondents experienced sexual assault more often (15%) than their FTM peers (10%) (Grant et al., 2011).

Depending on participants understanding or beliefs of the differences between the two, it is likely that instances of CSA were unreported in this study.

Forge Forward, a transgender-affirmative online resource, conducted a 2004-2005 national survey whose results are still pending. A segment of the report is thus far available on 32 Wisconsin transgender participants, however it does not include tremendous detail on results. The study does not separate incidences of childhood from adult sexual victimization. The survey found that 74% of participants experienced more than once incidence of sexual violence during their life, with the most cases of abuse and assault occurring between ages 0-12 and 19-21. A high proportion (43%) of respondents reported that they had been targeted for abuse or assault based on their gender identity. Findings also indicated that 86% knew the perpetrator, with 21% being family members and 19% being intimate partners. At the time of assault, 44% identified as female, 29% as transgender and 11% as male (Forge Forward, 2005).

Wharton's (2007) unpublished graduate thesis found that 40% of a sample of 300 transgender participants affirmed either childhood physical *or* sexual abuse (the study did not distinguish between physical and sexual abuse). Just under a third (32.7%) of those assigned male at birth (AMB) reported sexual *or* physical abuse in childhood, compared to almost half (48%) of those assigned female at birth (AFB). Of those affirming abuse, 43% speculated that they were targeted due to their gender identity (Wharton, 2007).

In a study on transsexual adolescents and CSA, Gehring and Knudson (2005) found that 55% of 42 participants diagnosed with GID at a gender dysphoria clinic in

Vancouver reported CSA. Authors noted that CSA consisted primarily of forced genital exposure or touching the perpetrator and speculated that perpetrators used sexual violence to determine the gender of the participant.

Additionally, there are several international studies on rates of CSA amongst transgender people that may be at least somewhat applicable in demonstrating higher rates of CSA amongst the transgender population (Bandini et al., 2011; Carballo-Diéguez, Balan, Dolezal, & Mello, 2012). In an Italian study on childhood maltreat, including emotional, physical and sexual abuse, of a clinical sample of 109 male to female (MtF) participants, 58% experienced CSA (Bandini et al., 2011). Carballo-Diéguez, Balan, Dolezal and Mello (2012) studied 575 men who have sex with men (MSM) and MtF individuals. Fifteen percent of the sample identified as MtF. Thirty-two percent of the sample experienced sexual contact with older males as children, with no statistically significant difference between the two groups.

Gender nonconformity, atypicality and CSA. Several studies have assessed for gender nonconforming behavior and a relationship between rates of CSA. Some studies have indicated higher rates of CSA are associated with gender nonconformity (e.g. Roberts, Rosario, Corliss, Koenen, & Austin, 2012), while others have demonstrated the opposite (e.g. D'Augelli, Grossman & Starks, 2006).

In a study on gender nonconforming behaviors and rates of abuse, Roberts, Rosario, Corliss, Koenen and Austin (2012) found a strong relationship between gender nonconformity and CSA. Using data from the 2007 Growing Up Today Study they selected data from 9,864 participants. Three levels of gender nonconformity were

established for the study, 'below average,' 'above average but below highest decile' and 'highest decile.' In the highest decile rates of CSA were highest at 10.5% for males and 19.9% for females. Comparably, 5.3% of males and 15.2% of females in the 'above the average' group experienced CSA. In the below average group, 3.8% of males and 12.8% of females experienced CSA. Limitations unique to this study included that participants were predominantly white and that gender nonconformity was assessed retrospectively (Roberts, Rosario, Corliss, Koenen, & Austin, 2012).

Another study by D'Augelli, Grossman and Starks (2006) focused more narrowly on gender atypicality and sexual orientation victimization (SOV), or attacks based on sexual orientation or perceived sexual orientation. Their results indicated that physical and verbal SOV was strongly associated with gender atypicality, however sexual SOV was not. The convenience sample consisted of 528 lesbian, gay and bisexual male and female youth, 9% of the sample reported sexual SOV. Gender atypicality was assessed by youth's self-report of feeling different than peers; parents' attempts to reinforce gender typical behavior; and, criticisms about gender presentation by others. First experiences of sexual SOV were at age 13 for males and 16 for females. Males and females combined were victimized by friends (27%), acquaintances (26%) and strangers (15%). Gender atypicality was not associated with lifetime sexual SOV or the age of first sexual SOV.

Lehavot, Molina and Simoni (2012) evaluated for rates of abuse with regards to gender expression amongst lesbian and bisexual women. The study differentiated between gender roles, gender expression, gender identity and emotional expression.

Findings indicated that gender identity and gender expression were associated with childhood victimization in general. The internet-based study of 1,243 participants identified high rates of childhood abuse, (40% reporting CSA, 59% emotional abuse, 35% physical abuse, 61% emotional neglect, 41% physical neglect and 39% adult assault). In terms of sexual orientation, 46% identified as lesbian, 26% as bisexual, 16% as queer, 5% as gay, 2% as two-spirit and 3% as other. With regards to gender identity, 40% identified as femme and 15% as butch. Findings indicated that participants who presented masculine gender roles had higher rates of all forms of abuse. However, gender expression was found to be fairly consistent amongst groups. Sexual abuse rates were stable across various gender expressions (42% for femme, 41% for butch, 45% for androgynous and 36% for other gender expressions). Gender identity (femme, butch, androgynous, other) was also not correlated with differences between rates of childhood sexual abuse. The study exhibited common limitations regarding a fairly homogenous sample (75% white and highly educated) and childhood data was based on retrospective self-report.

Why are There High Rates of CSA Amongst LGB Youth?

Research has offered no evidence of any simplistic causal factor causality, including CSA, as having an impact on sexual orientation or gender identity. Indeed, common sense would indicate that there is no connection. In writing about LGB people and sexual abuse, Anderson and Blosnich (2013) neatly describe the empirical disconnect between the notions of causality and a common-sense reality. First, most empirical studies that indicate higher rates of sexual abuse in the LGB population use

cross-sectional data, which precludes causal inference. Next, they suggest that if abuse caused LGB sexual orientations, than higher rates of LGB people should be expected. They noted that less than four percent of the national population identifies as lesbian, gay, bisexual or transgender. Meanwhile, approximately 20-25% of the general public has been sexually abused as children.

If abuse or familial mental illness, substance abuse, incarceration, or domestic violence (either alone or in combination) caused a child to become lesbian, gay or bisexual, there should be a much higher percentage of the population identifying as LGB (Anderson & Blosnich, 2013, p. 5).

Additionally, most studies on LGB populations do not assess external factors that may draw the attention of perpetrators, such as gender nonconforming behavior, presentation or roles. Though there are no major empirical studies on the rates of CSA amongst the transgender population, Anderson and Blosnich's insights are also applicable to the transgender population.

Researchers have suggested several other notions that would prompt such disparity between rates of abuse in queer and straight populations. Much as disabled youth or the elderly, queer youth may be perceived as marginalized and therefore easier targets for abuse. Queer youth may be identified by perpetrators based on visible differences or simply because they are out about their queer identity. Youth who express gender nonconforming behavior, presentation or roles may be targeted for hate crimes (Anderson & Blosnich, 2013). Transgender youth exhibiting gender nonconformity may be particularly targeted for sexual violence, as perpetrators may

employ sexual violence to determine the gender of the victim (Munson, 2006). Violence may also be perceived or as a means of censoring gender expression or altering sexual behavior. Research indicates that both adults and peer groups may resort to physical violence or abuse to censor gender nonconforming behavior or other indications of sexual minority status (Lehavot et al., 2012; Roberts et al., 2012).

Another theory posits that early sexual abuse may prompt a child to become more aware of their feelings of sexuality, and therefore prompt them to grapple with their sexual orientation earlier than they may have otherwise. On the other hand, CSA may have the opposite affect and prompt a child to suppress sexual feelings, thereby taking longer to develop and awareness of sexual orientation. These possibilities have primarily been raised theoretically, but not researched (Balsam, 2003; Balsam & Morris, 2003; Butke, 1995).

Some researchers have theorized that higher rates of sexual abuse in LGB populations are related to an increased comfort in seeking services or identifying as a survivor of abuse than heterosexual people. Based on research of lesbian, gay and bisexual's use of psychotherapy than the general population, Anderson and Blosnich (2013) speculate that LGB may have an increased comfort to disclose private, stigmatizing, or delicate information. Balsam and Miller (2003) theorized that lesbian and bisexual women may be influenced by feminist values that encourage women to report CSA.

Risks associated with CSA

Impact of CSA. The impact of sexual abuse and assault has been well researched in the general population. However, this vast research has not conclusively determined causal and correlation-based outcomes; nor, has this research unanimously agreed on the impact of variables (i.e. gender, age when abused, severity of abuse, relationship to perpetrator) on outcomes. In an attempt to consolidate research findings, Maniglio (2009) systemically analyzed seven previous meta-analyses of 587 research studies. Maniglio's qualitative and semi-quantitative analysis indicated that survivors of CSA are significantly at risk of a wide range of medical, psychological, behavioral and sexual disorders. Maniglio (2009) recommended that CSA be considered a general, nonspecific risk factor for various forms of psychopathology, including:

Psychotic symptomatology (especially paranoid ideation), depression, anxiety (including posttraumatic stress and obsessive-compulsive symptomatology), dissociation, eating disorders, somatization, personality disorders (especially borderline personality disorder), self-esteem and self-concept impairment, suicidal and self-injurious ideation or behavior, substance abuse, sexual dysfunction, engagement in high-risk sexual behaviors (such as unprotected sexual intercourse, sex with multiple partners, early involvement in sexual activity, and prostitution), social impairment, interpersonal problems (including feelings of inadequacy, inferiority, or discomfort when interacting with others), hostility, anger, perpetration of sexual abuse, intelligence or learning

impairment, revictimization, chronic non-cyclical pelvic pain and non-epileptic seizures (p. 654).

Additionally, the systemic analysis concluded that casual inferences between CSA and outcomes were not feasible, due to a lack of attention to antecedent or concurrent third variables (e.g. family environment, other traumatic events) and the poor quality of reviews. Other factors, such as social, psychological and biological factors, have also been found to either independently increase the likelihood of CSA and adult-onset psychopathology, or increase the risk of psychological impairment in children sexually abused (Maniglio, 2009). Maniglio also noted a need for future research to explore the resiliency and positive adaptations of children sexually abused.

Impact of CSA on lesbian women. There are a variety of studies that have either directly or indirectly addressed the impact of CSA on lesbian women. As to be expected, findings of these studies indicate that lesbian women experience similar side affects found in studies of the general population. However, due to social stigma and chronic stress related to sexual orientation, lesbian women may have a heightened risk for adverse mental health outcomes compared to heterosexual women (Balsam et al., 2005; Meyer, 2003).

Alcohol abuse. In a community-based study of 447 lesbian women in which one-third reported CSA, CSA directly predicted lifetime alcohol abuse. Lesbians with CSA history were also more likely to report earlier heterosexual intercourse and earlier onset of drinking. CSA was also found to have a weak relationship with parental drinking problems, lifetime depression and lifetime alcohol dependence symptoms. Authors

noted that this study indicated higher rates of lifetime alcohol abuse amongst lesbian women with CSA history than typically found in studies of general population women (Hughes, Johnson, Wilsnack, & Szalacha, 2007).

Adult revictimization in LGB population. In the general population, survivors of CSA have been found to be 2.5 to 3 times more likely than non-survivors to experience adult sexual abuse (ASA), otherwise known as sexual revictimization (Arata, 2002). In a heterogeneous sample of GLB individuals with measures of established reliability and validity, Heidt, Marx and Gold (2005) found that 63% of participants experienced both CSA and ASA. Results indicated that bisexual men and women (39%), and gay men (30%) were more likely to experience revictimization than lesbian women (18%). More severe forms of CSA (i.e. multiple instances of abuse, physical coercion) were also found to be related to revictimization, regardless of sexual orientation. Due to the statistically small amount of participants who identified as transgender, only participants who identified as male or female were included in analyses. Data was not released on the transgender participants.

In a survey of lesbian and bisexual women, CSA was correlated to a 55% increase of adult sexual assault and 30% increase of adult physical abuse compared to lesbian and bisexual women without a CSA history (Balsam & Morris, 2003). Additionally, Bradford and Ryan (1987) found that 27% of lesbian survivors of CSA experienced adult rape, while 8% of lesbians without a CSA history experienced adult rape.

Polyvictimization. Studies of polyvictimization, or the incidence of multiple forms of victimization in a lifetime, indicate an increased risk of experiencing other

forms of victimization following an initial victimization (Dong et al., 2004; Finkelhor, Turner, Shattuck, & Hamby, 2013; Finkelhor, Turner, Hamby, & Ormrod, 2011). With regards to CSA, Finkelhor et al. (2011) found that 36% of their population-based sample experienced CSA and at least one additional form of violence while only 6% of the sample had solely experienced CSA. Such population based studies indicate that assessing for polyvictimization is important across all groups. Assessing for polyvictimization may be particularly important for the queer population who is at risk for societal discrimination and hate crimes. In a statistically significant study on four forms of abuse (CSA, physical abuse, adult sex abuse and adult physical abuse), Balsam and Morris (2003) found that 25% of lesbian and bisexual participants reported one type of abuse, 20% reported two types; 11% reported three types; and 7% reported four types.

Issues Specific to the Queer Population

The remainder of this literature review addresses topics that may impact queer survivors of CSA. As stated previously, most research on CSA and queer survivors has focused on rates and mental health outcomes. Few studies assess for factors that may explain the higher rates of occurrence or severity of mental health outcomes. These factors include added societal stigmatization, discrimination, minority stress and the internalization of societal stigma; and, secondary victimization. Few studies have assessed for experiences particular or unique to queer survivors.

In addition to discrimination and stigma, queer survivors may have added situations to navigate, such as the process of coming out. All survivors, queer or not,

will navigate through sexual identity and sexual expression development. Queer survivors may also have access to strengths and resilience in relation to their queer identity. Several studies, primarily unpublished theses and dissertations, have explored such resilience in survivors of CSA. These strengths can be important and useful in healing following CSA.

While these topics are addressed for the LGB population in literature, there is almost nothing available for the transgender population that addresses CSA. Unlike for the LGB population, there are no unpublished theses or dissertations addressing CSA. In effort to address possible experiences that the transsexual population may face in healing from CSA, this literature review addresses concerns that transsexual people interested in medical transitions may have. Additionally, research on the LGB population may be applicable to transgender people, particularly with regards CSA's impact on the coming out process and added barriers due to societal stigmatization. Due to societal conflation between LGB and transgender identities, transgender people may also experience similar barriers as LGB people.

Discrimination, stigma and hate crimes. Discrimination and societal stigma related to an individual's queer identity may create added layers of trauma and barriers to healing. These experiences can also create an environment for individuals and communities to develop resiliencies in response to difficulties.

Systemic Violence & Hate Crimes. Researchers have hypothesized that the greater incidence of rates of CSA amongst queer populations may be a partly a result of targeted victimization due to societal stigma (Austin et al., 2008). Studies have

demonstrated that LGB (D'Augelli, Herhberger, & Pilkington, 1998; Faulkner & Cranston, 1998) and transgender (Grant et al., 2010; Grant et al., 2011) adolescents are targeted for abuse more so than their heterosexual and cisgender peers. Participants in some studies assert they were targeted due to gender identity or expression (Lombardi, Wilchins, Priesing, & Malouf, 2001; Wyss, 2004). When working with transgender clients (Mizock & Lewis, 2008) and clients with queer sexual orientations (Rivera, 2002), cultural competence practices suggest that clinicians should assess and address the levels of systemic violence that client have experienced. This would include assessing if CSA was motivated by bias or discrimination. Such a motivation may create additional issues for a survivor to navigate.

Double stigma: CSA and queer identity. The affects of societal stigma can be intensified when individuals are identified with multiple stigmatized social identities, such as being queer and having a history of sexual assault or abuse (Szymanski, Kashubeck-West & Meyer, 2008). Furthermore, studies have indicated that there are commonly shared experiences by lesbian women and survivors of CSA. Lesbian women have been found to experience guilt, shame, isolation, self-deprecating behavior, self-blame, poor self-esteem, and secrecy in response to societal discrimination and internalized homophobia (Briere & Jordon, 2009; Colarusso, 2009; Colangelo & Keefe-Cooperman, 2012).

Similarly, core features of CSA are noted to be guilt, shame, isolation, self-deprecating behavior, self-blame, poor self-esteem, and secrecy (Finkelhor & Brown, 1985). Andrés-Hyman, Cott and Gold (2008) describes that social discrimination based

on victimization creates added layers of shame and negative self-talk for survivors of violence. In keeping with the notion of double stigma, queer survivors may experience these emotions in relation to both their queer identity and history of CSA (Gilgun & Reiser, 1990). In a discussion on the impact of homophobia on the healing process, Finkelhor and Brown (1985) suggest homophobia compounds risk factors, complicates and increase barriers in healing from CSA.

In an exploratory study on three male participants, Gilgun and Reiser (1990) describe that the shame and confusion instigated by internal and external homophobia was compounded with similar shame and confusion resulting from CSA. Sexual abuse and homophobia exacerbated feelings of worthlessness, self-hate and fears of rejection. Participants were additionally isolated from their peers both socially and sexually out of fear of being considered homosexual or being targeted for discrimination based on perceived homosexuality. Furthermore, the participants did not seek help in addressing CSA as adolescents partly due to homophobic stigma. For example, the heterosexual participant described the development of homophobia in relation to the abuse he experienced. His abuser repeatedly called him 'queer' and 'gay.' Out of concern of being targeted, he avoided all future situations with men out of fear of being considered a 'faggot.'

Research on transgender youth and violence have found internalized transphobia to amplify risk factors associated with trauma. Experiences of violence, especially when coupled with an internalized belief that one's oppression is justified, have been found to lead to low self-esteem, anxiety, rage, social withdrawal,

depression, self-destructive behaviors, the abuse of prescription or illegal drugs, dropping out of school, unsafe sex and suicide in transgender, genderqueer and gender non-conforming youth (Mallon, 1999; Wyss, 2004). Mizock & Lewis (2008) assert that, "Clinicians must hold awareness of the potential role of transphobia in the individual's experience and recovery from trauma in order to support empowerment in the face of pain" (p. 352).

As described in the historical review, survivors are commonly blamed for abuse and assault, while perpetrators' responsibility is overlooked or absolved. For queer survivors, victim-blaming and absolution of the perpetrator may be intensified, while the severity of abuse is dismissed. In a study exploring the impact of societal discrimination on observers' responses to hypothetical victims of CSA, Davies, Austen and Rogers (2011) found that participants interpreted CSA and its impact differently depending on the sexual orientation (gay or straight) of a male victim and the gender identity (male or female) of the perpetrator. Overall, male participants were found to be overall less sympathetic, more apt to blame victims and associate severity of abuse with victim and perpetrator's gender and sexual orientation. Male participants attributed the highest levels of blame to gay male victims, while female participants exhibited low rates of victim-blaming regardless of the sexual orientation of the victim. For male participants, the perceived severity of CSA was dependant on victims' stated attraction to the gender of the perpetrator (i.e. female-perpetrated CSA was perceived as more severe than male-perpetrated CSA for gay male victims). Overall, male participants also judged CSA to be more severe for heterosexual male victims than gay male victims.

Female participants did not demonstrate these differences in opinions between heterosexual and gay male victims. Additionally, participants identified primarily as heterosexual and results may be related to unchallenged notions of homophobia and heterosexism.

Sexual functioning. While not explicitly on childhood sexual abuse or assault, Cohen (2008) assessed the combined impact of minority stress and sexual victimization on sexual functioning. Her unpublished dissertation compared two groups of lesbian-identified women, those sexually victimized and those not, and found little impact of sexual victimization and internalized heterosexism on sexual functioning. Initially, based on a review of the literature on sexual-functioning and sexual victimization, Cohen hypothesized that sexual victimization would be correlated with lower levels of sexual functioning. Cohen (2008) theorized that results of her study may have been impacted by the participant population, which were women in long-term relationships.

In an exploratory and phenomenological study of the sexual and relationship experiences of ten lesbian survivors of CSA by Hall (1999), participants indicated that adult sexual relationships were fraught with difficulties. Lesbian women expressed fears of sexual intimacy including replication of the abuse and being perceived as 'the abuser.' Sex could also be a trigger for feeling vulnerable, having images or flashbacks and dissociation. However, participants did experience a greater sense of sexual freedom and willingness to experiment sexually with female partners. Partners of four participants were also survivors of CSA, which sometimes exacerbated the fear of replicating abuse and reduced sexual spontaneity. Hall and Cohen's studies indicate

that sexual victimization has a variety of potential impacts on sexual functioning and intimacy.

Saving masculinity. The healing process of queer survivors may be impacted by their caretakers' responses to the abuse and their priorities in addressing the abuse. While not pertaining to queer people, McGuffey's (2008) exploration of caretakers' perceptions gives insight to the experiences that queer survivors may contend with while healing. In a qualitative study on the behavior and attitudes of 62 parents whose son had been molested, findings indicated that all but two parents fought the development of homosexuality and attempted to save their son's masculinity (and implicitly their son's presumable cisgender identity). Parents viewed "sexuality and gender as inextricably linked, and interpret[ed] the link through a heterosexual lens" (McGuffey, 2008, p. 228). This study was conducted in a feminist progressive sex abuse program with anti-homophobic policies, which the author hypothesized would translate into similar attitudes in parents. Instead all but two parents actively participated in 'gender reaffirmation' by endorsing traditional norms of masculinity, diminishing homosexuality and encouraging heterosexuality. Following CSA, this majority of parents actively participated in 'extra interventions' to reinforce heterosexuality and normal gender relations. These interventions consisted of emphasizing athleticism, emotional detachment and promoted heterosexuality. For instance, sports were seen as a tool to directly address the threat that same-sex CSA made to their son's masculinity; sports allowed the son to assert his rights to masculinity, protect against homosexuality and femininity. Furthermore,

[This group of parents] agreed that the sexual abuse of a son is more devastating [than a daughter] because it threatens traditional sexual scripts that constitute heteronormative gender relations. Fear of homosexuality seemed to eclipse other issues associated with CSA for all fathers (McGuffey, 2008, p. 226)

Additionally, Black and Puerto Rican parents utilized

Racial rhetoric as a supplementary justification for pushing their sons into the same stereotypical, hegemonic masculine activities as the white parents. For these parents, race is used as the conceptual glue that binds masculinity and heterosexuality, reifies racial authenticity and champion cultural superiority over the dominant group (McGuffey, 2008, p. 231)

Parents of color also feared that “if the sexual abuse resulted in a homosexual orientation...this would further stigmatize their child and themselves as parents” (McGuffey, 2008, p.232).

The two parents who did not endorse gender reaffirmation shared that they received social pressures to reinforce heterosexuality and masculinity in their son. While this study did not explore the son’s perspectives on their gender identity or sexual orientation, this gives insight into the enormous familial pressures that queer youth may encounter after CSA. Such pressures can contribute to internalized oppression and further isolate queer youth from their families.

Sexual identity development. In one of the first research-based responses to notions of correlation and causation, Gilgun and Reiser (1990) explored the impact of CSA on sexual identity formation and sexual orientation in three men. Authors asserted

that sexual orientation is independent of mental health and illness; therefore sexual orientation would not be affected by environmental factors, such as CSA. Instead, they postulated that sexual identity, or the expression and affirmation of sexuality, could be impacted by CSA. Using life-histories, they supported their hypothesis and indicated that their three participants' sexual identity formation was indeed strongly impacted by CSA, however sexual orientation was likely not affected by CSA. They noted that participants' sexual identity was impacted significantly by internalized homophobia and societal stigma of homosexuality.

Coming out. Several studies addressed lesbian women and the coming out process. Results indicated that CSA strongly affected the coming out process, both by complicating the process and in assisting participants' development of resilience.

Age of coming out. Balsam and Morris (2003) found that CSA impacted the age at which LGB women reached most coming out milestones. They compared two samples of LGB women with each other, one group reported CSA and one without CSA. LGB women who reported CSA questioned their sexual orientation, self-identified as LGB and engaged in their first consensual sexual experience with another woman at younger ages than LGB women who did not report sexual abuse. However, both groups of LGB women came out to another person at the same age. Participant groups were also similar with to degree of outness, sexual orientation identity (identifying equally as lesbian/gay or bisexual) and having had an equal proportion of consensual sexual experiences with both men and women. Notably, although Balsam and Morris (2003) conducted a survey-based study, they reported that many participants wrote comments

in the margins of the survey that they were not lesbians “because of” the sexual assault they experienced as a child or adult. “These participants did not want the researchers to hypothesize a casual relationship between childhood sexual assault and adult LGB identity” (Balsam & Morris, 2003, p.78). This may indicate that LGB survivors are asked to justify their sexual orientation and defend its separateness from CSA.

Sexual orientation & CSA. Similar to Gilgun and Reiser’s (1990) findings, Baker (2003) found that CSA created “considerable interference in [lesbian] respondents’ attempts to know and accept their sexual orientation” (Baker, 2003, p. 35). Baker’s study specifically explored the impact of lesbian identity on healing following CSA using a narrative, exploratory format with 10 lesbian women participants. Findings indicated a complex negotiation between the identity of a CSA survivor and a lesbian. For instance, abuse negatively impacted participants’ lesbian identity formation. Some participants reported using coping strategies of dissociation and denial to address CSA. However, these strategies impeded participants from exploring their sexual desires and interests. Additionally, two participants developed a low self-confidence in response to the abuse, which they described as impeding their ability to act upon their attraction to women.

On the other hand, Baker (2003) reported that the coming out process became a source of resilience for participants. Nine participants noted that the process of coming out completely or substantially overlapped with their healing process. Two participants noted that coming out during their healing process offered some reprieve from thinking about CSA and allowed them to explore a “sexual self that was unscathed by the

CSA...they were able to enjoy safe, comfortable and pleasurable sexual intimacy for the first time in their lives (p. 42). Coming out prompted the development of new social relationships, often with other LGB women, who were more able to appropriately address both sexual orientation and CSA than heterosexual supporters. Lesbian individuals and communities were identified as having a better understanding of the impact of oppression. Three women also reported that they discovered unknown personal strengths due to coming out that they then applied to their healing process.

Baker (2003) also noted that the coming out process had negative consequences for some participants. Some family members, who had been supporters of their healing process, disengaged with participants after they came out. Four participants also noted that feelings of internalized homophobia were strengthened by their abusers saying homophobic things during the abuse (Baker, 2003).

Messages of correlation and causation. Qualitative data indicates that queer survivors of CSA may encounter the belief that their queer identity is caused or correlated with CSA (Baker, 2003; Forge Forward, 2005). Baker (2003) noted that seven participants encountered "The Myth" (identified as "the social stereotype that women are lesbians because they fear, hate or simply have not met the right man" (Baker, 2003, p. 36). Some participants indicated that "The Myth" had been applied to CSA and they had been told that they were a lesbian because they were abused. Two participants asserted they believed their sexual orientation was partly related to early trauma. A limitation of Baker's study was that it did not explore the differences between sexual orientation, sexuality and sexual identity of participants, which may have prompted

participants to describe the relationship between CSA and sexual orientation differently.

Forge Forward's 2005 study is one of the few studies to include CSA in an assessment of violence against transgender people. While analysis is incomplete, the released data indicates that participants engaged with messages of causation and correlation, implicating victimization in the formation of their transgender identity. Data has been released in the form of quotes from participants. These quotes indicate that people encountered correlating messages of transgender identities and CSA:

One Milwaukee-area FTM was told by his transgender specialist therapist that, "You aren't really transgender, you just haven't come to terms with your sexual assault...try embracing your femaleness."

By me putting up with [childhood sexual abuse], I thought it would help me to be 'normal,' not transgendered or lesbian.

Being raped did not make me attracted to lesbians. Nor did it make me trans. Providers should know that and not say so or imply it. Even noting that many women who are abused 'become' lesbians or that many lesbians have been abused in such a way is rather offensive and kept me from going to a gyno for some time.

I'm afraid to go anywhere for help, because they will say my transgenderism is related to abuse, or that I somehow egged it on by being a freak. I do not want to have it affect my ability to rightfully claim my own

identity. I was transgendered before I was ever abused, but I don't think they will understand.

I had to end one course of therapy because the therapist suggested my ex had 'become' trans because he was a child SA [sex assault] survivor (Forge Forward, 2005).

Some of these quotes indicate that survivors encountered these transphobic messages externally, while others encountered them internally, implicating internalized oppression. The fear or occurrence that therapists will exhibit transphobia by correlating abuse with identity also precluded participants from seeking or continuing professional mental health care.

The impact of societal stigma and internalized queerphobia is apparent in Forge Forward (2005) and Baker's (2003) studies. These messages evidence that queer survivors engage obstacles that invalidate their queer identities and create barriers to receiving appropriate and affirmative therapeutic resources.

Development of resilience. Queer youth and adults may have developed a sense of resilience in relation to their queer identity. As marginalized members of a society, the impact of stigma can prompt an individual to develop coping skills and resiliency. This can impact their future responses to stress and trauma (Branscombe & Ellemers, 1998).

Additionally, resilience can be developed or gained from positive attributes or experiences. Singh & McKleroy (2011) explored the resiliency of transgender people of color who survived traumatic life events. Eleven participants were interviewed using a

phenomenological research model that sought to explore the essence and meaning of experiences. Five participants experienced CSA, while other forms of violence that participants reported were intimate partner and hate crimes. Six participants were MtF, five were female to male (FtM), 5 were African American/Black, three were Latino/Hispanic and 3 were multiracial. Participants ranged from 26-45 years of age. Results indicated that the pride of participants perceived their pride in their racial, ethnic and gender identities as central to their resilience to traumatic life events. Other factors of resilience included affiliation with an activist transgender community of color; family acceptance of participants' gender identity; cultivating spiritual beliefs and hope for the future; and, accessing health care and financial resources.

Mena's (2013) collective case study explored the resiliency skills that four lesbians employed in addressing CSA. Using a qualitative interview approach, Mena identified that participants employed strategies of environmental, (i.e. supportive relationships), cognitive (i.e. regaining personal power, meaning making) and action-based (i.e. seeking counseling, self-care) resilience that assisted four participants in healing. Results indicated that coping skills and types of resilience vary amongst individuals, and that resilience was helpful in coping with CSA. While this study did not use a comparison group, Mena (2013) asserted that results were more similar than dissimilar to other studies of heterosexual women and resilience.

Seeking professional services. Survivors of sexual violence, whether children or adults, may be wary of seeking mental health services or intervention from social and criminal services for various reasons. Social stigma and concerns regarding

discrimination are common reasons that survivors are reluctant to seek services.

Frequently, survivors may be reluctant to disclose abuse or assault out of concern that they will be stigmatized, ridiculed or verbally harassed (Gilgun & Riesner, 1990), or based on experiences of past discrimination (Baker, 2003).

Baker (2003) and Menna (2013) assessed lesbian participants' use of mental health services in two exploratory studies. Negative experiences with the resources included counselor inexperience and incompetence in working with trauma or queer identities; unethical behavior; economic and regional constraints; and, difficulty finding non-homophobic or non-heterosexist resources. Five of Baker's participants noted that in response to inadequate services they sought, or started their own, lesbian and queer resources, including lesbian CSA survivor groups (Baker, 2003). Menna and Baker noted that positive counseling experiences were associated with acceptance and encouragement of lesbian identity.

Though no empirical research has been conducted on transgender survivors of CSA and counseling, research indicates that transgender clients face discrimination in health care coverage and insensitivity from ill-informed health providers (Lombardi et al., 2001). Transgender survivors who seek medical transitions may also be reluctant to seek mental health services. Medical providers operating under the World Professional Association of Transgender Health (WPATH) require a letter of recommendation from a therapist attesting to the psychologically appropriateness of surgical procedures and hormonal replacement therapy (Coleman et al., 2012). Historically, this has created a contentious relationship between clinicians and transgender clients. Clients may be

concerned that by disclosing a history of abuse that their therapist will create roadblocks, or deny them a letter of recommendation (Bockting, Robinson, Benner, & Scheltema, 2004; Mizock & Lewis, 2008; Rachlin, 2002; Vitale, 1997). Furthermore, some gender clinics have a policy to deny reassignment recommendation letters to clients with a psychiatric diagnosis other than GID and to evaluate for DID (Rivera, 2002). As discussed in the literature review, DID is associated with CSA and other forms of trauma, which may particularly discourage transgender survivors to avoid disclosing CSA.

In an unpublished graduate thesis on the relationship of transgender clients and to their therapists, Wharton (2007) found that 21% of clients did not disclose a trauma history due to mistrust. Wharton suggested that the mistrust was related to a concern of being denied a letter of recommendation. While it is always the decision of an individual to disclose a trauma history, it is concerning that historical mistrust may discourage clients from receiving potentially beneficial mental health support. Mizock and Lewis (2008) suggest that when working from a culturally competent framework, clinicians should indicate to clients that they are aware of this history of mistrust and the impact of transphobia on the therapeutic alliance.

Queer survivors may have additional concerns based on societal discrimination and violence against queer communities (see Woods (2007) for legal history of LGBT hate crimes in United States). Such a violent societal climate may defer transgender adults particularly, and potentially also children, from reporting CSA to civil and criminal services.

Conclusion

While research on LGB and CSA is burgeoning, there are major gaps regarding the transgender population, including basic research assessing rates of occurrence. Research on the *impact* of CSA in the transgender population is entirely nonexistent, and most references to CSA and transgender people occurred decades ago in unfounded references correlating trauma, dissociative disorders and transexualism. The little research available on LGB people and CSA indicate that LGB people's healing process may be uniquely impacted by societal discrimination, resilience associated with being LGB and situations such as coming out. It seems logical that transgender people would also incur similar situations and societal discrimination in addressing CSA. The literature, both what is available and lacking, supports this current study's exploratory approach to assessing queer individual's experiences following CSA.

Conceptual Frameworks for the Study

This study employs an intersectional theoretical framework. First termed by Crenshaw (1991) intersectionality described "the various ways race and gender interact to shape the multiple dimensions of black women's employment experiences" (p. 1244). Intersectional research has since expanded to "include all social identity structures [so] that everyone's unique social advantages and disadvantages should be subject to scrutiny" (Gopaldas, 2013, p. 91). The ontology of intersectional research "tends to conceive of race, class, gender and so on as social identity structures that can be and often are interdependent" (p. 91). Following this notion, this study is primarily interested in the interaction between a queer identity and sexual abuse. Again, the focus

is not whether or not there is correlation or causation between queer identities and sex abuse. Instead, this study is focused on the interaction between the social identities of sexual orientation, gender identity and experiencing sexual assault.

Intersectional method uses both primary and secondary data to develop insight into the “lived experience of social (dis)advantages” (Gopaldas, 2013, p. 91). This is unlike traditional diversity research, which tends to study binary differences of groups at the expense of maintaining focus on the implications of oppression and privileges related to those differences. Therefore, the secondary data presented in this literature review is perceived to be central to the methods of an intersectional approach.

Limitations of Literature Review

This literature review demonstrates an overall lack in research regarding queer people and CSA, and particularly a dearth for people who do not subscribe to LGB categories. Additionally, the available literature indicates that the LGB population faces barriers and stereotypes that heterosexual and cisgender people may not face.

A major limitation of this review is its primary focus on CSA. A major limitation of this literature review is its lack of attention on sexual assault as a hate crime in the juvenile population. It is unclear if a fuller exploration of the available literature would have any major implications on this review or later analysis.

As there are no existing histories or reviews of research of CSA in the queer population, this literature attempted to fill in a gap by focusing on the evolution of research and theories over the last few decades. However, this was done at the expense

of taking a more focused look at a topics, such as double stigma, that may have been more helpful in understanding the actual experiences of participants.

This literature review also did not greatly attend to issues of race, class and other social identities, nor did it frequently acknowledge the limitations of previous studies. More attention could have been paid to these areas.

CHAPTER 3

Methodology

The following chapter delineates the method and theory that guided the construction of this study. It begins with a rationale for the use of intersectional theory, which underpinned the conceptualization, execution and write-up of this study. It follows with the stated research question, research design and sample. The ethics and safeguards, as well as the risks and benefits of participation, of the study are presented. The mode of analysis, limitations and researcher biases are also presented.

Underlying Theoretical Model: Intersectional Theory

As the explicit interest of this study was to explore the interactions between a queer identity and sexual abuse (not with the intention of determining correlation between the two) a theory of intersectionality was deemed most aligned with the values and interests of the researcher.

Intersectional method uses both primary and secondary data to develop insight into the “lived experience of social (dis)advantages” (Gopaldas, 2013, p. 91). This study employs primarily primary data (through participant interviews) to explore the lived experiences of participants to assess both advantages and disadvantages they experienced. Secondary data is presented in the literature review, though its application

in the discussion of findings is limited and used primarily to inform and support primary data. Had an intersectional model been fully implemented, primary and secondary data (particularly that regarding history and culture) would have been used side-by-side to develop insights.

The axiology of intersectional research guides the researcher to “uncover the historical and structural mechanisms of domination” (p. 92). While the results of this study will provide data useful for understanding oppression and crafting social change, these aspects will be secondary to the analysis of data. However, historical and structural mechanisms are addressed in the literature review by assessing research, cultural attitudes and social stigmatization (albeit minimally). This literature review can assist the reader in making inferences about historical and structural mechanisms of domination on the experiences of participants, as this study does not have the luxury of explicitly engaging in these topics.

Finally, perhaps the most influential aspect of intersectional research is its investment in creating “value-laden proposals and plans for social change” (p. 93) through clinical practice and resource development recommendations.

Research Purpose

This qualitative exploratory study attempts to provide greater understanding of experiences that queer people have encountered following CSV. As noted in the literature review, most published research on queer people and sexual victimization has been quantitative and focused on determining mental health outcomes, rates of assault or correlation between childhood sexual abuse and queer identities. While useful, this

research does not provide much helpful data in creating effective and affirmative interventions, policy and programs.

Research Question

This current study crafted the following primary research questions to guide the exploration of the experiences of participants: What experiences have queer survivors of sexual victimization had that implicate their queer identity and history of CSA? What reflections do they have about being a queer survivor of sexual victimization? These overarching questions were used in conceptualizing topics for the literature review, deciding upon a theoretical framework and in analyzing data.

Additionally, these overarching questions guided the creation of the interview guide. The following questions were perceived as a useful way to narrow and define a possible intersection between a queer identity and history of sexual victimization impacted participants:

- If any, what messages have queer survivors of sexual victimization received about sexual victimization and queer identities? How have these messages impacted participants?
- Did sexual victimization impact other people's acceptance of, or response to participants' queer identities?
- Do participants believe in a relationship between sexual victimization and their queer identity? If so, what is the impact of that belief?

- Have participants had any protective factors in guarding against negative associations between sexual victimization and queer identities? What resiliencies did they have in relation to their queer identity?

Research Design

Due to the limited research on this topic, an exploratory study was deemed appropriate. It employed a cross-sectional qualitative approach using a semi-structured interview guide with open-ended interview questions. A qualitative approach was perceived to be a useful method to complement previous research as it enables the study of:

The specific, and often unique, meanings and perspectives that individuals and/or groups attach to the social, whether it be situations, behaviour, experiences or social or political phenomena" ("Qualitative Methods," 2010, p. 285).

This current study employs a semi-structured interview, which intends to strike balance between an in-depth and structured approach. In-depth interviews provide a method of exploring social meaning and gather subjective data. These interviews do not use pre-determined questions, and instead more conversational in nature and are guided by pre-determined themes. On the other hand, a structured interview use a pre-determined set of questions that intend to obtain comparative large-scale data to explore social patterns and relationships between key variables (Travers, 2010).

A semi-structured approach was deemed appropriate for the purpose of this study, due to the interest in keeping with an intersectional ideal of exploring social

patterns (by gathering comparative data) and social meanings derived from participant experience (by allowing participants open-ended responses). The semi-structured interview guide for this study contains 13 main questions (Appendix G). Each main question was posed to each participant. The interviewer had the option of following-up main questions with one or more pre-determined sub-questions. Each sub-question was written as a stand-alone question intended to prompt the participant to explore certain ideas and possibly inspire additional reflection to the main question.

In addition to review by the study's advisor, the interview guide was reviewed by one individual who did not meet screening criteria. The individual performed a mock interview to assess quality of questions and provide feedback. She identified as queer and within the age range. While not having an experience of sexual victimization meeting the definition for this study, the reviewer spoke about her experience of sexual harassment. Feedback was focused primarily on coherence and design of questions. The reviewer's feedback was positive and useful in clarifying interview structure and language. The interview guide was not tested by individuals meeting the screening criteria due to time constraints.

Sample

The sampling methodology was non-random and purposive. For this particular study, no pre-determined list of queer people who experienced sexual victimization exist from which to select a sample. Therefore convenience and snowball sampling were used. The original sample size goal was 15-20 participants. This goal was unmet and seven participants joined the study.

Inclusionary criteria. For the purpose of this study, inclusionary criteria consisted of identifying the following:

- Experienced a form of sexual victimization before age 18
- Identified as within the queer umbrella or as questioning
- Born between 1994-1955
- Communicated in English or American Sign Language proficiently

Participants were encouraged to participate only if they felt comfortable in discussing the topic. They were actively discouraged from participating if they believed the interview would cause an unmanageable or undesirable amount of discomfort.

The participant age range was initially set to span a decade in order to gather a sample somewhat reflective of a specific time period. However, due to difficulties generating a sample the age range was twice adjusted and ultimately included people born through 1955. In hindsight, instead of expanding it, this age range should have been discarded completely.

Additionally, it was perceived that interviewing adult survivors of sexual victimization was preferable over interviewing youth survivors. Adult survivors *may* have had a longer time following childhood and juvenile sexual victimization, given them more time to heal or find resolution. Adult survivors were perceived as potentially having greater ability to seek mental health support following the interview if desired.

Demographics of sample. Participants were asked to define their gender identity, sexual orientation and any other reason they may identify as queer. A majority

of participants either presently or in the past identified with the term bisexual: three presently identified with it, while one no longer identified with any term to describe their sexual orientation. Two participants identified their sexual orientation as queer and one as pansexual-curious.

Two participants identified themselves on the transgender spectrum, one identified as trans and another identified as transgender female. One identified as female cisgender and three identified as female or woman. One participant identified as male.

One participant also identified themselves as queer for political reasons, but no other participant aligned themselves with the term queer for reasons other than sexual orientation or gender identity. Participants did not have to identify themselves as 'queer' to participate, though over the course of the interview participants demonstrated comfort with the term by their use of it.

Interviewees were instructed to avoid discussing the victimization directly, however the nature of the victimization was addressed in efforts to ensure that participants' experiences were accurately reflected and addressed. Participants were asked to determine what term they would like to use in referring to the past victimization. This prompted two participants to disclose they had been sexually assaulted as teens; four disclosed sexual abuse perpetrated by family friends and family members (however, one preferred to refer to this as 'sexual experiences'); and, one identified himself as a willing participant who was "cracked open too early before I was prepared for it."

All participants identified as white or Caucasian. One identified as French and another as English and European. There were two clusters of age ranges amongst participants. Two participants were at the youngest side of the spectrum, at ages 18 and 19. The other five participants were between ages 34 and 55. While this sample size was too small to produce generalizable data, readers may refer to a demographic chart on Appendix I, which may be helpful in understanding participants' social identities.

There are several reflections to be made regarding the demographics of the sample. Due to the small number of participants it is very difficult to develop a diverse demographic sample. However, it seems that the sample does reflect the phenomena that females are more often sexually abuse and assaulted than males. Considering the focused and sustained efforts to recruit on college campuses, it was remarkable that participants' age was clustered between 35-55. This study may have attracted people with a more affirming or accepting sense of their queer identity, and with the term queer as it was used prominently on recruitment materials. The use of this more controversial term 'queer' may have indicated a sense of self-acceptance and comfort with their sexual orientation and gender identity. This study may have had markedly different findings if participants displayed less comfort or acceptance of their queer identities. Findings may have been also altered if participants found the term queer offensive. Notably, this study was absent of the most commonly researched queer population, lesbian women.

Additionally, comfort with the term queer may also indicate a greater sense of disconnect or discrimination from the mainstream LGBT community (primarily

perceived as lesbian and gay people) than commonly researched LGB populations. A common critique of the gay rights movement is that it often forgets to meaningfully or appropriately incorporate or address the transgender population.

Furthermore, acceptance of the term queer may vary based on one's cultural norms, which can be influenced by social identities like region, race, ethnicity, class and education. Potentially, in the Denver/Boulder area the term queer may be more accepted by white people than people of color, thereby dissuading another segment of the queer population from participating.

Also, notably at the time of interview three participants identified as bisexual, with an additional participant identifying that when she first came out she identified as bisexual. At the time of victimization, one identified as a gay male, one as a lesbian and one was a child who had not determined sexual orientation. The bisexual participants reflected that they felt that queer communities were somewhat rejecting of the bisexual identity. Additionally, a participant who does not use labels to describe her sexual orientation noted that she felt comfortable volunteering because the study was open to people 'questioning.' Two participants identified their sexual orientation as queer and one as pansexual-curious.

Furthermore, this study may have inadvertently privileged certain social identities by its methods of recruitment. Not everyone has access to social media and not all queer people access social services or are members of social organizations, where recruitment primarily focused. People who are able-bodied may have had a higher chance of encountering flyers in local business and public places. Another inadvertent

exclusion of some people was that this study attempted to recruit people who were comfortable talking about experiences following sexual victimization. Results may have been different if it had recruited participants with a wider range of comfort regarding sexual victimization.

Other social identity factors (race, socioeconomics, education, citizenship status, language, ability, relationship with family, experience of homelessness) were largely beyond the scope of this study and were not used as criteria for exclusion. Diversity of the population was desired, however the primary factors for participant selection were identification with the inclusionary criteria and a willingness to discuss a potentially difficult and triggering topic. Each participant who ultimately joined the study self-identified as having met the inclusionary criteria. Thus, screening questions were not administered.

Additionally, only seven of the twelve people who contacted me joined the survey. Ten of the twelve people who responded to the study stated they met the criteria. The only person rejected from the study volunteered after data collection was completed. Another person realized they did not meet criteria and two people decided not to participate. An additional person volunteered someone else for the study as part of a homophobic prank or act of bullying.

Ethics and Safeguards

In addition to confidentiality precautions, the following measures were undertaken to ensure the highest standard of ethics and safeguards, as per federal guidelines (Belmont Report, 1979) and National Association of Social Workers (NASW)

Code of Ethics (Workers, 2008). Foremost, participation in this study was voluntary and interviews were recorded only with the consent of the participant. Using an Informed Consent Form, participants were informed of risks and benefits during the recruitment and interview phases (Appendix A). All participants signed the consent form prior to beginning the interview. Participants had the option to refuse to answer any question asked of them and to withdraw from the study at any point during the recruitment, informed consent and interview process.

Participants who had already completed the interview had a deadline by which to formally withdraw from the study. If anyone had decided to withdraw, all of the data gathered from the participant would have been removed from the study and destroyed. No participant decided to withdraw from the study.

Protection of confidentiality. All participant data used has been kept confidential. To ensure the protection of participant confidentiality the interviews were conducted in a mutually-agreed upon space that afforded the participant some degree of privacy. We met in a private and inconspicuous study rooms in a public library or an office.

With regards to documentation, the transcriptions of the interviews never contained actual names and were labeled with a participant identification number (PIN). PINs were never linked with participants' actual names, and only used for ease of analysis. Actual names were only used for the purpose of scheduling interviews. It was not necessary for others, such as a research supervisor or research assistant, to know the identities of participants. However, if in the future it is required that someone

must review the data acquired, all possible identifying information will first be removed. Furthermore, any illustrative vignettes and quoted comments used in this thesis have been disguised and identifying information removed. Participant demographic information has been described in the aggregate.

With regards to storage, several considerations were made. Participants' identification and contact information was always separated from other information. Informed Consent Forms (Appendix A) were stored separately from the recordings and transcriptions of the interviews. All research materials, including recordings, transcriptions, analyses and consent documents, have been stored in a locked file cabinet in a locked storage room at the researcher's residence and will remain so for three years, according to federal regulations. In the event that materials are needed beyond that time, they will be kept secured until no longer needed, and then destroyed.

As this study required direct contact of participants to conduct interviews, complete anonymity was not afforded to participants. However, only the researcher and no one else knew the identity of participants. Furthermore, this researcher did not require proof of identity.

Risks and Benefits of Participation

The risk of this study was not able to be determined for participants, as risk level was perceived to be related to the degree of healing or resolution participants had developed following sexual victimization. Due to this risk, participants did run the risk of retraumatization or feeling discomfort due to a recollection of potentially difficult events or experiences in their lives. Furthermore, it was not determinable if participants

would experience discomfort prior to, during or after the interview. Therefore, it is likely that this study could be considered to have moderate to high levels of emotional or psychological risk. Possible risk was discussed in the informed consent form (Appendix A) and with each participant prior to interview. During the interview, the researcher paid attention to non-verbal cues from the participant to evaluate if the interview were causing an unmanageable amount of discomfort. The interviewer was prepared to end the interview before completion if it were determined to be detrimental to the participant.

Given the adult demographic of participants, it was assumed that this population would be somewhat capable of seeking and obtaining therapeutic resources or support. Participants were also given a list of therapeutic resources (Appendix B), and were encouraged to seek mental health services if they experienced discomfort or desired additional support.

Benefits to participation included the potential opportunity to reflect upon one's experience and possibly develop new insights. Additionally, the interview may have afforded participants a rare opportunity to share their experiences with someone affirmative and accepting of queer identities, and supportive of people seeking healing and resolution following sexual victimization. Potential benefits were discussed in the informed consent form (Appendix A) and with each participant prior to interview.

Participants selected between \$20 of financial compensation in the form of a gift certificate or to have a \$20 donation made in (anonymous) honor of their participation to the Colorado Anti-Violence Project (CAVP). The mission of CAVP, is to eliminate,

“violence within and against the lesbian, gay bisexual, transgender and queer (LGBTQ) communities in Colorado” (Colorado Anti-Violence Project, 2014) was deemed in alignment with the social justice ideals underlying this study.

Data Collection

Data collection procedure was approved by the Smith College Human Subjects Review (HSR) committee (Appendix H).

Recruitment. Participants were recruited from the Front Range, Denver and Fort Collins Colorado areas primarily using flyers in public places, social media and membership databases of sympathetic organizations. Recruitment for this study began on January 28, 2014 and ended on April 15, 2014. This recruitment approach is considered a non-probability snowball sample focused on a regional area. Due to social media outreach, it was possible that non-local persons may have read the recruitment announcements.

Recruitment was heavily focused on college campuses and areas surrounding colleges. Research recruitment letters (Appendices D & E) and flyers (Appendix C) were sent to 120 organizations local to the Front Range, Denver and Fort Collins Colorado areas. Organizations were either selected based on their work with people already meeting one aspect of eligibility (i.e. organizations that work with queer survivors of violence) or were service organizations addressing mental and physical health or social services. Recruitment was also conducted by posting flyers (Appendix C) in college campuses, local shops and public places in the Boulder/Denver, CO area. All final participants in the study noted that they heard about the study by seeing a flyer.

Initially, inclusionary criteria stipulated that only people born between 1994-1980 were eligible to participate. After a month of recruitment I had not received any participants, and so expanded the participant age to garner more participants. I twice expanded the age range. Given the strong emphasis on participants' feeling comfortable discussing issues related to CSA, perhaps this is reflective of the amount of time it takes for people to feel comfortable discussing such a difficult topic with a stranger. Additionally, as most efforts focused on college campuses, perhaps school stress deterred potential participants preoccupied in college.

The recruitment letter requested organizations to forward an announcement to its members. Organizations were also requested to do any of the following: Tweet on a Twitter account (Appendix F), post on a Facebook or other social media account (Appendix D), post a flyer in their organization (Appendix C) or make a verbal announcement to their members. Additionally, the recruitment letter contained a list of referrals that survivors of sexual victimization could access (Appendix B). After distributing the organizational recruitment letter, the researcher attempted to follow-up with each to confirm receipt of recruitment letter and assess their willingness to assist in recruitment efforts.

While a handful of organizations expressed support of my study and posted my recruitment inquiry on social media pages and newsletters, very few organizations responded to my queries. Two organizations declined administering information about my study due to the concern that my study was potentially too sensitive a topic to

broach with their members. This may have been a common sentiment amongst organizations that decided not to promote my study.

Two organizations that decided to promote my study stated that they often received requests for assistance in research recruitment. Typically they declined assistance. However, in the case of my research they decided to assist because my research topic closely overlapped with the experiences and identities of their primary member-base. It is very possible that most organizations did not assist (or respond to me) because they are inundated with requests.

To further assist in generating a sample, a Twitter account and website were created (Appendices F and E). These internet-based resources were actually not intended to serve as a primary means of recruitment, but rather to indicate to potential participants that I was well intentioned, organized, competent and considerate. All participants reported that they looked at my website prior to initiating contact. Furthermore, all used the website-based contact form to initiate contact with me. This may indicate a level of effectiveness and ease of my recruitment approach. Considering that this was a commonality amongst all participants, I would advocate for the creation of a website as a tool to effectively engage potential participants and move them from a contemplation to action phase, especially when research topics are sensitive in nature.

To express interest in the study, potential participants were asked to contact the researcher via email or through the researcher's recruitment website. Upon contact, I responded to potential participants via email, and occasionally via phone. Each potential participant confirmed or denied that they met inclusionary criteria without me

inquiring their fit. This precluded the need for me to assess if participants met inclusionary criteria.

Next, potential participants were requested to schedule an interview and determine an agreed-upon location for the interview. Occasionally, potential participants were requested to give their contact information. Participants were emailed a letter of consent (Appendix A) for review and a list of referrals (Appendix B). Upon inquiry, all participants confirmed that they had read the interview questions posted on the website. A recruitment website detailing the questions that participants would be asked may have also assisted in moving potential participants from a contemplative to action phase. It is recommended that research on sensitive subjects create the opportunity for review of interview questions before meeting with the interviewer.

Interviews. Data collection began on March 4, 2014 and ended April 20, 2014. A total of seven interviews were completed, averaging approximately one hour, but between 37 and 138 minutes. Interviews were conducted in-person in a mutually-agreed upon location, such as a library study room or office, was used for the interview. Interviews were recorded with a digital audio recorder.

Upon completion of the interview, the audio files were transcribed in their entirety in order to allow analysis of the whole interview. Audio files were downloaded and transferred to CDs so that they could also be stored in a locked box separately from participant identifying data for three years, according to federal guidelines.

Data Analysis

Transcription. Data was transcribed by the researcher from the audio files. Once responses were transcribed the process of open coding began. In addition to transcription, each interview was read numerous times in order to perform preliminary analysis of the content for relevant and repeating themes, phrases and sentiments, as well as determining material that did not fit into thematic areas. This enabled the maximum yield of information from the data that the researcher was capable of perceiving.

Grounded theory. A thematic analysis, done with grounded theory, was conducted to obtain an interpretation of participants' experiences. Due to the limitations of this thesis, and the belief that no absolute and complete understanding of any given topic or identity is achievable, theoretical saturation was not achieved.

Using open coding, participant responses were coded for themes, positions and dynamics that participants revealed about their experiences. Next, using axial coding the initial codes were further specified, grouped and elaborated upon to reflect potential theoretical categories, salient themes, patterns and complexities of the narrative responses (Willis, 2010).

Data was also examined for participants' quotes that best illustrated high frequency responses or poignant examples of participant-experience. Any quotes deemed illustrative were noted for inclusion in the following findings chapter.

Analytic approaches. This data analysis approach is developed using interpretivist and relativist perspectives. An interpretivist perspective employs the

method of *verstehen*, in which the analyzer subjectively infers meaning from other people's responses (Travers, 2010, p. 291). In this study, in an attempt to aggregate data, the researcher has sole control over the subjective interpretation of participant experience. This creates a common tension in research in which the researcher's interpretation is privileged over participants' and maybe be treated as objective fact. Even when employing the philosophical post-modern position of relativism, which asserts the impossibility of ascertaining objective and absolute knowledge, this tension is not abated.

Limitations of Study

The limitations of this study were not unique compared to other qualitative studies about queer people and sexual victimization. Due to recruitment method and the small number of participants, an insufficient amount of participants were gathered to indicate greater social patterns. Additionally, due to the small number of participants a lack of participant demographic diversity is guaranteed.

A limitation of the recruitment method was that it relied primarily on a snow-ball method using organization outreach, social media and postings in local venues. This method likely did not reach people who were not members, used social media or saw local postings. This may have inadvertently excluded people and impacted the social identity diversity of the sample.

Furthermore, the method of recruitment may have inadvertently privileged certain peoples. Not everyone has access to social media and not all queer people access social services or are members of social organizations, where much recruitment effort

focused (though this focus ultimately did not yield participants). People who are able-bodied may have had a higher chance of encountering flyers in local business and public places.

Additionally, this study attempted to recruit people who were comfortable talking about experiences following sexual victimization. Results may have been different if it had recruited participants with a wider range of comfort regarding sexual victimization. Similarly, this study may have attracted people with a more affirming or accepting sense of their queer identity, and those felt positively towards the term 'queer,' which was used widely on recruitment materials. Results may have been different if participants were rejecting or uncomfortable of the word queer, or if they were not comfortable or accepting of their queer identity.

These limitations, particularly the small sample size, have made these findings less representative of the larger, more diverse population of individuals who fit the study criteria.

Researcher Biases & Social Identities

My biases impacted the construction and execution of the study. I attempted to reflect upon how my imposition of researcher bias may affect participants and analysis, as well as attempted to see past my biases. Partly based on my personal experiences, and partly based on cultural knowledge, I was aware that it is not uncommon to have one's queer identity dismissed or simplistically attributed to a presumed causal factor, effectively dismissing its validity. I have experienced such dismissals as incredibly invalidating, discriminatory, disrespectful and hurtful. To avoid replicating such

situations, I was sensitive in constructing the interview guide to avoid suggesting that participants' queer identities were caused by sexual victimization. Furthermore, while I tend to avoid absolute statements, I reject the myth that sexual victimization *causes* a queer identity. However, I believe that sexual victimization can prompt a person to evaluate, reflect and engage with issues related to sexual orientation, sexual identity, sexuality, sexual expression, sexual behaviors, gender expression, gender identity, gender role and gender presentation (and clothing style more generally) in ways they might not have otherwise.

I also identify as queer and prefer queer-affirmative language that makes attempts to use labels in positive ways, as opposed to defining identities by their opposites. For instance, instead of saying that someone is a member of the non-sexual majority I prefer to say queer or gay. In writing this study, however, I did not change original language used in other research studies, as this would have distorted an understanding of those studies.

Also with regards to language, I do not adhere to labels such as 'minority,' as this insinuates that being a minority is a part of that person, as opposed to an experience. Instead, I prefer language that directs attention to the experiences of oppression, such as the terms 'minoritized' or 'marginized.'

In doing this research, I also had an agenda to shift the dominant narrative about queer people and sexual victimization, which I think focuses around myths that attempt to defame, discredit or invalidate queer identities. Instead, I would like the conversation

to be supportive of queer people in healing and seeking resolution following sexual victimization.

CHAPTER 4

Findings

This chapter reviews content from participant interviews. It reviews the eight major categorical themes and the subthemes within as well as anomalies from the data analysis. Descriptive data for this study came from seven participants who spoke about their experiences related to childhood sexual victimization and their queer identity. All interviews were conducted face-to-face in the Boulder/Denver area and lasted between 37 and 138 minutes, most were no more than an hour.

Analysis

The purpose of this research study was to broadly explore queer people's experiences related to childhood sexual victimization. Underlying this exploration is the hope that such research could assist in identifying appropriate resources and interventions for queer youth in addressing CSV. The major findings of the study were separated into the following eight categories:

- (a) Allies and support systems that assisted participants
- (b) Strengths and drawbacks of queer communities
- (c) Resilience developed from being queer

- (d) Messages about sexual victimization and queer identities
- (e) Impact of hearing such messages
- (f) Barriers that participants experienced in relation to being queer
- (g) The impact of sexual victimization on the coming out process
- (h) Retrospective insights participants shared

These categories were determined both deductively, by reviewing questions from the interview guide, and inductively, by assessing themes from interview analysis.

Support Overview

Every participant identified receiving positive support from individuals, communities or organizations. In identifying the source of best support, participants named therapists, family, friends and partners as most helpful. Several participants identified multiple sources of support. All supporters of participants in addressing sexual victimization, except for one family member, were also accepting of participants' queer identity. The only anomaly was one family member who identified as being unsupportive of the participants' sexual orientation, and due to the circumstances of the sexual abuse, the participant offered a mix of support and invalidation in the healing process.

Only one member participant reported she had never sought support from professionals, friends or family in healing from sexual abuse, partly due to her concern that in seeking support her transgender identity would be revealed:

I never felt a driving need to have official support. I kind of came to terms that it was part of my life, it was where I came from...I felt if I got too close to

somebody I may not be able to contain my secret [of being transgender]...So, I definitely never felt an interest or drive to seek support.

She did however address sexual abuse in a cursory fashion while in therapy to address issues related to gender identity. She also ambiguously speculated that she may have engaged with other people who were abused in online forums, which might have helped her develop perspective on the abuse she experienced and her healing process.

Seeking support in addressing sexual abuse was a fairly consistent theme amongst all participants, besides the one aforementioned participant. Additionally, several participants identified their participation in this present study as a method of developing further insights about their queer identities and sexual victimization.

Therapy. Six participants accessed therapy. Three of the six participants named therapists before any other support system and described them as “terrific allies,” though one participant reported a negative experience with a therapist. Five of the six participants noted that their therapists had been supportive of their queer identity, and four noted that therapists were helpful in healing from sexual assault. The seventh participant also accessed therapy, however not with the purpose of addressing CSA. However, she addressed CSA circuitously over the course of therapy and reported her therapist was positive and affirming of her transgender identity.

Difficulties and Concerns with Therapists. One participant reported a poor experience with a therapist and never returned to therapy. Three additional participants’ indicated some concerns about therapists and spoke to the importance of culturally humble therapy (commonly referred to as cultural competence).

One participant reported a poor experience in therapy due to the therapist's inappropriate conversation around sexual orientation.

I think for me the way I noticed [the difference between my experience and heterosexual people], it was in seeking resources. I literally had a therapist...go into her sexual orientation and explain to me on a spectrum that she's very heterosexual. I did not go back to her. I've had experiences like that where I'm like, this person does not know how to provide specific therapy treatments, and they say things that are inappropriate.

She noted that the therapist "was willing to talk about the sexual assault but wasn't willing to talk about the queer piece in an appropriate way." In this situation, the therapist's homophobia indicates a level of unprofessionalism and potential incompetence, which can prevent people from accessing resources.

Another participant who had not engaged in therapy noted that concerns of encountering discrimination in therapy causes discomfort for some queer people:

I think it would help a lot to have a place where you can go to get therapy that is very positive towards queer people...I just know that a lot of my friends feel uncomfortable going to a therapist, going to most therapists, talking about their issues. Especially if they've experienced discrimination in the past.

This participant notes that previous experiences of discrimination can impact the therapeutic relationship and someone's willingness to enter therapy. Similarly, a third participant's past experience of discrimination related to her mother's invalidating responses to her sexual orientation caused some discomfort in the therapy relationship.

She decided not to disclose her history of CSA as a result. Finally, another participant noted that accessing support systems that were queer-affirmative was important to him. He shared that he and the queer community always refer each other to queer-affirming therapists. This indicates a level of caution in seeking affirming therapists.

Therapy, therefore, was a very useful tool employed by three participants who specifically used it to address CSV; while a fourth found it helpful though did not use it explicitly to address CSV. Except for one person, therapists were identified as accepting of queer identities. That participant quickly terminated therapy and did not return. Participants' positive and negative experiences, as well as hesitations, speak to the importance of therapists engaging queer survivors appropriately and accepting all parts of their identities.

Friends & partners. Six participants identified that friends and partners were supportive of their processing of healing and of their queer identity. Two participants noted that their friends were more engaged and supportive in addressing juvenile sexual assault than their family members. Participants reported entirely positive and uncomplicated interactions with friends. Two participants also noted that their friends identified as queer and theorized that they might have been better able to empathize with them due to their shared experiences. Similarly, as will be discussed later, participants noted that queer affiliates and queer communities were supportive in their healing process.

Family. Participants reported mixed experiences with family members, both in terms of their acceptance of queer identities and support in healing from sexual

victimization. Based on participants' assessments, it seemed that there was a relationship between accepting queer identities and supporting participants' healing process. Those who were supportive of participants' queer identities were generally supportive of healing from sexual victimization, and vice versa. One participant described his family in three segments:

One third is in complete denial [that the sexual abuse happened], like complete denial, violently opposed, telling me that never happened to you...Another third that is like, 'Can we just not talk about it,' to the other third who says, "Bummer what can I do to help you?" [In] kind of much in the same way [the family is divided into thirds regarding queer identity] – there's Bible thumpers, people who believe I'm going to hell...and then there's [the accepting third].

An additional three participants shared that family members who did not accept their queer identity were also unsupportive or in denial regarding the sexual abuse/assault. As the aforementioned quote indicates, religion seemed to influence the responses of family members. Three participants indicated that certain religious family members were unaccepting of their queer identity and unsupportive of their process following sexual victimization.

The correlation between being unsupportive of healing after sexual victimization and being unaccepting of queer identities may also reflect a certain closed-mindedness and an unwillingness to engage with people of socially stigmatized identities. This close-mindedness was most apparent when participants spoke about their experiences

coming out to family members (this will be further discussed in the upcoming section, “Coming Out”).

Amongst all participants is a seeming association between people, including friends and therapists, who are open to both appropriately addressing CSA and queer identities. This may indicate that people who are less afraid of engaging with one socially stigmatized identity are also less afraid of engaging with multiple stigmatized identities. Four participants noted that they had at least one family member supportive of their queer identity. One participant noted that her family’s support for her queer identity reduced her stress level, allowing her to focus on healing after assault.

I think my family was pretty supportive about my identity, about as supportive as they come, so that was helpful. It just took one thing that I didn’t need to deal with—I didn’t need to deal with my parents not accepting me...So, it gave me more time to deal with the assault. Definitely, it could have been a lot worse because if they hadn’t accepted me as being bisexual it would have added to [the sense of being attacked].

Family acceptance allowed this participant more time to address healing and removed a potential added stress that could have complicated her healing process.

Participants did not explicitly address if a family member’s acceptance of their queer identity influenced their decision to access them as a support in addressing sexual victimization, or vice versa. However, it does seem that there is a connection between receiving affirmation for one and feeling comfortable to address the other.

When asked about differences between their experiences and of cisgender and heterosexual survivors experiences, participants did not name discrimination related to queer identity as a possible difference. However, it seems that cisgender and heterosexual survivors would not have to be (as) concerned with whether people in their lives are accepting and affirming of their gender identity and sexual orientation.

Religion. As mentioned previously, it seems that religion may have played a role in affecting the responses of certain family members to participants' queer identities and history of sexual assault. Therefore, most participants described religion as a negative influence in their lives.

One participant described a complicated relationship with religion, and noted that one of the positive affects of her religion was that it was one of the only sources that gave her a sense of hope. She reported:

If I'm going to think about anyone or anything [that most helped me in my healing process] it's going to be the concept of religion, perhaps as a whole, that's been both helpful and hurtful. I think it gave me a feeling that someday I will be cleansed and relieved and that all this will be cleared up for me, and it gave me a reason to continue on.

This participant did not access any resource to specifically address sexual abuse. The ideas perpetuated by her faith provided this participant with an existential hope that the challenges of navigating a transgender identity in a transphobic world and the trauma of sexual abuse would be removed from her. During the interview she frequently referred to the notion that God gave her these burdens to carry and if she

successfully navigated them she would be welcomed to Heaven. This hope gave her the incentive to carry on and deterred her from suicide.

She also noted the complexities of the influence of religion. Throughout her interview that religion was a primary source of the message that her transgender identity was wrong.

And [religion was] hurtful because of the feeling that I could never be who I feel like I am. The religion made me feel like I wasn't who I thought I was. It was kind of weird.

While giving her hope to survive her struggles, religion created barriers preventing her from feeling validated in her gender identity. Ultimately, as an adult she left the religion. Another participant identified that evangelical religion was a source of shame for her queer identity and for being abused.

Religion, while giving one participant hope and an explanation for their difficulties, may have prompted her family members to be unsupportive and complicated her healing process by creating additional barriers to navigate. Two additional participants reported that their family members were aligned with anti-queer religious beliefs that affected their ability to engage and support the participants. Four participants did not reference religion during their interviews.

Queer individuals & community. Participants commonly referenced the positive assets and strengths of queer communities, individuals and friends throughout their interviews. Queer people seemed to be a major source of resiliency and support, providing a sense of connectedness and type of empathy that no others provided.

However, several participants also pointed towards drawbacks or oversights of queer communities, particularly not being fully accepting of all queer identities or fully open to talking about sexual assault. Only one participant has not accessed any queer communities for any reason.

Strengths. Participants implied or directly stated that the strengths of queer communities included an acceptance of one's queer identity; an inherent sense of resilience and awareness of violence; and, empathy developed through direct experiences of marginalization.

Having a space where both one's queer identity and past victimization were accepted and acknowledged was important for several participants. One participant explained the importance as such:

I want to be accepted for who I am as a whole person, as I work through healing from sexual assault. And I want to have services that are all-inclusive and [not to] expect me to sit there and explain to somebody what queer means.

This is reminiscent of family and friends who accepted participants' queer identities and were supportive of their healing process following sexual victimization. There is something about being accepted as a whole person that resonated for participants.

Three participants expressed that queer communities and people understood their queer identity and had an innate sense of empathy. A participant reflected:

It did help to know that other queer people that I know had experienced similar things. I guess just because when I talked about it with my cisgender, heterosexual friends they were very sympathetic and understood...but didn't

have the same kind of experience, you know, they couldn't empathize because they hadn't gone through something like that, whereas a lot of my queer friends now...they're just much more understanding and know what to say and what not to say.

This participant identified that being queer allowed other people to have an understanding of their experience and enable them to offer appropriate support. In elaborating on queer people's innate understanding, this participant theorized that sexual assault was in a similar category of societal violence that queer people were familiar with.

When I go to the GSA [Gay Straight Alliance], and we would often talk about promoting awareness and not victim-blaming and issues like that that came up in society...I think queer people tend to be more aware of the [sexual assault] issues...[because] they are already targeted...They're already facing that discrimination about sexuality and gender that it seems kind of logical to lump [promoting awareness about] sexual assault in with...promot[ing] equality in sexuality, and gender identity.

In explaining the connection between an awareness of sexual assault and being queer, the participant also asserted that her theory was based on the belief that queer people inherently have a heightened awareness of social justice and oppression. Another participant reflected similar sentiments:

I think because when you are already part of a marginalized community, sometimes there is a lot more resiliency and an ability to work together and help

each other with healing...I see that with [queer anti-violence organization] and my friend groups – a willingness to talk about [sexual assault] and recognize that this is not a whole separate issue from the issues of queer rights and queer liberation.

This participant highlights the impact of oppression on the development of resilience and community. At another point, this participant noted that a community's level of supportiveness increases when multiple people share the identities of queerness and survivor-hood.

Similarly, another participant identified that the shared experience of being queer enabled a community to respond more helpfully to her sexual abuse than other groups.

The last community specific time I spoke to a [queer] group about sex abuse I found it really helpful. I found it more helpful than most groups. There was a sense of them getting it that I don't think a lot of people get. Especially around how my family handled coming out and the abuse. The queer community really gets that, or at least this community [did]. There was just some humor that at first I found a little [off putting at] first...but it was essentially helpful, because it was humor and understanding, it was a deeper understanding.

She speaks to the impact of having a shared experience of being marginalized and incurring similar barriers as other queer people. There is something refreshing about being around other people who can relate to her based on their personal experiences. Only one participant had joined a support group for lesbian survivors. He identified

this group as a major source of support. He describes his membership in a lesbian-identified survivor support group as such:

Oh yeah—I joined a group of lesbian identified people when I was a lesbian...they were great. I loved those people. I did that for a while...And they all turned out to be great friends.

This participant also noted that he was unsure if the support and conversations shared in the support group were particular to queer people. Several times he noted that there were few, if any, differences between queer and cisgender/heterosexual survivors. Yet it is notable that he joined a lesbian-specific survivor group. It would seem that there would be a reason he was incited to do that, whether it was because he was in search of people with shared experiences or out of concern that other groups would be discriminatory. It would have been fruitful to ask him exactly why he joined and maintained membership in the group.

Ultimately, participants identified that largely due to a shared experience of being queer, other queer people were helpful and supportive in addressing sexual victimization. These communities and the sense of shared experience were perceived as an asset in the healing process. Being queer allowed participants access to an external form of resilience—a supportive community. One emphasized that heterosexual and cisgender people, while sympathetic, could not provide a similar sense of empathy based on personal experience that she found particularly helpful.

Drawbacks. However, not every experience with queer communities was completely positive. Five participants noted various drawbacks they encountered in the

queer community. One participant complicated the notion that queer communities are inherently more apt and able to address sexual victimization, noting that she has found mixed responses within queer communities when addressing sexual victimization. Other participants noted a lack of space for and representation of transgender and bisexual identities within queer communities.

A participant offered a nuanced reflection of her experience within queer communities, women's organizations and the sexual assault field. She noted that while she has found some queer communities and people to have an inherently appropriate response to sexual victimization, not all do. Some queer communities lacked willingness to discuss sexual assault, or to address it in a meaningful manner. She noted that the vitality of a queer community impacted its ability to address difficult topics, such as sexual assault. Queer communities that were focusing on getting 'basic needs' met, like representation and social events, were impaired in discussing sexual assault. Such organizations had difficulty incorporating "broader ideas of what it means to be queer." Additionally, she noted that sometimes there was an unwillingness to talk about sexual assault because "within the community you don't want to talk about it because you don't want to make the community look bad."

Notably, this participant also felt dissuaded by both queer and women's communities from her attempts to unite her survivor and queer identities. The two topics were frequently perceived as completely separate issues.

I feel that there are a lot of barriers preventing bringing the two together. I think there's almost a sense of like, well that one's a social movement and [sexual assault] is a different [movement] and never the two shall meet.

In her attempts to unite the topics, she noted she would be tokenized or isolated for this attempt.

Sometimes I feel like in queer spaces it was almost like, "Oh are you going to talk about sexual assault now? We're here to do this." So I think, sometimes, not everyone is always on board...Or the vice versa [in women's groups and sexual assault programs they say:] "We're talking about sexual assault and are you just always going to make it about barriers for queer folks?" Sometimes there is this sense that if you own those identities it is the only identity that you get to have, you are like 'that person' that's always going to bring those things up, as opposed to being seen as an asset for that.

Despite difficulties in finding spaces that embraced queer and survivor identities, she notes that she has been able to unite these issues. When possible, she has joined queer anti-violence organizations and gives professional presentations on queer survivors of violence.

Additionally, the participant noted a similar sense of separation in academic settings. She found that her graduate school, which had an emphasis on queer theory, did not address sexual violence against queer people in a meaningful or realistic way. She found that the program approached it from a theoretical space that was disconnected from reality.

Then I went into a gender studies program for my grad work that was definitely queer theory focused, but I was always surprised by how little they addressed sexual violence. Or they wanted to address it from this theoretical space that wasn't grounded in reality...So I always thought that was interesting, sometimes the theoretical side of queer spaces misses the reality of what survivors actually need.

She found that theory detached from reality creates a sense of disconnect that is not helpful in addressing the needs of survivors in meaningful ways.

One transgender and three bisexual participants also noted difficulties accessing spaces that were fully accepting of their queer identity. The only participant who reported joining a survivor support group noted that he did not feel safe identifying as transgender.

[The lesbian support group] was great, it was fabulous. It was scary because it was a woman's only space, they were very clear about women-identified women and women-women, and I knew that I was not a woman, but it was the only space that I could access. So I could not come out to these women as trans, I couldn't do that. That would have been very unsafe for me, because they were very like "No men here." ...So, yes, while it was very queer positive, it wasn't really.

That this was the only space he felt able to access suggests the lack of resources available for the transgender population. Yet, his willingness and enthusiasm to engage the lesbian-identified group is reminiscent of the importance of accessing people

supportive of a queer identity and healing processes. This participant's assertion attests to the importance of having a space affirmative of at least some queer identities. Yet, as this participant enthusiastically attended despite the fact that his full queer identity was not accepted, suggests that there is something beyond acceptance that seems to be even more powerful in his healing process – empathy based on personal experience. Rather, it was more important for him to access a community of people with a similar experience of oppression based on sexual orientation or sexuality, even though his full queer identity was not accepted.

Three bisexual participants noted that some queer communities or friends were not accepting of the full spectrum of queer identities. All four participants' experiences indicated the importance of having spaces affirmative of the full queer spectrum. One participant noted that:

There is nothing for bisexual people, that's a real gap in the resource world because...bisexual people are pretty much unbelievably by everybody.

The experiences of these participants speaks to the importance of having affirmative and welcoming queer spaces to address issues of violence. They all spoke about a sense of isolation and a feeling that some aspect of their identity is rejected or invalidated.

It would seem that the theme throughout these four participants' account would be that they had difficulty accessing spaces that were fully accepting of their queer identities and sexual victimization. However, all of these participants also benefited from queer communities in addressing CSA and noted the assets of accessing queer spaces.

Resilience and strength gained from queer identity. Queer identities were also the source of internal resilience, or resilience based on one's experiences, character and assets. All participants noted that their experiences associated with their queer identity allowed them to develop resilience or access strengths, which in turn assisted in their healing from sexual victimization. These experiences assisted in developing skills in overcoming adversity, and developing self-acceptance and self-confidence. Additionally, one participant noted that being bisexual widened her selection of dating partners following assault.

Two participants spoke about the strength and confidence they gained from accepting their queer identities, which in turn assisted them in processing sexual victimization. One reflected on the impact of a sense of authenticity regarding her queer identity on her healing process:

For me my identity as a queer person is a really important part of my healing. It's actually a really positive part, and I think so many times people see it as a negative part or a negative outgrowth of it. And it's actually something that really helps me understand who I am and to move forward with my past victimization...And, to be able to come to terms with my queer identity, it was almost this really nice thing that happened so it felt like everything makes sense. It was like, 'Ok this is who I am around my queer identity.' And then that sense of self-acceptance around [my queer identity] allowed me to feel more self-acceptance around the sexual assault, and allowed me to work through the sexual assault. There's obviously other things that play in people's lives. But,

having that authenticity with my queer identity and as a survivor, having those things come together was really helpful in overall healing.

By accepting her queer identity this participant developed a sense of clarity about herself, which she identifies as an asset used in understanding sexual assault. Similarly, three participants identified embracing their queer identity as enabling them to feel confident:

Since doing the work to really step into who I am...since then it's been a wonderful asset. You know, I feel very confident and capable and happy being who I am. There was a long time before that it was pretty tumultuous in a lot of ways, now I'm good with it.

Therefore, acceptance of one's queer identity was identified as an asset in enabling participants to address sexual victimization.

Other participants identified that adversity associated with their queer identities gave them opportunities to develop resilience, which they then applied to overcoming sexual victimization. One participant spoke about her transgender identity as a challenge that later gave her tools to address sexual abuse. She was raised Mormon and as a child believed that her transgender identity was a trial from God.

I think knowing that I experienced my transgender identity and that I'm ok, and that I experienced [sexual abuse] and I'm ok, I think the two of them are connected along a type of line. Because, I was surviving the torture of feeling like I don't match in my existence. And, kind of like the story of Job, if I can put up with [my transgender identity] that I can put up with anything. It very well

could be that just living with that secret of I feel like I'm this [a transgender female], I think gave me strength...you know I've been through a lot and survived it.

Having survived the difficulties related to her transgender identity, this participant developed an awareness that she could overcome other struggles. This resilience was applied to overcoming sexual abuse. Notably, keeping the secret of her transgender identity was specifically identified as an instance that helped her through sexual abuse.

Similarly, another participant identified both his queer identity and past sexual abuse as an experience that gave him strength in his 20s when encountering physical assault and harassment. He pointed to the need for queer people to be resilient in order to survive in a discriminatory society.

So we, the queer and gay people, we got beat up, we got harassed, all sorts of things happened to us. So, I think that we had to be resilient from just being queer...I can remember saying to people at the time that this [violence] is just part of my past, I wouldn't be here had this [sexual abuse] not happened to me. I think being queer and having all that [discrimination] barraged at me, [I thought] I can deal with this too.

Although this participant does not identify His queer identity as a source of resilience in addressing sexual abuse, both his queer identity and sexual abuse are a source of resilience in addressing violence later in life.

One participant noted that her bisexual identity allowed her adaptability after sexual assault. If she did not want to date men, she could date women.

There was that thought that was like, well, men didn't work out so well, so maybe I should date women for a while. Which didn't turn out very well because there was a lack of other queer women in my town.

This sort of resourcefulness is linked to the participants' bisexual identity giving her additional options of dating partners.

Finally, one participant noted that his process may not have correlated with his identity, as he did not know what straight people's experiences would be like.

I don't know if being queer has had anything to do [with my healing process.] I've met a lot of fabulous people that are queer going through the same things, of course straight people too don't they. And I don't know what discussions are like in straight groups about this, so but I met a lot of fabulous resilient people and they're still major players in my life and that's great.

This participant implicates that, ultimately, there may be little difference between the healing process and support networks of straight people. He noted similar ideas several times in his interview, indicating that there were not major differences between queer survivors and straight survivors. He did attest, however, that there are some differences between situations that queer survivors engage, such as messages of correlation and coming out, that cisgender and heterosexual people may not have to engage.

Reviewing the influence of queer identities. In review, participants' queer identities were associated with gaining external and internal sources of resilience. External resilience was gained in the form of accessing communities and individuals with a shared understanding of discrimination. Participants identified other queer

people as being inherently more supportive and understanding of their process in addressing sexual victimization. The importance of empathy based on experience was illustrated by the participant who did not disclose his transgender identity within the lesbian support group – he was seeking the support of those with similar experiences as he. This is reminiscent of other supportive people who were accepting of participants' queer identity and history of CSV. Being accepted as a whole person again seems to be an important aspect of participants' healing process. One last positive finding was the notion that one's sexual orientation may enable them greater choices in the dating world was noted as an asset.

Additionally, though empathy based on experience was highly desired, it was noted that not every queer community appropriately engaged with issues of sexual victimization. Such communities did not find an inherent relationship or ability to support queer survivors, as other participants had identified. Some participants noted that their queer identity was not fully accepted by some queer communities.

Messages About Sexual Victimization

Messages of correlation & causation. All participants noted that they had heard theories of correlation or causation between sexual victimization and a queer identity, and had at least briefly considered their queer identity to be related to CSA. They described the sources of these messages as coming from “anywhere and everywhere,” including society, media, religion, parents, the queer community and workplaces. All but one participant firmly asserted that there was no correlation between their queer identity and sexual victimization.

I hate the myth that just because you are sexually assaulted that that means you became queer, those are not interrelated. I guess they could be for somebody, but I realize they are not for me.

Another participant stated:

In the media too, a lot of its linked to people being sexually abused as children, especially boys being sexually abused by older men and then they end up gay. Or women being sexually abused by men and they end up gay because they don't want to be with a man. I don't buy any of that.

Another participant stated:

A lot of people think, and say it in an offensive way, like you're gay because you were abused, whereas it's not the case. Or, if I decided I was still a lesbian after that [sexual assault] encounter people might say to me that, 'You went to women because this bad thing happened to you.'...I have heard the message that transgender people [were abused]. I'm not really sure how that theory works. Maybe, it's like you were abused and you wanted to separate yourself from that person who abused you.

Two participants raised the question of whether victimization may prompt people to think more broadly about their sexual orientation and gender identity. They framed this from a positive standpoint that was notably non-shaming or dismissive of queer identities.

A lot more of the [queer] people who I know...have had some sort of sexual assault or abuse than my heterosexual, cisgender friends. I don't know what the

cause and effect is, if any, but it does seem real unfortunate, that correlation.

Maybe sexual assault, like, encourages you to consider the options. I think that is the most logical way, or the most respectful way, to say it. That perhaps it encourages you to think about your sexuality and your gender identity and who you are.

Another participant stated:

And I do wonder...does this experience of sexual abuse open you up more [to queer identities]? To me that's a positive thing, to being more open to my sexuality.

Notably, no participant suggested that higher rates of correlation could be attributed to hate crimes. This may be because participants were also not directly asked to reflect upon this and no participant was targeted based on their queer identity. However, one participant raised the possibility that she had been targeted due to gender presentation, but was uncertain if this were true.

In reflecting upon participant responses, I noted a difference between the manner that younger participants named messages they heard about sexual victimization and queer people and the older people. The older participants seemed more self-assured, direct and affirmative in naming the messages. On the other hand, the younger participants did not to have as strong of a grasp on the messages presented by the older participants. While this sample size is far too small to make any meaningful comparison, it does suggest an area for future research to compare the experiences of

older to younger generations and whether or not there is a shift in language or stereotyping around queer identities.

Additional messages about queer people and sexual victimization. In addition to messages of correlation or causation, one participant described several other messages about lesbian and gay people and sexual victimization. He named hearing that gay men enjoy being assaulted and that they deserve victimization. He identified a conception that straight women are more obviously victims of sexual assault, while the sexual victimization of lesbian and gay people is more easily dismissed. He identified that rape of lesbian women was seen as a benign attempt to convert them to straight.

Especially in the 80s it was like, “Well they were just trying to convert you [through the sexual abuse]. Did you know they were just trying to convert you? You’re supposed to like it” ...While straight women who are sexually assaulted, clearly they’re victims. And, especially for gay men – they’re not victims at all...There is so much out there that says gay men deserve it, and that men can’t be assaulted in any way, because men love it. For some odd reason people say that.

This participant highlights the difference between how straight women and queer people are perceived as victims, and highlights the stereotype that gay men enjoy and deserve violence.

Conceptions of sexual abuse/assault. Two participants also noted that restrictive societal conceptions of sexual victimization influenced their understanding of their victimization. For instance, one participant who was abused by a female noted that the

idea that only men were perpetrators prevented her from realizing that she had been abused.

But if a man had done that to me I would have realized it was sexual abuse, this was just my own way of thinking. The resources I had were so limited [that I could not] even understand an elderly woman could abuse a little girl.

Another echoed a similar belief, which she had observed while working in the field of sexual assault.

I have defiantly worked with survivors that didn't want to identify that they were assaulted, they felt that their victimization didn't involve a penis and vagina, which a lot of state laws are written like that, they just don't think [victimization is] what happened to them.

Without identifying abuse or assault as such the healing process of the survivor may be impacted.

Impact of Hearing These Messages. Participants described being negatively impacted from hearing messages of correlation and victim-blaming. These messages also impacted the coming-out process for some participants, which will be further discussed in a following segment. Several participants noted that messages of correlation caused them, at least briefly, to believe that their queer identity was influenced by the sexual victimization.

My internalization [of the message of correlation] was very much that things can make you gay, or queer, or transgender, or whatever when you aren't naturally.

In fact the belief was that there is no natural queerness, its either acting out or caused by some traumatic sexual event or something like that.

Another participant stated:

If anything, people blamed the sexual experiences for the orientation. I went through a phase of correlating those two things. Like, it was his fault that I have these feelings and whatever. I came to the realization pretty quickly and clearly that that wasn't the case at all, it was just who I am and its ok. So blame didn't play a huge role...Blame was never big deal, I suppose.

Another participant stated:

I have heard that [being gay was caused by sex abuse] and thought those thoughts myself. Any part of the nature that people lived through is going to contribute to who they are...If anything, people blamed the sexual experiences for the [sexual] orientation. I went through a phase of correlating those two things. Like, it was his fault that I have these feelings and whatever...I came to the realization pretty quickly and clearly that that wasn't the case at all, it was just who I am and its ok.

Another participant stated:

As you grow up as a queer person, as you hear these messages, like that it's because you were raped and you hate all men [that makes you a lesbian], you buy in. I bought in for a while because I really wasn't sure what was going on there. And then you process it and you realize that its just bullshit and that

people make that shit up. You can't account for all the people who are gay who have never experienced any violence, so, yeah.

Another participant stated:

I think for a long time I definitely associated the two and I figured that it has to be the one and only reason, and at this point I think it might have some effect on my sexuality, but at the same time there's probably many things that have affected my sexuality.

Aside from the last participant, participants firmly asserted that their queer identity was not caused by sexual abuse or assault. At some point, all participants considered that CSV influenced their queer identity.

For some, the belief that their queer identity was related to sexual victimization seemed to create added challenges in participants' process of self-acceptance, particularly of their queer identity. Messages of correlation challenged this participants' sense of certainty about his identity:

So the message, if the message occurs as I was a lesbian because a man raped me was like that's not true, but am I one because a woman did? Do you know? What does that say? That was a lot to kind of tease through and pull apart to figure out what all that meant, not only in terms of my sexual identity but also my gender. And then, being trans, what did that really mean? Could they have been right? You know, in your twenties you're like, were they right? What's going on here? It gets weird.

The sense of confusion that this participant's questions imply that he navigated an added layer of difficulties for him to navigate. Another participant also identified that their sense of an authentic self was challenged both by victim-blaming and notions of correlation.

It made me feel like I wasn't truly myself, so I was trying to grapple with what things meant. So I think blame made it really difficult for me to be my true self. And to be able to understand what that meant.

Internalized messages of correlation extended the process of self-acceptance:

So [the messages] contributed to the process I had to go through of self-acceptance. It made that particular trail more difficult, because I had to overcome those ideas and beliefs. It just made it take longer I would say...It was really the internalized messages that took a while to root out. That just lengthened that process probably more than anything else.

These messages created added layers of discouragement, alienation and frustration.

[I was] discouraged, makes one question if you deserve support and resources...it makes me feel a little discouraged and it makes me feel like why do we have to fight...it's a reminder that assault makes you feel like a second class citizen and it [makes you question], 'Do you deserve all the resources, do you deserve all the support,' and sometimes it just feels a little discouraging and daunting.

And irritation for another:

I think a lot of people, including my parents thought well [sexual abuse] is why you're gay...But somehow it makes sense [to others] that I'm deviant because I was damaged or abused in that way. It does make me upset when I hear generalizations like that. And I think a lot of people in the queer community face that sexual abuse talk.

And frustration that they are not accepted:

I guess the only thing is that [is frustrating is] trying to justify that I really am transgender and its irrelevant to sexual abuse...And I have to say its very much frustrating, and I'm trying to have or hope or wish that my family members would accept me at face value and not try to say, 'well you you're not really transgender, you were abused and you need therapy to overcome the abuse' or whatever.

Finally, one participant implied that messages of shame both around being queer and being sexually abuse may have repressed her understanding of sexual abuse. This participant noted that she did not identify the abuse she experience as abuse until an epiphany later in life.

So, along with that there was a lot of judgment in my family about being gay and then there was shame, like this woman sexually abused me, so that's bad too. And so there was all this bad stuff about [sexual abuse], which may have repressed it even more. And I remember when I told my mom about the sexual abuse and she told me, "Wow I'm glad you're not gay," being like woah, what

would she think if she knew this woman sexually abused me, and what does that mean. Is she shaming me around that?

This participant suggest that there was a sense of greater shame related to being abused by a female, as opposed to a male, perpetrator. This participant notes that in addition to possibly repressing knowledge of the abuse, when she disclosed the abuse to her mother she received a shaming message about gay people. Shaming messages may have prompted the participant to repress memories of the abuse.

While most participants did not outright endorse that hearing these messages created additional barriers, it seems that hearing these messages complicated their healing process and their self-concept. Believing these messages sometimes created a sense of invalidation or confusion around one's queer identity, ultimately deterring self-acceptance and the development of pride in one's self.

Other messages about sexual abuse. In addition to messages about queer identities and sexual victimization, two participants noted other impactful messages they heard about sexual victimization. Participants noted that sometimes survivors are not believed or silenced when they reveal the victimization.

Than it's like not real, that's shit that I made up, that's shit I heard from other people.

Another participant stated:

So there's all these really damaging pieces that...further this idea that you need to be silent, that you need to keep it to yourself. I think that's the issue broadly with sexual assault, and its something that our movement needs to overcome.

Another culturally common phenomenon is of blaming the victim for the sexual victimization. The threat of being blamed can often encourage victims to be silent about sexual victimization. However, most participants in this study stated that no one had blamed for the sexual victimization they experienced. Considering the previous segment indicating that family members issued messages of causation, it would seem that most participants engaged with ideas that blamed CSV for their queer identity.

If anything, people blamed the sexual experiences for the orientation. I went through a phase of correlating those two things. Like, it was his fault that I have these feelings and whatever. I came to the realization pretty quickly and clearly that that wasn't the case at all, it was just who I am and its ok. So blame didn't play a huge role...Blame was never big deal, I suppose.

Several participants noted that because they rarely disclose their history of CSV, and primarily only spoke about it with very trusted people, there was not much opportunity for people to issue blame.

I guess most people don't know about my sexual past, well, that was really more that came out in therapeutic settings. So I guess there were quite a few people who knew that and if anything it generated compassionate responses from folks. No one ever blamed me for what happened, or that kind of thing. That was never thrust upon me, but so that's kind of a tough one too because I wasn't generally running around talking about sexual experiences but I was certainly coming out about my sexual identity.

On the other hand, two participants did speak to their experience with being blamed as a victim.

There was this sense of that I was drinking, it was a joke, it wasn't even named as sexual assault, it was like I was being promiscuous. I think [those messages] is all blame and its all this sense of like, 'You shouldn't have done this, you should have done that.' We do a really good job on focusing on victims and what they should have done and we don't think at all about what the perpetrator did or shouldn't have done...I think that was a huge issue for me, not actually naming sexual assault as sexual assault at that time.

Another participant stated:

Yeah, for years I vacillated between blaming myself and blaming my perpetrator. Still the messages and media say you deserved it, you dressed a certain way, you acted a certain way, clearly you are to blame. And this was in the 70s [that the abuse happened] so no one ever blamed the perpetrator...And then [the blame] just dissipates over time. You know? It dissipates over time, I'm not sure if that's true for everyone, but it is for me.

Rationalizing that sexual victimization occurred due to a victim's behavior or dress serves to shift focus from the perpetrator to the victim. The former participant indicates that this blame impacted her ability to determine that it was sexual assault. The latter participant indicates that these messages of blame were present in his early life and possibly encouraged him to blame himself for the perpetration. Finally, a third

participant noted that she was not much affected by blame, but rather by being shamed for being abused and being queer.

Messages blaming survivors or insisting that sexual victimization did not occur, or that it was less severe than described, were not commonly expressed by participants. However, the two participants that reported them were influenced enough so that one blamed himself and the other was challenged in recognizing sexual assault as such.

Messages reviewed. All participants were negatively affected by messages about correlation and causation, and also more general messages about victims, to some degree. These messages seemed to create added barriers that participants had to overcome or address in their healing process. As will be seen in an upcoming section, these messages impacted participants in the coming out process.

Added Barriers of Queer Survivors

Participants were directly asked about anything in their experience that may have differed from a cisgender or heterosexual person. Multiple participants noted that they could not adequately answer such a question, as it would require them to speak about another person's experience. However, as apparent in other sections of this chapter, all participants identified something that may have been an added barrier or opportunity to develop resilience that cisgender or heterosexual people may not have.

A participant neatly summed up the obstacles as being a difficulty in uniting her queer and survivor identities:

For me, it's the difficulty of identifying as a survivor and also as somebody who is queer and having that not always seem separate. And not that together that

means that one caused the other, but more that there's the added little barriers, the little small things that no one thinks about, just like the idea that can you talk to somebody about sexual violence and be able to [talk about your queer identity]...and have people understand that.

As demonstrated previously by participants' support systems, having validation for both one's queer identity and past victimization seemed to be a common asset for participants. Additionally, the participant suggests that the notion of correlation or causation can impact queer survivors experiences, as well as people not being able to separate one from the other. Another participant's anecdote reflects these notions:

I don't know if there's differences [between heterosexual/cisgender survivors and queer survivors]...I also am amazed as a therapist, I was with another therapist last week who works with the queer community. She's open, educated, and she said to me – she didn't know I was sexually abused at this point, she knew I was bisexual – but she said, 'I often work with clients and I often wonder if they are with someone of the same-sex because they are just afraid of the opposite-sex because they were sexually abused.' And I just got really irritated by that, because obviously I know that could be the case for some people, but I think a lot of people, including my parents, when I came out to them, thought, 'Well this is why you're gay.' ...Somehow it makes sense [to them] that I'm deviant because I was damaged or abused in that way. It does make me upset when I hear generalizations like that. And I think a lot of people in the queer community face that sexual abuse talk.

This participant notes the upset, irritation and additional barriers she experienced due to a belief in correlation or causation.

Self-Acceptance. One participant named the path towards self-acceptance as an experience unique for him as a gay, and later bisexual, man. He notes that he had to work on self-acceptance for both his queer identity and his sexual experiences.

There was a lot of self-loathing and self-doubt and desire to conform to the cultural norms, and all of that. I just felt different from my peers, my straight peers. It was a hard long road to self-acceptance from those [sexual experiences] to the time I really did...accept myself. Which I think is different than a lot of straight people's experiences, which is maybe not true...So, self-acceptance for my queer identity added an extra layer that straight people don't necessarily have to go through.

Notably, this participant reflects that his process of self-acceptance may not have been so different than straight people's. However, he more certainly asserts that he felt different from his peers, as he was culturally nonconforming, indicating a sense of isolation. It does seem that given the cultural climate, which tends towards homophobia, that his process of self-acceptance would have been more complicated than that of a straight person's. Additionally, as described in the previous section, his self-acceptance was also complicated by messages of correlation between queer identities and sexual victimization.

Compounded Experiences. Having both a queer identity and past history of sexual victimization seemed to compound certain feelings and experiences. One

participant reported feeling shame, alienation, 'not feeling right in my body' and having to keep secrets associated with both sexual abuse and her transgender identity. When asked if she perceived a correlation between her experiences of being transgender and being sexually abused she pointed to the isolation she felt from keeping both a secret:

I think feeling that sense of isolation and to not feel right in my body [linked the sexual abuse to gender identity]...Yes, I felt extremely isolated from my earliest memories. I felt like people can't know and I had to watch myself. I would always try to watch and observe the difference between how male and female genders present and act and made real sure that I tried not to present too feminine...That was my whole life. The strain and stress of making sure I didn't let my secrets out. I wish I could have had somebody I could have shared with...I really did not feel like I could reach out to anybody about the gender identity and the abuse...So, I definitely never felt an interest or drive to seek support. And, I never really did until I left religion.

Here she implies that her involvement with religion, which she described as homophobic and transphobic, deterred her from seeking support to address both gender identity and sexual abuse. Furthermore, her experiences of shame, guilt and isolation were compounded for both being a victim of sexual abuse and for experiences related to her transgender identity. These feelings may have been further amplified by the Mormon church's preaching's against homosexuality, as her perpetrator was of the same-sex.

So, the abuse was from male people...there was a guilt feeling of having homosexual experiences and feeling pleasure. I was feeling really guilty from that because homosexuality in a Mormon church...defiantly not ok. And, I think from that perspective it [increased] the guilt...I felt tons and tons of guilt because I...had all these sexual desires and interests and stuff that I didn't feel were right...A couple of times when I was older I would feel such a deep guilt for masturbating that I would go to a church leader and he would tell me that...I couldn't partake in the sacraments. You would get these isolating consequences, which made it hard.

Finally, as a child she believed that both gender identity and sexual abuse were trials that God were giving her to test her worthiness. She frequently referred to the story of Job:

I thought that this feeling [of gender identity] was from Satan, it was my challenge, my job to overcome. I was raised Mormon and one of the teachings that I remember pretty strongly is that God will never give you a challenge greater than your ability to withstand it on earth... So I figured eventually the day will come [when God will bless me] and I really did not feel like I could reach out to anybody about the gender identity and the abuse.

She asserts that the challenges related to sexual abuse and gender identity were both trials from God. Her perception of how sexual abuse and gender identity were correlated seemed to be key in compounding guilt, shame and isolation.

Another participant spoke to way that her experiences related to her bisexual identity and sexual assault interacted to compound the sense of alienation. She notes that sexual assault and being in a cisgender- and heterosexual-dominant environment felt alienating as a queer person.

Even though I had a community to talk to [at the time of sexual assault], like the queer community, most of my heterosexual, cisgender friends, which were the majority of my friends at that time, I felt pretty alienated, now for two reasons, not just one. And, also the general stigma about queer people in general about just being different, and there's the [added stigma for] bisexual people...I guess it made it a little harder to accept myself as bisexual and particularly to come out as bisexual.

Her sense of alienation is further compounded by identifying as bisexual; similarly, two other bisexual participants also noted that they felt less accepted by the queer community due to their bisexual identity.

Additionally, this participants' sense of isolation following sexual assault was compounded by her friends' alienating responses to her sexual assault. Following the assault her friends questioned her sexual orientation, particularly because she was assaulted by a male she had been dating. She had come out as a lesbian prior to the assault.

In a way, I felt a little more, like, alone, especially because I just came out...as a lesbian. And then this [sexual assault] happened to me, so it was like, 'How do I explain that to someone? How do I explain that to one of my friends?'...When I

talked about [the sexual assault] I would say, 'this guy,' and a lot of my friends would say, "I thought you were a lesbian." And so...sometimes it was just curiosity, and other times, whether it was intentional or not, it felt accusatory.

Like, "You were a lesbian, you had sex with a man?" So hard.

When the friends' challenge this participant by stating 'I thought you were a lesbian' it seems to operate in a similar fashion as messages that encourage victim-blaming. Both victim-blaming and challenging the participants' sexual orientation functioned as a red herring from addressing the real problem at hand – sexual victimization. This participant indicates that this felt accusatory, which added more obstacles in her healing process. Additionally, this participant had noted the benefits of talking about CSV with queer communities, as she identified them to have an inherent understanding of appropriate engagement. This may be an example where queer people who have faced similar experiences may have been able to navigate the conversation in a more affirmative and respectful manner.

Furthermore, this participant indicates that addressing both sexual assault and sexual orientation compounded feelings of isolation and alienation during the coming out process.

[Coming out and addressing sexual assault] were both happening the same time and it was hard to deal with both of them. It was hard to deal with getting over the assault...It left me feeling really shitty about myself...I was dealing with that and I was also dealing with this, like, I wanted to come out to the people I was meeting. I was in the closet [during the study abroad program], my host parents

didn't know, none of my friends at school knew. And, so it was kind of like, this is part of who I am but I don't know how to tell these people. So, I felt like I was hiding something, and then I was dealing with the assault also, so it was a lot.

Another participant implied that the trauma of oppression related to sexuality and sexual assault could compound each other. She perceives both forms of oppression as a form of sexual assault.

Being attacked for your sexuality and sexual assault are very similar in that they're both a kind of sexual assault...So, if I had been put down for my sexuality, that would have hurt and added to the trauma of having been sexually assaulted.

During the interview, this participant perceived oppression related to sexual assault as similar to oppression related to sexual orientation and sexuality. At one point she noted that her family's acceptance of her bisexual identity allowed her greater energy to attend to healing from sexual assault. She perceived that if her family had not accepted her queer identity she would have felt that the trauma of sexual assault would have continued.

Finally, one participant noted that shaming experiences from her family regarding her sexual orientation and CSV loosely correlated those two.

As far as coming out in general, like to other people, I don't feel like my sexual abuse is tied to being bisexual, I feel like shame and my family, around sexuality and sex and sexual abuse, there was shame. But there wasn't like a strong correlation, like me being bisexual and me being sexually abused.

This participant expanded that the unique situation she experienced when she disclosed sexual abuse to her mother operated to link sexual orientation and CSV in her mind.

While most participants did not speak to their queer identity and sexual victimization as inspiring similar feelings or experiences, it seems that this would have been a rich area to explore in greater depth during the interview. Based on these two participants, it seems that there are common experiences of marginalization held by both survivors of sexual victimization and queer people.

Print & Online Resources

All but two participants endorsed accessing print or online resources with the specific intention to address sexual victimization. Only two of these participants had located queer-specific print or online resources on healing after abuse. One participant noted that members in the lesbian sexual abuse support group had shared lesbian-specific books on healing from sexual abuse and assault. Another participant who found a 'queering sexual violence' social media group noted:

I was excited, because you don't often see that – you have to make those sorts of connections yourself. So, its nice when somebody else had done that work and put that together and created a space without you having to do it yourself.

Her comments speak to the importance of having all aspects of one's self validated.

Other participants echoed similar sentiments. One participant noted:

I did read stories online about people sharing similar experiences and that helped me feel less alone.

One participant wished that there had been more people role-modeling her identity and experience in media. She noted that it would have been helpful just to know that there were other people with her experience.

It would have been great just to know [people like me] exist. One thing that I really want to see now...is more exposure of the diversity and variety of queerness.

She asserted that she participated in this current study as an attempt to assist in addressing the gap in available resources. Two participants also noted a particular gap in resources for bisexual people.

There is nothing for bisexual people, that's a real gap in the resource world because I would say that bisexual people are pretty much unbelievably by everybody.

This notion that there was a gap for bisexual people, or that bisexual people were alienated from the queer community, was a common notion amongst the three participants who currently identified as bisexual.

While most participants did not speak to the impact that the lack of queer-affirmative resources had on them, two participants did note that it increased their sense of isolation. Based on participants' responses, there does seem to be a dearth of resources that address sexual victimization from a queer-affirmative standpoint and address issues that queer survivors might be particularly exposed to.

Inappropriate Questions

Two participants spoke about the assumptions people make, or attempt to make, based on their identities or history of CSA. A participant noted a phenomenon that occurred when he came out as transgender. He asserted that previously when he identified as a lesbian people assumed that his perpetrator was a male and did not ask about the perpetrator's gender.

But, when I came out as trans people ask[ed about the gender of the perpetrator]. And I think its more to tease out what my sexuality is, I think people want to know what side of the spectrum I fall on now...but, yeah, no one really asked [when I identified as a lesbian], because there was just a huge assumption about it, I was a lesbian so it must have been a guy.

The participant indicates that transgender people may incur an additional barrier – people who become extra nosy when they cannot determine one's sexual orientation. His account also relates to the societal notions about sexual victimization, particularly that perpetrators are males and victims are females.

He and another participant noted that assumptions people hold about the perpetrator impacts their response to their sexual victimization:

I don't look queer on the outside, I defiantly pass as cisgender in spaces if I want to, and I think there's a sense that I was assaulted by a male and all these assumptions about how I am when I talk about my victimization that can kind of play into the response I get and how my experiences is.

Another participant stated:

Clearly I was a lesbian long before I was a trans person and my perpetrators were women. And so the messages I got from that were very different, I think, [than] had my perpetrator been a man.

The assumptions that people hold about survivors and sexual victimization impacted their responses to participants. Similarly, a participant who had worked with survivors of sexual assault noted that victims of same-sex sexual assault sometimes face added pressures to talk about the assault.

I feel like there are a lot of damaging things around when somebody reports and assault, being asked to say too much. Like being asked to say too much about what that meant if it was a same-sex assault.

This observation indicates that people assaulted by the same-sex face additional barriers, like being asked to explain the situation more so than survivors whose perpetrator was a different sex. While being assaulted by the same-sex does not implicate sexual orientation or gender identity, perhaps this observation is indicative of the scrutiny that all survivors may be subjected to, especially when their experience falls outside of societal definitions of sexual victimization. Such scrutiny may be particularly discouraging or invalidating to survivors who are sensitive to remarks about their gender identity or sexual orientation.

Coming Out

Participants noted several types of associations between the coming out process and sexual victimization. Associations included: family and friends making statements correlating sexual victimization and queer identities; hesitation to come out because of a

concern that the queer identity would be attributed to sexual victimization; previous invalidating experiences revealing sexual abuse; and, an overlap between the processes coming out and addressing sexual victimization. All participants asserted wariness and caution in telling people about their history of sexual victimization and are very selective about who they tell.

Four participants reported that family members made causal statements between sexual victimization and queer identities when participants came out to family members. One participant noted that family members made direct assertions of causation between sexual victimization and her transgender identity.

When I first came out as transgender...one of the first things a family member said, "Well maybe the abuse you experienced as a child imprinted on you and made you feel transgender"...And I believe that it's not even related...they think the only thing that could [make someone queer] is some [insurmountable] external factor.

Similarly, another participant noted that family members also suggested that her sexual orientation was caused by an insurmountable factor. She noted that such messages came from family members of an older generation, while people of her generation did not search for a cause of sexual orientation. She noted that it was easier to come out to younger people as a result.

My family members have always said if you're homosexual than something must have happened to you...So, just trying to find a cause for something so ambiguous [like sexual orientation] is just leaping into an abyss, there's no

reason for it...So, some of my family members always think there's a reason and that's one of the first things that they say when someone says I'm a homosexual or I'm a bisexual, they say, ok what happened to you?...Our generation, its more open towards things like [homosexuality and bisexuality] and...people [don't] think that there has to be a reason behind it. I think people are a lot more open...And I think that it made it a lot easier to come out to individuals who were my age, but it didn't make it easier to talk about the abuse one way or another.

Two other participants echoed similar experiences that their queer identity had been dismissed or invalidated due to a belief it was correlated with sexual victimization.

Coming out to my family was very difficult in that way. So it took a while...Early on, I don't think I ever told anyone about the sexual assault where there was even the remote possibility that there would be backlash from it. Because, in my mind, there would have been this backlash of "Oh, you know, poor thing, you'd be straight if this [sexual abuse] hadn't happened." It wasn't until I was really processing a lot, very well, that I felt like that I could stand up for myself and [believed that] whatever they hit me with I could handle. I started telling people, like my family members, about it when I knew what their reaction would be and I was at a place that I could say 'fuck you.' So, now its nothing, its like—I have two kids and I come from this [sexual abuse] background. Its just part of my life story.

Another participant described that sexual assault made her hesitant to come out to people because of the various associations she held between the two. Notably, this participant believes that her assailant partly targeted her to prove that she was not a lesbian:

Yeah, I think for a while [sexual assault] made me more hesitant to come out because they're related in my mind, for so many reasons just because it's a sexual subject, and because of how he pursued me, and just because I was figuring them out at the same time. So, for a while there was this association between coming out and the [sexual assault] that I didn't want to think about. And there was also the connection between coming out and, coming out and sexuality being targeted, I don't know.

This association between her sexual orientation and sexual assault made her very uncomfortable to disclose her sexual orientation because she wanted to avoid talking about sexual assault. Additionally, sometime after the assault she began identifying herself as bisexual as opposed to a lesbian, and questioned if the assault, in part, prompted her to be more open to identifying as bisexual.

During the time that she was exploring her sexual orientation she was also in her initial phases of addressing sexual assault, further interlocking the two. Finally, this participant describes a connection between sexual orientation and sexual victimization because they both involve issues of sexuality. In another segment of her interview she describes this connection to be inherently apparent to queer communities and reasoned

that this is one reason that she has found queer communities to be more able and prepared to engage in issues related to sexual victimization.

Over time this participant noted that the sexual assault has stopped impacting her coming out process. She reasoned it no longer impacts her because:

I guess partially because I don't really think about coming out any more. I think if I was, like for a while I would plan this, oh I need to come out to my friend, I've known her long enough. Now I'm kind of out enough without me needing to encourage it. I've also found more ways to now plan this conversation, I'm not going to come out to someone if they're not going to be ok with it, so it can come out in normal conversation, and so I don't have to think about it ahead of time.

And, partially just because I've worked through most of the trauma from the assault, so I think about it from time to time, but I don't get terribly emotional from it. It's shaped who I am for the worse or the better and its ok. So, no, I don't think associate the assault with coming out anymore.

Like several other participants, she rationalizes that the assault is part of her past and not necessarily a relevant topic for open discussion. Additionally, similar to another participant, she seems to approach the assault from a nonjudgmental stance, indicating that it happened 'for the worse or for the better.'

Three participants noted that there was an overlap in the processes of coming out and addressing sexual victimization during their teenage years. Notably, two of these participants were teenagers when assaulted and going through various stages of the coming out process and self-discovery.

Coming out was also impacted by prior experiences disclosing sexual victimization. Prior to coming out as bisexual, two participants had revealed to their mother that they had been sexually abused as a child. Two participants identified that their mother's initial invalidating responses to sexual victimization later impacted their approach in coming out to the mothers. One participant recounted:

It took me a long time to figure out what happened to me, I had compartmentalized [the sexual abuse], but eventually I went and told my mom. I was really nervous about it, all the shame came up and I hadn't talked to many people about it at that point. So, I took her aside and I said, "I have to tell you something." But I wasn't ready to tell her yet. So, she got really anxious and she literally yanked me down in this room and she's not one to be like that. And, she's like, "What's going on, what do you need to tell me?" *So, then I told her I had been sexually abused as a child and she was like, "(Phew) I thought you were going to tell me you were gay, just thank god you're not gay."* I was so mad. And that's one reason I decided to do this study. I'm still mad, even though I've done lots of work with it. Just, how disturbing that it would be worse to be gay than [to be] sexually abused for four years of my life. And that's really sad. So that brought up a lot of anger and shame, obviously there was shame in regards to my sexuality and also the abuse, you know, both, and how they connected and everything. So that brought up a lot of anger and shame, obviously there was shame in regards to my sexuality and also the abuse, you know, both, and how they connected and everything [Emphasis added].

As the participant noted, this mother clearly stated that being gay was worse than being abused. This situation clearly linked sexual orientation and CSV together for this participant, and prompted feelings of shame. In addition to demonstrating homophobia, the statement indicates the mother's discomfort, and perhaps high level of anxiety, with addressing sexual abuse. Effectively, the mother dismisses the participant's attempt to disclose sexual abuse. She noted that her mother's response had an impact on her later coming out process and created a strong association of shame around abuse and sexual orientation.

A second participant also described her mother's invalidating response when disclosing her sexual abuse history and later her sexuality. This participant expressed regret that her mother's responses has impacted her comfort in seeking support or resources to address the sexual abuse.

I definitely wish that I had talked with people sooner but...it had just gone so wrong with my mom, [in telling her about my sexuality].

This participant is the only person who has not engaged in queer communities. Notably, she attended therapy for about a year to address sexual abuse, but never felt comfortable enough to disclose her sexual orientation. In addition to a year in therapy, she has spoken with friends about the sexual abuse and recently bonded with someone who was also victimized by his older brother as a child. Her participation in this study, however, can be viewed as an attempt to address both sexual orientation and sexual abuse, as she identified this study as an opportunity to further process her experiences. Ultimately, she expressed regret for not addressing sexual abuse sooner in her life.

Perhaps if the disclosures she made to her mother were better received she would have felt more comfortable seeking support.

These participants' recollections indicate the potential influence of CSV on the coming out process. There is a sense that CSV creates an added sense of isolation and caution in coming out—a process that often tends to be isolating, anxiety-provoking and requiring caution to begin with. In the previous section on the impact of hearing messages of correlation, participants noted that hearing those messages caused them to feel alienated, frustrated, discouraged and irritated. It is likely that such feelings were present if people made associations between CSA and queer identities when the participant came out. The people participants who came out to, whether they came out about sexual victimization or their queer identity, were in a position to be accepting or rejecting of the participant. Notably, participants did not identify anyone who was rejecting of their queer identity to be supportive of them addressing sexual victimization, aside from one participant.

Hate Crimes

Three participants indicated that perpetrators may have targeted them due to their queer identity. Only one participant was told that he was targeted for sexual abuse based on his queer identity. His perpetrator would tell him such things. Another participant reflected that presenting as androgynous or effeminate may have been a reason that he was targeted by his abusers, but that was very speculative. Another participant suggested that her assailant pursued her in order to prove that she was not a lesbian. All other participants asserted that the sexual abuse and assault was unrelated

to their queer identities and hate crimes. Being targeted for one's queer identity or gender presentation may be an added obstacle for participants to address in their healing process, though this was not discussed during the interview.

Retrospective Support

All participants were asked to imagine going back in time and talking with their childhood self. Each one offered a message of hope and resilience. Several would encourage themselves to seek support and not to blame themselves:

I would just reiterate that it was not your fault, what happened was a bad thing and get support. When you wait, whether it's a short or a long amount of time, you don't get support right away and you don't understand what it means to be really healing from something, and you deserve that.

Another participant stated:

One, that it was ok. And two, that talking to people about it was also ok. Dealing with it was ok, because that was so taboo for so long.

Another participant stated:

I would be an advocate and end it. Be an advocate to that child. And tell her that nothings wrong with her and she can talk about it and its ok, it was really scary. I would play with her, all those things.

Another participant stated:

I would want myself to know that you are your own person and I would tell myself you're a beautiful little girl and you can live your life that way...Because I didn't see many stories of people like me, I believed how I felt was from

Satan...if I could tell myself that there are people who will support you, that would have made a difference. I would hope that I could also give myself tools to find them.

Another participant stated:

I would say several things. You're going to have a fabulous life. It's going to be ok. I really wish I had known that it had no bearing on me, that it really wasn't about me.

Another participant stated:

Confidence comes from within, and not from what others think of you. And I think that was the most empowering thing, to be ok with who I am.

Another participant stated:

I guess, just that is going to be ok. I guess the biggest thing is that I didn't deserve that, that's the big thing. That it happened, and it was unfortunate, but I didn't deserve it by any means. It wasn't like I did anything to be assaulted.

These messages that participants would give themselves are markedly different from the messages they identified more commonly heard in society. Their messages embrace hope, integrity and resilience.

Working with Queer Survivors

Participants were also asked to make suggestions about talking and working with queer survivors of abuse and assault. Some participants noted that there was not much different that should be done towards a queer survivor than a heterosexual and

cisgender survivor. They repeatedly spoke about the need to be non-judgmental, accepting and supportive.

Not to be judgmental and to listen and to be supportive.

Another participant stated:

I would say its definitely two, and possibly many more issues are going on, and they could be linked or not. Just to be open with what's going on with that client and letting them know that you're there to support and accept them, and help them through. But I think having too many assumptions is dangerous.

Another participant stated:

Believe them, accept them, love them, they're ok, abuse doesn't make them the way that they are. Abuse isn't their fault. And it's ok for them to be who ever or whatever they say, even if its different every single day. It's ok.

Another participant stated:

I think the biggest thing, the most helpful that I learned is that labeling is just a societal thing, labeling is just something we're just creating.

Another participant stated:

Each case is going to be so different, in general just to listen, not to pry, cause that's the worst thing you know...I guess to just be aware that sexual orientation and gender identity do make a difference in how you deal with it.

Two noted that ultimately working with a queer survivor would not be different from working with a cisgender and heterosexual survivor. One did note that addressing

beliefs of correlation may be an aspect that would differ from addressing straight people.

Again, I don't know if you could separate queer from straight. I don't know if you can do that. I think what you're going to say to them is pretty much the same. I've talked to straight women who come from sexual abuse, and we all kind of say the same things. I don't know that you would say anything different. Other than [that] ... people think that you're a lesbian because you were abused – certainly that would come into the picture. But in terms of helping them heal beyond that, I don't know.

This participant emphasizes that ultimately the approach would be the same for all survivors, though in addressing certain queer identities there may be some myths and messages about correlation that may impact the process.

Another participant encouraged people to be open and accepting and not to solely focus on their queer identity:

To meet them where they're at, it might not be about their queer identity. Don't just see somebody as queer and think that it all has to be about that. Figure out what they need, what supports and be open and accepting. Just acknowledge and accept all of that person.

Another participant stated:

There seems to be some discrepancy amongst participants as to how to engage a queer survivor.

In reviewing their comments it seems that it would be appropriate to assess for queer identity, but not to become solely focused on one's queer identity. Participants seem to advocate for queer survivors to be treated as other survivors would, though as one participant indicates, there may be some additional issues, like the impact of messages of correlation, to address. Finally, the theme of accepting and validating the entire person is reflected in some of their comments.

Impact of Social Identities

At the end of the interview, participants were asked to reflect upon their other social identities. They described how other social identities they held may have impacted their healing process. Each participant identified one or more social identity categories that added additional barriers in their healing process. These categories included class, culture, religion, race and ethnicity.

I see that for me, one of the big issues is around class and having access to resources and therapy. I almost feel that in my twenties I didn't have money. How do you find resources and support that somebody can actually afford? Or if they don't have insurance? That was a huge issue. When I found community groups that were free to join, that's when I felt like, I could be a part of this. But therapy, that just sounds expensive.

Another participant stated:

I grew up in a very white, very affluent, very hetero world, very homophobic world, I mean of course it contributed to the amount of work I needed to do to come to terms with myself. That was a huge factor, I think I was expected to be

in that mold. I imagine that's true in a lot of segments of the culture, but it was particularly true in mine, at least from my perspective.

Another implied that his social identities occupied spaces of privilege, which impacted the severity of CSA.

I came from very white, middle, class Catholic family. In talking with people from different socioeconomic groups and people of color, my experience sounds more like a privileged sexual abuse. Do you know, like people of privilege encounter more often than others, I don't know if that's true, I'm just saying that what I've heard from others. They say, "Oh you're from privilege, of course that was what you're sexual abuse looked like – mine looked so different." I feel that way too – this [sexual abuse] still has so much privilege. And, I think the reaction that I got, and that I continue to get, they say that [the sexual abuse I experienced] doesn't happen in any other communities, other than middle class, white communities.

Notably, only this last participant identified social identities that possibly mitigated the abuse he experienced. No one else referred to social identities that granted them access to resources or privileges that influenced their healing process. However, particularly as all participants identified as white or Caucasian, had participants been asked to directly reflect upon the privileges associated with their social identities, responses may have been very different.

While this study did not incorporate a full assessment of social identities and their associations with CSA, that barriers participants met increased based on their

marginalized identities. More attention was granted towards oppression rather than privilege, perhaps indicative of a common phenomenon in which people are more aware of oppression.

Conclusion

In considering the previous segments, it seems that participants had experiences that connected their queer identity with sexual victimization. Sometimes it seems that emotions or experiences related to both sexual victimization and their queer identity, such as alienation, isolation, frustration, caution and discouragement, were compounded, thereby amplifying barriers that may have otherwise been lesser. Other times the association was positive, and one's queer identity could be construed as an asset in addressing CSV.

It is notable that all participants had one or more examples in which their queer identity was an asset. It allowed them both access to external support systems and was associated with developing resiliencies. Additionally, participants identified that their biggest supporters in healing from CSV were accepting of their queer identities. It would seem that acceptance of both one's queer identity was strongly associated with good support systems addressing CSV. Notably, all participants in this study were accepting of their queer identity and expressed some degree of pride about their queer identity. Results may have been markedly different if participants expressed dissonance with their queer identity.

Additionally, two participants offered opposing views on queer communities' willingness and ability to engage in topics of sexual victimization. These varied

experiences speak to the fact that there is no one unified queer community, or one set of values held by all queer communities. Similarly, participants noted that not all queer communities were fully accepting of bisexual people, and one noted that he was not able to express his transgender identity in a lesbian support group. As several participants noted the positive influence and importance of engaging in queer communities or queer people to address CSV, it would seem very important to create resources and spaces able to address all queer identities and sexual victimization.

The process of coming out was influenced or associated with CSV for several participants. Participants identified that the process of coming out overlapped with addressing sexual victimization. Some noted that they were either wary of coming out to people out of concern their queer identity would be dismissed and blamed on CSV, and some participants noted that other people did implicate CSV as a cause of their queer identity. Only one person identified that she associated sexual assault with her queer identity because her assailant pursued her to prove she was not a lesbian, and also because the sexual assault prompted her to reconsider the definition of her sexual orientation. Largely, CSV negatively impacted the coming out process.

It is important to note that several participants stated that they did not believe their queer identity had anything to do with their healing process. Perhaps this is reflective of concerns of insinuating a correlation between their queer identity and CSV. It may also be reflective of a concern that giving too much credence to their queer identity would accentuate differences between queer survivors and heterosexual or

cisgender survivors. However, upon reviewing all data it does seem that participants' queer identities affected their experiences in one way or another.

While this study's sample size was far too small to make meaningful comparisons between demographic groups, there did seem to be a remarkable difference between the two younger participants and the older five participants. In discussing messages about correlation and causation they heard between sexual victimization and queer identities, it seemed that the older set of participants was firm, assertive and at times angered when talking about these messages. They seemed to be able to list off these messages without hesitation. On the other hand, the younger participants seemed more casual in their responses. Perhaps this is reflective of a generational experience and indicative of a reduction in the amount of negative messaging in society about queer people. This is purely speculative, however.

As hypothesized, there did not seem to be notable differences in the experiences of cisgender and transgender people. Both groups noted the influence of messages of correlation, including briefly believing that their queer identity was related to sexual victimization. Both groups were met with such messages of correlation upon coming out and drew strengths from the queer identity in addressing sexual victimization. This suggests that given the focus of this study, it was an appropriate decision to be inclusive of all queer identities.

CHAPTER V

Discussion

Introduction

This chapter restates the purpose and key findings of the study, followed by contextualization of the findings in light of previous studies. It includes an assessment of the strengths and limitations of the study. It concludes with a discussion of the implications of findings for practice, policy and research, and for resources for queer survivors.

Purpose of Study

This study aimed to explore the experiences of queer individuals with CSV, and to be inclusive of participants of all queer identities. Using an intersectional approach, the study was particularly interested in experiences that related participants' queer identities with CSA. The intention of the study was to gather data that could be used to inform the creation of effective and affirmative resources and interventions to support queer survivors.

This current study crafted the following primary research questions to guide the exploration of the experiences of participants: What experiences have queer survivors of

sexual victimization had that implicate their queer identity and history of CSV? What reflections do they have about being a queer survivor of sexual victimization? These overarching questions were used in conceptualizing topics for the literature review, deciding upon a theoretical framework and in analyzing data.

This study had no intention to explore a correlational or causal effect between CSV and queer identities. Indeed, all participants, but one, were firm in reporting that their queer identity was independent of sexual victimization. This is reminiscent of Balsam and Morris's (2003) study in which their participants wrote on the margins of surveys that their sexual orientation was independent of sexual victimization.

Key findings

As discussed in the previous chapter, key findings indicate that there were numerous experiences drawing upon participants' queer identities and CSV. Similar intersections of CSV and queer identities were evident in the literature. The following is a review of the key findings and a corresponding discussion of similarities and differences between this study's findings and previous studies.

Acceptance & affirmation. It would seem that a common theme throughout participants' accounts was that they found the best support to be within communities or people who were accepting of both their queer identity and history of CSV. Participants indicated that their biggest supporters in addressing CSV were also accepting of their queer identities. Participants also noted that the inherent understanding and empathy based on personal experience made queer communities and individuals an appealing and effective source of support. Several participants indicated that people who were

non-accepting of their queer identity were also invalidating or dismissive of CSV. Two participants noted that because their family was accepting of their queer identity, they had more energy and ability to address CSV.

Resiliency and assets. As seen in previous qualitative studies on LGB women (e.g. Baker, 2003) and on transgender people of color (Singh & McKleroy, 2011), participants' responses affirmed that resiliencies related to their queer identity positively influenced their healing processes following CSA. Participants identified both internal (i.e. self-acceptance) and external (i.e. accessing supportive communities) sources of resiliency from being queer.

Baker (2003) indicated that LGB identified support groups were a major aspect in survivors' healing process. In this study, several participants identified queer communities as being more empathetic and understanding than non-queer communities or individuals. Some identified that queer communities had an innate sense of how to appropriately address both sexual victimization and queer identities. One participant also suggested that queer communities tend to be inherently aware of social justice, and so were savvy about discussing sexual victimization in an appropriate way.

Although only two participants sought out formal queer organizations that addressed sexual victimization, participants strongly affirmed the importance of accessing queer communities.

Participants also deemed their queer identity to be a source of internal resilience. Several participants identified that experiences of discrimination and marginalization

prompted them to develop strengths that later assisted them in healing. Singh & McKleroy (2011) and Branscombe and Ellemers (1998) also identified resilience developed from being queer in their studies. Similarly, two participants identified early CSV as enabling them to develop and apply resilience when experiencing violence and discrimination. Additionally, internal resilience was developed through accepting one's queer identity. Self-acceptance was then used as a resource in healing from CSV.

Finally, one participant noted that due to her bisexual identity, following sexual assault she had a wider range of possible dating partners. This was similar to experiences reported by Baker (2003), whose participants also identified that they were able to have nourishing sexual relationships with people of a different gender than their abuser, which was perceived as an asset.

Drawbacks. While several drawbacks of queer communities were noted by participants, no previous study indicated dissatisfaction with queer communities. Drawbacks included an absence of transgender support groups; and, exclusivity, particularly impacting transgender and bisexual people. One participant also noted that queer communities who were focused on basic needs did not have the capacity to appropriately address sexual victimization. Such communities perceived a separation between sexual victimization and queer rights. This directly contradicts most other participants' assessments that queer communities had an inherent understanding and ability to address sexual victimization. Finally, one participant also noted that queer theory could be so abstract that it was not applicable to real-life situations of sexual victimization.

Supporters and allies. Overall, participants were active in seeking support to address CSV – three of them even named their participation in this current study as an opportunity to further reflect upon CSV and develop new insights. Family and friends were identified as major sources of support in addressing CSV. It was noted that people supportive of addressing CSV were also accepting of queer identity.

Therapists were also named as a major source of support in healing from CSV. While other studies found that queer survivors benefited from therapy, these studies also reported more concerns and poor experiences with mental health services. These studies noted higher rates of dissatisfaction with providers' ability to appropriately engage with queer people (Baker, 2003; Gilgun & Riesner, 1990; Wharton, 2007). Only one participant in this study reported a discriminatory experience with a therapist. However, though speculative, it is possible that concerns about discrimination or inappropriate care may have prevented one participant from accessing therapy, and two others who accessed therapy from intentionally addressing both CSV and their queer identity. Additionally, wariness was reflected by a participant's method of finding queer-affirmative therapists, by using word of mouth and ensuring that therapists had a track record of engaging with queer people appropriately. Several participants indicated positive experiences with therapists, naming therapists as their biggest supporters. Other than the one previously mentioned therapist, therapists were affirming and accepting of participants' queer identities.

Online & print resources. All but one participant reported accessing or engaging in online or print materials that addressed CSV. One participant believes she processed

CSV in online forums with other queer people, but she was not active in seeking out a forum to address CSV and did not greatly recall the instance. Overall, online and print resources did not seem to be a significant aspect of their healing process. If there were more resources specifically addressing the queer population in affirming and accepting manners, perhaps online and print resources would have been more sought-after by participants. Participants reflected that it would be helpful to see greater representation of queer identities in resources. Only two participants accessed queer-affirmative materials, books for lesbians on healing from CSA and a queering sexual victimization Facebook group.

Messages about sexual victimization and queer identities. All participants reported hearing messages and stereotypes suggesting a causal relationship between queer identities and CSV. All participants, at least briefly, grappled with the idea that their queer identity was caused by CSV. All but one participant concluded and firmly asserted their queer identity was independent of CSV. Two participants wondered if CSV potentially prompted queer survivors to engage with issues of identity, thereby prompting them to realize their queer identity. Though this is an unresearched topic, in theorizing higher rates of CSV amongst queer populations, several researchers have hypothesized that CSV may prompt people to engage with identity-questions (e.g. Anderson & Bloshnich, 2013).

Participants primarily reported hearing messages that CSV caused gay and lesbian identities, though three participants also implicated transgender and queer

people as well. As these messages often operate to invalidate or tarnish queerness, they are considered homophobic or transphobic.

This study did not assess mental health outcomes and merely inquired the impact of these messages, but based on Ryan et al. (2009) and Ryan et al. (2010)'s findings, it would seem that such homophobic and transphobic messages would impact the healing process following CSA. Participants indicated that these correlational messages created additional barriers for some participants in the process of self-acceptance, as well as prompted feelings of alienation, frustration and discouragement. It seems that these barriers would impact one's healing process and compound feelings of alienation, self-hate, discouragement and trauma related to CSV. Additionally, these negative messages are strongly rooted in early professional literature on LGB and transsexual people (e.g. Cameron & Cameron, 1995; Finch, 1967; Justice & Justice, 1979; Lothstein, 1983; Schwartz, 1988), as well as professional literature and cultural attitudes regarding sexual victimization more generally (Bolen, 2001; Olafson, 2002; Olafson et al., 1993; Whittier, 2009).

Notably, participants reported that family members who were accepting of queerness were also supportive of their healing process, and vice versa. It would seem that there is some correlation and impact between accepting queer identities and healing following CSV. This may be indicative that people who are willing to accept one stigmatized identity are more open to accepting multiple stigmatized identities.

Compounded feelings. For the most part participants did not report affects of double stigma – such as feeling shame associated with both queerness and CSV. This

may have been largely due to an oversight on my part to fully investigate this topic. However, there were instances of compounded feelings based on one's queer identity and CSV. Earlier literature has explored the affects of homophobia compounding trauma responses and found strong crossover between CSV and LGB identities (Balsam, 2003; Kutner, 2013; Meyer, 2003). Notably, two participants reported abusers told them homophobic messages blaming them for the abuse while they were abused, which participants' in Baker's 2003 study also reported. As participants noted, other social identities they hold may also compound barriers in their healing process.

Coming out. Previous literature identified CSA having a strong impact on the coming out process (Baker, 2003; Balsam & Morris, 2003; Gilgun & Reiser, 1990). In this study there were several associations between coming out and CSA that participants noted. Two participants who were sexually assaulted as teens noted that their coming out process overlapped with addressing CSV, and so were linked in their minds. Others noted that upon coming out to family or friends, they were met with accusations or suggestions that their queer identity was correlated with CSV. One participant waited to come out to his family until he felt strong enough to withstand them possibly correlating CSV with his queer identity. Additionally, the coming out process for two participants was negatively influenced by their mother's initial invalidating responses to CSV.

Hate crimes. While this study did not assess the actual sexual victimization that participants experienced, and therefore did not explore participants' understandings of the motivations or biases of the perpetrators, three participants indicated that anti-queer

biases may have motivated perpetrators. This study did not fully explore how perpetrators' biases impacted participants' healing processes. This would be a meaningful area for future research to explore. Given the cultural climate and significant rates of hate crimes against the LGBTQ population (Forge Forward, 2005; NCAVP, 2014; Woods, 2007) this study's findings do point to the appropriateness of assessing queer survivors' perception of perpetrators' motivation. Future research could consider integrated treatment approaches that engage client-survivors with larger anti-violence social movements.

Other social identities. As this study was too small to yield generalizable data, demographic data was not fully assessed. However, social identities are tremendously influential in shaping peoples' experiences, particularly regarding access or obstructions to resources. As participants' perspectives was the heart of this study, they were asked to reflect upon the influence of their other social identities on their healing process. Each participant noted how one or more of their social identities created barriers that affected their healing process. Religion was most identified as creating barriers for participants. Four participants identified religion as encouraging shame around their queer identity, and three correlated some family members' invalidating responses to sexual abuse with their religious beliefs. One participant implied the white and affluent culture he grew up in held heterosexist and homophobic standards that he had to navigate in his process of self-acceptance. Another noted that class and a lack of financial resources created barriers around accessing therapy.

Participants were not directly asked to reflect upon privileges associated with their social identities. Only one participant implied a benefit of his social identities, which was that the severity of CSA experienced was lesser than CSA occurring in communities with less privilege, resources and power than his.

Polyvictimization. Polyvictimization was not assessed in this study, however two participants noted that they experienced multiple forms of abuse or had multiple abusers. As Finkelhor et al. (2009) has affirmed, victimization is rarely confined to one form of abuse or one abuser.

Strengths of Study

The research design and inclusivity of queer people whose identities may be marginalized by the mainstream LGB movement. Though only including two transgender people's accounts, this is the only available study, published or unpublished, that includes transgender people's experiences on CSV. Second, the research design using interviews allowed for allow for a rich rendition of issues that queer survivors *may* face. When paired with empirical research about mental health concerns of queer survivors, this study can give insights into experiences of minority stress and double stigma that may influence mental health outcomes. The broadly-phrased research questions and exploratory nature of the study were effective in developing a study that touched upon multiple areas.

Both a strength and major limitation of this study was its approach towards addressing additional social identities of participants. Using quantitative measures alone to assess participants' demographic identities seemed reductive as it would be

without context. In lieu of a survey, the study attempted to contextualize demographic data by including a self-reflective demographic question to conclude the interview. The strength of this approach was the participants' briefly addressed the impact of other social identities following CSA. The limitation of this was that participants primarily focused on marginalized social identities and emphasized barriers. Few acknowledge identities associated with privilege or acknowledge the impact of privilege on their processes. Ultimately, as this study was concerned with queer identities, it did not emphasize enough other social identities to more fully explore the implications and influences of other social identities.

Limitations of Study

The limitations of this study were similar to other pertinent studies. First, due to the small sample size key findings are not representative of a larger population. Additionally, in terms of amount of data, this study fell short of its intended recruitment goal of 15-20 participants. During the recruitment phase I expanded the age range of participant criteria, region of recruitment and offered a financial incentive to entice participants. Despite these efforts only seven participants joined the study. Initially, the age range was limited to a period of ten years, which was intended to draw a sample representing a specific generation. However, once the age range was expanded it made little sense to set any limit on it.

The recruitment method may have limited participation of eligible people. The two primary recruitment methods consisted of distributing physical flyers in local stores, college settings, medical and mental health offices. The other primary method

was advertisements through queer and sexual victimization organizations' social media accounts. Either way, participation was limited to those who had access to these venues. In studies that employ social media to advertise it is commonly noted that participation is greatly impacted by people's access to computers. Yet, despite attempts to recruit via social media, in this study no participant was recruited via social media, each one saw a physical poster. Therefore the sample was limited to people who had access to venues where there were flyers.

The homogeneity of the sample, consisting of all white or Caucasian people, also limits the study's applicability. Attempts were made to outreach to queer people of color by contacting organizations for queer people of color. None of these organizations responded to my queries.

Finally, the self-identifying nature of participation introduced selection bias. Participants were likely both comfortable with the term queer and in identifying their sexual orientation and/or gender identity as being somewhere in the queer spectrum. The term queer likely dissuaded potential participants who find the term offensive or derogatory. Although queer was used with the intention of being more inclusive than the term LGBTQ, it likely still excluded a segment of the community. Additionally, acceptance of the term queer may vary based on one's cultural norms, which can be influenced by social identities like region, race, ethnicity, class and education. Potentially, in the Denver/Boulder area the term queer may be more accepted by white people than people of color, thereby dissuading another segment of the queer population from participating.

Additionally, data is reflective of a sample that felt comfortable and able to discuss sexual victimization. While not a requirement for participation, participants were strongly encouraged to feel comfortable discussing the potentially sensitive topic. This again may have dissuaded queer survivors who had not found a sense of resolution or ability to discuss CSV.

Although a major strength of this study was the inclusion of transgender people, it runs the risk of conflating gender identity with sexual orientation. More research would need to be conducted to explore the appropriateness of addressing both populations together, and to assess if there are issues particularly salient to one and not the other. Additionally, this research should also be inclusive of people who identify both their gender identity and sexual orientation as queer, or who identify simply as queer. Again, this issue was perhaps the most difficult to navigate over the course of research and writing.

In retrospective studies of CSV and other childhood traumas recall bias is commonly cited as a drawback of the study. It is possible that recall bias was influential in participants' accounts of their experiences.

Finally, the interview structure may have limited participant responses. While efforts were made to craft an interview of interrelated, but varied, topics, it seemed that there was great overlap between responses. An unstructured interview may have allowed for greater detail and discussion. On the other hand, the semi-structure approach meant that I asked every participant the 13 primary questions, but based on time constraints and concerns regarding redundancy, I did not pose every sub-question

to each participant. In the future, I would use an unstructured format with a checklist of topics to address over the course of an interview.

Another difficulty posed in the writing and reporting of data was around reflecting participants' preferences for labels. During the interview they were asked to define how they would like to refer to the victimization they experienced. While this was helpful in determining how to appropriately engage participants, it became difficult in writing the results. For instance, two participants were ambivalent in fully endorsing their experience as victimization, and during the interview preferred to use more neutral terms like, 'those sexual experiences.' (Though it should be noted that their experiences fit the definition of sexual abuse as stated by Higgins and Swain (2009) and of CSV used in this study.) However, for ease of readability in writing the study, I decided to employ the term CSV when referring to all participants. I reasoned that the recruitment materials were full of the terms sexual assault and abuse, and as participants had self-identified themselves for the study, on some level they were comfortable with the term sexual victimization.

Implications

These findings have implications for practice, research and policy. Perhaps the foremost implication is that there is a need for affirmative resources and interventions that appropriately address the queer population and not just the much-focused upon LGB population. Therefore, practice implications indicate the importance of culturally competence (or cultural humility). This study assists in developing cultural competence in several ways. First, it will provide clinicians with insight into potential situations that

queer survivors may encounter, such as the impact of CSV on the process of coming out. Second, clinicians may become better able to explore the internal worlds of client-survivors by considering the impact of internalized queerphobia, homophobia, heterosexism, transphobia and cisgenderism on the healing process following CSV. This research also indicates the need for a full assessment of clients' social identities and a curiosity as to how clients' perceive their concerns and strengths in the context of these aspects of themselves. These insights can assist clinicians in conceptualizing a thorough assessment, which should then be used to guide treatment planning. Furthermore, engaging with these topics may encourage clinicians explore and reconcile their own personal biases they may hold towards queer people and survivors of trauma.

Additionally, with regards to cultural humility, clinicians should exercise some prudence and avoid making assumptions about clients' experiences and needs based on their social identities. Notably in this study several participants emphasized that there was no difference in CVS between them and heterosexual/cisgender survivors. Such assertions should be engage with curiosity and respect, as anything else a client would say.

This study supports the creation and maintenance of survivor groups for queer people. Participants indicated an increased sense of comfort in discussing and sharing their history of CVS with other queer people and communities. Clinicians and agencies could work towards creating more spaces for queer survivors to engage with each other.

Considering the lack of print and online resources for queer survivors, there needs to be a storm of resources released to affirmatively engage this population. Resources should be age-appropriate and address populations from all developmental stages from childhood through older adulthood. Resources can include children's illustrated books, graphic novels, websites, videos, guidebooks on healing, pamphlets for sexual abuse and rape crisis centers – anything that will appeal to queer audiences.

Furthermore, this study supports the creation of resources for caretakers of queer youth survivors. Based on Ryan et al. (2009) and Ryan et al.'s (2010) studies, caretakers have a tremendous impact on the mental health outcomes of their children. It can only be presumed that this impact is at great, if not greater, for queer survivors. There are no current resources for this set of caretakers, though there are numerous general resources available on guiding and supporting children after CVS. Such resources for caretakers of queer survivors could provide psychoeducation about the formation of queer identities, so they can better address the myth of causation and not perpetuate it. Psychoeducation can include guidelines on how to affirmatively engage youth on questions of identity. Such resources could also instruct caretakers on how to be an advocate or ally for their child. Caretakers must be engaged in the healing process and must have guidance on how to be an affirmative and effective supporter.

For research, this study advocates for continued exploration into the experiences of queer people, particularly transgender people, with healing from CSV. Quantitative research has firmly established that rates of CSV are higher in the queer population, now it must turn its attention towards addressing the needs of queer survivors. As a

society, we already know that people considered different, non-conforming or unique are targeted with violence and pressures to conform to an idealized norm. We must turn our attention towards solutions, empowerment and healing.

Additionally, considering the impact of caretaker's behaviors on mental health outcomes with LGBT youth (Ryan, Huebner, Diaz & Sanchez, 2009; Ryan, Russel, Huebner, Diaz & Sanchez, 2010), further research could be conducted to demonstrate the impact of caretaker's accepting and non-accepting behavior on queer youth survivors. Anecdotal accounts indicate that this research provides caretakers with tangible evidence and strong incentives to consider the impact of their behavior on their children and work towards ensuring the best mental health outcomes for their child (Ryan, 2011).

Finally, this study indicates that participants were affected by societal messages of correlation, causation and victim-blaming. Social policy or community campaigns could be used to generate dialogue to counter these messages. For instance, the APA has issued a statement that LGB people's sexual orientation is not influenced by trauma and sexual abuse. A similar statement should be issued with regards to the transgender population. Much as common sense has been applied to show the falsehood of childhood trauma causing LGB identities, common sense should be applied to the notion of correlation between transgender identities and trauma. The APA can demonstrate greater acceptance and affirmation of transgender identities by issuing such a statement.

Conclusion

This research adds to a small, but growing body research reflecting upon the experiences of queer people, and is the first to engage transgender participants. While limited in scope, it creates insights applicable in developing affirmative and accepting policies, practice and research to assist queer people in addressing CSA.

The research question designed was to assess whether or not one's queer identity and sexual victimization interacted creating unique experiences for queer survivors. The principal findings suggest that indeed, the healing process of queer survivors is implicated by situations, stereotypes and messages that create an intersection between queer identities and CSV. It also suggests that queer survivors may develop certain resiliencies and access supportive, empathetic communities based on their queer identities.

The findings of this study suggest the need for future research, particularly research incorporating or addressing transgender survivors. It calls also for a larger-population based study focused on developing appropriate and affirmative interventions and resources for queer survivors, and research incorporative of multiple racial and ethnic identities.

In conclusion, the present research supports the creation of interventions and resources specifically developed for survivors of CSV to ensure that queer survivors are appropriately, affirmatively and effectively supported in addressing CSV.

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Appendix A: Informed Consent Form

Consent to Participate in a Research Study



SMITH COLLEGE

Smith College, Northampton, MA

.....

Title of Study: Experiences of adult queer survivors of sexual abuse/assault: Healing, identity and messages.

Investigator: Kathleen Salmon, Smith School for Social Work

.....

Introduction

- You are being asked to participate in a research study exploring the experiences of queer people with childhood/juvenile sexual abuse/assault, particularly messages they may have received about sexual abuse/assault.
- This study is in search of participants who identify as queer, questioning or any queer identity (e.g. lesbian, genderqueer, trans) and experienced sexual abuse/assault before age 18. If you do not meet these requirements you will be excluded from the study.
- No direct questions about your sexual abuse/assault will be asked. Questions will focus on your experience following the abuse/assault.
- Out of consideration for your own comfort, I request that you refrain from discussing the abuse you experienced. If you happen to begin to discuss the abuse you experienced, I will request that you stop. The interview will be ended if there is discussion of the abuse you experienced.
- Ideally, you will feel comfortable sharing your thoughts about this topic and have already found a sense of resolution regarding sexual abuse/assault.
- I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to explore queer participants' experiences following sexual abuse/assault to create future resources for queer teenagers following sexual abuse.
- This study makes no attempt to find correlation or causation between sexual abuse/assault and a queer identity.
- This study explores both the positive support and healing experiences for participants as well as troubling parts of the healing journey after sexual abuse/assault.

- Examples of topics in the interview include:
 - The impact of sexual abuse/assault on coming out and acceptance of queer identity.
 - Messages about a relationship between sexual abuse/assault and your queer identity that you may have received.
 - Your experience with mental health services or healing resources following sexual abuse/assault.
- This study is being conducted as a thesis requirement for my master's in social work degree.
- In addition, this research may be published or presented at professional conferences or scholarly journals. This research may also be published in resources (i.e. self-help guides, websites) for queer people who experienced sexual abuse/assault and their allies.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to complete approximately an hour-long interview with myself.

Risks/Discomforts of Being in this Study

- The study has the following risks: It may cause discomfort to reflect upon experiences following sexual abuse/assault. There is no way to determine the likelihood or level of discomfort you may experience. Discomfort may be related to your current feeling of resolution or healing following sexual abuse/assault.
- Participation is discouraged if you perceive the interview will be so uncomfortable that it will cause more harm than good.

Benefits of Being in the Study

- The benefits of participation are to have an opportunity to explore your personal experience and possibly develop new insights into your experiences. You may find a sense of relief or resolution in sharing your reflections and experience with a neutral interviewer.
- Participants may feel that they are directly participating in an act of social justice by contributing information that can be helpful for prosperity.

Confidentiality

- The records of this study will be kept strictly confidential. Research records, such as transcribed interviews and consent forms will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. Only I will have access to audio recordings of the interviews and they will be used strictly for research. Audio recordings will be transferred to a CD and stored in a separate locked box for three years, as per federal regulations. I will not include any identifying information in any report I may publish that would make it possible to identify you.

- The data will be kept for at least three years according to Federal regulations. They may be kept longer if still needed for research. After the three years, or whenever the data are no longer being used, all data will be destroyed.

Payments

- You will not receive any financial payment for your participation. However, for every participant, I will donate \$20 to the Colorado Anti-Violence Project (CAVP), a nonprofit working to end violence against queer people.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, or to withdraw completely at any point during the study. If you choose to withdraw, the researcher will not use any of your information collected for this study. You must notify the researcher of your decision to withdraw by email or phone by March 31. After that date, your information will be part of the thesis or final report.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Kathleen Salmon, at ----- or by telephone at -----. If you like, a summary of the results of the study will be sent to you. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at -----.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study researcher.

.....

Consent for Research Collection

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

.....

[if using audio or video recording, use next section for signatures:]

1. I agree to be audio taped for this interview:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

Appendix B: Resource Guide for Participants

Resources

For Colorado residents:

Colorado Anti-Violence Project (CAVP):

coavp.org/

Provides advocacy and programs for survivors of violence to support the healing and holistic well-being of those impacted by violence when individuals from the LGBTQ community are survivors of violence.

CAVP operates a 24-hour statewide hotline, which can be reached at:

Metro Denver/Boulder: 303.852.5094

Statewide Toll-free: 1.888.557.4441

* * *

Boulder

Moving to End Sexual Assault (MESA) 303.443.0400

www.movingtoendsexualassault.org

MESA's 24-Hour Hotline: 303-443-7300

A non-profit organization that provides counseling, referrals and programs for survivors of sexual assault.

Boulder Institute for Psychotherapy (BIPR): 303.442.4562

Bipr.org

Provides low-cost and sliding-scale individual and group therapy.

Counseling resources for current CU Boulder Students:

Office of Victim's Assistance (OVA): 303.492.8855

cuvictimassistance.com

Psychological Health, Wardenburg Medical Center: 303.492.5654

colorado.edu/healthcenter/services/php

Counseling & Psychology Services (CAPS): 303.492.6766

197olorado.edu/counseling/

* * *

Denver

CU Denver Student and Community Counseling Center: 303.556.4372

CU Denver Student and Community Counseling Center provides mental health counseling for all community members.

ucdenver.edu/life/services/counseling-center/Pages/default.aspx

Denver (cont'd.)**The Blue Bench** (formerly Rape Assistance and Awareness Program (RAPP))

Thebluebench.org

Denver's comprehensive sexual assault and prevention program providing counseling and programming for survivors of sexual assault.

The Blue Bench runs the following hotlines for survivors and victims of sexual assault:

24-hour English-speaking hotline: 303.322.7273

24-hour Spanish-speaking hotline: 303.329.0031

Deaf and Hard of Hearing hotline: 303.329.0023 (staffed M-F 9:00 AM to 5:00 PM)

Professional Psychology Center (PPC) 303.871.3626

du.edu/gspg/professional-psychology-center/

Provides low-cost psychological services to Denver community members.

For current CU Denver Students:**The Center for Advocacy, Prevention and Empowerment (CAPE):** 303.871.3853

CAPE supports survivor healing by providing advocacy and support for victims of sexual violence, stalking, sexual harassment and relationship violence. All services are confidential and free of charge.

Call the CAPE Hotline: 303.871.3456

* * *

Nationwide Resources**Anti-Violence Project:**AVP operates a free, bilingual (English/Spanish), 24-hour, 365-day-a-year crisis intervention hotline (**212.714.1141**) that is staffed by trained volunteers and our professional counselor/advocates to offer support to LGBTQH victims and survivors of any type of violence.**24-Hour Hotline: 212.714.1141****1 in 6****1in6.org**

Provides an online support chatting service and free online counseling.

"One in Six" is a national resource for male survivors of sexual assault. Their mission is to help men who have had unwanted or abusive sexual experiences in childhood live healthier, happier lives.

Please note: These referrals have not been fully vetted. I am not responsible for the actions or outcomes of any organization or therapist you may connect with. This list is not exhaustive and there are other organizations and individuals who may also be suited to assisting you.

Appendix C: Recruitment Flyer

Seeking queer adults for a study on sexual abuse/assault

This research study explores the experiences of queer people following childhood/juvenile sexual abuse/assault.

Student-researcher Kathleen Salmon is interested in learning about experiences that queer adults had following childhood or juvenile sexual abuse/assault. Essentially, this information will be helpful in creating queer-affirmative resources on healing after assault/abuse.

Would the study be a good fit for me?

This study might be a good fit for you if:

- Identify as queer, questioning or another queer identity (such as genderqueer, lesbian, transgender, bisexual)
- Were born between 1955 - 1994
- You feel comfortable sharing their thoughts about this topic and have already found a sense of resolution regarding sexual abuse/assault. Participation is discouraged if you believe the interview will cause an unmanageable amount of discomfort.

What would happen if I took part in the study?

- You would do an in-person interview lasting approximately one hour.
- This interview does not address actual event of abuse/assault, but focuses on related topics, such as beliefs and messages received regarding sexual abuse/assault and queer identities.
- Participants may choose to receive a \$20 gift card or have \$20 donated to the Colorado Anti-Violence Project, a non-profit supporting queer survivors of violence.

**To take part in this research study contact ksalmon@smith.edu;
or, check Twitter [#QueerResearch](https://twitter.com/QueerResearch) or
kathleensalmon.wix.com/queerresearch.**

This research is overseen by the Smith College School for Social Work Human Subjects Committee.



Twitter: [#QueerResearch](https://twitter.com/QueerResearch)
<http://kathleensalmon.wix.com/queerresearch>
email: ksalmon@smith.edu

Twitter: [#QueerResearch](https://twitter.com/QueerResearch)
<http://kathleensalmon.wix.com/queerresearch>
email: ksalmon@smith.edu

Twitter: [#QueerResearch](https://twitter.com/QueerResearch)
<http://kathleensalmon.wix.com/queerresearch>
email: ksalmon@smith.edu

Twitter: [#QueerResearch](https://twitter.com/QueerResearch)
<http://kathleensalmon.wix.com/queerresearch>
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<http://kathleensalmon.wix.com/queerresearch>
email: ksalmon@smith.edu

Twitter: [#QueerResearch](https://twitter.com/QueerResearch)
<http://kathleensalmon.wix.com/queerresearch>
email: ksalmon@smith.edu

Appendix D: Outreach Letter to Organizations

Greetings,

My name is Kathleen Salmon and I am a student at the Smith College School for Social Work. I am conducting research for my master's thesis on the experiences of queer adults with sexual abuse/assault. Ultimately, this research will be used to write queer-affirmative resources for the teen population.

I would greatly appreciate your help telling your members/clients about this study. If you feel comfortable, you may post the following messages on your social media accounts:

- For Twitter:
 - #QueerResearch seeks participants for study on sex abuse/assault; \$20 gift card OR donation to CAVP
- For Facebook/Newsletters:
 - Participants needed for a study on sexual abuse/assault. Ultimately, this research will be used to create queer-specific resources for the teen population. This study does not address the actual event of abuse/assault, but focuses on related topics such as beliefs and messages received regarding sexual abuse/assault and queer identities. Participants must have been born between 1960-1994; identify as queer, questioning or any queer identity (such as trans, lesbian, genderqueer, pansexual, gay); and, have experienced sexual abuse/assault before age 18. Participants are eligible to receive a \$20 gift card or have a donation made to the Colorado Anti-Violence Project (#queerliberation). Please follow Kathleen Salmon on Twitter #QueerResearch, check out her website at: kathleensalmon.wix.com/queerresearch or send an email to ----- for more information.

I am also mailing physical copies of my recruitment poster to your organization with the hope that you will be able to post them in your office.

Please feel free to contact me with any questions or concerns.

Thank you for your time.

Sincerely,
 Kathleen Salmon
 Smith College School for Social Work '14

Appendix E: Recruitment Website
<http://kathleensalmon.wix.com/queerresearch>

Kathleen Salmon

Smith School for Social Work

[Home](#) [Interview Info.](#) [Participant Criteria](#) [Resources](#) [Contact](#)



Hello,

thanks so much for
your interest in my
research!

Contact

Interview Info.

Participant Criteria

Hello, my name is Kathleen Salmon. I am a social work student at Smith College. I'm writing my masters' thesis on the experiences that queer* and questioning adults had following childhood or juvenile sexual



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affirmative resources that address concerns that queer youth might face following victimization, particularly concerns that cisgender or heterosexual people might not. I'm looking for participants, born between 1960-1994, to interview about their experiences.

Participation would involve one interview, approximately an hour long. Please check out my website to learn more about the process!

UPDATE: For ever participant I interview I will make a \$20 donation to the Colorado Anti-Violence Project (CAVP), a Denver-based non-profit advocating to end violence against queer people. OR, participants may also elect to receive a \$20 gift card to a business of their choice.

Thank you so much for your interest!

**For the purposes of this study, queer is used as an umbrella term including transgender and non-heterosexual sexual identities. One does not need to necessarily identify with the term 'queer' in order to participate in this study, but can identify with any transgender or non-heterosexual identity.*

The Process

The interview will take approximately one hour. We will meet in a mutually-agreed upon location, like a private room in a library or office. I am happy to talk with any potential participants about meeting out-of-state, but I cannot guarantee I will be able to accommodate out-of-state requests.

Interviews are being conducted now through mid-April.

Please take a look at the interview guide below. These are the main questions that would be asked of you. You would not have to answer every single question if you did not want to. If you feel that you would be comfortable answering the questions, please contact me to set up an interview.

This interview does not address actual event of abuse/assault, but focuses on related topics such as beliefs and messages received regarding sexual abuse/assault and queer identities.

Questions

1. In healing from sexual abuse/assault, tell me about who has been your biggest supporter or ally?
2. In your opinion, how do you believe your experiences following sexual abuse/assault may differ from cisgender or heterosexual persons?
3. How has your queer* identity impacted your sense of resiliency or strength following sexual abuse/assault?
4. What are the messages you have received about queer people and sexual abuse/assault?
5. How did messages you received about your queer identity impact your healing process following sexual abuse/assault? (e.g. from family, society, media, religion, peers, etc.)
6. Can you describe the role, if any, blame has played after your sexual abuse/assault?
7. In your experience, how have people responded when they learn you are queer and experienced sexual abuse/assault?
8. If at all, have you sought resources, such as books, websites, organizations or therapy, to assist you in healing from sexual abuse/assault?
9. If you could go back in time, what would you tell yourself following sexual abuse/assault?
10. What would you tell someone about talking or working with a queer survivor of sexual abuse/assault?
11. In this interview we have focused primarily on your queer identity. Is there anything you would like to add about other social identities you have, such as race, ethnicity, class or culture, as they may or may not have related to your experiences following sexual abuse/assault?
12. Is there anything you would like to add or wish I had asked about?

Participant Criteria.

To participate in this study you must:

- Identify as queer or any queer identity, such as genderqueer, lesbian, transgender
- Were born between 1960 - 1994
- Experienced sexual abuse/assault* before age 18
- Communicate in English/ASL proficiently
- Be willing to meet in person for the interview

*For the purpose of this study, sexual abuse/assault does not include sexual harassment, verbal or emotional abuse. It does include non-physical forms of abuse, such as watching or being used in pornography.



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Contact
ksalmon@smith.edu



Follow me



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Resources.

These organizations provide services for victims and survivors of violence. This list focuses on Colorado-based organizations. There are many, many more than listed here.



Boulder, CO

Moving to End Sexual Assault (MESA)

303.443.0400

MESA's 24-Hour Hotline: 303-443-7300

A non-profit organization that provides counseling, referrals and programs for survivors of sexual assault.

Boulder Institute for Psychotherapy (BIPR)

303.443.4563



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Counseling resources for current CU Boulder Students

Office of Victim's Assistance (OVA)

303.492.8855

Psychological Health, Wardenburg Medical Center

303.492.5654

PHP offers individual, couples and group counseling. Services are included in the GOLD plan or can be paid for with insurance or out-of-pocket.

Counseling & Psychology Services (CAPS)

303.492.676

CAPS offers 6 free sessions of individual counseling to all CU-Boulder students

Denver, CO

Colorado Anti-Violence Project (CAVP)

Provides advocacy and programs for survivors of violence to support the healing and holistic well-being of those impacted by violence when individuals from the LGBTQ community are survivors of violence.

CAVP's 24-hour statewide hotline

Metro Denver/Boulder: 303.852.5094

Statewide Toll-free: 1.888.557.4441

CU Denver Student and Community Counseling Center

303.556.4372

CU Denver Student and Community Counseling Center provides mental health counseling.

The Blue Bench

(formerly Rape Assistance and Awareness Program (RAPP))

Denver's comprehensive sexual assault and prevention program providing counseling and programming for survivors of sexual assault.

The Blue Bench runs the following hotlines for survivors and victims of sexual assault:

24-hour English-speaking hotline: 303.322.7273

24-hour Spanish-speaking hotline: 303.329.0031

Deaf and Hard of Hearing hotline: 303.329.0023 (staffed M-F 9:00 AM to 5:00 PM)

Professional Psychology Center (PPC)

303.871.3626

Provides low-cost psychological services to Denver community members.

Gay Men Denver Coaching, Counseling & Psychotherapy

303.500.0926

gaymendenver.com

For current CU Denver Students:

The Center for Advocacy, Prevention and Empowerment (CAPE)

303.871.3853

CAPE supports survivor healing by providing advocacy and support for victims of sexual violence, stalking, sexual harassment and relationship violence. All services are confidential and free of charge.

CAPE Hotline: 303.871.3456

Nationwide Resources

Anti-Violence Project

AVP operates a free, bilingual (English/Spanish), 24-hour, 365-day-a-year crisis intervention hotline that is staffed by trained volunteers and professional counselor/advocates to offer support to LGBTQH victims and survivors of any type of violence.

24-Hour Hotline: 212.714.1141

1 in 6

Provides an online support chatting service and free online counseling.

"One in Six" is a national resource for male survivors of sexual assault. Their mission is to help men who have had unwanted or abusive sexual experiences in childhood live healthier, happier lives.

Kathleen Salmon

Smith School for Social Work

[Home](#) [Interview Info.](#) [Participant Criteria](#) [Resources](#) [Contact](#)

CONTACT



Email ksalmon@smith.edu



Looking forward to answering your email

Name

Email

Phone

Subject

Message

send

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Contact
ksalmon@smith.edu



Follow me



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Appendix F: Twitter Website

<https://twitter.com/QueerResearch>

Home @ Connect # Discover Me

Search

Tweets

Following

Followers

Favorites

Lists

Who to follow · Refresh · View all

Centura Health @CenturaHealth
Followed by Blue Sky Bridge
Follow Promoted

The Onion @TheOnion
Follow

1in6 @1in6org
Follow

Popular accounts · Find friends

Trends · Change

#BelMoved Promoted

#iwantajakemillerhoodie

#coleg

#copolitics

#SDvsDEN

Steve Smith

#FilmPrequels

Marques Colston

Zayn Malik

Vernon Wells

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Jobs Advertise Media Developers

Kathleen Salmon @QueerResearch
@QueerResearch seeks participants for study on sex abuse/assault; \$15 donation to @queerliberation per participant
kathleensalmon.wix.com/queerresearch
Expand Reply Delete Favorite More

Kathleen Salmon @QueerResearch
kathleensalmon.wix.com/queerresearch
Expand Reply Delete Favorite More

Kathleen Salmon @QueerResearch
Check out my @Wix site kathleensalmon.wix.com/queerresearch for more information about participation
Expand Reply Delete Favorite More

3 TWEETS 7 FOLLOWING 0 FOLLOWERS Edit profile

Tweets

Appendix G: Interview Guide

Demographics

1. Age:
2. How do you describe or define your sexual orientation?
3. How do you describe or define your gender identity?
4. Do you identify as queer for a reason besides gender identity or sexual orientation?
5. What is your race and ethnicity?

Interview Guide

1. In healing from sexual abuse/assault, tell me about who has been your biggest supporter or ally?
 - a. Have they also been supportive of your queer identity?
 - b. How has your family responded to the sexual abuse/assault you experienced?
 - c. How has your family responded to your queer identity?
2. In your opinion, how do you believe your experiences following sexual abuse/assault may differ from cisgender or heterosexual persons?
3. How has your queer identity impacted your sense of resiliency or strength following sexual abuse/assault?
4. What are the messages you have received about queer people and sexual abuse/assault?
 - a. Where did the messages come from?
 - b. How did they impact your thoughts and feelings?
 - c. What message was the most powerful?
 - d. If at all, how did messages about sexual abuse/assault relate to your acceptance of and/or your queer identity?
 - e. Have you ever constructed your own idea about a relationship between sexual abuse/assault and your queer identity?
5. How did messages you received about your queer identity impact your healing process following sexual abuse/assault? (e.g. from family, society, media, religion, peers, etc.)
 - What are some of the most powerful negative messages you have received about queer identities? What is the source of these messages?
 - What are some of the most powerful positive messages you have received about queer identities? What is the source of these messages?

6. Can you describe the role, if any, blame has played after your sexual abuse/assault?
 - Who or what did you blame? Who or what did others blame?
 - How has blame impacted your healing process?
 - How has that impacted your relationship or your feelings towards your queer identity?
 - Has anyone ever suggested that you were targeted or deserved abuse/assault due to your queer identity?
7. Has sexual abuse/assault impacted your process of coming out? Does it still?
 - a. Have you accessed different queer communities or spoken to people that you might not otherwise if you had not experienced sexual abuse/assault?
8. In your experience, how have people responded when they learn you are queer and experienced sexual abuse/assault?
 - a. In your opinion, has anyone ever said anything to you that they might not have said to someone who is not queer?
 - b. Have people asked about the gender identity or sexual orientation of the perpetrator of sexual abuse/assault?
 - c. Has anyone been dismissive of the severity of SV you experienced?
 - d. Has anyone not believed that the abuse/assault you experienced was non-consensual?
 - e. How do you feel before you tell someone about the SV you experienced and your queer identity? Do you limit who you tell about your history of SV?
9. If at all, have you sought resources, such as books, websites, organizations or therapy to assist you in healing from sexual abuse/assault?
 - a. Have you ever found a resource that was queer-positive that addressed sexual abuse/assault?
 - b. What resources did you find most helpful?
10. If you could go back in time, what would you tell yourself following sexual abuse/assault?
 - a. Did anyone ever tell you that?
 - b. Where did you hear that from first?
 - c. What inspires you to say that?
11. What would you tell someone about talking or working with a queer survivor of sexual abuse/assault?
12. In this interview we have focused primarily on your queer identity. Is there anything you would like to add about other social identities you have, such as

race, ethnicity, class or culture, as they may or may not have related to sexual abuse/assault?

13. Is there anything you would like to add or wish I had asked about?

Appendix H: HSR Approval Letters



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

January 28, 2014

Kathleen Salmon

Dear Kathleen,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Kate Didden, Research Advisor



School for Social Work

Smith College

Northampton, Massachusetts 01063

T (413) 585-7950 F (413) 585-7994

February 11, 2014

Kathleen Salmon

Dear Kathleen,

I have reviewed your amendments and they look fine. These amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.

Co-Chair, Human Subjects Review Committee

CC: Kate Didden, Research Advisor



School for Social Work

Smith College

Northampton, Massachusetts 01063

T (413) 585-7950 F (413) 585-7994

March 11, 2014

Kathleen Salmon

Dear Kathleen,

I have reviewed your amendment and it looks fine. The amendment to your study is therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten', written in a cursive style.

Elaine Kersten, Ed.D.

Co-Chair, Human Subjects Review Committee

CC: Kate Didden, Research Advisor

Appendix I: Key to Participant Demographics

Participant	Sexual Orientation	Gender Identity	Other reasons identify as queer?	Age	Preferred Term	Race/Ethnicity
1	“For lack of a better word, bisexual”	Female gender	No	19	Sexual assault	White, Caucasian, Non-Hispanic
2	Does not use labels for sexual orientation. Initially came out as bisexual.	Female	No	18	Sexual experiences	White
3	Queer	Trans	No	47	Sexual abuse	White, Caucasian
4	Pansexual-curious	Female transgender	No	49	Sexual abuse	White, Caucasian
5	Bisexual	Cisgender female	No	38	Sexual abuse	Caucasian, English, European
6	Bisexual	Male	No	55	Sexual experiences	White
7	Queer	Female or woman	Yes – political reasons	34	Sexual assault	White