

---

Theses, Dissertations, and Projects

---

2009

## Childhood sexual abuse and lesbian coming out process

Amy Kirsztajn  
*Smith College*

Follow this and additional works at: <https://scholarworks.smith.edu/theses>



Part of the [Social and Behavioral Sciences Commons](#)

---

### Recommended Citation

Kirsztajn, Amy, "Childhood sexual abuse and lesbian coming out process" (2009). Masters Thesis, Smith College, Northampton, MA.

<https://scholarworks.smith.edu/theses/1210>

This Masters Thesis has been accepted for inclusion in Theses, Dissertations, and Projects by an authorized administrator of Smith ScholarWorks. For more information, please contact [scholarworks@smith.edu](mailto:scholarworks@smith.edu).

Amy Kirsztajn  
Childhood Sexual  
Abuse and the  
Lesbian Coming Out  
Process

### ABSTRACT

This study sought to look at whether being sexually abused during childhood has an affect on the coming out process for lesbian women. Using Morris' (1997) model of coming out as a reference, themes of trust around coming out, timing of homosexual self-awareness and the double stigma of being abused and identifying as a lesbian were explored. This qualitative study involved 7 semi-structured interviews of women who were over the age of 25, had been sexually abused before the age of 15 and currently identify as lesbian. Due to the lack of time and sensitive subject matter the small sample of women lacked cultural and ethnic diversity.

The major findings were that all of the women found that their abuse experiences during childhood largely affected their coming out process. Participants discussed their reluctance to recognize their homosexual feelings because of the fear that this attraction would be attributed to the abuse. For this reason most of the women acknowledged not feeling comfortable coming out until their mid-30s. Additionally, findings were consistent with sexual abuse studies in that all of the participants felt that their abuse experiences affected their sense of trust. This factor hindered and postponed both their

lesbian self-awareness and their coming out with family and close friends. Finally, all of the women identified therapy as playing a key role in their coming out process.

Implications for future social work practice and further research are considered and presented.

# CHILDHOOD SEXUAL ABUSE AND THE LESBIAN COMING OUT PROCESS

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

Amy Kirsztajn  
Smith College School for Social Work  
Northampton, Massachusetts 01063  
2009

## ACKNOWLEDGEMENTS

This thesis is dedicated to the seven women who shared their stories with me. I will always remember your strength and resiliency. This project would be nothing without you.

The past 26 months have been filled with a sort of craziness that is inexplicable and at times unimaginable. I could not have gotten through it without the love and support of friends and family. Thanks especially to Nan for all your edits and support on this and on most everything in life and to Panko-we're so much stronger than 3000 miles...te quiero el mas.

Thanks also to: Mom-for being my toughest critic and biggest supporter, Pops-for being my Friday night date and partner in crime, DKNY- for loving without question and to Gram-for being such a strong female role model.

Special thanks also to my Smith ladies and my pseudo-supervisor Joan Rosenson for all the help and support that you gave me throughout the year. Finally many thanks to my thesis advisor Carla Naumburg for all your thoughts and all your time.

## TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	ii
TABLE OF CONTENTS.....	iii
CHAPTER	
I INTRODUCTION.....	4
II LITERATURE REVIEW.....	6
III METHODOLOGY.....	25
IV FINDINGS.....	31
V DISCUSSION.....	42
REFERENCES.....	59
APPENDICES	
Appendix A: The Human Subjects Review Committee Letter.....	68
Appendix B: Participant Consent Form.....	69
Appendix C: Interview Guide.....	72
Appendix D: List of Psychotherapy Resources Provided for the Participants.....	75
Appendix E: Waiver from South Shore Mental Health.....	76
Appendix F: Recruitment Flyer.....	77

## CHAPTER I

### INTRODUCTION

“You may trod me, in the very dirt,  
but still, like dust,  
I’ll rise”- Maya Angelou (1978)

Over the past twenty years, there has been a great increase in the research concentrating on childhood sexual abuse. As a result there exists a considerable amount of literature indicating that this type of abuse exists in all cultures, races, and socio-economic classes. Historically, much of this research on sexual abuse has focused on examining and understanding the specific and long-lasting effects that the abuse can have on an individual’s life (Kilgore, 1988). The research, however, that has looked at the effects of childhood sexual abuse has been mainly heteronormative, neglecting to look at a survivors’ sexual orientation (Balsam & Morris, 2003). Most sexual abuse studies include women with alternative sexual lifestyles (e.g., engaging in sexual acts at an early age, not using protection while having intercourse & having more than one sexual relationship at a time) but very few have addressed the differential effects of abuse specifically on lesbian women (Balsam & Morris, 2003).

Additionally, a woman’s coming out is often described as one of the most stressful processes in identity development (Troiden & Goode, 1989). Lesbians often don’t share the same sexual orientation as their family of origin and lesbianism is not necessarily a visible characteristic (Morris, 2003). The process of understanding one’s lesbian identity and then revealing it to others is unique and personal for each woman. This being said, it is necessary to recognize existing factors that might affect this process.

A history of childhood sexual abuse may be one of these factors (Robohm, Litzenberger, & Pearlman, 2003).

There are a number of different coming out theories that attempt to explicate and generalize the stages that make up this process. This study uses Morris' (2003) coming out model which is developmental in nature and was specifically formulated for a lesbian population. Using this model as a base, this project is designed to understand how a history of childhood sexual abuse may affect the coming out process for a lesbian identifying woman.

This exploratory study consisted of semi-structured interviews with seven women survivors who identify as lesbian. The following themes were identified from these interviews: 1) The age and process of coming out to oneself; 2) The double stigma felt by being a survivor of abuse and having a lesbian sexual identity; 3) How the abuse experience has affected a sense of trust in each participant; 4) How each participant has come to understand the relationship between her coming out as a lesbian and the abuse; 5) The influence of the abuse on a participant's sexual behavior and 6) How therapy has impacted their understanding of the influence of CSA on their coming out process.

The author sought to address the paucity of research on this topic and to contribute to the social work field by expanding awareness about the possible influence of CSA (childhood sexual abuse) on a lesbian woman's coming out process. This study provided a space for seven women to recount their experiences. The author hopes that these women's stories will contribute to an under-explored field of knowledge. The goal of this study is to advance the knowledge base so that treatment for this population will be more effective and responsive.



## CHAPTER II

### LITERATURE REVIEW

A review of recent literature shows that there have been numerous studies done on both the short and long-term cognitive, psychological, emotional behavioral and physical sequelae of adult survivors of childhood sexual abuse (Kuyken, 1995). In addition, there is a strong focus on the impact that CSA can have on interpersonal relationships and adult sexual functioning that underscores the detrimental influence of abuse (Kilgore, 1988). However, few of the studies have specifically addressed the relationship between a survivor's sexual abuse history during childhood and her process of revealing her sexual orientation as a lesbian (Brown, 2003).

This literature review is divided into four main sections. First, the term childhood sexual abuse (CSA) will be reviewed and a thorough and precise definition will be established for the use of this study. Second, the potential effects of CSA on an individual will be discussed. Thirdly, the literature review will focus on theories of the coming out process, and will outline a specific model which will be used for this study. Lastly, the review will delineate how experiencing sexual abuse as a child might affect the coming out process for lesbian identifying women.

#### *Childhood Sexual Abuse*

In the last decade there has been an increase in attention paid to the prevalence of CSA (Duncan, 2004). In 2003 the National Institute of Justice reported that one in four girls is sexually abused before the age of 18 (Childhood Sexual Abuse: Stop it Now!, 2005). The report goes on to say, however, that this number is an approximation due to

the fact that 30% of all children and young adults don't ever disclose their abuse to anyone until adulthood. These numbers are significantly higher than those done by the National Center for Child Abuse and Neglect (1988). Despite this improvement in awareness there does not exist a specific definition for CSA that is widely used. Most of the literature read for this study defined key terms differently. This lack of a commonly accepted definition affects research, treatment and advocacy efforts (Haugaard, 2000). Additionally, not having a uniform definition may lead a survivor to question whether or not her experience was actually a form of sexual abuse. Ultimately, the lack of a consistent definition has led to problems with underreporting, societal attitudes and survivors' feelings around disclosing the abuse.

In studies on CSA, researchers have raised questions about how the term abuse is assessed and defined (Banyard & Williams, 1997). Haugaard (2000) discusses the process of creating a definition, stating that although each word in the term *child sexual abuse* has been operationalized in specific ways by researchers, law makers and mental health clinicians, there is no general consensus on what makes up CSA. Although there is common agreement that certain acts, such as a parent having intercourse with a 10 year-old child, fall within the category, other behaviors such as a parent appearing nude in front of this same child are less clear (Duncan, 2004). Consequently because there is no generally accepted definition for the term, it is difficult to assess what behavior can be categorized as CSA.

The lack of a uniform definition contributes to the high rate of underreporting by survivors of CSA (Haugaard, 2000). Statistics on sexual abuse are biased by underreporting even more so than other forms of abuse. Underreporting is due to many

factors. However specifically with sexual abuse, underreporting has been shown to be highly related to the victims' fears, embarrassment, shame, and feelings of discomfort and mistrust about the official(s) to whom an assault is reported (Finkelhor et al., 1986). Estimates on the frequency of childhood sexual abuse vary widely and conservative measurements suggest that only one out of five instances of child sexual abuse are actually reported to legal authorities (Duncan, 2004).

Cultural and societal attitudes also have a strong influence on the rate of underreporting. Race and ethnicity are key variables in looking at the rates of women who report or discuss their abuse (Duncan, 2004). According to Mennen (1995), "a child's race/ethnicity may influence the way the experience of sexual abuse is processed, the meaning of the abuse to the survivor, and the severity and kinds of symptoms that develop" (p. 115). A study that looked at psychological distress and depression following CSA in a group of Hispanic and African-American girls (Phillips-Sanders et al., 1995) found that depressive feelings were related to ethnicity. The Hispanic participants reported greater "psychological functioning" or less depression (p. 700) than the African American girls. The authors in this study hypothesized that "social undermining" (of the sexual abuse experience) in the Latino culture may be one explanation for these results.

In contrast to this, another study of sexually abused young women found the reverse to be true. African American participants expressed feeling greater psychological distress, feelings of depression and lack of self-worth (Andres-Hyman et al., 2004) when compared to a sample of Hispanic and Caucasian survivors. The inconsistency in the results of these studies show the difficulty in making a correlation between sexual abuse

experience and ethnicity. Nevertheless, it is critical to take into account these factors when looking at effects of CSA on different sample groups of women survivors.

Current federal law, as specified in the Child Abuse Prevention and Treatment Act (U.S. Children's Bureau, 2008) defines childhood sexual abuse as:

the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, molestation, prostitution, or other form of sexual exploitation of children or incest with a child. (p. 53)

Although this definition clearly describes the action that occurs in CSA it does not take into account the age, gender, race, and sexual identity of either the survivor or the perpetrator.

Due to the immense amount of literature on CSA (e.g., Duncan, 2004; Finkelhor et al., 1986) and the large number of alternative definitions, it is hard to pinpoint exactly which is most applicable for this study. For the purpose of this project CSA will be defined as it is outlined in a study of lesbian women sexual abuse survivors by Robohm et al. (2003). This definition is appropriate and applicable in that the research and population that Robohm et al. used is similar to that for the proposed study. Childhood will be defined by the survivor being under the age of 15 when the abuse first occurred and the perpetrator being at least five years older. Sexual abuse will be classified as the survivor feeling forced or encouraged to engage in any type of physical contact that involves either or both participant's sexual organs one or more times.

### *Effects of Childhood Sexual Abuse*

The trauma of CSA can manifest in a variety of ways (Finkelhor et al., 1986; Kuyken, 1995; O'Donahue & Greer, 1992). Some survivors of CSA may experience more short term effects that occur in the years following the abuse period but decrease as the survivor becomes an adult. Several of these are physical effects of the trauma such as regressive behaviors, sleep disturbances and eating issues. Childhood sexual abuse can also impact the victims socially and behaviorally. Many children experience difficulties at school and in their relationships with peers in addition to having behavioral problems at home with their parents (Kuyken, 1995). Often times these issues may lead the child to isolate from her environment and have little interest in participating in age appropriate activities (APA, 2001).

Other survivors of CSA may demonstrate more long-term symptoms lasting into adulthood. These include physical symptoms such as: sleep disorders, isolation, acting out by being physically or sexually aggressive, and engaging in other self-destructive behaviors (O'Donahue & Geer, 1992). In addition, other frequent and more emotional effects include depression, anxiety, self-blame, as well as harboring feelings of fear or guilt in regards to the perpetrator and the abuse (APA, 2001; National Center for Child Abuse and Neglect, 1996). Certain survivors of CSA will not display any symptoms for extended periods of time, even lasting into adulthood. These are referred to as "sleeper effects" (APA, 2001).

As noted by the APA, poor self-esteem, depression, anxiety and eating disorders are some of the most common effects of CSA. Depression and in some cases suicidal ideation is the most commonly reported symptom by adult survivors of CSA (APA,

2001). In the case of female victims, depression and anxiety are often experienced simultaneously (Finkelhor et al., 1986; Kuyken, 1995; O'Donahue & Geer, 1992). Eating disorders, especially purging (bulimia), are also commonly found in CSA survivors and are thought to be linked to increased poor self-esteem throughout adulthood (Kuyken, 1995). As with many who experience emotional pain, some survivors attempt to self-medicate to suppress intolerable memories or feelings, which may lead to substance abuse (Davies, 2004).

#### *Effects on Sexual Identity Development*

The long term effects of abuse on heterosexual development are somewhat similar to that on homosexual development (Duncan, 2004). As a result of CSA both groups may suffer from issues with trust and protection. Additionally, women who have been victimized can have difficulties with their boundaries by being sexually promiscuous to the point of danger. Some survivors also feel confused and conflicted about what happened, leading them to have sexual relations with men, women or both (Duncan, 2004). They may also fear sexual intimacy or engage in sexual promiscuity (Finkelhor, & Brown, 1985).

However, there are issues that are particular to lesbian identity development. One such issue is that of self-disclosure. Butke (1995) suggests that lesbians who are engaging in the coming out process regard their sexual orientation as a constantly developing idea. In their study, "Trauma, stress and resilience among sexual minority women," Robohm et al., (2003) found that a few of the participants reported that their abuse experience had affected their lesbian sexuality in a "positive way" (p. 42). These women disclosed that their CSA experience forced them into the "sexual world" (p. 42)

at an earlier age thus increasing the awareness that their sexuality might be “different” (p. 42) than that of their peers. They felt that perhaps the process that led to self-awareness of their lesbian sexuality was advanced by their CSA experience with men.

Alternatively, there is research (e.g., Hall, 1999; Robohm et al., 2003) showing that experiencing CSA can promote deliberate sexual promiscuity with men in an effort to hide an individual’s sexual feelings toward women. Some women report purposely trying to get pregnant or having multiple male sexual partners at an early age (Dempsey, 1994) so that they could suppress any “different” (p. 163) feelings that they were experiencing. Additionally, the experience of CSA led some women to feel that they had no power or choice regarding sexual partners. These women identified feeling a loss of control over their behaviors which resulted in some individuals completely dismissing the sexual feelings that they were having towards other women (Robohm et al., 2003).

The occurrence of sexual abuse during childhood could also lead a woman to distrust all men (Dempsey, 1994). Some women state that their CSA experience has damaged their capacity to trust men or be involved romantically and sexually with them. They identify as being “afraid of penetration, the male sex drive and male sexuality on a whole” (Robohm et al., 2003). Thus for these specific women their CSA experience left them feeling unable to have a healthy sexual relationship with a man.

The experience of CSA has also been noted to have an effect on interpersonal relationships in women. In a qualitative study, Hall (1999) looked at the sexual and relationship experiences of a small sample of lesbian CSA survivors and found that almost all the women experienced difficulties in their adult sexual relationships. Some of the issues that the women expressed were around discomfort in communicating their

abuse to their sexual partners (Hall, 1999). Because being a victim of CSA can cause a woman to have issues with trust (Finkelhor et al., 1986), lesbian CSA survivors may have greater difficulty sharing their lesbian sexual identity with others (Robohm et al., 2003). Additionally, the societal stigma that is often associated with a lesbian identity (Balsam & Morris, 2003) could further inhibit a woman from feeling comfortable in revealing either the abuse or her sexual identity. Since self-disclosure can be a key part of a woman's healing process, it is important that lesbians identify a safe way to disclose two hidden identities.

### *Coming Out Process*

The experience of coming out is often described as one of the most stressful processes in identity development. Individuals who come out must do so in a society that commonly denies, devalues, and ignores homosexuality. Additionally, coming out has been directly associated with an increased risk of losing important psychological, social, and material resources, while simultaneously increasing one's risk of discrimination, oppression, and violence (Troiden & Goode, 1989).

Early research on homosexual development by Cronin et al (1974), Dank (1971) and Hooker (1967) suggested that coming out was merely a single step in the process of an individual self identifying as a homosexual. Cronin and colleagues speculated that upon realizing one's sexual orientation, individuals can "come out" (Rust, 2005). This model proposed that only the realization of an individual's sexual orientation was needed for a person to feel comfortable coming out.

In a study on disclosure of lesbian identity, Harry (1993) found that being out for a homosexual individual was associated with a number of different life variables. He



found that, “being out was negatively associated with income so that those with larger incomes were less likely to be out” (p. 38). Being out was also significantly related to a women’s occupation and to her age. Women who were in the 25-29 age group were most likely to be out and those in the 50 and over age group were least likely to be out. Additionally, being out was linked with having more gay and lesbian friends. Harry concludes from these findings that being out to others is strongly linked with the circumstances in which a person lives.

In 1979, Vivianne Cass developed the first stage model of homosexual identity formation and transformed researchers’ thinking around the idea of coming out (Morris, 1997). Her model is developmental and establishes that individuals question their heterosexual identity development and experience “discernment” before they are able to achieve a positive identity as a lesbian or gay person. Cass (1984) felt that movement through stages occurs through a process of “resolving identity incongruity” (p. 142) between one’s self, one’s behavior and other people’s views. Cass believed that if the individual is able to successfully resolve this incongruity then she is able to move to the next stage in the coming out process. If this resolve does not occur then “identity foreclosure in which the individual chooses not to proceed any further in the development of a homosexual identity” may occur (Cass, 1984, p. 150).

The model is comprised of six linear stages and is the basis of many modern theories of lesbian and gay identity development. Cass enumerates stages that help describe a process of movement from identity confusion to identity synthesis. The process involves seeking both increasing commitment and contact with the gay and lesbian community (Cass, 1979; Cass, 1984). Cass formulated this theory assuming that

an individual's capacity for behavior change and stability is rooted in their interactions with self and society. She postulated that individuals seek to create congruency between their self perceptions and those of society, which leads to developmental growth.

The first stage of Cass's model is identity confusion, during which there is inner turmoil between lesbian or gay sexuality and what has been considered as "normal sexuality" (1984). Stage two is identity comparison and is experienced when individuals have feelings of difference and isolation. Stage three is identity tolerance, which is when an individual moves from, "I may be gay," to "I probably am gay." During this stage an individual may seek out others that have identified as being homosexual in order to decrease the feelings of isolation and alienation. The fourth stage, identity acceptance, is where the "incongruity" between an individual's previous sexual identity and current homosexual identity is resolved. An individual begins to actively engage in "gay subculture" and feels comfortable with the statement "I am homosexual." Stage five, identity pride, is where the individual has nearly complete acceptance of her lesbian identity. During this stage, feelings of anger at the oppression and rejection felt by homosexuals is expressed. Additionally, some individuals have feelings of resentment toward their heterosexual friends and family. These feelings of anger dissipate during stage six, identity synthesis, which is the last stage. In the course of this stage public and personal sexual identity become fully integrated and homosexuality becomes less of an individual's sole identity and more a part of one's whole identity (Cass, 1979, 1984).

Although Cass' model has been widely used and studied there is significant criticism of its linear format and its suggestion that individuals go through the stages one at a time and consecutively (Morris, 1997). Additionally, one of the most common

criticisms of coming out models, including Cass' (Morris, 1997) is that they are Eurocentric and biased towards the male process. Several authors (e.g., Brown, 2003; MacDonald, 1982) have noted that these models are based only on the experiences of Caucasian men. It is questionable if these models are relevant and can be applied to the identity development process for lesbian women as well. There is evidence that lesbians are more likely to focus on romantic feelings or emotional connections with other women in their coming out process (Morris, 1997). Additionally, they tend to reach developmental milestones later than men (Troiden & Goode, 1989). This suggests that although there may exist some similarities in the coming out processes for men and women (Brown, 2003) models that were created specifically for gay men should not be used to explain the process for lesbians.

Historically, stage theories and empirical research have considered coming out as a homogenous process. Although some research (e.g., Rust, 2005; Morris, 1997) has acknowledged that individuals may have different processes, there has been very little research that takes diversity in factors such as race, religion, class and education into account (Morris, 1997). Reasons for the lack of diversity might be that many of the past studies done on lesbian populations are often small in size (e.g., Seidler, 2000) or done with a predominantly white, educated sample (e.g., Albro & Tully, 1979).

Race and ethnicity, however, are particularly important variables in the process of coming out as a lesbian. Coming out and being out may mean something different to women of color than it does to white woman. Studies show that the process of coming out for women of color involves having to choose between their racial and sexual identities during their daily interactions which is not a part of a white women's process

(Greene, 1994). The stress of coming out may be particularly intense for members of minority groups because of the, “strong sense of conflicting loyalties to two communities where they are marginalized in each community and are required to conceal important aspects of their identities in order to survive in each” (Greene, 1994, p. 247).

Additionally, The National Lesbian Health Care Survey (Bradford & Ryan, 1994) found that white women had disclosed their lesbian identity to a larger percentage of people, in general, than women of color (Morris, 1997). Although there is a growing awareness of the importance of studying the differential aspects of coming out for women of color there is still a strong need for studies that prioritize ethnically diverse sample groups. The consideration of factors such as race, ethnicity, socio-economic status, education and geographic location is critical when studying the lesbian coming out process (Morris, 1997).

Another critique of existing coming out models is the fact that they rely on linear approaches to describe a complex process. Cass’ model (1979) proposed that “positive mental health” (p. 224) is achieved when an individual successfully completes each stage in the order from one to six. For many women this linear organization is both an inflexible and unrealistic portrayal of a process that is quite complicated (Morris, 1997). Many theorists maintain that linear models should be used as a guideline rather than as a rule, as individuals often skip stages or experience them in different developmental sequences (Cass, 1984; Troiden & Goode, 1989).

Considering the validity of these criticisms and the fact that each person is unique, it is impossible to generalize the coming out process for all lesbian women. Taking into account this factor and using Cass’ theory as a model, Jessica Morris (1997) developed a

multidimensional coming out model that attempts to take into account an individual's differences. The model considers factors such as age, race, ethnicity and education which may shape a woman's coming out process (Morris, 1997). In addition, her model is both empirically based and one of the more recent ones developed. Unlike other models (e.g., Cronin, 1974, & Dank, 1971) Morris' model was formed specifically for a lesbian population. This differs from the majority of other theories that were either formed for gay men or for the general homosexual population (Morris, 1997).

Morris (1997) proposed her model in response to existing theories in order to address the discrepancy of these theories and the true complexity of the coming out process. Her model outlines four dimensions that describe the process but stress that the order they fall or timing in which they occur is not important. Morris' first dimension is the process of "sexual identity formation," or a woman's self awareness of her lesbian identity. Sexuality formation, according to Morris, is the dimension of coming out that signifies feeling "different, questioning heterosexuality, and feeling sexually attracted to women" (p. 3). Morris points out that, "in a society where heterosexuality is considered normative and where all members are raised as heterosexual, one must develop a lesbian identity (p. 4). Morris does not match a specific age range for this first stage of her coming out process but states that in order for a woman to feel comfortable sharing her identity openly she must be secure in her internal awareness of her sexuality.

Concurrently or after the development of a woman's lesbian sexual identity is an individual's "disclosure of sexual orientation to others" (p. 3). This aspect of the process is often referred to as "outness" and is one element that appears throughout the models. As a "hidden minority" lesbians must reveal their sexual orientation because if they do

not then it will just be assumed that they are heterosexual. Morris considers this dimension to be one that is a life-long process that occurs each time a lesbian meets a new person. She must consider the possible negative and positive effects of what might happen from disclosing her lesbian identity. This results in a constant assessment of the environment and whom a woman is disclosing her identity to.

There are a number of reasons why a woman might be out as well as reasons why she may decide to not come out to others. There is a motivation to be out in order to find sexual relationships, and to be able to be a part of the lesbian community (Harry, 1993). Additionally, the pride and validation of a women's homosexual identity might encourage her to come out to other non-lesbian identifying people in her life. Nevertheless there are strong incentives that may prevent a woman from disclosing her identity. Being a lesbian in our society can be looked at as "violating social norms" (Morris, 1997) and often times "the principal reason for not being out is that the audience would react punitively through sanctions which can be economic, violent, or ones of social disapproval and loss of prestige" (p. 12).

The third dimension, which Morris (1997) stresses can happen before, after, or simultaneously with the first two, is the aspect of coming out in which the individual begins to express her sexual feelings through her behavior. Historically these behavioral elements have been associated with later stages of the coming out process (Cass, 1979; Coleman, 1981). In a study conducted in the 1930s-1950s, researchers found that some women considered coming out to be when they first have a sexual relationship with another woman (Morris, 1997). The meaning of this phrase has changed a great deal since that time in that today the usage of the phrase "coming out" involves more than just

the physical experience of having sex (Kennedy and Davis, 1993). Sexual intercourse is often times just one aspect of a larger process.

Some women consider themselves to be lesbians although they have never had a sexual experience with a woman or might not be currently involved with a woman. Some studies (e.g., Rust, 2005 & Bradford et. al., 1994) found that while most of the women surveyed were involved in a sexual relationship with another woman a small percentage were either married to, living with or had a male partner. Rust (2005) hypothesized that these women might identify as lesbian based on, “political convictions or feminist ideology” (p. 34) but have no sexual interest in other women.

The final dimension in Morris’ model is the aspect of “lesbian consciousness” (1997, p. 16). This part of the process relates to an individual’s relationship to the lesbian community, lesbian politics and feminism. In Cass’ model and other developmental models of coming out, participation in the lesbian community is essential and necessary for the progression through the stages (Cass, 1979). Morris considers this dimension to be less structured and harder to define than other parts of the process. For many women participation in lesbian subculture may be significant but may not be the sole way in which they express themselves (Rust, 2005).

Overall Morris’ model is a relatively new theoretical framework for the lesbian coming out process. It provides a current and empirically based theory of coming out that gives more weight to the differences that individual’s experience. Furthermore, it does not suggest that there is a specific order in which lesbians go through this process.

### *Effects of Sexual Abuse on the Coming Out Process*

It is evident that the coming out process is a complex and life-altering one for all types of women (Morris, 1997). Additionally, it is important to acknowledge that each individual experiences coming out in a unique way. This being said, it is necessary to recognize those factors that might affect the process. A history of childhood sexual abuse may be one of these factors (Robohm, Litzenberger, & Pearlman, 2003). The societal stigma that may deter women from coming out as gay is equally present when women reveal their sexual abuse history. Finkelhor and Browne (1985) argue that survivors of sexual abuse experience “traumatic sexualization” wherein their sexuality is “shaped in a developmentally inappropriate fashion and they emerge from their experiences with unusual emotional associations to sexual activities” (p. 531). Thus, the potential combination of a female who is already struggling with feelings around her sexual abuse experience may lead to even greater difficulty when coming out as a lesbian.

The age in which an individual begins to recognize her homosexual identity and feels comfortable in sharing this identity may also be influenced by the trauma of CSA (Robohm, Litzenberger, & Pearlman, 2003). Rotheram-Borus et. al. (1995) state that because many gay youths engage in sexual activity as a means of exploring their sexual orientation, having experienced sexual abuse may effect the timing of their coming out process. For example, some adolescents who experienced CSA might engage in sexual activity sooner than their “non-experiencer” (p. 78) peers, whereas others might delay or avoid sexual activity altogether.

This early or postponed timing of sexual activity might have an impact on when a survivor who identifies as homosexual feels comfortable in coming out. In their study of



lesbian women sexual abuse survivors, Robohm et al. (2003) found that some participants felt that CSA had contributed to “earlier knowledge of their sexuality” and “gave them a chance to explore their sexual feelings” (p. 40). In addition one woman stated that, “unpleasant sexual experiences forced me to think a lot about sex and was therefore able to interpret my attraction for people of the same sex at an earlier age” (p. 40). These women stated that at the time they engaged in this type of behavior in an effort to suppress or attempt to change the sexual feelings that they were having towards women.

Another factor of the coming out process that may be made more difficult by being a CSA survivor is the actual act of publically sharing one’s sexual orientation or being “out” (Harry, 1993). There is an incentive to be out in order to find sexual relationships but also strong motivations (e.g., societal stigma, loss of family and friends) not to come out (Harry, 1993). These motivations may be amplified by the added experience of CSA. In *Trauma and Recovery*, Judith Herman (1992) explains how traumatic events impact basic human relationships. According to Herman, (1992) the trauma not only affects the building of one’s self identity but also relationships and attachments within one’s communities. A group of women in the study done by Robohm et al. (2003) found that being a CSA survivor influenced the responses of others in regards to their sexual identity. They shared that they feared that people would attribute their lesbian identity to the abuse and that this identity was “less pure” (p. 42) than someone who had not been abused. Fears similar to those expressed by these women around their sexuality not being validated or believed could further complicate their feelings around coming out to others.

Trust is another factor that is widely discussed in literature on both CSA and on the coming out process (e.g., Morris, 1997, Harry, 1993 & Finkelhor and Brown, 1985). The National Lesbian Health Care Survey (Bradford & Ryan, 1994) included several questions regarding to whom the participants were most comfortable coming out to. Only 27% of the women felt comfortable coming out to family members and/or friends. Morris (1997) attributes this somewhat low percentage to the fact that each time a woman shares her sexual preference with another individual she is both putting herself at risk and trusting the other with this personal disclosure. For women that have experienced CSA, trusting others and forming stable relationships is often difficult (Westerlund, 1992). The abuse may cause the woman to be so fearful of trusting another that she avoids any type of relationship at all (Seidler, 2000). Thus a women who has experienced CSA may be paralyzed by her distrust of others therefore hindering her process of coming out and preventing her from sharing her sexual orientation with others.

It is evident from various research (e.g., Seidler, 2000; Morris, 1997; Robohm, et. al., 2003) that there is significant overlap between the challenges of coming out as a lesbian and the symptoms of having experienced CSA. These include but are not limited to issues with interpersonal relationships, timing of the coming out process, and trust. In addition, both groups of women often struggle with their sexual feelings and behaviors. This overlap underscores the importance of the question of whether the already difficult process of coming out is further exacerbated or complicated when the individual is also a CSA survivor.

### *Summary*

A comprehensive review of the literature indicates that female survivors of childhood sexual abuse live with the effects of this abuse throughout their lives (Robohm, et. al., 2003). It has been suggested that sexual abuse during childhood can impact everything from the onset of puberty to a life-long fear of social situations and heightened anxiety (Vigil et. al. 2005). Additionally, studies repeatedly note that a survivor's sexual development, sexual identity, and comfort level with intimacy are significantly affected by her history of abuse (Noll et. al, 2003).

Further, sexual abuse might affect the timing and manner in which a woman chooses to come out. Quantitative research shows that lesbian women CSA survivors note that their abuse experience affected their coming out process in "complicated ways" (p. 41). They reported that their abuse affected everything from who they trusted coming out to, when they were able to come, out and why this process was able to happen (Robohm, et al, 2003).

There has been surprisingly little research on lesbian women as it relates to CSA. There are virtually no studies that look at how being a survivor of CSA might influence a woman's coming out process. This qualitative study is specifically designed to fill this gap in research by increasing knowledge and understanding around this topic by asking the question: Does a history of childhood sexual abuse affect the coming out process of women who identify as lesbians? The purpose of this study is not to suggest that there is a correlation between being sexually abused as a child and coming out as a lesbian. Rather, it will explore how being sexually abused as a child could shape the process of coming out as a lesbian later in life.

## CHAPTER III

### METHODOLOGY

The research question for this study was: Does a history of childhood sexual abuse (CSA) affect the coming out process of women who identify as lesbians? This study aimed to expand the understandings of how this type of abuse impacts a lesbian woman's coming out process in the following areas: age in which she experiences the coming out stages, whom she chooses to come out to, and her feelings around what the process was like for her. An exploratory, flexible method design was used for this purpose. The interview process was selected to collect data for this study as the aim was to acquire participant's subjective experiences. The following chapter provides a comprehensive description of study design, recruitment methods, data collection and analysis.

#### *Research Design*

Research was conducted using flexible, qualitative methods. Data collection included an interview guide that was specifically designed for this study and audio recordings of the interviews. Interviews were conducted using semi-structured, open ended questions to gather narrative data from participants. This allowed the survivors to share and elaborate around their individual processes of coming out as a lesbian. The interview questionnaire used is loosely based on the LGBTQ Life Experience Questionnaire (Robohm, Litzenberger, Pearlman, 2003), and aspects of Morris' multidimensional coming out theory. After the questionnaire was completed it was evaluated by two local therapists that currently work with and have done research on

therapy with LGBTQ populations in order to ensure the appropriateness and relevance of the questions.

Prior to conducting the interviews, one pilot interview was conducted so that the researcher could both practice and refine the questionnaire. Occasionally the researcher asked clarification points or sought additional information on points that needed elaboration.

### *Sample*

The sample for this study included a total of seven participants who were recruited using the non-probability, convenience sampling method. Time constraints and the sensitive subject matter limited the number of participants for this study. The recruitment criteria and information about the research was disseminated by calling and emailing already identified contacts that work in a specific community mental health center that treats women who are trauma survivors. A waiver (Appendix E) signed by the director of the mental health center was sent to the Smith HSR board to confirm that permission was granted to recruit at this center. In addition, other acquaintances throughout the social work community were asked to email contacts that they know personally and in the field which included contacts in other places in the United States. Finally, a flyer (Appendix F) was created and placed in local coffee shops and libraries in an effort to increase access to potential participants. Using this type of sampling method created the potential for bias within the sample.

All subjects met the following criteria: (a) They were at least 25 years old, (b) self-identified as lesbian, (c) have been sexually abused before the age of 15 and (d) currently or have in the past done therapeutic work. For the purposes of this study,

childhood sexual abuse (CSA) will be defined as it is outlined in a study of lesbian women sexual abuse survivors by Robohm et al.(2003). Childhood will be defined by the survivor being under the age of 15 when the abuse first occurred and the perpetrator being at least five years older. Sexual abuse will be classified as the survivor feeling forced or encouraged to engage in any type of physical contact that involves either or both participant's sexual organs one or more times (Robohm et al., 2003).

Additionally a requirement for the participation in this study was that each of the participants must have engaged in some form of talk therapy (individual or group), in the past or currently in which they addressed their CSA trauma history. There were no stringent guidelines for how many sessions of therapy the individual had to have completed but rather participation was based on the woman's comfort level in discussing these topics. Each participant was given the interview guide ahead of time so that she could personally assess her comfort and willingness to discuss these questions. All participants were also informed that at any time they could ask to stop the interview if they felt uncomfortable or did not for any reason want to continue.

The criteria was determined through the methods of recruitment by phone call or email prior to participation in the study. The researcher screened potential participants to make sure that they met the inclusion criteria.

#### *Data Collection*

Procedures to protect the rights and privacy of the participants were presented to the Human Subjects Review Committee at the Smith College School for Social Work before data collection began. The Human Subjects Review Committee's approval of the

project (see Appendix A) guaranteed that the study followed the stipulations of the NASW Code of Ethics.

All interviews took place in a private setting to assure confidentiality. At the beginning of the interview one copy of the consent form was signed and given to the researcher; the second copy was retained by the participant. In the case of phone interviews the consent forms were mailed and signed prior to the interview occurring. At the end of each interview the participants were offered an opportunity to let the researcher know how the interview made them feel and to ask questions about the purpose of the study. Additionally, the researcher asked all participants at both the beginning and end of the interview if they had any questions around the process of the interview. All participants were aware that they could stop the interview at any point and could withdraw up until two weeks following. The interviews lasted between forty and seventy minutes and occurred between March 15 and April 27, 2009. Three of the interviews took place in person while the remaining four were over the phone.

The main risk of participating in this study was that some interview questions or the interview experience in general had the potential for eliciting complicated and difficult thoughts, feelings or memories. For this reason, participants were provided with a list of psychotherapy resources in the Boston area that they may contact if they felt in need of professional help as a result of participation in the study (see Appendix D). In addition, by providing the participants with the interview guide ahead of time they were able to review the questions and possibly prepare some answers. Other risks included the time commitment involved and the general discomfort in having to describe one's difficult experiences with a stranger.

Benefits of participation were that participants were able to give voice to their experiences and to share personal concerns and perceptions of how their specific coming out process was developed and influenced by the sexual abuse that they had experienced as a child. All of the participants shared at the end of their interviews that they felt thankful for having the opportunity to discuss their experiences in such a structured and thoughtful manner. Two participants thanked the researcher for taking the time and interest in listening to their stories and giving credence to their experiences.

All interviews were transcribed by the researcher and kept confidential. All identifying information was removed from the data. Interviews were recorded using a cassette recorder and then transcribed by the researcher. In order to ensure confidentiality each participant was given a pseudonym which was used when labeling and analyzing data. Data was coded prior to academic advisors gaining access. Consent forms, audio tapes and any notes associated with the interviews will be kept in a locked drawer during the thesis process and for three years afterwards. After this point data will be destroyed unless otherwise needed and in that case will continue to be kept in a locked drawer. For dissemination purposes, findings will be presented without any identifying information about individual participant.

### *Data Analysis*

Content analysis was performed by listening to the interview tapes at least twice, transcribing and then highlighting key themes and quotes that emerged throughout the interviews. The data was then coded by looking at Morris' developmental theory of coming out and areas noted in the research questions. These themes specifically focused on: the age and process of coming out to oneself, issues of trust influencing the coming



out process, disclosure of sexual identity, how the participants came to understand the relationship between the childhood sexual abuse and coming out as a lesbian and the influence of therapy on their understanding of this relationship.

The results of this study cannot be generalized due to the small sample size, sampling methods and the research design implemented. Rather the findings represent ideas and themes gathered from seven women who were willing to share their feelings about being survivors of childhood sexual abuse and coming out as lesbian women. I hope that the data gathered through this study and presented in this thesis will contribute to the small amount of research that focuses on these topics.

## CHAPTER IV

### FINDINGS

The findings presented in this chapter pertain to the original research question: Does a history of childhood sexual abuse (CSA) affect the coming out process of women who identify as lesbians? There is a significant amount of research demonstrating that the coming out process is a complex and life-altering one for all types of women (Morris, 1997; Troiden & Goode, 1989). Additionally, it is important to acknowledge that each individual experiences coming out in a unique way. This being said, it is necessary to recognize those factors that might affect the process. A history of childhood sexual abuse may be one of these factors (Robohm, Litzenberger, & Pearlman, 2003).

This study sought to understand the impact that being sexually abused during childhood had on the stages of Morris' coming out process. These stages focus on a women's awareness of her self-identity as a lesbian, her disclosure and trust in others when sharing her sexual identity and her lesbian sexual behavior and experiences throughout the process (Morris, 1997). With this model as a foundation the transcriptions were coded and the following themes were identified: 1) The age and process of coming out to oneself; 2) The double stigma felt by being a survivor of abuse and having a lesbian sexual identity; 3) How the abuse experience has affected a sense of trust in each participant; 4) How each participant has come to understand the relationship between her coming out as a lesbian and the abuse; 5) The influence of the abuse on a participant's sexual behavior and; 6) How therapy has impacted their understanding of the influence of CSA on their coming out process.

### *Demographics:*

Although questions relating to a participant's demographic information were not specifically asked, basic facts were consistently shared throughout the interviews. This information is described to share a clearer picture of the general make-up of the participants. All participants identified as Caucasian with the age range being from 27 to 52 years old with an average age of 37. They all had high school degrees and four had Bachelors or higher graduate degrees. Six participants have full time jobs and support themselves financially. Five of the seven women are currently in long term relationships and living with their partners. Four of these women have children, three from past experiences with men and one from artificial insemination with her current lesbian partner. As children, three of the participants grew up in families that were either socio-economically working poor or working class, while the other four participants grew up in middle class or upper middle class families. The respondents reported having been sexually abused at a variety of ages and for different amounts of time.

### *The Age and Process of Coming Into Awareness*

#### *Around Each Participant's Lesbian Sexual Identity.*

All of the participants reported that the length of time it took them to fully recognize their lesbian sexuality was affected by societal norms. Even though five of the seven women identified as "feeling different" from other women during their teens, it took all of the participants until they were at least in their late twenties to be able to consciously recognize and acknowledge to themselves their homosexual identities.

One participant shared that she felt comfortable in her college environment which was about four years after first having sexual feelings for another woman, and this is

what helped her to fully recognize and outwardly share her sexuality. On the other end, one woman described “fighting” her lesbian desires for more than twenty years. She was able to reveal her lesbian feelings only after she went to therapy and felt strong enough to leave her abusive husband. For these seven women the average length of time between first having sexual thoughts for women and coming out was around ten years.

A common theme with the participants was the desire to be “normal.” One woman shared that when she finally left her home of origin, where her abuser was, all she wanted was to “fit in.”

When I was growing up I was with men. I was going to get married to a man and have four kids, you know two boys and two girls and live in a pink house with a white picket fence and I was going to be the best mother that ever lived and I was going to be nothing like my mother or father but...it didn't turn out that way.

It was really hard. When I think back on it now I just thought I don't want to be this. I just want to be like everyone else. I just want to be a conformist. I wanted to be accepted.

Another participant discussed how “feeling different” and not wanting to be with men in a sexual way was extremely difficult to acknowledge. For her these lesbian sexual feelings signified that her abuser had “won” and that she would never be able to have “normal” sexual experiences again.

Well in a way it helped me to feel like I knew, to have some identity around why I felt different. Because I've always felt different. I never really felt connected or understood how other women felt satisfied when connecting sexually with men. I felt really different and I felt really sad, kinda lost, like I'm never going to be like everyone else. It was like I'm not going to ever feel like the rest of them. I think it initially felt like I was going to die...a huge depression set in.

Three of the participants recalled that looking back there were a lot of clues about their lesbian sexuality that they refused to recognize. One woman shared that after being

so severely sexually abused during childhood the lines of “normalcy” in terms of sexuality were so blurry that she did not even pick up on her developing lesbian feelings.

Actually there were a number of experiences where people would say to me, well you’re gay. And I would be like, no I’m not. Kind of uncomfortable with my own sexuality. Even before I came out.

I had early dating experiences with men and they would say, do you think you might be gay? Cause I guess I was just really disinterested.

One participant discussed how she allowed herself to be active in the gay community but maintained distance by considering herself a straight ally. She shared that this was her way of guarding against the possibility of herself or anyone else assuming she was a lesbian.

I’ve been a queer rights activist for years...doing marches and going to pride rallies and doing all of that stuff. But always as the straight ally. Which is funny because I guess you would think that if there was something that would help me come out it would be those kinds of experiences. I guess I’ve been pretty defended against it.

Interestingly each of the women had different people in which they first decided to share their lesbian identity with. Two women first came out to their moms, three came out to a close friend and two first told the therapist that they were seeing at the time.

*The Double Stigma Felt by Being a Survivor of Abuse and Having a Lesbian Sexual Identity.*

Six of the participants expressed that their coming out to others was stalled or affected because of the fear that people would automatically attribute their lesbian sexual identity to the sexual abuse. Three women shared that their parents used the abuse experience as a form of justification to explain why their daughters came out as lesbians. All of these participants experienced confusion and then resentment about getting this reaction.

It definitely just shamed me and silenced me for a long time. It made it so it didn't come from a pure place or a place that's just who you are. Its like it's a response to this horrific thing. You know I think that would be the number one thing that kept me in the closet for 10 years.

There was a time when I was in my 20s and my mom and I were talking in the kitchen, and she said, "well you know if you ended up being gay it would be because of the abuse" And after she said that it really stood out to me so when I was trying to think of coming out to my family it made me really nervous that everyone would think like that.

You know when I told my family they just wanted to feel bad for me and almost pity me. Like they were thinking she's a survivor of sexual abuse and it makes perfect sense why this would happen.

One woman conveyed that her parents could not cope with the knowledge that their daughter had been sexually abused. This translated into them blaming everything that happened in her life, including her sexuality, on the abuse.

It seemed to make them feel more safe. Something concrete that they could blame my sexuality on. At that point I think they looked at it more as a phase rather than something biological.

All of the women in some way throughout their interviews expressed that the fear of their sexuality being blamed on their abuse either internally or by a close friend or family member was and continues to be an extremely influential part of their coming out process.

*How the Abuse Experience has Affected a Sense of Trust in Each Participant.*

Feeling safe and being able to trust even those closest to them is something that all of the participants identified as being a major symptom of experiencing childhood sexual abuse. Five of the women conveyed that these issues with trust influenced factors of their coming out process. A couple of participants share,

I was going through the world really untrusting and scared of people and I've come a long way. I think that generally the abuse tainted my view of who to trust

but after a lot of work on that I've come to believe that silence is what keeps me in a shamed place.

I can be really fearful of people and really suspicious. It makes sense given that the people that were supposed to care for me, brutalized me. So its really tough for me to trust. You know I've been with my partner for a really long time and you know I still don't always know that its okay.

Three women felt that coming out as a lesbian would cause a rift in their families which was something they had already gone through when sharing their abuse experiences. One woman explains this parallel process,

When I finally came out to my mother we stopped talking to each other for about three years. It was tough, really tough. It was strange because when I came out to her she was just so upset with me and she just didn't want to hear about it and she told me that I was sick and it was wrong and she had a lot of moralistic reasons why it was wrong. And you know it was interesting because when I had told her about the abuse she had very similar reactions. Like how could I say something like that or create a story like that. It made me really regret ever even telling her about my sexuality.

Another participant shares a similar experience that occurred with her mother,

From the beginning my mother always had this sort of stance of disbelief in regards to the abuse. She was completely unable to see that she could have failed so badly as a mother and protector. And you know I had kept the abuse a secret for so long that when I did finally get up the courage to tell her and others in my family and then for her to not acknowledge it, was really, unbelievably difficult. I guess you could say that I haven't gotten over that feeling and that's why I'm still not able to tell her about my girlfriend. To me it's not worth it to go through that pain again.

One participant expressed that because of the relationship that she has had with women she feels her sense of trust has strengthened.

You know I've been with men and women. It wasn't until my first girlfriend that I felt part of a relationship and larger community that I could trust and feel comfortable in. It was when this happened that my feelings for women really solidified and I was able to come out as a lesbian and not fear or care about how others would react. I think that after the abuse so many of us survivors just want to crawl in a hole and hide and it makes sense. I was really like that with people, really scared and distrustful for a long time.

The other two women did not feel that their difficulty with trust necessarily influenced their lesbian coming out process. One woman shared that she had spent many years in therapy working on her abuse experience and she felt that because of that she was able to be comfortable in relationships that she had with women. The last woman stated that although she still has general trust issues she feels a lot more comfortable when she is with women both sexually and in platonic relationships.

These findings clearly show how each participant's sense of trust was largely affected by both the abuse experience and then the process of revealing the abuse. This lack of confidence in loved ones contributed to the confusion that each of the women felt over how their lesbian coming out would be received.

*The Influence of the Abuse on a Participant's Sexual Behavior.*

All seven of the women shared that because of the abuse history their relationship with sexual acts was tainted in some way. Additionally, all of the women expressed that they had periods of time when they struggled with what was healthy sexually versus what was what they actually wanted.

I wanted to have a corrective experience with men. And I kept dating men just waiting for a good relationship to eventually happen. To prove that...to prove something. I guess it was just that I had no idea what to even look for.

I started to view my occasional dating women or being with women for these brief periods of time as my acting out. It was just seen in such a negative light...it was like oh...there goes...again she does this every once in a while she starts acting out sexually. It's so interesting because I'm in this space of really looking back on the whole thing. This fear of sexually acting out might have pushed me to be with men more and then I was really dysfunctional with men too. But I was trying really hard to be functional...in my mind this idea of functional whatever that is.



It (being in first lesbian relationship) does feel like its been a healing process around sex. I think that's, in some ways, because this is one of my first healthy sex partners.

One woman expressed that dealing with the abuse and coming out as a lesbian seemed too overwhelming and because of that her sexual feelings were silenced for some time.

When I think back on it now I just thought I don't want to be this (a lesbian). I just want to be like everyone else. I just want to be conformist. I would have these sexual experiences with men and even though things didn't feel right or good it just seemed like all I could handle at the time. I spent a lot of years not really having good relationships and being unsure of what I wanted to be and just being promiscuous.

One woman still struggles with feeling comfortable with either gender in a sexual way.

She is not sure whether she is "completely" out as a lesbian because of her continual discomfort with sexual behavior.

The way that I frame it in my mind, and I think the way it initially felt to me is that there is a lot of concern around does this (sexual acts) feel comfortable? Are people watching? Is this exhibitionist? And I know now that this comes from the way that the abuse happened. I still can't detach them (abuse experience and sexual acts). For me the sexual behavior part of it has always felt like the most strung together. Or at least the hardest to feel that I can manage.

*How Each Participant has come to Understand the Relationship Between her Coming Out as a Lesbian and the Childhood Sexual Abuse Experience.*

Each of the women had clearly spent a significant amount of time in their lives and prior to the interviews thinking and trying to understand the affects that their abuse history had and continues to have on their coming out processes. All of the participants expressed that in some way their abuse history influenced their sexual feelings, behaviors and level of comfort during their coming out process. One participant thought about it this way,

I think that I felt so much shame from being sexualized and from having this really secret pain that when I started to realize I was a lesbian it got connected to

the abuse. So I felt very shamed and I felt very afraid to explore my sexuality and to meet people. I was very uncomfortable for a long time and I think that the abuse had a lot to do with dating or meeting people.

Another woman felt paralyzed by the shame as well:

Well I think the shame around the sexual abuse, for me, and the anger, the feeling of what I was a part of creating again within my family when coming out. Remembering the divisiveness of everyone being mad at each other and not talking and knowing that what had happened to me was causing all of this made it not worth it for ME to come out with my sexual feelings.

Two participants reported that they were unable to personally acknowledge their sexual feelings for other women because of the connection that they internally were making with the abuse experience.

I was very aware of the notion that most lesbians have some sexual abuse or have been raped in the past. I know that a lot of people believe that and I believed that a little bit. And I wasn't sure that I didn't or that I didn't know. The way that I was viewing it was that if you were a woman who had been sexually abused and then came out as a lesbian it was like that was what everyone would attribute it to.

Most people know about my trauma history and I have been acutely aware and worried that people would link the two. That people would say, "oh you're just gay because you were raped or because you were abused for so long. It was the fear of that which made it so hard to tell people for a while. I just didn't want to hear that because I'd already been telling myself that for years.

Additionally, three of the women shared that although they do not attribute their lesbian sexuality to the abuse they feel that without their abuse experience they may never have come out to either themselves or others. The reasons for this were largely due to the fear and hatred of men that was caused by their abuse experiences.

Its just hard for me to get rid of that scared feeling. Like Jeez- God I'm not safe with anyone. I look back and think hmm..was I trying out women because I was afraid of men? Or was this what was supposed to happen. What I can remember is not feeling safe with anybody.

There was a point about nine years ago when I started to really think back to everything that I went through when I was so young, beat up, raped, molested. And I just think, you know I'm all done with men. I'm not doing that anymore.

Who knows maybe I had known all along that I wanted to come out as a lesbian but once I really started to think about that and to think about everything that I had let men do to me there was really no question in my mind.

For me it's that I don't trust men. I don't trust that they won't hurt me like they did when I was younger or even after that. It got to a point when it was either like never going out with anyone ever again or turning to women. I turned to women and I'm never going back. Its not to say that women are all perfect but right now that's what feels good to me and that's what feel right.

*How Therapy has Impacted their Understanding of the Influence of CSA  
on their Coming Out Process.*

All of the women considered their experience in therapy as a beneficial one for helping to make sense of their feelings around the abuse and the coming out. One woman shares,

Without therapy who knows where I'd be right now. Its like I led this life of constant fear and unhappiness and finally a good friend of mine looked at me and said something is wrong, you need to see somebody. And that's when I started doing therapy and finally it was like this place where I could open up and share what had happened to me.

Another participant expressed that it took her some time to be okay with talking about the abuse and that she needed to find the right type of therapy for her personality.

Therapy has been an interesting process for me. I went to a survivors of incest support group at one point and I couldn't listen to other people's stories. It was just unbearable. It was just too much. I couldn't take it. I know that about myself. When I work with my therapist I work with behavioral therapy because the emotions...Its like I get intoxicated or something. But I know that without therapy I would be a total mess.

One woman talks about how her lesbian feelings brought her to therapy which then helped to recover the memories of the abuse. She shares,

When I first started having feelings for my girlfriend I got really scared and didn't know what to think. It was like I would have sex and then start screaming...not in a good way...out of fear and I knew that normal people didn't do that. So I started seeing a therapist and through that the abuse started to come back to me. You know at first it was unconscious cause I didn't really consciously remember

what had happened and then after a number of years of therapy it became sort of like now I know that this was happening and the feeling of how do I make this change. You know it has been a really long process of memories and trying different types of therapy.

Two women disclosed that their therapists were the first people they were able to come out to about their lesbian sexual feelings. These participants feel that this may have been due to the skepticism that they received when telling loved ones about the abuse. One woman shares,

My therapist, at the time, was really the first person I could tell about it (lesbian feelings). You know its funny cause even though he was a man I felt more comfortable sharing this with him than even with my family or friends. I think maybe it had something to do with not wanting to be judged or questioned.

The findings in this study revealed that being sexually abused during childhood could definitely play a role in the lesbian coming out process. This influence seemed most salient in the survivors' issues with trust, sexual behavior and self-awareness around the process.

## CHAPTER V

### DISCUSSION

“The thing about being abused as a child...its like a color comes over your brain so that every experience gets filtered through that.”- Study Participant

I embarked on this project in an effort to explore whether having a history of childhood sexual abuse has an effect on the coming out process for women who identify as lesbians. In the process I heard seven women tell their stories of survival, strength and resiliency. This quote taken from an interview is just one example out of many from a participant who was willing to share her story with me.

While the narratives from seven women cannot begin to describe every lesbian survivors' experiences, this study did produce some important findings and questions that might promote further research and future practice. This chapter will summarize and discuss the major findings of this study. Methodological strengths and limitations will be identified and I will make suggestions for future research. Finally implications for social work practice will be offered.

#### *Major Findings*

The purpose of this study was to investigate whether being a survivor of childhood sexual abuse has an impact on the coming out process for lesbian women. I sought to listen to these women's stories and document their views on their trauma histories in relation to coming out as lesbians. I was specifically interested in their perspectives of how their CSA history influenced their lesbian self-awareness, issues with trust and disclosure of sexual identity. Additionally the double stigma of identifying as a

lesbian and being a survivor of childhood sexual abuse became a key aspect of the findings. The women's narratives contributed new knowledge to the small amount of research that exists on this topic. Seven women ranging in age from 27 to 52 years old participated in this study. All of these women currently identify as, Caucasian, lesbian and as being survivors of childhood sexual abuse. Additionally all of the women are currently in some form of talk therapy.

Findings in this study support the small amount of existing research that looks at the way in which trauma, specifically childhood sexual abuse (CSA), can have an influence on factors affecting the coming out process. Using these studies paired with literature that details one researcher's developmental coming out theory (Morris, 1997), I asked the seven participants questions that elicited discussion on the topics of lesbian self-awareness, the double stigma of being a survivor of CSA and identifying as lesbian and possible issues of trust due to their trauma experience. The ways in which the participants have come to understand the relationship between the abuse and their coming out became a central focus in the findings. Lastly, all of the women highlighted their experience with therapy as being one that was transformative and necessary throughout their processes.

### *Lesbian Self-Awareness*

The first finding focused on the participants' self-awareness of their lesbian sexual identities, specifically what made it hard for the women to come out and how long the process took. Developmental models that outline the coming out process such as those reviewed in Chapter II assign sexual identity awareness to be the first step in many women's coming out processes (Morris, 1997). Morris, however, explicitly states that

although she assigns sexual identity awareness as the first step, it is, of all the steps the most fluid and the one that can commonly occur anywhere throughout the whole process (Morris, 1997). The range in number of years that it took the participants to publicly come out demonstrates this point.

Four of the seven women felt that in reflecting back they probably knew they were lesbians long before actually admitting it to themselves. They all contemplated how much easier it would have been if they could have been more open with themselves in relation to their sexuality but remember there not being “room” in their brains for thinking about anything aside from the abuse.

All seven women stated that this inability to clarify these feelings might have been because of the confusion over what was healthy in relation to sexual feelings and behavior. In this way they shared that unconsciously their abuse experience was a strong influence in their ability to begin the coming out process. These findings support the way Morris (1997) examines the coming out process as a whole, specifically this first step of lesbian self-awareness. She states that, “sexual identity formation is a process that is internal to each woman, yet embedded within a socio-historical context” (p. 17). Because the coming out process is unique and personal to all women it is understandable that some of the participants felt that their abuse more strongly influenced their ability to realize their lesbian feelings.

Two of the other participants shared that being a lesbian never crossed their minds until later on in life. One of these women stated that the environment in which she grew up was both non-accepting and very conservative and being gay was “not really an option.” She shared that during her childhood all she remembers having time to think

about was how to be “invisible” and stop the abuse. Being the “invisible or hidden minority” is also something that lesbians have to deal with (Morris, 1997 p. 10). One’s sexuality is not something a stranger can just see so lesbians are constantly assessing whether to disclose her identity or not. After spending her life trying to hide her abuse this participant was unable to share her sexuality which was also something that, in her family was regarded as wrong.

The other woman stated that because of all her abuse experiences she felt that there was a point in her life that she just could not be with men anymore. This story reiterates the notion that CSA experience has such a powerful effect (Finkelhor and Browne, 1985) that it can vastly shape the way a grown woman chooses to feel sexually. This is especially interesting in that for this participant it seems that the abuse both hindered and aided in her coming out. Her mind was constantly in survival mode trying to protect her from her abuser so for years she was unable to feel healthy in any sexual way thus preventing her from thinking about women. When she was able to find strength and leave her abuser and consequently came into awareness about her lesbian feelings, she immediately embraced her new identity and shared her sexual identity openly.

All of the participants acknowledged that one reason why they might not have “given into” their lesbian self-awareness earlier on in life was because they wanted to be “normal.” A few talked about the dream of getting away from their “screwed up” abuse past and starting a “perfect family with a white picket fence, two kids and a dog.” Being “normal” to many of these women was something that was the opposite of their current life which was filled with secrets and shame. Because of this some of the women identified as suppressing their lesbian desires and feelings.



These findings are inconclusive to those documented in a quantitative study done by Robohm et.al.(2003) which found that some women felt that their CSA experiences aided in their knowledge of their sexual identity at an early age. It is unclear why there might be differences in the findings of the existing research with that of this project. One reason could be that this study looked specifically at the influence of CSA on the coming out process and not on the more broad area of sexuality or sexual identity. Furthermore, the study done by Robohm et. al. (2003) was done with primarily women in their late teens and early twenties while the average age for this study was 37 with many of the women not even coming out till their thirties.

#### *Issues of Trust*

Trust is another factor that is largely discussed in the research on both effects of sexual abuse and coming out (e.g., Morris, 1997, Harry, 1993 & Finkelhor and Brown, 1985). All of the women overwhelmingly shared examples of how often the sexual abuse affected their ability to trust others with both everyday issues and those having to do with their sexual coming out process. This lack of trust largely came from the experiences that they had when disclosing their abuse. Each of the women discussed how, because of the overall negative experience in disclosing the abuse, telling their families about their lesbian sexual feelings was probably the most difficult aspect of their coming out process. One woman talked about how her family is still not willing to acknowledge the abuse so revealing her sexual identity to them is not, in her mind, even an option.

Duncan (2004) asserts that some women who have experienced childhood sexual abuse feel conflicted about what happened and thus develop issues with intimacy, trust and sexual promiscuity. He goes on to discuss that the confusion can lead a woman to be

unsure of whom she desires as a sexual partner. Two women identified this feeling of “not knowing” as being something that they continue to struggle with. These women did not come out till their late thirties after spending the beginning of their lives with men. Both of these women shared abuse histories that extended past their childhoods and into their early twenties and involved multiple perpetrators. What these women shared in their interviews was that because of what they had experienced they both came to a point where they just could not trust men anymore. One woman admitted that she actually didn’t feel that she could trust anyone and that was why she was currently not even in a relationship with a woman.

Although there was a general theme of having one’s sense of trust altered and affected, only two women identified as losing trust in men thus not being able to have any type of sexual relationship with them following the abuse. The other women did not pinpoint men when discussing their lack of trust but rather shared their inability to depend on those who should have protected them from the abuse, specifically mothers and other close family members. A common sentiment with these five participants was the desire to not cause a “rift” in the family system by disclosing their lesbian sexual identity. Two of the women shared that because of the reaction that they received from family after revealing the abuse they had a hard time trusting that that their loved ones would stand by them when they came out as lesbians. These feelings of doubt around the lack of support from their families delayed these women’s process of coming out. Morris (1997) discusses in the second dimension of her coming out theory how there is added difficulty when a “negative outcome” (p. 13) is expected from the disclosure of one’s sexuality. It is clear that for some of the participants the fear of a family discord further

inhibited them from revealing their lesbian identity thus lengthening the process of coming out.

What separated these five women from the other two was that each named some sort of strong support system or ally that they felt they could trust and that would stand by them. One woman acknowledged that without her best friend she would not have had the strength to share her identity. Another woman identified her sister as being her “rock” during the process. There are a number of different possibilities as to why only two of the participants felt unable to have any type of relationship with men while the other five women did not identify these feelings. These findings imply that by having even just one person on their side these five participants were able to come out as lesbians sooner than the other two women in the study.

#### *Double Stigma*

The findings propose that the fear of “double stigmatization” by others largely influenced the feelings of safety and comfort when coming out. Three participants expressed that the thought that others might automatically attribute their lesbian sexual preference to their abuse history prevented them from coming out for a number of years. These findings are conclusive with the small amount of research that has already been done on similar populations. In the study done by Balsam and Morris (2003) that examined lesbian and bi-sexual women’s experiences of victimization and sexual identity development ,some participants felt that their CSA experiences had “delayed or prolonged” (p. 69) their coming out process.

Westerlund’s (1992) study of women’s sexuality after childhood incest defends that “assumptions of traumatic causation were reported to have contributed to difficulties

experienced by 40 percent of lesbian respondents” (p. 24). Of the three participants who expressed these concerns, two shared that when they actually did gain the courage to come out (both to their mothers) their fears were validated. Both participants’ mothers outwardly stated that they believed that the sexuality was truly a symptom or consequence of the abuse experience. This left one participant to then question her lesbian sexual preference and thus “keep quiet” about her feelings for five more years.

The four other participants identified additional factors such as lack of trust in people close to them, being at a specific time in their life, and general self-doubt around whether their lesbian feelings were real or not. Although these reasons may not directly be related to the idea of “double stigmatization” each one hindered and perhaps lengthened in some way the coming out process for one of the participants.

The concept of “double stigmatization” affected not only the process that participants had when coming out to others but also in their self-awareness and self-acceptance of their lesbian sexuality. Finkelhor and Browne (1985) discuss this idea stating that survivors of sexual abuse experience “traumatic sexualization.” These traumatic events may then shape the survivor’s sexuality and sexual preferences in a “developmentally inappropriate fashion” (p. 531). All of the women shared a history of confusion and doubt when discussing their sexual feelings prior to feeling comfortable in fully identifying as lesbian. Themes emerged around how the sexual abuse experience at such a young age left the women feeling confused about “appropriate” ways to feel and behave sexually. One stated that for years she was a gay rights activist but could never fully admit to herself that she actually identified as a lesbian. She discussed not wanting to give the abuse the power over such an important part of her identity. Another woman

stated that she fought her lesbian desires for years because she felt that these feelings were “contaminated” and not actually real. Findings show just how detrimental societal attitudes are in regards to creating any type of causation between childhood sexual abuse and lesbian orientation.

### *Influence of Abuse on Sexual Behavior*

One of the most salient findings was the participants’ thoughts around the impact that their abuse experiences had on their sexual behavior. Kennedy and Davis (1993) note that although at one point the definition of coming out was solely associated with the physical act of having sexual intercourse, attitudes around this have changed. Coming out is now understood to be a process in which sexual behavior is one piece of (Morris, 1997). Participants in this study revealed having a broad range of feelings around the impact that their sexual abuse had on their sexual behavior. One participant identified, “just wanting to have a corrective experience with men.” She discussed that throughout her twenties she “blamed” the abuse on the fact that she was unable to sexually feel connected or aroused by men. It wasn’t until she was ready to recognize and be comfortable with her lesbian feelings that she allowed herself to be sexually active with women.

Sexual behavior in the form of sexually acting out was a theme that came up with a few participants in the study. Rotheram-Borus et. al. (1995) discuss that being a CSA survivor might cause some adolescents to engage in sexual activity sooner while others might avoid sexual activity completely. This was supported by the findings as participants described issues with having more sexual partners than they feel they should have, not knowing what were healthy sexual boundaries or how to tell if partners were

safe. One participant described that because she was abused sexually from childhood till she was in her early thirties she “had never known what it was like to be in a normal relationship.” Another participant shared that because of the abuse experience sexual penetration is still “extremely emotional.”

In looking at Morris’ (1997) developmental coming out theory the third dimension is the one in which the individual begins to express her sexual feelings through her behavior. Findings from this study show that this might be different when looking at the coming out process for women who were sexually abused in childhood. Participants in this study expressed that because of a distorted and unknowing sense about what is characterized as appropriate sexual conduct many of these women actually engaged in sexual behavior with women prior to disclosing their lesbian identity. One woman shared that it was the comfort and safety that she felt when being with another woman sexually that led her to want to disclose her lesbian feelings. Another woman expressed that because of the trauma of her abuse she is unable to sexually be with men and because of that she has “learned to love” women. A different participant conveyed that she thinks she is “able to love both men and women” but has chosen to be with women. Studies done by Robohm et. al.(2003) and Westerlund (1992) are conclusive with this finding which also supports the notion that sexuality is on a continuum and that not everyone is either straight or gay. Furthermore, Morris (1997), in her discussion on the third aspect of her coming out theory cites examples of women who “consider themselves to be lesbians although are not currently having sexual relations with women (p. 15). This further suggests that there are different thoughts and attitudes about what the title

“lesbian” means. These factors seem especially important to consider when doing future research.

### *Therapeutic Influence on the Participants’ Understanding*

Universally participants recognized that their experiences with therapy were extremely positive. Two participants identified a therapist as being the first person they felt completely comfortable sharing their lesbian identity with. One participant expressed that she “tested” her therapist when she was first beginning to come out publicly to see if this person would make a causal connection. A couple of participants supported therapy in general but felt that it took them a long time to actually feel comfortable sharing their trauma histories with strangers. One of these women stated that she was able to discuss her lesbian identity and coming out with her therapist but is still unable to fully feel safe talking about her trauma.

This theme was an interesting one in that I could not find any studies that look specifically at how a survivor feels therapy has impacted her understanding of the influence of CSA on the coming out process. While all the women reported having had a helpful therapeutic relationship at some point, it was evident that the three participants that have careers in social services regarded therapy as being an essential part of their process of understanding. This may be that because of their formal training in the field, these women look at the therapeutic relationship as something that is completely safe and thus felt relieved to find someone that would not judge them or ignore them. While the other women did not disregard their therapy experience they also did not put as much stress on the importance that this relationship has had with their process.

Aside from discussing the benefits of therapy, all of the women identified close friends, both straight and gay as being vital supports systems. This supports research which has been published showing that homosexual participants were most likely to come out to their gay friends closely followed by straight friends when compared with family members and co-workers (Harry, 1993).

#### *Methodological Limitations*

Seven women offered in-depth qualitative narratives on their experiences with coming out as a lesbian and being a survivor of childhood sexual abuse. The use of a semi-open ended questionnaire allowed me to gather stories filled with insight, reflections and observations on what the coming out processes was like for these seven strong and resilient women. For this reason, these narratives help to begin to add to the paucity of research out there on CSA survivor's experiences with coming out.

Unfortunately because both the topic of CSA and that of the lesbian coming out process are sensitive, the difficulty in recruiting participants is an obvious limitation. The lower than expected sample was a result of the significant difficulty in finding subjects. Resistance to participate in the study might be related to the sensitivity of the topic and the difficulty in discussing a personal process such as coming out with a stranger. A few of the contacts stated that they knew women who fit the criteria but did not feel comfortable suggesting the study because either the individual's abuse was not "public" knowledge or they did not want them to feel as though they were suggesting any type of casual relationship between the abuse and the woman's sexual identity. As a result the sample size of the study which included seven women was somewhat less than the desired sample target.



In addition, the small participant number limits the ability to generalize the findings for all lesbian CSA survivors. The snowball sample recruitment method, along with recruitment at a mental health clinic resulted in a sample that was both geographically and economically diverse but lacked in any ethnic diversity in that all of the participants identify as Caucasian.

Another important limitation to this study is that some of the participants seemed more interested in focusing on specific questions/topics while other participants spent more time and felt more strongly about others. It is possible that if each participant concentrated on each topic more fully the results could have been different. In relation to this, four of the seven women discussed that they had thought about some of the questions and the interview in general prior to agreeing to participate while the remainder of the women didn't review the questions before the interview took place.

An additional factor to consider is the fact that three of the interviews were conducted in person while the remaining four were over the phone. This discrepancy could have determined the level of comfort that the participants had or didn't have with providing sensitive, difficult information to a stranger. This inconsistency also became apparent while listening to and analyzing the interviews. It was much easier for me to sense the emotions of the participants that were interviewed in person because I could remember what it was like to sit with them face to face. Because of this, it is probable that I evaluated responses differently based on whether I sat with the participant in person or not.

The fact that the participants are at different stages within their coming out as lesbians and their comfort with discussing their trauma histories might limit the ability to

make any generalization about the findings. It became clear as I listened to each new story how different this process was for each of the women. One woman thanked me for taking the time to do this study but later on admitted that after receiving the information about the study she had to think about whether she would be emotionally able during this time in her life to participate. In the end she declined to participate. Another woman shared that the interview helped her to think about her past experiences in a new way. A third stated that talking about her process of coming out was actually a lot harder than discussing her trauma history.

In addition to the limitations of the study it is important to recognize my own personal biases going into this study. My interest in the coming out process for CSA survivors stems mostly from work that I have done with young women trauma survivors and from personally knowing a number of women who were sexually abused. Although I have this work experience I am neither a CSA survivor nor identify as lesbian. While I did not come forth with this information, some participants were curious and asked about my sexual orientation during the interview. I responded that I identify as a straight woman but am interested in differences in sexuality. This seems important when looking at the findings in that knowing or not knowing this information about me might have influenced the answers that the participants gave.

The limitations and biases of this study might be addressed by repeating the study with a much larger and more diverse sample. Member checking could be used to address the bias and interpretations of my analysis of the participants' narratives in comparison to the womens' own interpretations of their feelings and experiences.

### *Implications for Future Research*

This study sought to fill a gap in the current literature on CSA and the coming out process for lesbian women. Despite the limitations, the findings from this study have important implications and raise a number of themes and issues that could be further explored and elaborated on. With regard to future research I have several recommendations for future studies. First, studies that include a larger number of women survivors from different cultures, ethnicities, religions and ages would significantly complement and add to any existing research already done.

Second, because of the lack of information and studies on this topic there are endless questions to still be asked. A couple of topics that appear to be especially significant and important to study include the survivors' relationship to the perpetrator, the extent of abuse that she endured and the sex of the perpetrator. Another aspect that appeared to be significant in my research is whether or not the woman had support from her family when disclosing the abuse and how this support or lack of went on to greatly influence her comfort in sharing her lesbian sexual identity.

Lastly, it would also be particularly interesting to look at coming out processes of women who are not survivors and compare their struggles and stories with those who are. This type of comparison study might reveal more specifically how being a CSA survivor could exacerbate or aid the coming out process.

Clearly there is much more to learn about women CSA survivors and their coming out processes. Such research would contribute critical knowledge for clinicians who are working with this population and help to establish programs or support groups that focus on the area of coming out as a lesbian and being a trauma survivor.

### *Implications for Social Work Practice*

The findings from this study have important implications for social work practice. There is clearly an existing stigma associated to being a CSA survivor and identifying as a lesbian. It was unmistakable from my discussions with many of these women that this stigma has negatively affected their own lesbian self awareness and their external coming out process. Clinicians working with lesbian CSA survivors should not have preconceived notions of how these clients have come to understand the relationship between these parts of their identity. It was evident from this study that each survivor has a very different view of whether or not there exists a relationship between these factors and often family and therapist's attitudes around this idea have discouraged their own exploration of this.

However, findings from this study as well as ones found in the research done by Robohm et.al. (2003), Banyard & Williams (1997) and Westerlund (1992) reiterate the significance of the role that therapists and other mental health workers play when working with both CSA survivors and women who are struggling with coming out. A number of women from this study shared that their inability to find strength to come out was partly a result of their desire to not bring any more negative attention to themselves. Many felt that without therapy they would not have been able to fully disclose their sexual identity and be comfortable with it. This point reiterates the need for therapists to show openness to all factors when working with both CSA survivors and women who are coming out.

### *Conclusion*

My hope for the effectiveness of this study is that it will fill a gap in the current social work research on the coming out process for lesbian survivor's of childhood sexual abuse. While there is plenty of research looking into the effects of CSA and also research on the coming out process, there is still a great paucity of studies that examine the effect that one might have on the other. With the increase in support around lesbian sexual identities there will hopefully be a decrease in the stigma associated with this topic.

## REFERENCES

- Andres-Hyman, R., Cott, M. & Gold, S. (2004). Ethnicity and sexual orientation as PTSD mitigators in child sexual abuse survivors. *Journal of Family Violence, 19*(4), 319-325.
- Angelou, Maya. "I'll Rise." *And Still I'll Rise*. New York: Random House, 1978.
- Alaggia, R. & Kirshenbaum, S. (2005). Speaking the unspeakable: Exploring the impact of family dynamics on child sexual abuse disclosures. *Families in Society: The Journal of Contemporary Social Services, 86*, 227-233.
- Albro, J.C., & Tully, C. (1979). A study of lesbian lifestyles in homosexual micro-culture and the heterosexual macro-culture. *Journal of Homosexuality, 4*, 331-344.
- American Psychological Association. (2001). Understanding child sexual abuse: education, prevention and recovery. Retrieved August 5, 2008 from <http://www.apa.org/releases/sexabuse/>.
- Anastas, J. W. (1999). *Research design for social work and the human services* (2<sup>nd</sup> ed.). New York: Columbia University Press.
- Balsam, K.F., & Morris, J.F. (2003). Lesbian and bisexual women's experiences of victimization: mental health, re-victimization, and sexual identity development. *Journal of Lesbian Studies, 4*, 67-85.
- Banyard, V.L., & Williams, L.M. (1997). Characteristics of child sexual abuse as correlates of women's adjustment: a prospective study. *Journal of Marriage and Family, 58*, 853-865.
- Bradford, J.B., & Ryan, C. (1994). National lesbian health care survey: Implications for mental health. *Journal of Consulting and Clinical Psychology, 62*, 228-242.

- Brown, L.S. (2003). Lesbian identities: Concepts and issues. In A.R. D'Augelli and C.J. Patterson (Eds.) *Lesbian, Gay, and Bisexual Identities Over the Lifespan*. New York: Oxford Press.
- Brukner, D., & Johnson, P. (2007). Treatment for adult male victims of childhood sexual Abuse. *Social Casework*, 2, 81-87.
- Butke, M. (1995). Lesbians and sexual child abuse. In L.A. Fuentes (Ed.), *Sexual Abuse in Nine North American Cultures* (pp. 236-258). Thousand Oaks, CA: Sage.
- Cameron, C. (2000). *Resolving Childhood Trauma*. Thousand Oaks, CA: Sage Publications Inc.
- Carver, C.M., Stalker, C. Stewart, E., & Abraham, B. (1989). The impact of group therapy for adult survivors of childhood sexual abuse. *Canadian Journal of Psychiatry*, 34, 753-758.
- Cass, V.C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, 4, 219-235.
- Cass, V. C. (1984). Homosexual identity: A concept in need of definition. *Journal of Homosexuality*, 9 (2/3), 105-126.
- Childhood Sexual Abuse: National Center for Victims of Crime (1997). Retrieved on Sept. 25, 2008, from <http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentAction=ViewProperties&DocumentID=32315&UrlToReturn=http%3a%2f%2fwww.ncvc.org%2fncvc%2fmain.aspx%3fdbName%3dAdvancedSearch>.
- Child Sexual Abuse: Stop It Now!, (2005). Retrieved on Sept. 25, 2008, from <http://www.stopitnow.com/comquest.html#Q1>
- Coleman, E. (1981). Developmental stages of the coming out process. *Journal of Homosexuality*, 4, 31-43.

- Cronin, D.M. (1974). Coming Out Among Lesbians. In D. Goode and R. Troiden (Eds.), *Sexual Deviance and Sexual Deviants*. (pp. 68-85). New York: Morrow.
- Dank, B.M. (1971). Coming out in the world. *Psychiatry*, 3, 180-197.
- Davies, D. (2004). *Child development: A practitioners guide*. New York: The Guilford Press.
- Dempsey, C.L. (1994). Health and social issues of gay, lesbian, and bisexual adolescents. *Families in Society: The Journal of Contemporary Human Services*, 9, 160-167.
- Duncan, K.A. (2004). *Healing From the Trauma of Childhood Sexual Abuse*. Westport, CT: Praeger Publishers.
- Finkelhor, D., Araji, S., Baron, L., Browne, A., Peters, S., Doyle, W., & Gail, E. (1986). *A Sourcebook on Child Sexual Abuse*. Thousand Oaks, CA: Sage Publications, Inc.
- Finklehor, D., & Brown, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, 55, 530-541.
- Finkelhor, D., & Dzuiba-Leatherman, J. (1994c). Victimization of children. *American Psychologist*, 49(3), 173-183.
- Freedman, A.M., Kaplan, H.I., & Sadock, B.J. (1976). *Modern Synopsis of Comprehensive Textbook of Psychiatry* (2<sup>nd</sup> ed.) Baltimore, MD: Williams & Wilkins.
- Forstein, M. (1986). Psychodynamic psychotherapy with gay male couples. In T. S. Stein & C.J. Cohen (Eds), *Contemporary Perspectives on Psychotherapy with Lesbians and Gay Men* (pp. 103-147) New York: Plenum Press.



- Galea, S., Stuber, J., & Gold, J. (2003). *Reactions to survey research in the general population in the first few months after the September 11 terrorist attacks*. Manuscript submitted for publication.
- Gill, M., & Tutty, L.M. (2007). Sexual identity issues for male survivors of childhood sexual abuse: A qualitative study. *Journal of Child Sexual Abuse, 6*(3), 31-47.
- Greene, B. (1994). Ethnic-minority lesbians and gay men: mental health and treatment issues. *Journal of Consulting and Clinical Psychology, 62*(2), 243-251.
- Hall, J. (1999). An exploration of the sexual and relationship experiences of lesbian survivors of childhood sexual abuse. *Sexual and Marital Therapy, 14*, 61-70.
- Haugaard, J. (2000). The challenge of defining child sexual abuse. *American Psychologist, 55*(9), 1036-1039.
- Harry, J. (1993). Being out: A general model. *Journal of Homosexuality, 26*(1), 25-39
- Henderson, D. (1975). Incest. In A. Freedman, H. Kaplan, & B. Sadock (Eds.), *Comprehensive Textbook of Psychiatry* (2<sup>nd</sup> Ed.) (pp. 1530-1539). Baltimore, MD: Williams & Wilkins.
- Herman, J. (1992). *Trauma and Recovery*. New York: Basic Books.
- Hooker, E. (1967). The homosexual community. In J.H. Gagnon & W. Simon (Eds.), *Sexual Deviance* (pp. 124-168). New York: Harper Row.
- Kaplan, H.I., & Saddock, B.J. (1988). *Synopsis of Psychiatry* (5<sup>th</sup> ed.). Baltimore, MD: Williams & Wilkins.
- Kennedy, E.L., & Davis, M.D. (1993). *Boots of Leather, Slippers of Gold; The History of a Lesbian Community*. New York: Penguin
- Kilgore, L. (1988). Effects of early childhood sexual abuse on self and ego development. *Social Casework: The Journal of Contemporary Social Work, 69*(4), 224-230.

- Kilpatrick, D., Saunders, B., & Smith, D. (2003). *Youth victimization: Prevalence and implications*. U.S. Department of Justice, National Institute of Justice report.
- Kitzinger, C. (1995). Social Constructionism: Implications for Lesbian and Gay Psychology. In A.R. D'Augelli & C.J. Patterson (Eds.), *Lesbian, Gay, and Bi-sexual Identities Over the Lifespan* (pp. 137-157). New York: Oxford Press.
- Kuyken, W. (1995). The psychological sequelae of childhood sexual abuse: A review of the literature and implications for treatment. *Clinical Psychology and Psychotherapy*, 2(2), 108-121.
- MacDonald, G.J. (1982). Individual differences in the coming out process for gay men. *Journal of Homosexuality*, 8, 47-60.
- Mennen, F.E. (1995). The relationship of race/ethnicity to symptoms in childhood sexual abuse. *Child Abuse and Neglect*, 19(1), 115-124.
- Miller, D. (1994). *Women Who Hurt Themselves: A Book of Hope and Understanding*. New York: Basic Books.
- Mitchell, J. & Morse, J. (2004). *From victims to survivors: Reclaimed Voices of Women Sexually Abused in Childhood by Females*. Bristol, PA: Accelerated Development.
- Morris, J.F. (1997). Lesbian coming out as a multidimensional process. *Journal of Homosexuality*, 33(2), 1-20.
- National Center for Child Abuse and Neglect (NCCAN). (1988). *Study of National Incidence and Prevalence of Child Abuse and Neglect*. (Pub. No. NIS-2, CD-11794). Washington, D.C: U.S. DHHS. Retrieved August 6, 2008 From: <http://www.childwelfare.gov/>.

- National Center for Child Abuse and Neglect (NCCAN). (1996). *Third Study of National Incidence and Prevalence of Child Abuse and Neglect*. (Pub. No. NIS-3, CD-23595). Washington, D.C: U.S. DHHS. Retrieved August 6, 2008 From: <http://www.childwelfare.gov/>
- Newman, E.B., & Kaloupek, D.G. (2004). The risks and benefits of participating in trauma-focused research studies. *Journal of Traumatic Stress, 17*(5) 383-394.
- Noll, J., Trickett, P. & Putnam, F. (2003). A prospective investigation of the impact of childhood sexual abuse on the development of sexuality. *Journal of Consulting and Clinical Psychology, 71*(3), 576-586.
- O'Donohue, W. & Geer, J., H. (1992). *The Sexual Abuse of Children: Theory and Research Vol. 1*. New Jersey: Lawrence Erlbaum Associates, Publishers.
- O'Donohue, W. & Geer, J., H. (1992). *The Sexual Abuse of Children: Clinical issues Vol. 2*. New Jersey: Lawrence Erlbaum Associates, Publishers.
- Phillips-Sanders, K., Moisan, P.A., Wadlington, S., Morgan, S., and English, K. (1995). Ethnic differences in psychological functioning among Black and Latino sexually abused girls. *Child Abuse and Neglect, 19*(6), 691-706.
- Robohm, J.S., Litzengerger, B.W., & Pearlman, L.A. (2003). Sexual abuse in lesbian and bisexual young women: Associations with emotional/behavioral difficulties, feelings about sexuality and the coming out process. *Journal of Lesbian Studies, 7*(2) 31-47.

- Rotheram-Borus, M.J., Rosario, M., Van Rossem, R., Reid, H., & Gillis, R. (1995). Prevalence, course, and predictors of multiple problem behaviors among gay and bisexual male adolescents. *Developmental Psychology, 31*, 75-85.
- Rust, P.C. (2005). Coming out in the age of social constructionism: Sexual identity formation among lesbian and bisexual woman. In E.D. Rothblum (Eds.), *Classics in Lesbians Studies* (pp. 25-54). New York: Hawthorne Press.
- Savin-Williams, R.C. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Psychology, 62*, 261-269.
- Seidler, J.S. (2000). *Identity development of women sexually abused in childhood by a female: Impact on a girl's developing sense of self, gender identity, sexuality and relationships*. Un-published master's thesis, Smith College School for Social Work, Northampton, Ma.
- Schwartz, D. (2005). Current psychoanalytic discourses on sexuality: Tripping over the body. In T. Domenici & R.C. Lesser (Eds.), *Disorienting Sexuality: Psychoanalytic Reappraisals of Sexual Identities* (pp. 115-126). New York: Routledge.
- Testa, M., VanZile-Tamsen, C., & Livingston, J. (2005). Childhood sexual abuse, relationship satisfaction, and sexual risk taking in a community sample of women. *Journal of Consulting and Clinical Psychology, 73*(6), 1116-1124.
- Thompson, C.A. (1996). Lesbian Grief and Loss Issues in the Coming-out Process. In C.J.Alexander (Eds.), *Gay and Lesbian Mental Health: A Sourcebook for Practitioners* (pp. 211-222). Binghamton, NY: Haworth Press, Inc.

- Thompson, E., & Morgan, E. (2008). "Mostly straight" Young variations in sexual behavior and identity development. *Developmental Psychology, 44*(1), 15-21.
- Troiden, R.R., & Goode, E. (1989). The formation of homosexual identities. *Journal of Homosexuality, 17*(1/2), 43-73.
- United States Department of Health and Human Services: Administration for Children and Families. (2009). *Child Abuse Prevention and Treatment Act*. Retrieved March 21, 2009, from:  
[http://www.acf.hhs.gov/programs/cb/laws\\_policies/cblaws/capta/index.htm](http://www.acf.hhs.gov/programs/cb/laws_policies/cblaws/capta/index.htm).
- Vander Mey, B., J. & Neff, R., L. (1986). *Incest as a Child Abuse: Research and Applications*. New York: Praeger.
- Van Der Kolk, B.A. (2003). *Healing Trauma: Attachment, Mind, Body, and Brain*. New York, NY: W.W. Norton and Company.
- Vigil, J.M., Geary, D.C., & Byrd-Craven, J. (2005). A life history assessment of early childhood sexual abuse in women. *Development Psychology, 41*(3) 553-561.
- Weiner, E. (1998). The effects of short-term group therapy on severely mentally ill women who were sexually abused as children. *Dissertation Abstracts: Section B: The Sciences and Engineering, 58*(11), 6249.
- Westerlund, E. (1992). Counseling women with histories of incest. *Women's Sexuality After Childhood Incest, 2*(4), 17-31
- Women's Research Centre (1989). *Recollecting our lives: Women's Experience of Childhood Sexual Abuse*. Vancouver, Canada: Press Gang Publishers.

U.S. Children's Bureau (2003). Child Maltreatment: *Reports from the states to the National Child Abuse and Neglect Data System*. Retrieved, June, 12, 2009 from: <http://www.cwla.org/advocacy/2003legagenda09.htm>.

## Appendix A

March 10, 2009

Amy Kirsztajn

Dear Amy,

Your revised materials have been reviewed and all is now in order. We are happy to give final approval to your study.

*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.

Good luck with your recruitment. That is usually the toughest part of the whole process.

Sincerely,

Ann Hartman, D.S.W.  
Chair, Human Subjects Review Committee

CC: Carla Naumburg, Research Advisor

## Appendix B

Dear Research Participant:

My name is Amy Kirsztajn. I am conducting a study that will explore the coming out process for lesbian identifying women that have a history of childhood sexual abuse. By participating in this research study you will be asked to take part in a one-on-one interview with me to talk about your personal experience of coming out as a lesbian and how this was influenced by the abuse during your childhood. I will be asking you to talk about your past and present experiences and memories of your first awareness in the process of identifying as a lesbian and how your trauma influenced this process. The study is being conducted as a thesis for Master of Social Work degree at Smith College School for Social Work. In addition, the data collected here may later be used for presentations at professional meetings, or publications in scholarly journals.

You are being asked to participate in this study because you are 25 years or older, and presently identify as lesbian woman who was sexually abused during your childhood. Childhood sexual abuse will be classified as the survivor (you) feeling forced or encouraged to engage in any type of physical contact that involves either or both participant's sexual organs one or more times when the survivor is under the age of 15 and the perpetrator is at least five years older. Additionally, you will be required to have been in or are currently involved in some form of talk therapy where your sexual trauma was discussed. If you agree to participate I will mail you a copy of the interview guide so that you can view the questions that will be asked ahead of time. The interview will be conducted in person, will be tape-recorded, and will last approximately one hour.



The risk of participating in this study may be that some interview questions could elicit disturbing thoughts, feelings, or memories. Enclosed in this mailing is a list of psychotherapy resources for the New England area that you may contact if you experience psychological distress as a result of participation in this study.

The benefits of participating in this study are that you have the opportunity to contribute to an area of research that has been given little attention. Unfortunately, I am not able to offer you payment for your participation.

Your participation in this study is confidential. I will label audiotapes and interview notes with a numerical code instead of your real name. After information has been labeled with a numerical code, my research advisor will have access to the data collected. I will lock consent forms, audiotapes, and interview notes in a secure location during the thesis process and for three years thereafter, in accordance with federal regulations. After such time, I will either maintain the material in a secure location or destroy it. In the written thesis, I will not use identifying information to describe any individuals. When brief illustrative quotes or vignettes are used, potentially identifying data will be carefully disguised. Finally, if an additional data handler, transcriber or analyst is used in this study, I will require her/him to sign a confidentiality agreement.

Your participation in this study is voluntary. You may refuse to answer any question(s). You may withdraw from the study at any time during or after the study until April 24, 2009 when I will begin writing the results and discussion sections of my thesis. If you wish to withdraw you may email me at [akirsztajn@smith.edu](mailto:akirsztajn@smith.edu) or telephone me at. At that point, all material pertaining to you will be immediately destroyed. Should you have concerns about your rights or about any aspect of the study, you are encouraged to



## Appendix C

### Interview Guide

1. Can you share a little bit about your process of coming into awareness around your lesbian sexual identity?
  - a. How old were you when this happened?
  - b. Did you know any other lesbians?
2. What was it like when you realized you may be “different” than straight women?
3. How long have you been out as a lesbian? And was there a specific event/reason that you first decided to openly share your sexual identity?
4. Who was the first person that you felt comfortable sharing your lesbian identity with and why? What in your impression makes this particular person trustworthy to you?
5. In what ways, if any, was this process of coming out as a lesbian influenced by your sexual abuse history?
6. In your experience, do you feel there are ways in which your being a survivor of sexual abuse may have influenced your sexual behavior prior to or during your coming out process?
7. What are your feelings about the sexual abuse and how it might have affected the coming out process?
8. Are you aware of ways in which your experience with sexual abuse may have impacted your sense of trust with others?
  - Furthermore if your sense of trust felt altered, do you feel that this may have impacted who you felt comfortable sharing your sexuality (coming out) with?

9. How was affect handled in your family?
10. What were the rules about what could be talked about?
11. Were you afraid that your coming out as lesbian would cause a rift in your family?
  - a. Furthermore, did you associate this potential for a rift to how you may have felt when your family found out about your being a victim of sexual abuse?
  - b. Did you think that your family would think the coming out was connected with the abuse?
12. In referring back to the previous question about your family rules, what ways, if any do you feel these family rules may have impacted your coming out process?
13. Are there important people in your life that you still have not come out to? Why?
14. What were the factors that made it hard to come out?
  - a) What kind of help did you wish you had in the process?
  - b) Were there factors that you feel may have helped you with the process?
15. What has been your process around disclosing your history of childhood sexual abuse?
  - a. Who have you come out to about this and when?
16. Were you concerned that people would connect your abuse history with your coming out as a lesbian?
17. How has therapy impacted your understanding of the influence of CSA on your coming out process?
18. How has this experience (interview) been for you?

19. Is there anything else that you wish to share that I did not ask about?

## Appendix D

### Boston Area Resources for Additional Therapeutic Support

#### **Boston Area Rape Crisis Center**

99 Bishop Allen Drive  
Cambridge, MA 02139  
Fax: 617.492.3291

#### **Boston Glass Community Center**

93 Massachusetts Ave, 3<sup>rd</sup> floor  
Boston, MA 02115  
Email: glass@jri.org  
Phone: 617-266-3349

#### **The Trauma Center at JRI**

1269 Beacon Street  
Brookline, MA 02446  
Email: moreinfo@traumacenter.org  
General Tel: (617) 232 - 1303  
Clinical Intake: (617) 232 - 0687  
Fax: (617) 232 - 1280

#### **Fenway Community Health Center**

7 Haveland Street  
Boston, MA 02115  
(617) 927-6250  
1-800-834-3242

## Appendix E

### Waiver From South Shore Mental Health



500 Victory Road • Quincy, MA 02171

FAX (617) 786-9894 • TTY (617) 847-1922

(617) 847-1950 • (800) 852-2844

[www.ssmh.org](http://www.ssmh.org)

February 5, 2009

Amy Kirsztajn  
103 Beaumont Avenue  
Newton, MA 02460

Dear Ms Kirsztajn:

On February 3, 2009, the Quality Assurance / Research Review Committee reviewed your proposal to conduct a study on the effects of childhood sexual abuse on the coming out process for lesbian identifying women. The Committee has given your proposal a conditional approval, subject to the following restrictions:

- You agree to conduct your study using the modifications you discussed with members of the Committee on February 3, 2009. These modifications include interviewing SSMH clients on site at an SSMH facility, and working collaboratively with the client's clinician during each step of the interview process.
- You must obtain the prior approval of the program manager of the SSMH program in which the client you wish to interview is being seen. Your study can not interrupt or impede the clinical or business operations of South Shore Mental Health. SSMH reserves the right to unilaterally halt your study should the Quality Assurance / Research Review Committee believe that the clinical or business needs of the organization or its clients are not being met.

The conditional approval described above does not replace the requirement that your proposed study must also be approved by the Smith College Human Subject Review (HSR) Committee. Should this HSR Committee require substantive changes to your proposed study, it would be necessary to resubmit the revised proposal to the SSMH Quality Assurance / Research Review Committee for approval.

Thank you for your cooperation with our research review policy. Please contact me if you have any questions.

Yours truly,

A handwritten signature in cursive script that reads "Dean Tsapatsaris".

Dean Tsapatsaris, LICSW  
Director of Quality Management  
Chair, Quality Assurance / Research Review Committee

## **Volunteers needed for a Masters Study researching the coming out process for lesbian women.**

This study examines factors such as **TRUST**, and **AGE of coming out** that influence this process for women who were sexually abused during childhood.

This study is strictly **CONFIDENTIAL** and you will **NOT** be asked about your abuse history.

To qualify for this study you must:

- Be a survivor of childhood sexual abuse
- Identify as Lesbian
- Be over the age of 25

Participation consists of a one hour interview by phone. Please contact Amy at or [akirszta@smith.edu](mailto:akirszta@smith.edu) if you would like to participate.

**THANK YOU**