

# **112 | sexual assault as trauma: a Foucauldian examination of knowledge practices in the field of sexual assault service provision**

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## **abstract**

This paper examines the deployment of the concept of psychological trauma in the field of sexual assault service provision, a field in which a feminist understanding of sexual violence has achieved a position of 'truth'. Using a Foucauldian methodological approach, the investigation centred on service provision in New South Wales, Australia, and analysis focused on the everyday practices of workers illuminated through documents collected from the field, in particular the interview texts produced from interviews with thirty sexual assault practitioners. The paper focuses on the adult survivor of child sexual assault who emerged in the study as the most traumatised category of victim. I lay out how 'trauma', specifically the concept of 'complex trauma', operates as the conceptual (emotional, relational, neurobiological) link between past abuse and current problems, redefining them not as 'problems' but as the symptoms or effects of untreated childhood trauma. I argue that in the local field this deployment is simultaneously enabling and problematic. The production of a subject position of ongoing ontological vulnerability has the effect of repositioning the 'adult survivor' outside the socio-political context of their current lives and as such appears misaligned with a feminist 'regime' centred on enabling practices and structural gender inequality. However, I demonstrate how this same knowledge of the neurobiological, relational and emotional effects of trauma on the survivor self is used by practitioners as part of their established feminist practices of enabling victims to regain a sense of power and control, of interrupting blame and working for victims at a broader systemic level. The research adds to feminist research and commentary that has drawn critical attention to uptake of trauma in sexual assault work by showing the specificity of how trauma operates in a specific location, and illustrating both the potential and the problematic aspects of trauma as a feminist knowledge practice.

## **keywords**

Australian sexual assault service provision; trauma; sexual assault; 'adult survivor'; feminist knowledge practices; Foucauldian methodology

## introduction

This paper is based on research that utilised Foucault's epistemological approach and methodological strategies to examine the ways in which feminist knowledges of sexual violence have been produced in the local field of sexual assault service provision in New South Wales (NSW), Australia. The context informing the research was a concern about the place of feminist ideas and practices in contemporary sexual assault work. In particular, trauma discourses usually associated with medicine and psychiatry appeared to have gained some prominence. It seemed curious that these discourses could have entered a field of practice typically represented as a product of the second-wave women's movement, a movement that in many ways arose in response to the poor treatment of women by institutions such as medicine.

The argument presented in this paper is premised on two key findings from the study, which was based on analysis of a library of documents including policy documents, service resources and publications, and interview texts produced from interviews with sexual assault practitioners. The first finding is that feminism has achieved a position of truth in the local field of sexual assault. While feminism is by no means a unitary body of knowledge and there are variations and debates among feminisms (e.g., radical, liberal, second wave, third wave) my research clearly discerned a form of knowledge and set of practices that can be categorised as feminist knowledge practices in the local field of sexual assault services. The second finding is that sexual assault as trauma also functions as a regime of truth in the field of sexual assault. An overall aim of the research study became to understand how these two seemingly disparate forms of knowledge operate in the same field. This paper focuses on the 'adult survivor' of child sexual assault who emerged as the category of victim around whom 'trauma' coalesced, and lays out how trauma, specifically the concept of 'complex trauma', is deployed by sexual assault practitioners. I argue that this deployment appears *both* enabling, used to advocate for victims and to assist them to regain control over their lives, *and* disabling, producing the 'adult survivor' as a constrained and problematic subject position.

## sexual assault as an object of feminist analyses

Sexual assault has been a feminist concern for many decades and has often been represented as synonymous with the second-wave feminist movement in Australia and other Anglophone countries (Atmore, 1999b). Moreover, it is radical feminism that is most often associated with feminist analyses of sexual violence and represented as having contributed most to feminist theorising of violence against women (Bell, 1993, p. 4; Jackson, 1996, p. 23; Carmody, 2000, p. 346; Mason, 2002, p. 38; Irwin, 2004, pp. 88–90). There were shifts and changes over time in this body of work, particularly in the relationship between male violence and women's oppression. While earlier radical feminists such as Firestone (1970) and Millett (1970) theorised male dominance as vested in a range of institutions—social, political, economic and ideological—later theories, which Edwards (1987) refers to as *feminist analyses of male violence*, position violence against women as central to the production and maintenance of patriarchal power and therefore the key source of women's oppression. Initial texts such as Brownmiller (1975) and Griffin (1977) focused on particular forms of violence such as rape. However, over time theorists such as Dworkin (1982), MacKinnon (1982, 1983) and Rich (1980) developed analyses encompassing all forms of violence, abuse and exploitation, and positioned them within a patriarchal,

male-dominated system. In these frameworks, the institution of heterosexuality becomes central to understanding women's oppression.

Feminist post-structural scholars such as Bell (1993), Carmody (2003) and Gavey (2005) argue that despite nuanced differences, these analyses of male violence share a common conceptual foundation and constitute a distinctive 'type' of theoretical work. Male violence against women, whether limited to rape or extended to pornography and sexual harassment, is located within a patriarchal power system and it is this system that produces, legitimises and maintains male dominance and female subordination. The foundation of the concept of patriarchy is a structural understanding of power, '... the idea of power as an autonomous and fundamental social structure that produces a coherent and stable set of relations by which men have dominance over women ...' (Mason, 2002, p. 121). Consequently, women are positioned as a unified category and as the objects of an emancipatory feminist political project (Healy, 2000, p. 51).

Although there are considerable differences between post-structural theories, the broad themes that characterise this approach include a move away from 'essential' meanings, a rejection of a search for 'the truth', and an understanding that meanings are constructed through historically and culturally contingent discourses (Healy, 2000, pp. 50–53). Feminist scholars engaging with these ideas conceptualise the category of woman as a differentiated rather than universal identity, theorise the experiences of women such as sexual assault as discursively constructed and produced, and approach a politics based on identity as provisional and never complete (Yeatman, 1994).

While post-modern and post-structural theories have had considerable influence on contemporary feminist theory and politics, this has not been evenly distributed across all 'traditional' areas of feminist concern. Sexual violence has not been positioned as an object of post-structural feminist work to the same extent as, for example, sexuality (Atmore, 1999a; Graham, 2001; Mason, 2002), and some commentators have argued this has contributed to the 'decentring' of sexual violence in contemporary feminist theoretical work (Atmore, 1999a, pp. 88–89; Atmore, 1999b, p. 203; Atmore, 2003, p. 29; Mardorossian, 2002, pp. 743–746). For example, Atmore (1999b, p. 207), commenting on Butler's positioning of *Gender Trouble* (1990) as a post-modern reworking of Rich's theory of 'compulsory heterosexuality', highlights the absence of sexual violence in the text, given its centrality to Rich's theory.

However, there has been some interdisciplinary work on sexual violence by feminists utilising post-structuralist ideas. This work includes analyses that draw critical attention to the focus on 'harm' within feminist analyses of sexual assault, particularly child sexual assault (e.g., Marecek, 1999; Burman, 2003; Levett, 2003; O'Dell, 2003; Reavey, 2003, 2010; Reavey and Brown, 2007; Hunter, 2010), the repositioning of sexual assault as a mental health problem (Marecek, 1999), the construction of a passive female subjectivity in discourses of rape (Smart, 1995; Young, 1996; Holloway and Jefferson, 1998) and 'responsibilisation' of women via many prevention approaches (Marcus, 1992; Carmody, 2000, 2003, 2004, 2008, 2009). More recent work focused on female adolescent sexuality has debated the individualising potential of discourses of agency, empowerment and pleasure, including their use in prevention programmes as a corrective to the focus on young women as 'vulnerable' and 'at risk' (Lamb, 2010; Peterson, 2010; Bay-Cheng *et al.*, 2011; Bay-Cheng, 2012, 2015; Gavey, 2012; Gill, 2012; Peterson and Lamb, 2012; Tolman, 2012). I engage with, and find the scholarship on, the dominance of concepts of psychological harm and vulnerability useful in understanding the problematic positioning of the adult

survivor of child sexual assault; however, I argue that this work does not fully capture the normative place trauma has assumed in the NSW field of sexual assault services.

## **a Foucauldian approach to knowledge production**

The research used a Foucauldian epistemological approach and drew on his methodological strategies to design and conduct the empirical work. Sawicki (2005, p. 381) argues that of the major post-structural theorists, it is Foucault's writing that has most resonated with feminist concerns and thus proved most useful to feminist social and political theorists. Foucault's theorisation of power as mobile, productive and as a practice, rather than as a structure, has been utilised by feminist scholars writing on sexual and gender identity, to examine contemporary practices of femininity and the regulation of women's bodies at both individual and population levels (Deveaux, 1994; Sawicki, 2005). However, the issue of sexual violence has been a less usual object of Foucauldian research. Similarly, deployment of the methodological strategies he developed to investigate knowledge, power and truth is less usual than the use of his theorisation of these concepts.

Foucault problematised received truths about different categories of persons—the mad, the criminal and the sexually deviant. His empirical studies questioned the certainty about practices and institutional arrangements that seemed to present themselves as having no alternative—that it was inevitable asylums were set up to treat the mentally ill or that sexual freedom required discovering and accepting one's sexual orientation (Gutting, 2005, p. 10). His research focused on the human sciences and on the relationship between these disciplines and their institutional matrix (Gordon, 1980, p. 230; Gutting, 2005, p. 53), the psychiatric asylum (Foucault, 1982), the hospital (Foucault, 1975) and the penal system (Foucault, 1995). Foucault's later work considered the relationship between these sanctioned forms of knowledge, these 'regimes of truth', and the operation of modern forms and practices of power, the 'regimes of practices' (Dean, 1994, p. 154). Central to Foucault's (1980a, pp. 119–121) theorisation was his concept of modern power as operating not through a sovereign or a state structure but through disciplinary procedures and techniques associated with the human sciences, methods of observation, assessment, and education of individuals and populations.

Although feminists have always engaged in critical debate over the 'truth' position of other (male) forms of knowledge, it has not been conventional for feminists to consider feminism as a 'regime of truth' (Bell, 1993). An effect of adopting a Foucauldian theory of knowledge is that feminist theories and practices too are approached as forms of knowledge with their own regimes of truth and procedures for pursuing truth. However, to approach subject positions, such as that of sexual assault victim, as constructed categories does not mean questioning the reality of the experience or effects. Indeed, Foucault (2001, p. 171) emphasised that when he studied 'problematizations' such as madness and crime it was not to deny '... the reality of such phenomena' but rather to '... show that it was precisely some real existent in the world which was the target of social regulation at a given moment'. A Foucauldian enquiry into knowledge production is not an investigation into whether ideas, beliefs and theories about a given problem *are* 'true', but rather an enquiry into *how* the problem or topic of analysis has been constituted.

## **sexual assault as the object of Foucauldian research**

To develop the research project I primarily focused on the texts where Foucault reflects on his methodological 'rules' or strategies in the most detail: *The Will to Knowledge* (Foucault, 1998), *The Archaeology of Knowledge* (Foucault, 1972) and *Two Lectures* (Foucault, 1980b). A key strategy that informed the overall design of the research was the imperative to focus one's investigation on 'local centres of power-knowledge'; that is, on practices of power at the extremities in local, regional forms rather than in legitimate centralised locations (Foucault, 1998, p. 97). Consequently, the research focused on a specific site, the NSW field of sexual assault provision, and the most extensive investigation focused on service delivery, as this enabled examination at the most local level, where discourses are enacted in everyday practices.

Foucault's other methodological strategies highlight the unstable and changeable nature of the relationship between knowledge and power. The 'rule of continual variations' draws attention to the modifications and shifts in knowledge-power relations. (Foucault, 1998, p. 99). The 'rule of tactical polyvalence of discourses' highlights the variability within a single discourse, depending on how it is deployed (*ibid.*, p.100). The same discourse can have multiple, even opposing effects, depending on who is speaking and acting, the institution from which they speak and act, and their position within that institutional location. Consequently, it is not possible to simply divide discourses into acceptable or excluded, just or unjust. A discourse is never just an instrument of power but has the potential to function as 'the starting point for an opposing strategy' (*ibid.*, p.101).

These methodological 'rules' informed both the types of data collected and the analytical approach. The types of documents collected reflected the focus on service delivery and included programmatic documents such as policy manuals and job descriptions, and specialist knowledge documents such as training manuals and interview texts produced from interviews with sexual assault practitioners. It was anticipated that analysis of the interview texts would make visible the specificity of how a particular discourse was deployed and enable access to knowledge practices that may not be present in formal documents such as policy documents and manuals. Indeed, it was in the interview texts that the dominance of trauma and the detail of how it was used became visible. As part of the analytic focus on how trauma operates in a specific place and time the trauma theorists referred to are those identified by practitioners as influential in their work.

### **producing the practitioner interview texts**

After receiving ethics approval from the University of Sydney and NSW Health, thirty onsite semi-structured, in-depth interviews were conducted during 2008 and 2009, with practitioners recruited from ten NSW sexual assault services selected to represent the diversity of the sector (urban and rural, non-government and government). Two-thirds of the participants were sexual assault workers and one-third service managers, the majority of whom continued to be involved in direct client work. The aim of the interviews was to elicit the forms of knowledge participants use in their work and the interview questions designed to access the types of knowledge/practices enacted by sexual assault practitioners in their day-to-day work. Participants were asked why they thought sexual violence happens, about the consequences, practice models or approaches used, the knowledge, skills and training they saw as important, and their

observations of knowledge/practices in the sector. The interviews were positioned in the research as 'social texts', which produce examples of knowledge practices, rather than as the stories or accounts of the experiences of individuals. To assist with the production of texts from the interview transcripts I used NVivo, a qualitative research software programme to collate and 'sort' the transcripts into texts rather than to perform data (content) analysis, which is the programme's more usual function. The individual transcripts were retained, and also divided to form new documents in which all data in response to an interview question was grouped together. I then used the coding function to divide each text into smaller sets of data, while retaining a copy of the original document. For example, data from the *Consequences* document was grouped according to the different consequences represented such as *Self-blame* and *Re-victimisation*.

As well as sorting documents, I was able to 'build' documents that drew together data from multiple questions on a given topic. For example, all data on 'trauma' was collated in one document and in another all data about 'adult survivors of child sexual assault'. This was particularly useful in making visible the representation of major discourses or knowledge practices across the texts. The texts produced were then analysed by asking a series of questions of the documents that were derived from those outlined in the *Archaeology of Knowledge* (1972) as identifying a distinctive discourse or discursive formation. Examples of the questions used are: 'How are the objects (victims of sexual assault) divided and related?', 'What truth does the subject (sexual assault practitioner) speak and from what institutional site?', 'What assumptions underpin the concept (sexual assault)' and 'How have concepts belonging to one field been transferred to another?'

## **sexual assault as feminist knowledge**

Although there are points of divergence and variability between different feminist theories and practices, my research clearly discerned a form of knowledge/practices that can be categorised as feminist knowledge in the local field of sexual assault. The concepts of male power, violence, structural gender inequality and locating responsibility with the perpetrator were replicated across the texts as the core concepts practitioners use to articulate what sexual assault is and why it happens. Sexual assault was understood as an abuse of power and an act of gendered violence that, although committed by individuals, is part of a system of structural inequality in which men (as a category) are advantaged and hold more power than women and children. Thus, radical feminist analyses of sexual assault, the form of feminism most closely associated with second-wave feminist work against sexual violence, appear to have retained their currency in the field of sexual assault service provision.

Importantly, when deployed through the technique of counselling (the most usual practice represented in the texts), these conceptual 'truths' about what 'sexual assault is' produce a distinctive, local 'regime of practice'. Three core feminist counselling techniques were identifiable in the practitioner texts: first, techniques that work with the concept of power and focus on enabling the victim to regain the power lost through the experience of sexual assault; second, techniques that aim to shift the self-blame often experienced by victims; and third, techniques that work between the individual and the structures and systems that support sexual assault. Typical examples of the latter included advocacy work with systems such as police, legal and medical services with which victims routinely come into contact. Each of these

techniques requires practitioners to work with the effects of sexual assault on individual victims through deployment of a structural, conceptual lens of sexual assault.

## **sexual assault as trauma**

However, running seemingly in parallel to this structural feminist understanding, an individualised understanding of sexual assault as a psychological trauma, as an injury to the psyche of the victim, emerged as a dominant concept in the contemporary field of sexual assault. Often the term and its variants were used factually without explanation or elaboration. The following phrases appeared repetitively across the interview texts. Victims of sexual assault are described as *very, very traumatised* and their reactions as *about trauma—all the reactions to trauma*. Sexual assault is discussed as affecting people *more than other forms of trauma*. *Untreated trauma* is often the core issue identified by practitioners as underlying other problems such as drug and alcohol problems or mental illness. Practitioners new to the field *have to know about trauma* in order to work effectively with victims of sexual assault. The frequency with which ‘trauma’ appears in the texts and the factual manner in which it is used suggests that a naturalised relationship has been established between sexual assault and trauma.

## **trauma and the ‘adult survivor’**

The concept of trauma coalesces most densely in the interview texts where the focus was adult survivors of childhood sexual abuse, routinely referred to by the short-hand term ‘adult survivors’. The ‘adult survivor’ appeared an unstable subject in the interview texts. Adult survivors were described as living with multiple psychological and emotional problems as a consequence of childhood abuse, including ‘constant nightmares, drug abuse, on pills, in and out of hospital, suicidal, self-mutilation’ (Interview Text No. 2). They appeared to struggle in their adult social and intimate relationships, experiencing difficulty with ‘issues around intimacy and sex’, find it difficult to communicate in a social setting, and often ‘live with a sense of isolation’ (Interview Text No. 11). Their abusive childhood experiences had left the adult survivors ‘vulnerable to ongoing abuse’ (Interview Text No. 17), and as a population group they experienced a high rate of sexual ‘re-victimisation’ in adulthood (Interview Text No. 20). Thus, the adult survivor was positioned across the texts as the category of victim for whom sexual victimisation had the most serious and ongoing consequences.

The ongoing harm experienced was encapsulated through the concept of ‘complex trauma’. While all victims of sexual assault were positioned as ‘traumatised’, it was the ‘complexity’ of the trauma experienced that distinguished adult survivors from other victims, for example, adult victims of recent rape. The following excerpt is illustrative of how the complexity of trauma experienced by adult survivors of child sexual assault was represented across the interview texts:

The other group of people are people who experienced traumas including sexual assault trauma during childhood and I think of people in that situation as people who have a complexity of trauma. And in that, the trauma that they experienced during childhood interrupted development at crucial stages .... So the abilities to self-regulate. The ability to have a reference point for what crisis isn’t. And I guess a whole bunch of things around that but I think adult survivors of childhood sexual assault can, don’t always, but can present with a more complex range of symptoms ... an additional

layer, I suppose, for this population which is that also the development of key skills was not developed .... So the interpersonal effectiveness, the distress toleration, the emotion regulation—those sorts of intrapersonal skills and interpersonal skills. (Interview Text No.3)

The symptoms listed in the above excerpt—difficulty regulating emotions, tolerating distress and with ‘effectiveness’ in interpersonal relationships—are those associated with Complex Post Traumatic Stress Disorder (Complex PTSD) typically described by both trauma researchers (see, e.g., van der Kolk *et al.*, 2005) and in practice publications from the local field (Davidson, 2007; Dombrowski *et al.*, 2009) as a clinically recognised condition, although not yet included as a diagnosis in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association.

The term Complex PTSD was first coined by Judith Herman, the North American feminist psychiatrist whose text *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (Herman, 1992, 2001) was frequently referred to in the interview texts as ‘the bible’. Herman, along with Briere and van der Kolk, was the trauma theorist whose name appeared most frequently in the interview texts. Where the trajectory of trauma into the sexual assault field is identified in the interview texts, it begins in the early 1990s with Herman’s work, continues in the 1990s with van der Kolk’s neurobiological research and is more recently influenced by Briere’s approach to working with adults sexually abused in childhood.

In *Trauma and Recovery* Herman (1992, 2001) argued that the experience and effects of sexual and domestic violence, like the experience and effects of war, should be understood as trauma, specifically PTSD, which had been accepted as a formal diagnosis in the 1984 version of the DSM. However, Herman’s primary focus in this text was on proposing the necessity for an additional diagnostic category of Complex PTSD. Herman (2001, p. 119) argued that PTSD did not capture the complex symptoms of victims who had experienced prolonged, repeated abuse. Her proposal focused most specifically on the consequences of abuse experienced in childhood, particularly child sexual abuse, which she argued were more pervasive and insidious because they interrupted the development of the child’s psychological, emotional and cognitive capacities. As a result, adult victims of childhood sexual abuse often experienced problems whose aetiology could be traced to untreated early childhood trauma, including difficulties in their adulthood relationships, with identity formation and self-perception, and vulnerability to further harm towards themselves and from others, including adult sexual victimisation. These types of problems, as discussed above, now form the symptoms or criteria for the ‘clinically recognised’ category of Complex PTSD.

Herman (2001) further proposed Complex PTSD as an alternative to the pejorative diagnosis of Borderline Personality Disorder (BPD). Citing her own and others’ research on the rates of childhood abuse in the histories of these patients, Herman (2001, p. 127) proposed that their often ‘problematic’ symptoms, similar to those proposed as criteria for Complex PTSD, were the understandable effects of childhood abuse. Herman was critical of the treatment survivors of child abuse received in mental health systems and considered that by treating symptoms as causes, professionals working in these systems continued the culture of blaming the victim, by focusing on the victim’s inherent character as the source of the problem. More recent trauma theorists, such as Briere, have extended beyond the personality disorders to include other mental illnesses such as depression, anxiety and schizophrenia as symptoms or effects of childhood abuse (see Briere, 2002; Briere and Spinazzola, 2005; Briere and Scott, 2006; Briere *et al.*, 2008; Briere and Jordan, 2009).



Following Herman, practitioners viewed the diagnosis BPD as the epitome of the poor treatment of victims of childhood sexual abuse, the most pronounced example of how the 'medical model' forecloses on the individual, and their perceived deficits, as the source of the problem. Complex trauma was represented in the texts as a form of knowledge that enabled practitioners to normalise survivors' reactions and thus challenge the notion of mental health deficits. The practitioner with access to 'trauma' knowledge understands that even reactions that appear extreme are 'very normal, expected effects of terrible trauma' (Interview text No. 1). The origin of the problem shifts from the individual's perceived deficits and problems in their adult lives to their traumatic childhood experiences. This type of representation occurred repeatedly through the interview texts and is encapsulated in the following excerpt:

Survivors are over-represented and often it's often untreated traumas that are the core issue and there's been this very fragmented—all of these issues are impacts and effects of either long-term or short-term trauma and all getting treated as if that's the problem—a drug and alcohol problem, the mental health problem, the homelessness, depression ... when in actual fact it's untreated trauma that's happening. (Interview Text No. 17)

Indeed, one of the most consistent 'truths' across the interview texts was that the problems 'adult survivors' experience in adulthood are the effects of untreated childhood trauma. This included understanding adult sexual victimisation as a symptom or effect of early childhood trauma. Adults sexually abused in childhood were discussed as being significantly 'more at risk of re-victimisation' in adulthood than other populations (Interview Text No. 20). Moreover, where the 'adult survivor' had been the victim of a recent sexual assault, the core underlying issue was understood to be the childhood sexual abuse. The positioning of child sexual assault as the 'core issue' implies that, like drug and alcohol or mental health problems, an experience of adult sexual victimisation also functions as a 'symptom' of untreated trauma.

The 'vulnerability' of adults sexually abused in childhood to further re-victimisation, understood within this model as a debilitating effect of trauma, appeared to be a strategy used by practitioners to ensure that the victim was not blamed or held responsible for the abuse. The next excerpt is illustrative of this deployment:

I think survivors are very vulnerable to re-victimisation and I know people often say, 'Well, she did this' 'Or she did that' but it's like a big part often of working with survivors is safety issues. Like really at risk very traumatised people, putting themselves in very, very risky situations where they may be very vulnerable to ongoing abuse. But I see that as an effect of traumatisation as opposed to—as opposed to something that they did that made this person offend. No matter what situation any of us put ourselves in, the offender can always make a choice not to offend. (Interview Text No 17)

Adult survivors may put themselves in 'very risky situations' but that is an 'effect of traumatisation'. Childhood trauma, such as sexual abuse, leaves the adult 'at risk', a term used in child protection, of further abuse. The production of the adult survivor as 'vulnerable' appears to function as a mechanism to ensure that responsibility is not shifted back onto the victim. The 'cost' to the victim is a passive, almost childlike positioning. There is little sense of any agency in this representation. The sexual assault may not be about anything the victim did, how they dressed or behaved, but it does appear, at least in part, to be about what they lack. Moreover, the positioning of adult sexual victimisation as a symptom or consequence of prior childhood sexual trauma promotes an individualised response to the question of 'what sexual assault is'. It renders less visible the dynamics and concepts of gender, power and structural

inequality and leaves normative and naturalised concepts of sexuality and sexual development unexamined.

Reavey's (2003) empirical research on contemporary professional and everyday discourses of child sexual abuse highlighted the extent to which a causal relationship between past sexual assault and current adult sexual problems, including sexual victimisation, is taken as a given. As Reavey points out, this attribution is predicated on a particular set of ideas about 'normal' women. It assumes that non-abused women have been allowed to follow a 'normal' developmental pathway to healthy sexuality, an assumption based on a liberal view of sexuality as about individual freedom and choice. Consequently, the problems faced by women sexually assaulted in childhood are understood as 'personal vulnerabilities', the result of the detrimental effects of childhood sexual victimisation. This not only positions the survivor as 'other', as outside the norm, but also obscures the gendered hierarchy of normative heterosexuality and sexual development, such that their operation in the present lives of 'survivors' is often neglected (Reavey, 2003, pp. 157–160).

More recently, feminist theoretical work has focused on debates about the ways in which these types of normative positions operate in relation to young women and discourses of empowerment, pleasure and sexual agency. While some feminist scholars have promoted this as a corrective to the positioning of young women as at risk and vulnerable (Fine and McClelland, 2006; Carmody, 2009; Tolman, 2012), others have raised concerns, arguing that sexual empowerment, promoted and practised in the context of wider gender inequalities, has the potential to reinscribe heteronormative positions in which a young woman is judged on the basis of her (agentic) sexuality (Lamb, 2010; Peterson, 2010; Bay-Cheng, 2012, 2015; Gavey, 2012).

### **trauma and the development of the 'adult survivor' self**

As a number of feminist post-structural scholars and researchers working in the field of child sexual assault have pointed out, the attribution of problems experienced in adulthood to sexual victimisation in childhood rests on normative assumptions about childhood development associated with developmental psychology (Burman, 2003; Levett, 2003; O'Dell, 2003; Reavey, 2003; Reavey and Brown, 2007). In this model, where development is understood as a series of linear stages in which childhood is causally related to later life, the abused child does not grow from vulnerable to invulnerable as other children do, but remains in a state of vulnerability (O'Dell, 2003, pp. 138–139). This understanding of child development was evident throughout the interview texts. As illustrated by Interview Text No. 3 discussed above, trauma experienced during childhood was understood to have '... interrupted development at crucial stages ...' (Interview Text No. 3) and because of this key skills required in adult life were not developed. The typical skills lacking relate to interpersonal skills and emotional development: 'The interpersonal effectiveness, the distress toleration, the emotion regulation—those sorts of intrapersonal skills and inter-personal skills' (Interview Text No.3).

However, refracted through the lens of complex trauma, the relationship between adult problems and sexual abuse in childhood rests on a specific psychological theory of child development—attachment theory—coupled with a neurobiological understanding of embodied development. The specific deployment of these concepts became most visible in accounts produced by practitioners of their work with specific clients. The following section lays out how a particular practitioner described

working with a client using a trauma model, and then uses the trauma theorists identified as influential to illuminate and make sense of the account. This excerpt is typical in that while the intervention focuses on the client's current difficulties, the ideas informing the intervention focus on the client's early childhood.

The practitioner is drawing on her work with a woman who experienced extreme outbursts of anger, the source of which she did not understand but which had previously resulted in episodes of binge drinking where she left the family home for several weeks at a time. The excerpt begins where the practitioner is explaining the effect that understanding her 'triggers' has had on the woman:

So this amazing breakthrough in her life has been to discover that, the idea of being triggered. She didn't understand that. And the idea of the whole fight or flight thing, the fact that her whole adrenal system's probably really kind of—because she's had a really long, really severe history of trauma, and so the fact that her kind of physiologically, her stress levels are probably already—normal is usually down here—she's already probably up here but like she could not understand why she could go—something would happen and she would feel excluded from her partner's family or something would be happening and she would just lose it. And so basically what this kind of—introducing her to the idea of triggers and the fact that having the memory then activates the physiological response, and the emotional response—and the emotional response is—when she was little was too big for her to cope with and now she can't—well if she had, she might end up drinking so that's—it has revolutionised her life. (Interview Text No. 9)

In this scenario the current problems, the anger and the drinking, are understood as reactions to an event that 'triggers' the victim because it in some way shares characteristics of the abuse she experienced in childhood. This similarity in the present to past events (perhaps part of the abuse in childhood involved being excluded from family members) triggers the childhood memory, which 'then activates the physiological response, and the emotional response'. The crucial point in this scenario is that the reactions, while triggered by the current event, are understood as belonging to the childhood experiences.

The idea that particular situations 'trigger' the emotional and physiological reactions the victim experienced at the time of the traumatic event is common to both PTSD and 'complex trauma'. The victim is understood to be 'reliving the trauma', which has been recorded as sensory memories and sensations, rather than as verbal narrative (van der Kolk 1998; Briere, 2002; van der Kolk *et al.*, 2005; Briere and Jordan, 2009). Trauma theorists propose that because adults who experienced childhood sexual abuse were most often abused by someone with whom they had an ongoing close relationship (a parent or close family member), the traumatic re-experiencing is 'triggered' by their adult relationships, rather than, as in adult rape, by discreet sensory reminders such as a particular sound or smell (see, e.g., van der Kolk, 1998; Briere, 2002; Briere and Spinazzola, 2005).

The relational aspect of trauma experienced in childhood is evident throughout the interview texts. Adult survivors were characterised as having difficulties with trust, in forming social and intimate relationships. Often this was expressed through the idea that adult survivors have trouble with 'attachment'. In this next excerpt, the practitioner highlights the importance of understanding 'trauma and attachment' when working with adults sexually abused in childhood:

Certainly I developed a much more solid understanding of the importance of trauma and attachment when I started doing more complex work with adult survivors at [name of service], and realising that because abuse—like the idea of abuse as

being perpetrated on an otherwise developing child, and usually the person that's abusing them is a key attachment figure—if it's a parent or a family member. (Interview Text No. 15)

In this scenario the person who abuses the child is described as usually being a 'key attachment figure'. The complexity of the work appears to be related to the abuse being perpetrated by an attachment figure and the effects of this both on their development as a child and, as a consequence, their current adult functioning.

Broadly, attachment refers to a theory of child development that posits that early relationships form the basis of healthy child development. Typically, the focus is on the child/parent relationship with most research concentrating on mothers (Bolen, 2000, pp. 130–131). The concept of attachment is key to the internal logic of complex trauma and the types of symptoms associated with it. There are two aspects to this. First, the primary caregiver is positioned as essential in modulating the young child's physiological and emotional reactions, which in later years gives them the ability to calm themselves and regulate their emotions. The level of distress experienced by young children with abusive caregivers overwhelms their internal resources and the abuse promotes chronic physiological arousal, which the child attempts to modulate by maladaptive means, for example, by inhibiting distress so they lose touch with how they are feeling, by aggression or dissociation (van der Kolk, 1998; Briere, 2002; Briere *et al.*, 2010). As adults, abused children experience difficulty regulating emotions and may be seen as moody and emotionally hyper-responsive (Briere, 2002, p. 6). Second, early attachment relationships are viewed as providing the schema, the internal world view for how the individual sees themselves and relates to others, and are believed to form the basis of the individual's capacity to form positive adult relationships (van der Kolk, 1997, p. 368; Briere, 2002, p. 6). The abused child with an internalised schema based on an abusive relationship is believed to be at increased risk of replicating that relationship in adulthood either as a victim or an offender (Bolen, 2000, p. 147).

The presence of a concept premised on the role and effects of a disrupted or abusive maternal relationship is puzzling in a field where the abuse is perpetrated overwhelmingly by men. Even if primary carer status is extended to fathers, the theory does not account for the many 'adult survivors' who are not abused by fathers or step-fathers. It may be that the theory of attachment has been extended, or aspects extrapolated in sexual assault knowledge/practices, to include other types of child/adult relationships. As this was not made explicit in the practitioner interview texts, it is not possible to do more than speculate. It is important that further research is conducted, as the concept of attachment does appear to contribute further to an individualised understanding of sexual victimisation, the internalised abusive relationship as replicated in adulthood, and the focus on the maternal caregiver has the potential whether explicitly or implicitly to refocus responsibility on mothers (mother blaming).

## **trauma as a feminist knowledge/practice**

Much of the existing post-structural feminist research and commentary on the focus on trauma and psychological harm in feminist work against sexual violence has positioned this as symptomatic of a decline in feminist politics and practices (see, e.g., Lamb, 1999; Marecek, 1999; Mardorossian, 2002; Whittier, 2009) and a consequence of the perceived weakness of the contemporary feminist movement

(Lamb, 1999; Marecek, 1999; Mardorossian, 2002; Levett, 2003; O'Dell, 2003). Maracek (1999, p. 165), for example, interprets the dominance of 'trauma talk' in her research as evidence of the medicalisation of feminist practice, and attributes this to a neglect of feminist therapeutic concepts and the possibility that feminist therapists may 'consciously or unconsciously' have modelled their practice on high-status professions like medicine and bio-medicine (*ibid.*, pp. 165–170).

As discussed above, while I found aspects of this work useful in illuminating the problematic subject position of the 'adult survivor', my research also clearly established a form of feminist knowledge (based in radical feminist analyses) and practices (focused on empowering, shifting self-blame and working with systems) as present in the local field of sexual assault. Moreover, trauma made 'sense' to the practitioners and was consistently represented as both compatible with feminist practice, and as part of their established feminist practice of enabling clients to regain their power and control. As previously highlighted, trauma was understood as a form of knowledge that, by normalising adult survivors' reactions, had enabled practitioners to advocate against the pathologisation and poor treatment of victims within the mental health system. Without negating the problematic aspects of this deployment I want to stay now with the representation of trauma as enabling.

Taking this as a departure point and using Foucault's (1998, pp. 100–101) methodological 'rule' that the variance within a single discourse means it contains the potential for multiple, even opposing effects (the tactical polyvalence of discourse), my analysis began from the position that in the local field there *is* a level of compatibility between trauma and feminist knowledge practices. From this position, the analytic focus became about *how* feminism and trauma work together, rather than a critique of whether they should or should not appear together in sexual assault work. Through analysis of the interview texts, in particular examples of practices and interventions with specific clients, the neurobiological aspects of trauma knowledge were identified as most actively employed by sexual assault workers. It was their understanding of how trauma affects the victim's body and mind that practitioners identified as the aspect of trauma they deployed as part of an established feminist practice of enabling clients to regain their power and control.

Understanding sexual assault as a trauma appeared particularly helpful in crisis intervention work, where using trauma theory enabled practitioners to make sense of the victim's reactions, for example, to understand why the person may not be able to provide a coherent verbal account of what had happened. As this practitioner explained:

... they are not going to be able to recall all of this really freely—it might be fragmented, it might—they might remember sensory sort of stuff more than a narrative or a visual or might only remember a visual of things. But have no feeling. You know that kind of very fragmented sense of what happened and to me is very normal way [to] remember trauma. If you understand that, I think it helps you to understand the ways that people present. (Interview Text No. 23)

The practitioner goes on to explain how this knowledge is used to advocate on behalf of clients, for example, to explain to police, who in crisis scenarios often accompany the victim to the sexual assault centre, why the victim may be unable to immediately make a police statement or make a decision about whether to have a medical examination. Similarly, knowledge of the sensory and neurophysiological effects of trauma, such as knowing that traumatic memories are often recalled as fragmentary images or reactions over which victims can feel they have no control, can be used to assist them to regain a sense of

control in their bodies and in their minds. While not the only deployment, trauma appears to have provided a set of 'technical' skills and 'practical' knowledge that enables practitioners who intervene at the most immediate level to respond directly to problems that victims of sexual assault bring to counselling, such as the distress caused by constant nightmares or flashbacks of the abuse.

This excerpt encapsulates how trauma knowledge has been integrated with and becomes part of feminist knowledge/practices:

I think people, if they understand that something has happened to them and it is trauma—this is not the sexual assault, this is trauma in a sense, which is an emotional psychological thing and it's about really being incredibly afraid and fearing and to understand what happens in that, actually helps the person to understand what's going on and become more able to take charge again of themselves. Or at least feel they like they get a picture, give some control, I suppose. A sense of understanding. (Interview Text No. 27)

Understanding their reactions as trauma reactions enables victims of sexual assault to 'take charge' of themselves again and gives them 'some control' back. Trauma, in this account, is an enabling practice. In the final part of the excerpt, the practitioner focuses on the increased emphasis on the neurobiological aspects of trauma. She begins by indicating some ambivalence about this:

And I suppose—I was thinking also we used to be very afraid of pathologising sexual assault.

*Interviewer:* In what sort of ways?

Well, I suppose, the medical model of victims are victims and sexual assault leaves them incapacitated, I suppose. I think, with this neurobiology stuff, it's sort of—it does recognise that there is some real harm that has happened to someone to their bodies, to their beings, but it's important not to buy too much into that as well, because people also have agency and they always have capacity to recuperate and to do things that like [help] them as well.

*Interviewer:* So how do you manage that within your feminist framework? How do you manage that balance?

Well I see—I just see that some people are traumatised and some people aren't. And if a person is traumatised then it's not necessarily—it's something that is about harm, bodily harm and it is something that has to be healed in a way and that's very possible but it still doesn't leave the person—like the patient without any control. And being acted on ... (Interview Text No. 27)

The practitioner identifies what she sees as the positive aspects of the 'neurobiology stuff'. She points to the importance of neurobiology in facilitating recognition that sexual assault does 'real harm' to victims, harm to their bodies as well as to their psyche or being. However, she approaches the neurobiology of trauma with caution, suggesting that it is important that victims not be treated as 'incapacitated' because 'they also have agency'. There is a level of active and knowing engagement in the account and awareness of how sexual assault as trauma has changed sexual assault practices, and of the potential within trauma discourse to deprive victims of agency. It is this type of reflexivity, replicated across the interview texts, that appears to have enabled practitioners to interrupt the totalising potential of trauma.

As Gavey (2003, p. 205) points out, while a trauma framework in sexual assault work may appear problematic, this has to be assessed against the alternatives that '... are readily available to children and women for making sense of sexual abuse'. She suggests that against 'the victim-blaming, shame-inducing, trivialising, silencing, and threatening discourses through which abuse is perpetuated and ignored ... a psychologising ontology of the traumatic effects of sexual abuse might in some cases be extremely

liberating' (*ibid.*). Moreover, as she argues when faced with the 'limitations and opportunities provided by systems not of our own making', political action always involves compromises (*ibid.*).

## **conclusion**

This paper has focused on a specific site of knowledge production, sexual assault service provision in NSW, Australia. Using a Foucauldian approach in which knowledge, concepts and categories of persons are viewed as discursively produced, it has examined the deployment of the concept of psychological trauma (sexual assault as an injury to the individual psyche) in a field in which a (radical) feminist understanding of sexual assault (as about structural gender inequality) has achieved the authority of 'truth'. Focusing on the 'adult survivor' and utilising Foucault's methodological strategies that focus on the unstable, polyvalent (variable) and local character of discourse, I examined how trauma, specifically the concept of complex trauma, is deployed in the everyday practices of workers. I illustrated how, when refracted through the lens of complex trauma, sexual assault in childhood becomes an assault on the development of the self, and problems encountered in adulthood, including adult victimisation, become the effect that 'untreated' (childhood) trauma has on the individual's psychological, neurobiological and emotional makeup. Drawing on post-structural feminist scholarship, I argued that the subject position of the adult survivor produced by these concepts, as at risk and vulnerable, both negates the operation of gendered power in their current lives and appears premised on a naturalised concept of sexuality and sexual development. In addition, I raised concern about the place of attachment, a theory about the role of abusive versus nurturing caregivers, in complex trauma, a theory designed to explain the effects of child sexual abuse, abuse perpetrated overwhelmingly by men. However, simultaneously, trauma knowledge was used to enable and promote understanding of victims, rather than blame and condemnation, within the systems they routinely have to navigate and at a concrete level, to assist victims in regaining a sense of control over their bodies, minds and emotions. Deployed in this way sexual assault as trauma becomes part of, rather than opposed to, the local repertoire of feminist practices.

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