

**Victimhood narrated: the aftermath of sexual abuse.**  
**The influence of emotions on abused women in meaning  
making and identity.**

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## Introduction

Sexual violence against women is a phenomenon that occurs more often than most people know or are aware of. It is a worldwide problem with many (mental) health consequences for victims and has become a public health problem for all societies (Van Dijk, 2008; WHO, 2002, 2013). Different forms of sexual abuse can be distinguished: being an (young) adult abused by a stranger, being abused by a partner, becoming a victim of intimate partner violence, or being sexually abused as a child. Findings on sexual violence have been published by World Health Organisations as well as by other (international) institutions. Worldwide, approximately one third of women has experienced physical and/or sexual violence by their intimate partner, 7% has been sexually assaulted by someone other than a partner (WHO, 2013) and about one in ten women has experienced sexual abuse during childhood (Barth, Bermetz, Heim, Trelle, & Tonia, 2013).

With respect to the amount of adult sexually abused women, the figures on sexual violence against women in The Netherlands do not deviate that much from worldwide figures: a recent population survey on prevalence and characteristics of sexual violence - executed by Rutgers WPF in 2006 and 2009 - revealed that 34% of the female participants reported to have ever experienced sexual violence in their life. Yet, the figures on child sexual abuse experiences were much higher than the worldwide figures: 20% of the participating women reported to have been sexually abused before the age of 16 (de Haas, van Berlo, Bakker & Vanwesenbeeck, 2012)<sup>1</sup>. This discrepancy in figures might be due to the dark numbers of crimes i.e. less reported and/or recorded cases of (sexual) violence throughout the world (Van Dijk, 2008).

Without doubt sexual abuse is a severe crime which has a tremendous emotional impact on victims, and no one shall deny that child sexual abuse is one of the most severe victimizations of mankind (Finkelhor, 2008). Sexual victimization influences the victims for the rest of their life in different ways: many if not most of them suffer from severe mental health problems such as extreme anxiety, depression and (symptoms of) PTSD (Berntsen & Rubin, 2007; Foster & Bryce Hagedorn, 2014; Mechanic, Weaver & Resick, 2008) and in some cases the victims also suffer from physical health problems like injuries, disability, transmitted diseases or chronic pain (Plichta, 2004).

One way to know how victims have experienced their victimization is through their narratives on what they have gone through. Narrating is very much a human feature. People tell stories and narratives to each other; a world without talks is unimaginable. But apart from daily conversations, individuals also tell their life story with details about personal experiences of good and bad happenings occurred in their life and about the implications thereof for themselves. The life story is an autobiographical account of important and meaningful experiences from the past to the present and

with an envisioned future, an expectation of the continuation of life as it was and is. This personal narrative is a cognitive construction of the self located in a specific society and culture with constituents of the meta-narrative of that society and culture.

A victim's life story is a special kind of life story in the sense that a specific part of his/her life story is concentrated on the experience of the victimization and on the physical and/or psychological consequences, all burdened with specific emotions. Victimization disrupts the daily life of humans by pushing them into an unexpected dangerous situation and compelling them to react in order to find safety again. Victimhood is not wanted, nor envisioned, which means that victimization at the same time disrupts the life story as well (Pemberton, Aarten & Mulder, 2016). In the aftermath, a chapter about the victimization and about the impact and consequences thereof has to be added to the life story. Trauma and particularly human-induced victimization shatters all fundamental assumptions about the benevolent and meaningful world and about self-worthiness (Janoff-Bulman, 1992) and means that the original view on the world and on the self will be questioned and possibly will lead to another view on the self and on the world which will then result in an adapted life story.

Troublesome events – especially traumatic events such as (child) sexual assault – cause tremendous emotional experiences of fear, anxiety and distress due to threat and danger with which the victim has been confronted (Finkelhor 2008; Finkelhor & Browne, 1985; Macmillan 2001; McAdams et al. 2006; O'Leary, Cooney & Easton, 2010). A narrative about experienced sexual victimization might be seen as a specific form of narrating about victimization because sexual abuse harms individuals in their heart and soul. Contrary to other types of victimization e.g. due to natural disasters or car accidents, sexual victimization is a human to human attack within the social world, as an infringement on the victim's dignity and integrity, a violation of his/her body and mind. Sexual victimized people feel like ruined and all this is caused by another individual (see e.g. Brison, 1993, 2002; Janoff-Bullman, 1992). Sexual victimization confronts victims within a relative short period of time with an accumulation of negative experienced emotions and feelings, harms the victim's identity and results in a narrative rupture in the life story of the victim (Pemberton, Aarten & Mulder, 2016). Afterwards however, the victim realises that life goes on in spite of the traumatic event, in spite of the low point c.q. turning point in his life and that the traumatic experience has to be integrated in the life story. Through a narrative process of reflection on memories of the sexual abuse and on the abuse related emotionality, the victim tries cognitively to restore his life story/ identity by giving meaning to the disruptive event and the consequences thereof (Cox & McAdams, 2014; Janoff-Bulman, 1992; McLean & Pratt, 2006; Pasupathi, Billitteri, Mansfield, Wainryb, Hanley & Taheri, 2015). This is necessary in order to bring the past (including the victimization) in line with a changed present and with another than earlier envisioned future (see e.g. Berntsen & Rubin, 2007; Bruner, 1986, 1990, 1997; Crossley, 2000; McAdams et al., 2006; Pals, 2006a, 2006b).

This research is concentrated on emotions, on identity and meaning making in narratives of female victims of sexual violence. More specifically, the narratives of different types of sexual assault namely, stranger rape, intimate partner violence and child sexual abuse will be analysed. These types of sexual violence have sexual abuse in common, but they differ also: the severity of the abuse can be different i.e. some violent acts of the perpetrator can be worse than other and the relationship between the victim and the perpetrator is dissimilar. These divers factors might result in varying narratives about the experienced feelings and emotions of the sexual abuse. No doubt that sexual victimization elicits feelings of unsafety and vulnerability and elicits many negative experienced emotions such as fear, anxiety and distress.

Based on the above the following research questions are formulated:

- *Which emotions related to their victimization are mentioned in the narratives of the sexual abused women?*
- *Are these emotions the same for the survivors of different types of sexual abuse?*
- *How did the victimization related emotions influence the view of the victims on the self i.e. did those emotions change their identity and subsequently their life narrative?*

To answer these research questions an oral interview with a female victim of intimate partner violence, an oral interview with a woman being raped by a stranger, the autobiography<sup>2</sup> of an American woman raped by a stranger and the autobiography of a young woman, being sexually abused as a child are analysed. Sexual victimization not only asks from the survivors - the primary victims - to deal with the consequences of sexual abuse, but also from their family and/or relatives when they hear about the sexual assault of a beloved one. Family and relatives – the secondary victims of the same assault (Feldman & Kaal, 2007; Jenkins & Baird, 2002; van Delft, Finkenauer, Tybur & Lamers-Winkelmann, 2016), they too have been confronted with exceptional experiences and emotions elicited by the physical and psychological problems of their beloved one and they themselves will have to find also a way to go on with life. (e.g. Fivush, 2008; Kilroy, Egan, Maliszewska & Sarma, 2014; Ostrowki, Christopher, van Dulmen & Delahanty, 2007; Søftestad & Toverud, 2012). In fact their life story is/has been disrupted as well. To discover if (child) sexual abuse elicits different or similar emotions in narratives of secondary victims of sexual abuse, an oral interview with the mother of the young woman is analysed as well with the aim to find an answer on the following sub-questions:

- *Are expressed emotions in narratives of primary victims comparable with emotions expressed in the narrative of a secondary victim?*
- *Cause emotions elicited by the victimization of a beloved one a change in the identity of the relative c.q the life story of the relative?*

Before being able to analyse the autobiographies and the interviews, it is necessary to gain insight in relevant concepts: sexual victimization, emotions, narrative, identity and meaning making. Information on and understanding of these concepts is indispensable and must be clear before analysing individual narratives. In the following part of this thesis, the clarification of these concepts will be mentioned based on theories and publications on those items. After outlining the method used, the results of the analysis of narrated emotions related to sexual victimization and the influences of the assault on identity and meaning making are mentioned. Finally, the findings of the analysis are discussed, the limitations of this research will be mentioned and a conclusion will be formulated.

## **Theoretical framework**

### *Sexual victimization*

Findings on sexual violence and (mental) health consequences have been published by the World Health Organisations and by many other (international) institutions as well, all with the aim to bring more attention to the extent of this form of violence and to achieve a decrease and - if possible - the elimination of sexual violence. Not all researchers use the same definition for sexual violence when conducting surveys or researches. Yet, the definition in the *World report on violence and health*, (Krug et al. 2002), encompasses all forms of sexual violence and is acknowledged worldwide, the reason for me to take its definition as guidance for my research. This definition is as follows:

“Sexual violence is defined as: as any sexual act, attempt to attain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using **coercion**, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Coercion can cover a whole spectrum of degrees of force. Apart from physical force, it may involve psychological intimidation, blackmail or other threats.... It may also occur when the person aggressed is **unable to give consent** - for instance, while drunk, drugged, asleep or mentally incapable to understanding the situation. Sexual violence includes rape, defined as physically forced or otherwise coerced penetration – even slight – of the vulva or anus, using a penis or other body parts or an object. The attempt to do so is known as attempted rape. ... Sexual violence can include other forms of assault involving a sexual organ, including contact between mouth and penis, vulva or anus.

A wide range of contexts of sexual violence can take place in different circumstances and settings. These include for example: **rape within marriage or dating relationships, rape by strangers...sexual abuse of children ...**”(p. 149 – 150) (marking added).

In this definition I have marked some specific concepts of sexual violence for pointing to the difference between normal (intimate) sexuality and sexual violence. The main feature of the former is consent, an interpersonal agreement between partners, while a sexual violator forces, coerces to sexuality without consent of the other person.

Although the WHO recognizes the emotional impact of victimization in general and of sexual victimization in particular, it admits that data on this issue were not taken into account at the time of publication of the report.

To attain a better view on the emotional impact and on specific (mental) health consequences of sexual abuse for the victims, it is necessary to examine other sources. Many scholars and scientific researchers have examined emotions in narratives of different types of (sexual) victimization and have published their findings (see e.g. Goldie 2000, 2003; Magai & Nusbaum, 1996; Pals 2006a, 2006b), all stressing that extreme traumatic experiences elicit many negative experienced emotions which the victim in the aftermath has to process emotionally and cognitively in order to bring the remembered past including victimization in line with the present.

It cannot be denied that sexual abuse is a very troublesome phenomenon for every victim of this kind of violence. All violence, but sexual violence in particular, is an infringement of one's life, of one's dignity, self-worth, and personality and leaves the victim with the task to deal with the (emotional) consequences of violation and to readjust the existing identity, or in the case of CSA to incorporate the sexual abuse as part of the creation of identity during adolescence/young adulthood (see e.g. McAdams et al. 2006; O'Leary, Coohye & Easton, 2010; Pals & McAdams 2004). The main tool to discover how sexual victimization emotionally has been experienced by victims and their relatives and to know how the trauma influenced their life, is the analysis of their life stories. In addition, victims' narratives are also a place where evidence might be found whether victims were able to realise post-traumatic growth, have been able to find (new) meaning making and were able to regain life satisfaction (Cobb, Tedeschi, Calhoun & Cann, 2006; Meyerson, Grant, Carter & Kilmer, 2011; Triplett, Tedeschi, Cann, Calhoun & Reeve, 2012).

### ***Emotions***

Many scientist have theorised on emotions in human beings with the aim to explain what an emotion is, but not all approached this phenomenon in the same way. As emotions are the one of the topics of this thesis and as it known that emotions are physical as well as psychological phenomena, I have examined a psycho-evolutionary theory of emotions formulated by Plutchik (1965, 1994) and a psychological theory of emotions formulated by Frijda (1986). The former because I wanted to grasp the essence of the phenomenon emotion, wanted to know how differentiation in emotions has been

realised and how the result of this differentiation should be interpreted. The reason for the examination of latter theory is twofold I must admit: out of chauvinism because Frijda is a Dutch worldwide well-respected scientist, the second reason was to explore to what extent Western theories on emotion are similar c.q. dissimilar.

#### *The psycho-evolutionary theory of emotions*

Based on examination of biology and evolution professor of psychology Robert Plutchik (1965, 1994) formulated his psycho-evolutionary theory of emotion based on the finding that in human behaviour different prototype patterns can be distinguished, viz. 'moving toward' (destruction) versus 'moving away from' (protection); 'taking in' (incorporation) versus 'expelling' (rejection); 'possessing' (reproduction) versus 'losing' (deprivation); and 'moving' (exploration) versus 'stopping' (orientation), all to be comprehended as adaptive reactions to events in the life of the individual. He suggested to call these patterns *primary emotions* named respectively *anger vs. fear; acceptance vs. disgust; joy vs. sadness and anticipation vs. surprise*. All other emotions are secondary emotions, derived mixtures or blends of primary ones, somewhat like the primary colours which can be mixed resulting in other colours. According to him emotions have three characteristics: intensity (a more intense or weaker inner feeling e.g. serenity – joy - extasy), similarity (in the case of synonyms such as fear and fright) and polarity (when the experiences are bipolar/opposite e.g. joy vs. grief), and they are used as communication and survival mechanisms. In addition, he explains how emotions are related to a number of derivative conceptual domains expressed in different languages. For instance when the word/emotion *fear* is used, then this word is the subjective language of an individual (e.g. a victim) experienced at the moment of attack, caused by a stimulus event *threat* (victimization), translated by the individual to inferred cognition *danger*, leading to behavioural language *escape*, with as functional language *self-protection*. Furthermore he discerns trait language, diagnostic language, ego-defense language and coping-style language. In case of the word *fear* translated in timid, passive, repression and suppression respectively (1994: 102 - 103). Although emotions are expressions occurring through unexpected and mostly destabilizing events, through cognitive evaluation individuals always try to obtain some kind of homeostasis, a temporary balance or stability.

#### *The psychological theory of emotions*

The Dutch psychologist and professor Nico Frijda has formulated a psychological theory of emotions in his book *The Emotions* (1986). Just as Bruner, he is of the opinion that there is a direct link or relationship between emotion and emotional expression which can be perceived by others and have effect on others; or in other words, emotional behaviour is a way to communicate with others in the environment. Yet Frijda focuses more on the different aspects of relational expressive behaviour of

subjects as answers on both external and internal stimuli. He is of the opinion that each emotion is an information process in which the subject takes different roles. Based upon the different aspects of relational expressive behaviour, the interpretation thereof by the subject and/or by the environment he concludes that “*Emotions can be defined as modes of relational action readiness, either in the form of tendencies to establish, maintain or disrupt a relationship with the environment or in the form of mode of relational readiness as such.*” (p. 71, italic original). With modes of action readiness Frijda means that the subject has the ability to decide which activity is possible and/or necessary in a given kind of situation. With action tendencies he means that each emotion provoking situation asks for an activity that is most appropriate according to the subject him/herself: take action or suppress behaviour (temporarily or permanent), depending on what is the best solution according to the subject at the emotional moment. The subject constitutes a program to be executed by evaluating urgency, difficulty, value and possible outcome when being in a certain situation or being confronted with a specific event. Through this program the subject gives meaning to the situation and experiences emotions cognitively and bodily, as a reaction on stimuli c.q. on concerns. According to him the subject is

“an *Analyzer* coding the event; a *Comparator* appraising the stimulus event and evaluating the (ir)relevance of the stimulus in accordance with his concerns. But the subject is also a *Diagnoser*, evaluating the context and possibilities and impossibilities for coping; the subject is an *Evaluator*, computing urgency, difficulty and seriousness of the event and the subject is an *Action proposer*, it generates action readiness change. In addition, the subject is a *Physiological change generator* in accordance with action readiness and finally the subject is an *Actor*, it has selected the - according to him - most appropriate action in the given situation” (p. 453-456, italic original).

With respect to emotions elicited through victimization and the memories thereof as expressed in victims' narratives, their mentioned emotional experiences can be analysed with both theories in mind. Based on the theory of Frijda, it is possible look at the different roles related to their victimization the victims cite - directly or indirectly - in their narratives. What certainly is the case is that victimization disrupts the relationship from the victim with the environment caused by the perpetrator. This disruption can be interpreted as a change from unawareness of danger - i.e. from basic action readiness - to elicited awareness of danger: the victim changes then his action readiness into analysing the new situation followed by diagnosing danger/threat. From that moment the victim's action readiness will change to evaluated escape possibilities and the most appropriate action according to the victim will be generated.

### *Emotions in the analysed narratives of victims of sexual assault*

Trough an interpretative analysis of emotional expressions in victims' narratives and with the theory of Frijda in mind, a certain role the victim has taken might be traceable or might come to the fore. On the other hand, it is possible that the victims express their emotional experiences in a different way and that features of Plutchik's theory might be found in their narratives. E.g. by looking at expressions concerning their communication and survival reactions to victimization and to expressions of their search for homeostasis. Moreover, in their narratives victims may have used one of the different languages distinguished by Plutchik to refer to their emotional experiences. Yet, it might be also possible that references to different languages in the victims' narratives (cfr. Plutchik) just as well can be interpreted as reference to a role the victim has taken during or in the aftermath of victimization (cfr. Frijda). It is hypothesised that both theories are applicable in emotion utterances in the victims' narratives used in this thesis.

### *Narrative / Personal Narrative/Identity*

Narrating is for people the main tool to think, to talk to the self and to communicate with others. It is a cognitive activity and the analysis of the characteristics of a narrative leads to a variety of approaches and viewpoints, each emphasising specific aspects of narratives such as modes of thought (Bruner, 1986), influences of culture (Bruner, 1990; Hammack, 2008), emotions (Rimé, 2009) or autobiographies (see e.g. Bruner 1986,1990, 2002, 2004; McAdams 1993; McLean, 2008). For this thesis I will attempt to link the main features of narratives to narratives about sexual offence. First I will look for the reason why people use the narrative as the main tool to communicate and how the construction of the personal narrative c.q. identity must/can be interpreted. Then I will try to explain why victims need a narrative outlet to express the experience and the consequences of (sexual) victimization.

### *The paradigmatic mode vs. the narrative mode of cognition*

In his book *Actual Minds, Possible Worlds* (1986), the American professor of psychology Jerome Bruner distinguishes two modes of cognitive functioning – two modes of thought – each providing distinctive ways of ordering experiences or distinctive ways of constructing reality: the paradigmatic or logico-scientific mode and the narrative mode. Although complementary, both modes of thought are irreducible to one another and differ radically in their procedure of verification.

Using the paradigmatic mode means that a formal system of description and explanation has to be formulated, with consistency and noncontradiction, using a language based on convention in a

specific domain of science. To do this, categorization, abstraction, rationality and logical deduction has to be employed in the world of observables and in other possible worlds like mathematics or physics. Hypotheses are formulated, experiments designed, tested and retested to deduce statements / theories which than can be verified for their truth by everyone who wishes to do so.

The narrative mode on the other hand, deals with “the vicissitudes of human or human-like intentions” as Bruner (1986: 16) explains the narrative form of thought. What is of importance when this form of narrative is used, is the content of the story in which a recognizable similarity and believability of the intentions of the protagonist/antagonist emerge for the audience, no matter in what way the narrative is expressed, as a fairy tale, in a poem, in a novel, as play in theatre or in a movie. Or in other words, the main feature of narratives told in the narrative mode is verisimilitude (from Latin *verum* = truth & *similitudo* = sameness/similarity), it is the lifelikeliness for readers, listeners and viewers that matters (1986: 11). In addition, all actions, intentions, speculations, troubles, solutions and so on, must be conceivable as an aspect of a certain/comparable reality in real human life and have to be structured clearly/recognizable with a start, a development and an ending, This means that a plot must be recognizable and be constructed in such a way that the causal relationships between actions, trouble(s) and solution(s) of the protagonist/antagonist are lucidly and coherently connected. Applied to a victimization narrative, the plot about victimization reveals that harm – either intended from one individual (action from the antagonist) to another individual (the protagonist), or experienced through accident/natural disaster – causes troubles for the victim who, due to the victimization has to find a solution to deal with the consequences thereof.

Using the narrative mode does not mean that the paradigmatic mode should or could not be used simultaneously. For instance, it is perfectly possible to use the paradigmatic mode of thinking to categorize emotions elicited through victimization. Analysing victims’ narratives on expressions about emotions can be done by looking at emotion words in their narratives i.e. using the paradigmatic mode, but the appearance of emotions and the meaning of the elicited emotions for victims themselves and for others cannot be explained nor understood without the narration of the context in which the emotions were elicited i.e. using the narrative mode. To share their experiences and details of the traumatic event e.g. when, how, where and other important information about the event, victims need the narrative and use the narrative mode of thought to elucidate what happened to them. Moreover, life nor life events cannot be categorized and specified in a universal scientific formal manner, cannot be tested and retested to verify the truthfulness. In one narrative about victimization both modes of thought can be discerned, but they are irreducible one to another.

## *Narrative identity*

Explaining what a person's identity or what one's own identity is, is usually done by naming specific characteristics that determine(d) who or what someone has become and is. But this naming of characteristics is in fact summarizing the most important aspects and features of an individual's life, the result of a very long and complex process that started in childhood and has developed until the time of narrating and will continue to develop in the future. Throughout history many theories on the complexity of identity or the (making of the) self have been formulated.

Professor of psychology, Dan P. McAdams (see e.g. 1993, 1995, 2006, 2013, 2014) has scrutinized this process of making selves extensively and has formulated his own theory on identity and meaning making, which he also called the construction of a personal myth in his *book The Stories We Live By* (1993). He is of the opinion that identity can be best understood as a framework of three interrelated layers (2013). He explains that the creation of identity, a self and a life story already starts during childhood and lasts a whole life. In early childhood the individual is a social actor (first layer), characterized with performance traits and social roles learned and adapted unquestioned. Growing older, the child becomes a motivated agent too (second layer): it formulates goals, values and plans for the future. This agency is a sign of being capable to formulate intentions and purposes and a sign of wanting to exert a certain control in the own life. The role as social actor has extended gradually with conscious motivated agency caused by and mediated through experiences and communication with other social actors and motivated agents, all interactions which urge(d) the individual to (self)reflection. Developing into adolescence/young adulthood the individual becomes the autobiographical author of his life story (third layer). Based on past experiences, memories thereof and on reflection, the individual constructs or 'writes' his personal life story c.q. his identity by bringing his self as actor, and as agent in line with a the present, supplemented with specified individual purposes and plans for the future.

With McAdams' layers of identity in mind, the construction of a life story could seem to be an unproblematic issue, for it could be sufficient to reflect on the self as social actor, on the self as motivated agent and on the self as the author of the life story containing the personal planned goals and then the personal life story would be created. But in reality this appears not to be the case, on the contrary. McAdams, Bruner, and many other scholars have stressed that life admittedly continues, but that it is also a fact that individuals encounter many obstacles due to their involvement with other individuals. Those 'obstacles' or 'Troubles' - referred to by e.g. Bruner (1986, 2002), McAdams (1993) and Pemberton, Aarten & Mulder (2016) - referring to Kenneth Burke's analysis of narratives that a story at least requires an Agent, performing an Action to achieve a Goal in a recognizable Setting by the use of certain Means, a pentad – are the nuclei of life stories. What drives the story is a mismatch between two or more elements of this pentad (see e.g. Bruner 2002, p. 34-35).

Mismatches/troubles cause a change or rupture in life as well as in the personal narrative (Pemberton, Aarten & Mulder, 2016), are a reference to high points, low points or turning points causing life transitions (Bauer & McAdams, 2004; McAdams, 1993; McAdams et al. 2006), are a reference to a reversal in circumstances – expressed as sequences of redemption and contamination (McAdams et al. 2001), are a reference to a conflict between inner and outer (Bruner, 1986). Nevertheless, in spite of troubles, life continues and the life story will always have to be reconstructed in a meaningful but coherent way, explaining how the perceived causes for occurred changes (see e.g. Hatlevig 2006; McAdams et al. 2006) have influenced life and the life story. By doing this, the individual shows his autonomy (Bruner, 2002: p.78) and his agentic and communal motivated actions (McAdams, 1993: p. 133-161) - often imbued with self-defining memories (Singer & Salovey, 1993) and emotions (Rimé, 2009) – with the aim to maintain identity and continuity in life and in the life story by bringing the present again in line with the (altered) past and a probably other envisioned future. All with the attempt to restore his self-control, self-confidence, self-esteem, self-regulation directed to self-continuity from the past to the current time and with a (new) anticipated future with a renewed sense of self-worth.

#### *Narrative identity and meta-narrative*

Looking closer at the latter paragraph on the construction of identity, important concepts – some of them seemingly opposite – come to the fore. For instance, actor vs. *other* actors, *social* roles, *interaction*, *communication*, *inner* vs. *outer*, Troubles, Setting, mismatch. Combining these concepts means that other significant factors have (had) an influence on identity as well, although not always explicitly expressed as such in a personal myth.

From childhood on human beings are surrounded with family and relatives and learn to communicate with others. Gradually the communication between children and others gets more sophisticated and becomes it clear that, the older children get, the more they have learned to accommodate to and to incorporate habits, customs, practices, social norms and certain rules from the society they live in. Without really noticing children incorporate the *master-narrative* of their society – uttered by family and other society members - in which collective history, culture, religion, norms, laws and morality are imbedded (e.g. Fivush, Habermas, Waters & Zaman, 2011; Hammack, 2008; Hammack & Pilecki, 2012; Hammack & Toolis 2014;). Yet, by the age of adolescence/young adulthood, individuals begin to realise that, although living in the same environment, they are different than their fellows. They begin to question themselves “Who am I?”, “Why am I as I am?”. By answering these questions they start to create their own personal narrative. Their own life story gets constructed in which their uniqueness i.e. their identity *and* togetherness is expressed. The individual adapts his personal narrative as actor, agent and author to the master-narrative in order to be able to

stay part of the particular community he lives in, but with a unique identity (see e.g. Bamberg 2011; Bruner 1997, 2002, 2004; McAdams & McLean 2013). As people experience “life” day in and day out as a self among others, this adaptation evolves and continues during the whole life span. Or in other words, the individual reveals in his personal narrative identity important life scenes in which his agency- his personal initiatives - and communion – relationships with others - are discernible. The individual shows how he has realised his autonomy – individuality, self-expansion, personal achievement motivations referring to his agency – within the community he lives in and where he has different relationships, enters into dialogue with others, cares and helps others, referring to communion. In short, the individual actor, agent and autobiographical author has been influenced and will experience the influences from issues laid down in the meta-narrative of his society and through his personal narrative identity he makes clear that his agency during his life is (and will be) inseparable connected with and in need of communion (e.g. McAdams, 1993, 1996). This does not mean that a meta-narrative yields worldwide nor that is a static narrative. Each culture has its own meta-narrative. And in one specific culture through the years other insights concerning collective issues can lead to an adapted meta-narrative: e.g. the introduction of new laws or the rise of equal rights for women in Western countries.

### *Sexual offense narratives and emotions*

Narratives about victimization in general and about sexual offences in particular are a particular kind of narrative (Pemberton, Aarten & Mulder, 2016), because (sexual) victimization refers to an extremely low point c.q. turning point in a victim’s life, a negative nuclear episode (McAdams, 1993) in the victim’s life. Sexual offence is a malevolent and malicious human action from one human being – the perpetrator - directed to another human being – the victim - and harms victims in another way than for instance being victimized through an accident or through a natural disaster. The particularity of sexual offense is that this human-induced harm shatters the victims’ individuality abrupt and drastically (Janoff-Bulman, 1992). Apart from possible physical injury (Plichta, 2004), the mental health of victims of sexual offenses is harmed and assaulted simultaneously through the attack (e.g. Mechanic, Weaver & Resick, 2008, Schilling, Aseltine & Gore, 2007). During victimization and in its aftermath sexual assault victims experience specific emotions such as fear to lose life, anxiety for the perpetrator to return, anger towards the perpetrator etc. (see e.g. Brison, 1993, 2002; Habermas, Meier & Muktar, 2009; Pals & McAdams, 2004). As a consequence, all assumptions about their future life as a self in their society do not yield any longer due to this kind of victimization (see e.g. Janoff-Bulman, 1992). In spite of the sexual offense and all victimization related emotions, victims’ life goes on and the life story i.e. the narrative identity will have to be reconstructed through giving meaning to the extremely aversive event and their experienced emotions (see e.g. Bonanno 2004; Finkelhor 2008, McAdams, Hoffman, Mansfield & Day, 1996; McLean & Pratt, 2006; Pals, 2006a, 2006b; Pals

Lilgendahl & McAdams, 2011; Welton-Mitchell, McIntosh & DePrince, 2013 ). According to Pennebaker (2000) is telling stories / the construction of narratives the main tool to understand significant emotional experiences for victims themselves and for others, benefitting health and social relationships for victims in the aftermath of trauma.

## Method

### *Written narratives*

For this research I have used data from both written and oral narratives from female victims of sexual assault. The first written narrative is the autobiography from the American Associate Professor Philosophy Susan J. Brison, a book *Aftermath: Violence and the Remaking of a Self* published in 2002. On July 4, 1990, while walking, she was attacked from behind, severely beaten and sexually assaulted, strangled to unconsciousness and left for dead by her attacker in a ravine. When conscious and strong enough again, she crawled out of the ravine to the nearest road hoping to find help. She could have been rescued by a passenger who called immediately the police and the emergency department, but her world was totally destroyed. Based on her testimony, the perpetrator could have been arrested and sentenced. In her autobiography she describes her experiences of the assault, the long period of her recovery, her struggle to pick up life again and to redefine her other *self* in the aftermath of her victimization.

The second written narrative is titled *De dag dat ik mijn leven verloor...*, an unpublished autobiography from Elisa (pseudonym)<sup>3</sup>, a young Dutch woman, being sexually abused for many years as a child by more than one perpetrator. When she was six years old, while on her way home from school, she was abducted by a stranger who abused her anally in his car. A few months before this victimization, her neighbour had begun to abuse her sexually. His abuse became worse and lasted for years. She had become an extremely anxious girl and was referred to a school psychologist to whom she told – after several sessions - only the abuse by the neighbour (not of the kidnapping). Instead of condemning such behaviour, the psychologist told her that it was very normal and that she should not worry about it. But, after many sessions of treatment he also started to touch and to fondle her. At the age of 14 she disclosed the abuse by her neighbour to her parents. Her physical and mental problems were very disquieting. When she was 18 years old she was treated by another psychologist<sup>4</sup>. It was only then – in one of the treatment sessions - that she disclosed the kidnapping and rape by the stranger and the abuse by the psychologist to whom she was referred to when she was a child. She wrote the autobiography<sup>4</sup> when she was 19.

## *Oral narratives*

Next to those written narratives, four semi-structured interviews with women were used in this research. The aim of this thesis is to investigate emotions in life stories of female victims of sexual abuse. Since Elisa wrote the above mentioned autobiography when she was 19 years old and at the time of my research was 25, a great part of her life story is in fact missing; there is a gap of six years. In order to be able to examine her whole life story, I have asked her if she would be prepared to be interviewed orally about her life during the last six years. She immediately consented.

As relatives of victims of (sexual) violence become a victim also, because they have to deal with many problems and emotions due to the violence experienced by their beloved ones (see. e.g. Fivush, 2008; Fivush & Nelson, 2006, 2008; Salmon & Reese, 2015), I asked if Elisa's mother Dorine<sup>3</sup>, would be prepared to cooperate with my research. She also immediately gave consent and she reaffirmed her cooperation when she was invited for the interview. Elisa was asked to tell about the time since she wrote her autobiography and Dorine was asked to tell her life story. Both interviews were held in private; Elisa has been interviewed at her home and Dorine at my home. The interviews were conducted in a conversational style. Before the interview and during the introduction prior to the actual interview, both, Elisa and her mother were promised that their narratives would be treated with confidentiality and that all names of other people and/or of institutions and authorities would be anonymized in my thesis. Both women gave their consent for the interview to be audio tape recorded. These interviews were later transcribed and analysed.

Dorine – nearly sixty at the time of the interview - told that she had a problematic relationship with her parents from her youth on. She left home when she was 19 and married one year later. She is the mother of three daughters from which the youngest one, Elisa, – being 14 then – disclosed the sexual abuse by the neighbour. This disclosure appeared to be the reason for the anxious behaviour of her youngest daughter that she could not understand in the previous years. Only four years later Dorine heard about the other victimizations. She has spent a great deal of her time to guide and assist her victimized child, while her husband stayed at home to take care of their other two daughters. On top of all these problems, Dorine's husband lately due to a fall from a stair, has a brain damage which altered him in totally other man.

The other two oral life stories used in this research, were available from the project 'Stories of Justice and Injustice' of Prof. Dr. Antony Pemberton (INTERVICT, Tilburg University). For this project 32 Dutch victimized people have been invited to tell their life story c.q. experiences due to victimization and were interviewed orally after having given consent. Their stories have been audio tape recorded, transcribed and have been made anonymous. At the time I started my investigation, two narratives of victims of sexual violence were available from this project, which I both have used for analysis.

The first narrative of this project, is the life story of Anna<sup>3</sup>, a victim of intimate partner violence (IPV) who was middle-aged at the moment she was interviewed. She has been raised in a poor and problematic family and left home when she was 16. From adolescence on, she had a bothersome life with a violent partner who humiliated and belittled her. She left him and moved from shelter to shelter. When she was 19, she became pregnant and gave birth to a daughter. Together with another partner she raised the girl, but this man too humiliated her ever increasingly. The upbringing of her daughter was very troublesome and bothersome. After a relationship of 20 years she left the man and moved to an apartment. Soon afterwards she met another man with whom she shared the apartment, but after a while this man appeared to be extremely violent: confronting him with the fact that she had found his drugs in a closet, made him exceptional furious, he tortured her severely and raped her afterwards. And again she had to flee. The sexual abuse by this partner happened two years before the interview.

The second oral life story of the project is from Barbara<sup>3</sup>, a middle-aged divorced woman at the time of the interview, mother of a 19 year old female twin. She has been raised in a loving and warm family and married when she was 21. From the time her daughters went to school and while fulfilling her job, she followed several evening classes. These efforts resulted in a career with ever increasing responsibilities which all satisfied and still satisfy her very much. She divorced nine years ago and lives with her daughters now. Two years before the interview - while jogging - she has been followed by a young man on a motorcycle who after a little time attacked her suddenly from behind, strangled her and raped her. By chance, she managed to escape and to inform the police. By coincidence, one day later while driving she recognized the perpetrator on a bicycle. Based on her description, the perpetrator could have been arrested and has been sentenced.

### *Analytic strategy*

To analyze the written autobiographies and the transcribed oral narratives, I have used an interpretative method. All narratives were repeatedly read in order to identify emotions, emotion words, identity and meaning making utterances, and (psychological) problems during and in the aftermath of the victimization following the advises of Polkinghorne (1995) for analysing narratives viz. the analysis of narratives and the narrative analyses. Applying the analysis of narratives – i.e. a paradigmatic method to identify particulars as instances of general notions or concepts (1995: 13) – I looked at subcategories of the general concept of this thesis *emotion* to see which negative and positive primary and secondary emotions are common in the victims' narratives. In addition I looked at other possible communalities such as the influence of social environment, the importance of family support, experiences with health care institutions and with jurisdiction.

Next, and guided by McAdams theory on personality and life story (1993) and his advises for coding autobiographical episodes for themes of agency and communion (2001), I looked at expressed subcategories of agency - autonomy, control, mastery and independence - and of communion - love, friendship, communication with others, caring, and the need for being a part of a larger community - with the aim to explore the impact of sexual abuse on identity and meaning making for the abused women.

Furthermore, by following the recommendation on dyadic interview analysis of Eisikovits and Koren (2012), the narratives of Elisa and Dorine have been examined on a dyadic level – relationship between mother and daughter - to find if and if so, to what extent overlap and/or contrasts appear in the two separate narratives. This with the aim to explore if through dyadic analysis additional information on Elisa's victimization might come to the fore.

Finally, and with regard to narrative analysis i.e. a configuration of data into a coherent whole (Polkinghorne, 1995: 15), I looked at differences and similarities in individual life stories with respect to emotional responses and identity. The results of this form of analysis will be mentioned in the discussion part of this thesis.

## **Thesis Results**

### ***Emotional responses, agency and communion***

The examination of emotional responses to victimization in the narratives used for this thesis, is concentrated on expressions referring to positive and/or negative emotions before and during victimization and in its aftermath. I have focussed mainly on the four positive primary/basic emotions viz. *anger, anticipation, acceptance and joy*, on the four negative primary emotions viz. *fear, surprise, disgust and sadness*; and on some secondary emotions viz. *anxiety, pride, guilt, shame/embarrassment loneliness and hate* (Plutchik 1965, 1994; TenHouten 2007)<sup>5</sup>. To examine and mention all secondary emotions goes beyond the scope of this thesis. As life stories mostly contain also an envisioned future, based on memories of the past and on the present of the narrator, one particular emotion is explored in the victim narratives used for this thesis and mentioned in the results, namely the emotion *hope*.

With respect to positive and negative themes of agency and communion as features of identity, I looked at nuclear episodes c.q. nuclear events in the narratives of the victims in which their feelings/thinking is expressed referring to agency in the form of autonomy, control, mastery and independence; c.q. expressions on self-protection and/or self- expansion. And I looked at communal themes, namely love, friendship, communication with others, caring, and the need for being a part of a larger community as advised by McAdams (2001).

Yet, by analysing the narratives of sexual abused women used for my research on agentic and communal themes, it appeared that it is not easy to separate those themes from emotions. With this I mean that many emotions experienced before, during and in the aftermath of the victimization as told about by the victims, also refer to agency and communion. For example the emotion *acceptance/trust* can be interpreted as a feeling of enough control over the self and feeling of self-confidence (agency) to enter into a dialogue with someone else (communion). Or the emotion *loneliness*, which can/must be interpreted as a negative communion utterance, namely a lack of communion in the form of not having the opportunity to enter into dialogue with someone.

By keeping focussed on my research questions during analysis it became clear that emotions and identity are inextricably intermingled and that they are only separable researchable through cognitively detaching one research domain from the other. I.e. the only way to differentiate between emotions and themes of agency and communion is to distance from the latter when analysing emotions and vice versa to distance from emotions when analysing themes of agency and communion. In practice however, in daily life nor in narratives it seems to be easy i.e. quite impossible to separate both. As mentioned in the theoretical section of this thesis, it is a fact that each person is characterized with an own and unique identity which is constructed and based on positive and negative emotion loaded memories of events from the past, and that identity in the case of victimization might have led to an altered identity. However, to mention the findings on emotions and identity features separately in my thesis results, would yield much overlap. To solve this practical problem, I have decided to mention all utterances in which emotion and identity features are inseparable to my opinion, under the heading of the particular reviewed emotion, but with a reference to the agentic and/or communal motivations. The statements of the victims in the analysed narratives which specifically refer to identity features will be mentioned under the heading Identity/Identity Change of the thesis results.

To give more insight in the traumatic experiences of the sexual abused women and their victimization related emotions, I will sketch the context of the different sexual abuses and give information about the circumstances and the severity c.q. differences of the victimizations. This information will make it possible to better comprehend the influence of the experienced emotions on the identity / identity change of the victims.

### *Fear and anxiety*

Fear is one of the eight primary emotions referring to a need of self-protection, according to Plutchik (1994) and TenHouten (2007) a negative emotion. It is an emotion elicited when an individual encounters a sudden and unexpected threat from the environment or from another individual which endangers the safety/life of the individual and motivates him to escape. Depending on the severity of the threat, the intensity of fear varies, from being startled by a bang to the fear of losing life i.e. to terror, the most intense form of fear (Plutchik, 1994, p. 102-103). Anxiety is a secondary emotion, a

dyad of the two primary emotions viz. anticipation & fear. Where fear refers to immediate perceived danger, anxiety is an emotional feeling focused on possible concerns/threats in the future. With respect to sexual violence, the anxiety of the victim is the fear for the return of the perpetrator or the fear to suffer other violations or assaults. Both fear and anxiety are emotions that have an negative anticipatory character, are a negative apprehension of a negative prospect and refer to powerlessness of the fearful / anxious individual (TenHouten 2007: 42-43 and 97-98). In all victim narratives analysed for this thesis, fear and anxiety dominate when their victimization(s) and the immediate aftermath are memorized.

Anna has been victimized by different partners, each partner maltreated her on a different way. Finkelhor would say that she is a victim of poly-victimization (2008: 34-37). Being raised in a poor family, she, her sister and her brother often have been left alone when they were children. Her father was alcohol addicted and nearly never at home and her mother too was many times absent, a situation which might be called childhood neglect, although Anna does not express this as such. Anna left home when she was sixteen and lived together with her first boyfriend – thirteen years older than she was – who was violent from the beginning. She says about him: “...*he has hit me every day.... he locked me up in the house....*”. She left him after two years and sheltered with friends, parents of a two year old child. Her boyfriend suddenly found her there and stood at the door with a gun, threatening her and the child. She remembers being extremely fearful: “*Fearful to death. I stood shaking, you do not want to know how.*” In spite of her fear, she turned her back to him and went inside with the child, an act which he did not expect, he started crying and then he left. She tells not to know why he did not use the gun at that moment, perhaps he realised that threatening with a gun is not the solution for the repair of a relationship. From that time on Anna has moved from shelter to shelter and became pregnant when she was 19. She met another man with whom she raised her daughter, but this man dominated, humiliated and belittled her constantly. Nevertheless she stayed with him for 20 years and left him because they did not really communicate with each other anymore. She moved to an apartment and met a friend and they decided to live together. Soon afterwards, at one day while she was showering, this man made a picture of her and he said that he would post this picture on Facebook. She replied that if he would do so, she would tell intimate features of him to others. From that moment on he became violent which feared her. She says: “*I did not dare to sleep at night*”. But at one day she had found drugs (GHB - gammahydroxybutyrate and speed) in a closet and confronted him at night with that discovery. This made him furious. She describes his madness as follows: “*He grabbed my hair and pushed me to the ground. With his working shoes he hit my face and breast...dragged me on my hair to the couch, threatened me with a knife and raped me. I thought I would die. I really thought I would die... it is very horrible, death pangs, it is extremely difficult to explain how this feels.*” This severe intimate partner violence happened on New Year’s Eve. She managed to escape and with help from an acquaintance she went to the police and sheltered. The

perpetrator had been arrested. Thinking it was safe at home, she returned to her apartment because she had an appointment with a case manager from Slachtofferhulp – the Dutch Victim Support Organisation. When the case manager had left and she was alone again, the door bell rang and she opened the door. There stood her victimizer. She tells: “*Oh, oh, my heart sat here.* - probably she has made a gesture pointing to her throat during the oral interview - *I have yelled and screamed and ran to the balcony to jump, then he draw me back.*” Luckily she managed to call 112 and the victimizer had been arrested again. In court he has been sentenced for four months in detention. At the time of the interview – about two years after this victimization – she can say that she is not so fearful anymore, but that she is still attentive when she is going out.

Analyzing Anna’s description of her relationships reveals that she has been confronted with different victimizations with increasing severity. Reading between the lines however, her agentic and communal motives are discernible: she left all the violent partners – wanted to be independent of the violater(s), wanted control by herself over her life and wanted safety (agency). And each time she hoped to find another partner, expressing that she was in need of communication with others i.e. a need to enter into dialogue in a normal way and that she was in need of love (communion).

Barbara followed by a stranger on a motorcycle when she was training outdoor, remembers that it all went very quick. The young boy who wanted her telephone and money, pushed her to the ground and strangled her. On her then experienced emotions she says: “*At that moment I thought: What is happening here? I saw my daughters passing by, I really thought at that moment I was going to die.*” The threat in form of strangulation made her breathless and her fear was so intense; she feared to lose her life and that her daughters would have to live without their mother from that moment on. The attacker raped her and afterwards he ordered her to accompany him to her house to get money. She tells: “*I thought I will do anything if he is not to kill me.... yes, the fear was enormous.*” Apparently, when thinking about the possibility to die and/or out of powerlessness, victims do not succeed to alter their thoughts immediately and obey the perpetrator. This might be a form of rape-induced paralysis, not being able to take over control over the own body by the self (Heidt, Marx & Forsyth, 2005).

Because his motorcycle did not start, she managed to escape and to run at her house as fast as she could. When at home she noticed that she had urinated in her pants and tells on this: “*I had not noticed it at all before, out of agony I apparently had done this.*” Through telling this, Barbara expresses that fear as response to victimization can influence bodily functioning as well as. She noticed this also when she called her best friend to tell that she had been attacked and raped and only could whisper at the phone. Out of these utterances it must be concluded that sexual victimization not only provokes extreme fear but also influences (some) bodily functions (temporarily), the latter not directly inflicted by the perpetrator, but nevertheless a consequence of victimization.

Initially, Barbara did not dare to call the police, which she eventually then did, urged by a colleague, a former police officer. One day later, while driving in her car to her ex-husband to inform him about the victimization, she recognized her attacker on a bicycle and thought that he would recognize her too (which was not the case as it appeared afterwards), but at the moment she saw him: *“I had my heart completely in my throat again.... in a second I sat totally in a stress modus”*. Again her body reacted too, this time with an increased heartbeat and shiver. Back home again, she immediately called the police and when they arrived at her home : *“ I was totally distressed, I sat shaking on the couch here.”* Based on her description the police could arrest her attacker soon afterwards. A long juridical trajectory followed, with several hearings causing each time a tremendous tension for her and her family. The perpetrator – almost the age of 18 - has been sentenced to two years of imprisonment followed by detention under hospital orders. Barbara tells that now – at the moment of the interview two years after the assault – she still is fearful and more alert but does not panic anymore, although she admits that her extreme anxiety decreased considerably with the help of others (the case manager of Slachtofferhulp - Victim Support the Netherlands - and a psychologist) and through the knowledge that the victimizer has been sentenced and is imprisoned.

Analyzing the decrease of her fear might lead to the conclusion that knowing that a perpetrator is no longer in proximity of the victim, results in the awareness that possible harm inflicted by the same victimizer is not nearby any longer which increases the feeling of safety of the victim and decreases fear (Brison, 2002). In addition Barbara acknowledged that the decrease of her fear and anxiety has been accomplished through the help of others, in this case an expression of communion in the form of dialogue with health care professionals who can help to alleviate the negative consequences of victimization in the (immediate) aftermath.

In the autobiography of Elisa, a lot of passages refer to fear and anxiety she has experienced during the different kind of sexual assaults. She also might be called a victim of poly-victimization because she the assaults were different and perpetrated by different victimizers. In addition she has been has been victimized in an extraordinarily way – the severest kind of child victimization (Finkelhor, 2008: 33-37).

In the written narrative she called the assaults trauma room 1, 2 and 3. At the beginning of her autobiography she writes: *“My whole life has been fearful and this fear is still within me, until the day of today”*. In this one sentence Elisa makes clear that most of her memories of events from the past are filled with fear, that these memories kept being vivid to the present and that those memories still continue to influence her life.

When reading her life story the fear referred not only to herself when being victimized, but also to fear of losing her family. One of her traumatic experiences was abduction in a red car by a stranger when she was on her way home from school. She was six – seven years old then. The perpetrator threatened

her with a knife into his car, she writes: *“The anxiety I felt at that moment, I will never be able to explain. Agony it was. I should have run as fast as I could, but instead I was rooted to the ground and did exactly what I was asked for.”* This endangering attitude from the stranger had a paralysing effect on her. Being in the car, the man taped her wrists, her ankles and her mouth and drove to another street of the village where she lived. There he putted her on his lap and raped her by penetrating her anally. Afterwards he drove back and released her by threatening her to remain silent, if not he would look for her and her family to kill all of them. At home she did not dare to tell to her mother what happened; she writes: *“The idea that something would happen to my parents was unbearable. Fear withheld me to say anything.”* Out of fear for disastrous consequences for her parents and for herself as well, she concealed her horrible experiences. From that day on she was anxious to be abandoned by her mother, she did not dare to be alone, not during daylight, not during night: every day she protested vehemently when she had to go to school and she refused to sleep in her own bed any longer.

A few weeks before the abduction, the abuse by her neighbour had begun. Initially it started with asking her to sit on his lap, which made her feel uncomfortable. Then he began to touch her beneath her clothes. She writes: *“I had no idea what this meant. I only knew it was very awkward.”* This utterance is not surprising while being a child she was not acquainted with sexuality yet and had not the ability to understand the situation (Krug et al. 2002). Gradually his behaviour became worse and passed on to penetrating her, first with his fingers and later with his penis. On the latter she writes: *“.. it was terrible. I was extremely scared, sad, torn apart.... At these moments I have learned to eliminate my feelings. I was like a statue.”* Just as the experience during the kidnapping, Elisa got paralysed every time her neighbour abused her. Her body reacted with tonic immobility, a not unusual reaction of (young) rape victims (Heidt, Marx & Forsyth, 2005). The abuse went on for weeks, for years until disclosure of this abuse when she was fourteen.

Having altered from a cheerful and social girl to an extremely anxious girl, Elisa had been referred to a school psychologist by the school doctor for treatment of her anxiety. She was eight then. After several sessions she gathered all her courage and told the psychologist that she had been and still was abused by her neighbour. Instead of condemning this sexual abuse he told her not to worry about it, it should be rather normal for adults to behave like that. Because she did not dare to sleep alone, he proposed to make a scheme to mark on whether she had slept in her own room or not. Some sessions later, proud she went to him to tell she had managed one night to sleep in her own bed. But instead of praising her, he asked her to lay down on a red couch and began to touch her. The more positive marks she had on her scheme, the worse it became and her fear to sleep in her own bed increased. She writes: *“Initially I was dressed... later I had to undress, first partial and later totally. He fondled my belly, my breasts and legs and went inside me with his fingers. It was terrible.”* The sessions c.q. victimizations ended because she had reached the age of twelve and had to go to another school. During the whole psychological treatment period, she did not dare to tell her mother what happened during the sessions.

She writes to have buried her feelings and experiences of victimizations in spite of her fear, and to pretend as if it not existed. She did so for several years.

The fear of talking about the victimizations has been transformed into physical health problems from the time she was twelve: first urinating problems eventually ending in impossibility to urinate, later defecation problems also ending in totally impossibility to defecate. Many visits and admission in several (academic) hospitals followed. She had to learn to use chairs and clisters. Not any physician could find the reason for these physical problems. Not much later her legs refused to function normally, she regularly dropped down forcing her to use a wheelchair. She was treated by physiotherapists, psychologists, psychiatrists, neurologists ... no one found the reason for the physical and mental problems. Finally - two years later and at the time of disclosure of the sexual abuse by her neighbour – a child psychiatrist had told to her parents that he was convinced Elisa was a victim of child sexual abuse. On this period she writes: *“So, this appeared it to be. The reason for all I went through. My complaints were psychic and not made-up, my body protested against events from the past.”* A difficult period of recovery by trial and error followed. Each new institution, a combination of treatment/medication and school, caused anxiety. And another consequence of the victimizations occurred: blackouts, situations in which she was not unconscious but in which she showed the behaviour of the fearful child she was in the past during victimization(s). Elisa knows this because her mother told her after a blackout what she had seen. Her mother was the only person who was able to trace her back to the present. She was eighteen when she disclosed the abduction and rape by a stranger and disclosed the abuse by the school psychologist to whom she was referred at the age of eight. At the time she wrote her autobiography, the blackouts still occur. She is still indecisive and fearful to fail in things which occur in social life. She writes: *“I find it a bit grisly to become happy. That is a feeling I really do not know, it is completely new for me.”*

During the oral interview Elisa tells that soon after the ending of the psychological treatment<sup>4</sup>, she met her husband. Four years ago they married. At the time of the interview she is pregnant of their first child. She knows a boy will be born soon, which gives her a comfortable feeling because *“when the baby would have been a girl, I would constantly be afraid the girl might perhaps become a victim of sexual abuse too.”* She says to be convinced of the fact that young children (especially girls) are vulnerable for violations by others, something on which parents do not have any influence. She still suffers from blackouts, but these are shorter in time now and at this stage she can be brought back to the present by her husband also. She says that notwithstanding all the (psychological) help she has had and has, the fear to fail and indecisiveness is still present. Currently she gets support and treatment in the POP-department of the hospital (psychiatric, obstetric, paediatric support for pregnant women pre- and post partum) where she will give birth to their son.

In the life story of Dorine, Elisa's mother, fear and anxiety are also mentioned, but this fear and anxiety are different when compared to the fear of her daughter. She knew both fear to die soon due to her own illness *and* later fear to lose her daughter. When a malign melanoma was diagnosed soon after the birth of her third child, she feared that she would die soon. To express her anxiety in that period, she remembers when seeing her children (one and a half, three and five years old at that time): *"The only thing I did during this period was thinking I will not see all of you growing up"*. Dorine knew that malignant cancer is a life threatening disease which can shorten life considerably. After surgery and the first months afterwards, her anxiety lasted and after having got the message that the melanoma was totally eradicated, the fear slowly melted away. She tells that Elisa had become an anxious girl from her sixth year on, and that she had no idea what the reason for the fear would be. Due to Elisa's extreme anxious behaviour she asked for help and followed the advice for psychological treatment by a school psychologist. During this treatment the anxiety of her daughter decreased to some extent, but was still present. When Elisa was twelve/thirteen the first physical problems occurred and became worse, causing tremendous concerns for her as mother for years, even until today. The greatest part of Dorine's life story is an account of all her experiences when accompanying her daughter to many institutions / hospitals in the Netherlands, all over the country. She does not mention often the word fear or anxiety while telling but all her efforts to find the right treatment for Elisa's mental and physical problems must be interpreted as an extreme (fearful) worry for Elisa's health. She refers repeatedly in a negative way to her experiences with health care professionals for she could not understand why not any physician could help and cure her daughter. Being concerned about Elisa's health all the time, she especially was afraid of losing her daughter the four times when she had found Elisa unconsciously having taken too much pills attempting to commit suicide. During the interview she tells more than once: *"What is most worst, is the fact that I have to live with anxiety in my body, for that is what I do. So much time of my life I have been fearful, and I still am fearful."* In this sentence Dorine expresses both, initially the fear for dying herself due to malignant cancer and later due to the unexplained and ever increasing mental and physical problems of Elisa. Yet, although the reason for Elisa's problems was known by the disclosures of sexual assault, her concerns were not over because she and Elisa were and are still confronted with the everlasting consequences of the sexual abuses. At the time of the interview with Dorine, Elisa still suffers from blackouts which worries Dorine especially now while Elisa is pregnant; she is also worried about the baby.

Susan, when attacked from behind by a stranger while walking, was strangled into unconsciousness twice, raped and was left for dead by her victimizer after he had smashed a rock into her forehead. She wrote and published an article on her perspective of victimization in the immediate aftermath of the assault and a book 10 years after the attack. On the first strangulation she writes: *"I*

wish I could convey the horror of losing consciousness while my animal instincts desperately fought the effects of strangulation. This time I was sure I was dying.” When rescued and treated in the hospital of Grenoble she did not dare to be left alone. “I was terrified my assailant would find me and finish the job.... I was so concerned about my assailant tracking me down that I put only my lawyer’s address on the hospital records....I wanted to remain anonymous....” Her fear did not vanish, but had a different outlet. She writes: “For months after my assault, I was afraid of people finding out about it – afraid of their reactions and of their inability to respond. I was afraid that my professional work would be discredited, that I would be viewed as biased, or, even worse, not properly philosophical. Now I am no longer afraid of what might happen if I speak about sexual assault. I’m much more afraid of what will continue to happen if I don’t.” (2000, p. 19). After years of recovery and at the time Susan wrote her autobiography, she has taken many initiatives to inform as many people as possible about the tremendous negative consequences for victims of sexual assault. She fears for a continuation and probably an aggravation of sexual violence when she would stop to give attention to this social (health) problem. By keeping talking about sexual violence she hopes to reach the opposite. Not only fear for relatives and other people existed. Susan also tells to have been frightened for intimacy towards her husband. She writes: “The memory of rape can thus make pleasurable erotic anticipation impossible: the past reaches into the present and throttles desire before it can become directed into the future. I mourned my loss of sexual desire for years before it gradually started to return, as my fear diminished enough to make some psychic space for it.” (2000, p. 96) . Four years after the assault she gave birth to a son.

Despite her negative experiences, Susan has shown her agentic and communal motivations during and after her recovery: through self-defence courses she learned to gain self-control again (agentic), later she took the initiative to introduce self-defence courses for female students at her university and she gave many (philosophical) lectures about sexual violence in the United States, and by publishing her opinion on this form of victimization. The latter an agentic and communal act at once showing she takes initiatives, feels responsibility and control over what she is doing (agency) and she shows her care for the security of women - in her immediate environment and worldwide - by paying and broaden as much attention as possible to the catastrophic emotional and bodily consequences of sexual violence (communal motivated acts: care and unity).

### Anger

Anger is a primary emotion, the opposite of fear and is specifically and intensively directed to persons who are responsible for experienced harm and impairment. But anger can also be directed to oneself (TenHouten, 2007: 39-42). While analyzing the victim narratives for this thesis, both forms of anger are discernible.

Susan returned to the United States after her hospitalisation and the trial in Grenoble. She tells that she initially was not angry at her attacker, because she knew that her victimizer was imprisoned and far away from her. She became angry at the attackers of other sexual abused women when she was in sessions with fellow sexual victimized women. She tells that she had learned to be angry at her own attacker after a self-defence course where she had learned to defend herself when needed in the future. She writes: *"It may be that experiencing anger towards an attacker requires imagining oneself in proximity to him, a prospect that is too frightening for a victim in the early stage of recovery to conjure up"*. But she admits to have gone through an angry phase during her recovery, lasting for several months, experiencing anger directed to her relatives too, who - according to her at that time - should deny the terror she had gone through because they kept stressing that she should be happy to be alive. But anger was also directed to herself. She writes on this: *"The anger was still there, but it got directed to safer targets: my family and closest friends. My anger spread, giving me painful shooting signs that I was coming back to life. I could not accept what had happened to me"*. (p. 11 -13). Referring to the first months of her recovery here, Susan expresses that her former life has been contaminated: she is of the opinion that her relationship with others and with herself has changed from good to bad. She used to have control over her daily life and this control is gone now. She did not know how to go on with life, nor how to imagine her future i.e. did not know how to give meaning and sense. Susan encountered difficulties to bring the past in line with the present and she did not succeed to envision another future; her life story was shattered and disrupted (Janoff-Bulman 1992)

Anna does not mention the word anger or angry in her life story, but when she tells about her experiences with the behaviour of her nearly twenty year old daughter, a certain anger is discernible. The girl fell in love with a young man who appeared to be a lover boy. He forced her into prostitution, to take drugs and to smuggle drugs. For the latter her daughter had been sentenced to three months imprisonment. After prison her daughter stayed with Anna, but when the girl started to make appointments for car prostitution at the address where both were living, Anna refused to give shelter any longer and since that day there has been hardly any personal contact between the two women. This sanction against her daughter might be interpreted as anger due to the behaviour of her daughter. She stated : *"When I noticed that clients from car dates came to pick her up here in front of my house, while my daughter was pregnant. No, that is for me a limit. As a mother I cannot accept this."* These problems with her daughter began soon after Anna's own IPV victimization and hurt her as a mother extremely. Having to deal with her own victimization related emotions, the emotional burden caused by her daughter's behaviour became so much that Anna herself suffered from a severe burn-out, had to report her ill because she did not manage to fulfil her job any longer due to concentration problems and had to go to a psychiatrist for treatment. Out of self-protection (agency) she has distanced herself from her daughter.

Barbara mentions just twice the word anger in her life story. The first time the word refers to the many problems she had with accepting the fact she had to face the consequences of her victimization. She tells: *“Instead of accepting, I tried to find my new way. I was constantly boxing, fighting, kicking and being angry on this.”* Based on this utterance it might be concluded that she is not angry with her victimizer, because later she tells: *“The most experienced emotion was fear, and many times I was frustrated, but I have not been angry”*. But in the former sentence she makes also clear that the rape has contaminated her previous life. Just like Susan, Barbara says that she could not accept the fact that the victimization has shattered her previous daily life and that it is difficult and angering to rewrite her life story in which she has to incorporate her dramatic experiences.

Contrary to life stories of Anna and Barbara, the autobiography of the Elisa contains many passages with reference to anger, directed to others, to the many situations in which she ended up and directed to herself. Accompanied by her mother, she has visited many doctors in hospitals to find out the reason for her physical problems. One of the doctors said : *“You can stop now with this nonsense. You know it’s all made-up.”* She writes on this: *“Back home again. I was mad due to their disbelief and their incomprehension. Did I invent it all? Of course not. But what then was the reason for my complaints?”* She could not understand why this physician (and other health care professionals) could not find a diagnosis for her physical problems because according to her at that age (14) that is what a physician is expected to do, diagnosing and trying to cure ill people. At that time she had not yet disclosed the abuse by the neighbour (and the other victimizations) and she was not aware of the possible relationship between the sexual abuse and her physical health problems. On the time immediately after her disclosure of the neighbour’s abuse and the message to her parents of the child psychiatrist that he was convinced of CSA (which her parents told also to her) she writes: *“So this was the cause of everything. My body protested against the events from the past. My complaints were at least not invented”*. Here Elisa refers to the earlier utterances of some physicians who in the previous years doubted her physical complaints .

In her life story Elisa does not only mention anger towards the fact that the reason for her physical problems could not have been diagnosed, but also to the fact that she had to stay in institutions for observation and treatment – which felt like being imprisoned and unfair - while her perpetrator was free and not has been convicted for child sexual abuse.

She mentions also specific persons with whom she is angry. She remembers that the spouse from the neighbour had seen her sitting on the neighbour’s lap, but that the woman quickly left the room. She writes on this: *“I do not know why, but I am very angry on this. She could have done at least something? Or was she herself also afraid of him?”* Now, when writing, Elisa realises that the spouse had the possibility to indicate that her husband’s behaviour was unacceptable, but that the woman did not do so. Yet, the deepest anger she expresses in her autobiography is directed to the school

psychologist to whom she was referred. On his abuse she writes: *“I think that I am the most angry with him. He has misused his profession to abuse me and who knows how many others have been abused by him.”* Here Elisa expresses how this perpetrator as a professional has misused his power over her as a powerless child and the possibility that many other powerless children might have been abused as well by this person. The severity of this abuse and the emotional problems related to the victimization (s), concealed for so many years – she had buried her feelings - come here to the fore and confront her and her parents with the nasty harsh reality that even mental health care professionals not always are to be trusted. Anger was also directed to her mother, specifically at the time she suffered from anorexia when she was eighteen. She was angry because her mother observed her constantly during this period e.g. not going to the toilet on her own after breakfast, lunch and dinner. And finally the anger against herself is mentioned many times in her autobiography, anger caused on many occasions. When telling about her abduction by a stranger she writes: *“I went home. I just went home. I was angry with myself. I wished I have had the courage to run away.”* Being long-haired, she twice had cut her hair, once consciously and once during a blackout. On these occasions she writes: *“I have cursed myself because I had my hair cut short.”* At that time Elisa was of the opinion that having short hair would give her an appearance as a boy and that looking like a boy would end the abuse by her neighbour. She thought that being a girl is/was the reason of becoming a victim of sexual abuse. All the mental and physical problems had made her so desperately that she did not want to live any longer. She writes to have attempted twice to commit suicide. On one of her suicide attempts she writes: *“After that attempt I thought of Lisa and Eline, I know even now how angry I was with myself. ... These two girls were always positive, they remained strong and did everything to stay alive.”* Elisa made friends with these girls when she was hospitalized and they had the same room at the lung department of the hospital. Elisa blamed herself and is angry to have to acknowledge that she has been so weak to have wanted to give up life while these girls - having the same age – suffered from cystic fibrosis and were waiting for a lung transplantation. They always kept hope to survive and that a right donor should be found in time. Unfortunately the latter was not the case and both girls died during Elisa’s hospitalization. The strength and the perseverance of these girls became a model for Elisa; she realises that she herself must have the strength to survive notwithstanding all the hurdles.

Dorine tells that she has been angered often by utterances in reports from institutions/hospitals on the treatment of their ill daughter in which also was referred to the role of parents and stated as: *“Parents did not want to cooperate”*, while they themselves were and are of the opinion to have done everything what was possible for their daughter. She says on this: *“To hear and read this again and again! Only that is already traumatic.”* Recently, when she was accompanying her husband concerning insurance formalities that had to be arranged and the neurologist who had to fill the papers at a certain moment said *“I write down that you don’t want to cooperate”*, she became extremely

furious. She says on this: *“When he said that, I fell into a rage”*. Certainly because the utterance of this neurologist remembered her at the several utterances from others physicians in the past when Elisa was ill and stated as *“Parents do not want to cooperate”*. But what made her most furious in the past was the dismissal by the judge who was in lead with the trial concerning the sexual abuse of Elisa by the neighbour. Within the frame of this trial Elisa - being in a hospital at that time - had been interrogated in the town where the hospital was located, by two female officers of the morals police. After interrogation, those officers advised Elisa to write down her story together with a confidant and they showed her a video with information on trial procedures. After this, the women told Elisa they were quite confident that the perpetrator would be arrested soon. The trial was held in another city a few weeks later and all involved persons – amongst them the child psychiatrist - had stated their view. When Dorine heard that the case had to be dismissed due to the fact that a video had been shown before the trial and that a confidant had assisted Elisa in writing about the abuse by the neighbour, she became extremely angry. She tells that she yelled at one of the female officers of morals police who was attending the trial and said to be sorry: *“What? You really do not care about us! All this does not interest you at all! You really do not know what we have gone through”* followed by *“Angry we left and went home extremely disappointed.”* Dorine and her husband trusted that the statement of the child psychiatrist and the victim impact statement of Elisa would convince the court of CSA of Elisa by the neighbour. She expected justice and a condemnation of such an immoral violence. Being many times disillusioned in her life concerning the medical and judicial procedures, she tells to have learned through the years not to be angry anymore because being mad and angry with people and/or with institutions does not help herself.

Comparing the analysed narratives with respect to the emotion anger, it must be concluded that powerlessness is the main reason for the anger of the women, although none of them expresses powerlessness verbatim.

### *Shame/embarrassment*

Shame c.q. embarrassment is a secondary emotion - a combination of fear and sadness - expressing - inter alia - a feeling of wanting to escape the situation someone is being in (TenHouten, 2007: 59–60). On the emotional experience during the victimization itself shame is not referred to in the analysed narratives, but on telling about their victimization to others in the aftermath. In all analysed narratives a reference to shame/embarrassment is mentioned, except in Dorine’s life story.

Susan did initially not want other people to know that she has been sexually assaulted. She writes: *“... in spite of my conviction that I had done nothing wrong, I felt ashamed.... I said simply that I was the victim of an attempted murder.”*(2002, p.3). At the funeral of her father in law, one year after her victimization, she was overwhelmed by emotions. She writes: *“A year after the assault, I felt I had made enormous progress – until the death of my father-in-law and the reemergence of my traumatized*

*self at his funeral. I remember.... my panic at seeing the casket lowered into the ground, my inability to say to my husband, to my mother-in-law, "I have to get out of here, I can't breathe. I feel like I'm going into the earth with him." My shame at such self-centered reactions.*"(2002: 112)

Anna mentioned to have been ashamed due to the behaviour of her daughter, but did not mention shame related to her own victimization.

Barbara tells that she - apart from close relatives - did not want others to be informed about her victimization. She says: *"I myself had the idea that I had a mega poster on my forehead. I thought everybody could see that I had been raped. That is the reason why I did not want everybody to know what happened to me."* And she remembers that every time details of the victimization had to be told - to the police/ at the hospital/ to colleagues - her face became blood-red, and that she had been many times in such a situation. Whether shame or embarrassment is referred to in her narrative when she tells about the reaction of her children, her ex-husband, her parents and her sister when she had informed them about what happened to her, is not easy to conclude. It might also be the case that the utterance refers to sorrow and sadness when remembering the extreme emotionality of those close family members when they had heard from Barbara that she had been victimized. She says on these events: *"I found it terribly difficult to tell what had happened to me. And their reaction was so tremendous, to have seen this, I cannot forget, not even now."* Maybe these utterances might rather be interpreted as sorrow and sadness experienced by herself when seeing and hearing the reaction of her close relatives.

In the autobiography of Elisa shame and embarrassment are mentioned when she referred to the many endogenous investigations in the hospitals when she was a teenager. She writes: *"It was very painful, and as a thirteen year old girl, laying down half naked is not very comfortable."* When she was hospitalized for her urinating and defecating problems and she was surrounded by a number of physicians and nurses to explain the investigation procedures to each other and to her, she was very embarrassed. She writes: *"Imagine, you're a girl of 13, and you have to undress..... there I stood, terrified and ashamed. Those investigations were terrible."*

### Sadness/sorrow/grief

Sadness is a primary emotion from which grief is the most intense form and refers to loss of c.q. abandonment by a valued person (Plutchik, 1994: 102-103). These motions are traceable in all analysed narratives although the inducement is different viz. sadness due to repercussions for the victims themselves or due to decisions that had to be taken due to victimization.

Having described her three traumas - as she calls her victimizations in her autobiography - Elisa writes: *"It is as if I just now see that I am the protagonist in these stories. I do not always feel the*

*pain in my body, but sometimes I do. An intense sorrow. A hole in my heart.*” And each time she refers to leaving home to stay in a hospital and/or institution and refers to the days that her parents had visited her there, she writes to have been very sad, *“crying for hours”*.

Anna did not use the word sadness during the interview, but out of her story about her daughter from whom she only by her sister gets some information on the situation of her daughter (and grandchild meanwhile), it might be concluded that she suffers and is sorrowful. Having been victimized herself and suffering mentally enormously due to her own victimizations and then being confronted with the dangerous behaviour of her daughter, she got seriously ill and suffered from a burn-out. To lessen the emotional burden she had decided not to have any contact with her daughter because it was psychologically too much for her to handle all the mental problems together. Out of self-protection (agency) she has decided to breach the contact. But not using the word sadness does not mean that she is not sad about the whole situation concerning her daughter. She says on this : *“I am pleased that my daughter now and then visits my sister, so that I at least from somebody can hear how she is doing.... because, notwithstanding I had to fight myself against my own problems in the past, to realise in which dreadful circumstances my own child and my grandchild live, is much, much tougher to bear.”* In this sentence Anna reveals and corroborates that the well-being of own children – a natural feature of all (human) beings – is more important for a mother than the own feelings of well-being.

Barbara, accompanied by her sister during the days of denunciation at the police, mentions that she had asked her sister to leave the room at the moment she herself was asked her to describe the event in detail. She tells on this: *“I found it very uncomfortable to report literally – because you are supposed to give all the details - I wanted to protect her for all this.”* By mentioning this, Barbara possibly expresses her sorrow because at the moment that she had to give all the details of her victimization she might have remembered the vehement reaction of her sister the day before when she told her that she had been attacked and raped. It might be that she did not wanted to burden her sister once again. On the other hand, it would also be possible to interpret this as a form of shame because she wanted her sister to remember as she was before the victimization and that by giving details on her victimization in the presence of her sister, she should create another image of herself which her sister then might incorporate into the image she had from Barbara. When summarizing her emotions she says inter alia: *“..Anxiety was the most dominating emotion, not anger. Sadness appeared a certain time afterwards, and it lasted for a long time.”*

During the interview, Barbara also read loudly a part of her victim impact statement (VIS) in which she describes the consequences of the victimization. A short phrase of this VIS: *“.....I am afraid to lose control over the situation and myself and to undergo panic. ....And this kind of moments cost me*

*very much energy and bear much sorrow and powerlessness....Nobody can see the open wound, but it is I myself who feels the pain each moment. And I do not want this, I never wanted this and I did not have asked for it at all. ....”* In these quotes (and in what she has read during the interview), Barbara makes clear to the judge, to the court and to the audience that the victimizer has contaminated her previous life. She was a happy woman before the victimization, contented with the way she lived in which she was used to have control over herself within her environment, but now in the aftermath her life in all respects is totally changed in a negative way and to experience this and the fact that she has to deal with this, fills her with much sorrow and grief.

### Guilt

The emotion guilt and shame, both secondary, are often interchanged for pointing to unpleasant feelings. But according to TenHouten are these emotions not identical. Guilt arises from (isolated) acts that hurt another person, whereas shame arises from personal traits and can get induced when being in a nasty situation (2007: 93-95). Not in all victim narratives analysed for thesis the emotion guilt or a guilty feeling is mentioned. In the narrative of Barbara and in Susan’s autobiography the word guilt nor a reference to it is found.

Elisa felt guilty towards her parents after disclosure of the abuse by the neighbour when she saw the vehement reaction on her parents’ face. Recalling that moment she writes: *“I felt guilty. I involved them with something that was difficult to hear for them, but for me it had all become too much. I could not handle it on my own any longer.”* During her blackouts she behaved like a fearful child in presence of her family. Her mother told her after each blackout what she had seen and heard. On these situations she writes: *“Through these blackouts they saw each time a part of my past. They saw pain and suffering. I am sorry that they had to see it all this. I do regret that I have urged them to watch my behaviour at these moments.”* Sometime after the disclosure of the abuse by the neighbour, it was not possible for the family to remain any longer in the house they lived and they had to move to somewhere else in the village. She tells on the departure of their home: *“Emotions exchanged to each other very quickly. But the most difficult for me was to see my family on that day. It was my fault. Because of me they had to leave behind also so much.”* Later, at the time she suffered from anorexia, during a holiday in Turkey with a friend and a sister of her, both girls stimulated her to eat, but she could hardly eat. On this she writes: *“They wanted to take care of me, said I had to eat, but I made it difficult for them. And then, there I felt guilty about.”* In one of the institutions where she stayed for treatment, a young boy who stayed in the same department wanted to touch and kiss her, which memorized her on her victimizations in the past. Afterwards she had more blackouts than usually and she informed the management about the behaviour of the young boy. The management decided then that she had to move to another department of the institution. On this decision she writes: *“Again I*

*had been punished as “the culprit”*” (quotation original), but this utterance has probably used to explain the perceived unjustified treatment. In the oral interview she tells to have often experienced guilt towards her husband at the time they tried to conceive. It took two years of treatment by a gynaecologist before she became pregnant.

All these utterances on guilty feelings and on guilt refer to different circumstances in which one of the consequences of Elisa’s victimizations came to the fore. Elisa realises that by the disclosure of the neighbour’s abuse – not having the capacity to conceal it any longer - she involved her family as well, but now in another way: although the reason for all her problems was known by then, this did not mean that her physical and mental problems were over from one day to another. Her family still saw a continuation of the many troubles Elisa had, some lasting until the time she wrote her autobiography. She could / cannot avoid the blackouts, the occur(ed) each time she was/is extremely emotional c.q. stressed. The unwanted and uncontrollable occurrences of blackouts cause concerns for others in her direct environment. To know and to realise this makes her feel guilty. The family had decided to move to another house. But she herself was of the opinion that it was because of her that the whole family had to leave their home. During her blackouts she (mostly) sits with her wrists close together just as when her wrists were taped during the kidnapping and she tries to defend herself by kicking and stamping with her feet. Her anorexia – wanting to have control herself over her own body – is also a consequence of her victimization(s) and intense mental stress still causes a blackout. In short, Elisa’s life is filled with victimization related emotions and behaviour from which the awareness of the impact on others induces guilty feelings.

Dorine did not use the word guilt in her life story, but she mentioned several times that when she was accompanying Elisa in hospitals where she was allowed to stay over, that she always found it difficult to choose between her youngest and the two older daughters at home. Those girls too – having to deal with the eccentric situation within their family - needed her. This doubt might be interpreted as a guilty feeling towards her oldest girls.

Anna mentions guilt only once in her life story. After having left her first partner and wandering from shelter to shelter, in one of these residences Anna had an affair with the male partner of a couple and became pregnant. She never told the couple that the man was the father of her baby. Half a year later, the woman of the couple committed suicide. On this Anna tells: *“So yes, I felt guilty on this for a very long time. When someone has a relationship or is married, I will never get close anymore. I have learned my lessons through this.”* On the one hand, this guilty feeling is not directly referring to the victimization (humiliation and degrading behaviour) by her first boyfriend, but her search for shelter was surely a consequence of that victimization and the guilty feeling could then be interpreted as an indirect reference to her first experiences of victimization.

## Loneliness

When the secondary emotion loneliness is explained as a result of an involuntary separation from social relationships (TenHouten, 2007: 56-57), then this kind of loneliness is discernible in all the analysed narratives. The sexual victimized women express to have been alone during recovery and in the (immediate) aftermath. In the aftermath the victim can be confronted with people who are not prepared to listen to their trauma narrative any longer, even if there is a need to tell about the victimization and a need to be listened to from the victim's perspective. The neglect of these needs gives the victim a feeling of being forced to struggle alone. Yet the most intense lonely feeling for victims – in particular victims of sexual offences - is when they memorize themselves the victimization mentally and bodily and wish to talk about it. In those circumstances their need for communion i.e. a need for dialogue and thus someone who listens to them comes to the fore. On the other hand, thoughts and private feelings are so individualistic, totally isolated in the inner, impossibly transferrable to others, not expressible, nor translatable into any language. In these moments the victim feels lonesome, because no-one is able to feel nor to remember victimizing experiences in exactly in the same way as other victimized individuals feel and remember, not to mention people who have not experienced (sexual) victimization.

The fact that in the analysed victim narratives no mention of the presence of a witness is made, means that the abused women were alone when attacked and victimized: when telling about the victimization, the women did not express that they felt lonesome at that moment. But in all analysed narratives where references are made to the periods of the (immediate) aftermath, the need of the victims to be in proximity of beloved ones and of other relatives is expressed c.q. the absence of people with whom they would like to share their concerns.

Elisa mentions loneliness each time she refers to the hospitalizations that took place; she dearly missed her family, her mother in particular.

Dorine tells to regret that other people are not in for a talk about her abused daughter: *“They do not comprehend it, nor can believe that such things are happening in our village: what happened to her is too bizarre, it is just impossible.... it makes you feel lonely. You are fighting alone, that is it... the outside world does not understand it. It continues to be a taboo. They do not want to talk about it.”* The fact that there are so few people who are really empathic interested in the situation of the family, that there is nearly on-one to share their concerns with i.e. the lack of communion, elicits feelings of loneliness. Apparently not all people realise that social sharing of emotions (Rimé, 2009) is a natural need of victims to regulate and diminish their emotions.

Anna tells that she in spite of the assistance of Victim Support, she has felt lonely many times: *“I felt totally alone. I did not want to disturb other people, and therefore you do it just alone, you*

*know. And that is quite heavy.*” Saying this is twofold to my opinion. On the one hand Anna says that she missed people to share her feelings with in a manner that relieves concerns and is it an expression of a need for dialogue i.e. a lack of communion. On the other hand is her inhibition to share her feelings with others expressed because she does not want to burden other people with her concerns, a communal act of care.

Barbara expresses her loneliness concerning her own feelings: *“I am alone with my feelings when memorizing the victimization. Yes you can feel yourself very lonely when it comes to traumatic memories.”* In this quote becomes clear that private inner feelings are hardly or not explainable with words to others, notwithstanding the personal need of relief from the emotional burden of victimization.

Susan refers many times to the fact that trauma survivors are in need of to be listened to during recovery and in the aftermath of trauma. E.g. *“Because the trauma is, to most people, inconceivable, it’s also unspeakable. Even when I managed to find the words and the strength to describe my ordeal, it was hard for others to hear about it. ....In my case, each time someone failed to respond I felt as though I were alone again in the ravine, dying, screaming. And still no one could hear me. Or, worse, they heard me, but refused to help.”*(2002: 15-16). In other words the expression of the need for dialogue (communion) stays many times an unanswered expression in spite of the fact that victims sometimes really are in need of dialogues with others.

### Hate

The emotion hate is a secondary emotion, a combination of the two primary emotions *anger* and *disgust* and expresses a vehement abhorrence towards another person or his behaviour (TenHouten, 2007: 143). This emotion is found in three of the analysed narratives.

Anna says not to be hateful towards her victimizer(s), but towards the lover boy of her daughter because she is of the opinion that he “destroys” her daughter and she fears for her daughter’s death at a young age.

Dorine says to hate both, the neighbour who abused Elisa for years and the psychologist to whom Elisa at the age of eight was referred to. The abuse by the latter and by the kidnapper was just disclosed to her when Elisa was eighteen. She does not hate the man who abducted and raped her daughter because she does not know him. Of the other two men she says to hate the psychologist the most: *“If he had accomplished his job appropriately which I totally expected and trusted him to do, he could have prevented the lasting abuse by the neighbour in an early stage....I hope he will come to an end on an extremely hard way.... deep in me there is hate rooted towards those men, but I know at the same time I cannot do anything with it.”* The anger and disgust towards the perpetrators is deeply

rooted which might mean that Dorine could have considered to retaliate against these men as a means to justice. But she understands that retaliation is out of the question. Between the lines however, it is clear that here on the one hand a complete powerlessness is expressed (negative agency), and on the other hand self-mastery and control (positive agency) is expressed

In the autobiography of Elisa the hate is not directed to others but to herself. During adolescence when her body changed and got more female features which her neighbour liked a lot, she said to have hated her own body. She writes: *“I hated the body that I got. I tried to lose weight hoping my female features disappeared.... In any case I didn’t want to be a girl.”* Elisa expresses here that she thought that being a girl / young adolescent with ever more female characteristics as opposed to c.q. different than boys and men, would make her less attractive for the neighbour and that he would end his abuse. In addition she thought to be safer then, because due to the abusive treatment each time by an adult man, she did not trust any longer adult men in general. By losing weight she thought to exclude the possibility to get sexual abused once more in the future.

### Vigilance

Vigilance is the intense form of the primary emotion anticipation/expectation pointing to the search for an answer to the question “What’s out there?” c.q. an exploration of the individual if his environment is safe or not (Plutchik, 1994: 102-103). It is a state of watchfulness or attentiveness.

All victimized women – out of fear for revictimization - express an increased vigilance during recovery and in the aftermath of their victimization in their narratives. Susan writes that she had wished to have had eyes in the back of her head while walking. Anna says in the interview: *“I have been very alert, continuously looking around me, specifically when going to town X because people like my ex and the friend of my daughter use to be there. Currently, I dare to go to town unaccompanied, but I am more vigilant when I do so.”* Barbara mentions also to be more vigilant since her victimization: *“Being scary when I go out will persist I think, and this will probably last for some time. Yes I am more vigilant than before.”* Elisa tells to have been watchful for red cars to see if it was the same type as the red car used by the kidnapper. Every time when she thought to have seen a similar car she became fearful and called her mother even until some years ago (is corroborated by her mother). When shopping with Elisa, Dorine always looked if the neighbour was not in the street or in a shop, because she knew that Elisa reacted very fearful when that man was in the same environment. She also tells that she was constantly alert from the time that Elisa had blackouts; she sat or stood then always in a position to be able to catch her daughter when she flopped down. This vigilance is different than the vigilance of primary victims: the vigilance of primary victims is an attempt to detect danger in time and to look for safety and security as quick as possible, while the vigilance of Dorine is out of worry for injury of her daughter when falling which is a consequence of victimizations.

### Acceptance/Trusting

Acceptance is one of the eight primary emotions from which trusting is the trait language (Plutchik, 1994: 102-103). With regard to trauma survivors, trusting someone means accepting that person (not a direct family member) in proximity, daring to show and to share the trauma consequences. The emotional impact as a consequence of victimization is extremely and not bearable individualistically. Victims need other people and health care professionals to share their emotions with in order to be regain the ability to regulate and reduce the destabilizing effect of victimization related emotions by themselves (Rimé, 2009). Through sharing their emotions, victims show both agency and communion; positive agency in the sense of self-control in the sense of accepting the need for help and positive communion through entering into dialogue with others. At the same time a negative agency comes to the fore viz. a need for strengthening the self-empowerment with the help of others in the immediate aftermath with the aim to become strong enough to carry on by their own. The latter in other words a switch from negative to positive agency resulting in regained self-competence and self-confidence. In the narratives analysed for this thesis, trust in other people is mentioned in all of them, but also distrust due to disappointing experiences with people from their environment when talking about the victimization.

Elisa and her mother had full confidence in and had trusted the school psychologist to whom Elisa was referred. They really thought that he would help to reduce Elisa's anxiety c.q. anxious behaviour. They trusted and thus accepted him for four years long, as long as Elisa was on the primary school (Basisonderwijs in Dutch). It was only six years later that Elisa disclosed the school psychologist's abuse and her experiences during the kidnapping. The trust of both women changed into disgust towards the psychologist who abused Elisa and to mistrust in psychological treatment in general, apart from a few practioners. Moreover, due to the promising utterance of the two police women who interrogated Elisa after deposition of sexual abuse by the neighbour: "*We will arrest this man soon*", the parents and Elisa trusted that the neighbour indeed would be convicted, especially because the child psychiatrist who was convinced of child sexual abuse had declared so. Unfortunately for the parents and Elisa, the case had been dismissed, the reason a procedural mistake as mentioned above, but hard to believe and to accept. Since that time their trust and confidence in the Dutch legal system has vanished too. They were even so distrustful that they have not accused the psychologist who abused Elisa. And the trust in some health care practioners is drastically diminished because in spite of the many investigations in (academic) hospitals nothing has been diagnosed concerning Elisa's health problems nor a treatment offered (except tranquilizers) that could cure her. In short, their trust in humans is almost totally disappeared i.e. their faith in humanity is gone, expressed by Dorine as "*I do not fit in this society anymore!*"

Anna tells that she distrusted the police since they did not do anything when her first partner menaced her with a gun (i.e. save her and arrest him). She said: *“I found it very scandalous that two policemen lived in the same street, saw what was happening but did nothing. With respect to this, I do not expect much help from the police nor from anyone else at all.”* But she has changed her opinion when the last ex-partner appeared unexpected in her apartment. When she in panic had dialled 112, the police came within three minutes, which she appreciated a lot. Apart from the police, Anna must have trusted the case manager from Victim Support and her psychiatrist, because she stated in the interview that she does not need this kind of help at the moment (of the interview) as much as in the immediate aftermath of the last victimization.

Barbara mentions to have had a very trustful feeling during all the conversations with the case manager from Victim Support. Initially she accepted any assistance that might help her, but when experiencing the help of the case manager in many respects related to her victimization, her trust became complete. She told it as follows: *“The contact was good, it is important to have a click with such a person.... it feels safe, very trustworthy. He helped me without emotional involvement, was very professional....has learned me a lot during the juridical procedure(s)....all this has contributed to an advanced recovery.”* When comparing this evaluation of the assistance from the case manager with the rest of her life story in which reference is made to contacts with family, with acquaintances and with others - all emotionally burdened - it appears to me that the rationality of his approach as experienced by Barbara – vocationally used to structure and plan – was more beneficial and more effective to recover, which is not to say that she did not trust other people of her environment. On the contrary, she has informed some of her colleagues about her victimization, a sign of trust, and she too needed the help and support of a psychologist with whom she shared her difficulties, hoping that she should regain strength to fight against the negative mental consequences of her victimization.

### Surprise

Surprise is one of the eight primary emotions, characterised as an immediate demand for orientation on unexpected objects or situations and causing the rise of the questions: “What is it?” “What is happening?” (Plutchik, 1994: 102-103). It is obvious that (sexual) victimization comes out of the blue and in this sense surprises people on the moment of the assault. The victim, after realising what is happening, tries to escape and to look for help. In all the narratives, analysed for this thesis, this emotion is mentioned, but the answer on the questions and the coping behaviour is different.

Anna, Barbara and Susan realised rather quickly what was happening when they were attacked, because they rapidly understood what was happening due to remembrance of warning narratives heard during young adolescence to be careful and watchful for strangers. So their reaction was indeed trying to escape in order to save their lives.

Susan writes: *“Although I had been primed, since childhood, for the experience of rape, when I was grabbed from behind and thrown to the ground I initially had no idea what was happening. .... As long as I could make enough sense of the event to find something to say, I felt I had a chance of surviving. ....I had to fight like prey pursued by a stronger predator – outrun him or outwit him, using animal instincts, not reason. After his last strangulation attempt, I played possum and he walked away.”* (2002: 88-89).

Anna was totally surprised when her last partner suddenly stood at her door which caused panic immediately probably thinking that he came to attack her again. She instantly dialled 112 hoping to get help in time, which happened rather quickly.

Barbara tells that while jogging she had seen young people, thinking they had an appointment but that one of them had followed her, which she had not noticed. She says: *“All of a sudden he was there, smashed his motorcycle aside and summoned: “Give me your phone!” .... and I thought he is not going to get that phone at all. But before I knew it I laid on the ground stranglehold ...I have tried to defend me, but I didn’t manage.”*

Dorine told to have been totally surprised when her youngest daughter at the age of seven asked her for a knife. She asked Elisa: *“Why do you want a knife my dear? That it is a dangerous thing.”* Elisa answered that she wanted to cut her throat of. It was only after the disclosure of all the sexual abuses, that Dorine could understand the then strange question.

Elisa herself refers several times to have been surprised by the “strange” behaviour of the abusers. In her autobiography she calls her experiences with the different perpetrators trauma rooms 1, 2, and 3. Trauma room 1 is the story of the abuse by the neighbour. She writes: *“.... He started to touch me, finger me under my dress. Young as I was, I had no idea what it meant. I only knew that I did not like it and that I felt myself very embarrassed .”* Trauma room 2 is the story of the kidnapper. She writes: *“When I was on my way home, a red car stopped, a man got out of the car and neared me with a knife very discreet and ordered me to get into the car.”* Trauma room 3 is about her experiences with the psychologist to whom she was referred to. When she had told to him that the abuse by the neighbour was the reason for her anxiety, she was surprised by his reaction. She writes: *“I still know how nervous I was. He would surely become angry. But he did not. To tell the truth, he said that it wasn’t really that exceptional and he assumed an attitude from which I only could conclude that I was a poseur and that that what happened was very normal.....I felt strange for the umpteenth time. Why everyone deems this normal? ....”* . Elisa refers to the unexpected behaviour of the adult perpetrators when she was in their environment. Not acquainted with threat she was totally surprised when she experienced the threat of a knife. And not acquainted with sexuality at that age, the behaviour and utterances of the neighbour and the school psychologist surprised her because those

men made her believe that sexuality was not that extraordinary at all, she should not worry....Such answers she did not expect at all.

### Joy

Joy is also one of the eight primary emotions related to pleasant experiences and feelings of well-being. Though it might sound a little bit strange to encounter joy in a victim narrative, in the analysed narratives for this thesis references to joy are made, though the inducement of joy is not the same for each victim. Sometimes joy is experienced when physical problems caused by victimization no longer existed. But a joyful feeling also flared up when being accompanied with others enjoying the companionship or are joyful when noticing that relatives are doing well.

Anna tells several times that she is happy that the relationship with the man who abused and tortured her is over. At the time of the interview she has a relationship with a divorced man, father of two children. She tells that she enjoys very much the days that he and his children are staying with her in her apartment. A statement referring to communion namely care and dialogue.

Barbara tells that as a consequence of being raped, she has been referred to the hospital to see if she had been contaminated with infective diseases. After months of uncertainty, she has got the message not to be infected, which brought a joyful feeling at that time. She tells also to have had a good feeling after she had taken the opportunity to read her victim impact statement before the court, because this made it possible to be acknowledged as a severely victimized woman. She also tells to enjoy the fact that her daughters are doing well and will finish their vocational education soon, in spite of their knowledge that their mother has been raped.

Susan mentions that she two years after the assault sometimes managed to enjoy herself. But a very specific joy she experienced was the birth of her son four years after her victimization. She writes: *“His arrival brought regeneration, joy, and the imperative to rebuild my trust in the world, to believe, in spite of everything, that the world is a good enough place for him to grow up.”*(2002: 112).

The joyful feelings of Elisa and her mother is from another nature. After months of physical problems related to the sexual abuse appeared afterwards, being treated by a physiotherapist for the immobility of her legs, she writes: *“The first time a toe moved, which was very hard for me to do, felt like feast! A real victory.”* She had the same feelings when she could live without catheters and clysters, expressed as: *“At least some problems belonged to the past.”* Writing this, means that Elisa understood then that in spite of this little victory, a lot of other problems still had to be surmounted: the still ongoing abuse by the neighbour not yet disclosed, her anxiety, the memories of the others sexual abuses not disclosed at that time.... During the oral interview Elisa tells to be happy with the new house they have bought. She really enjoys this own environment. And of course she is very happy to be pregnant after such a long time of trying to conceive.

## Pride

Pride is a secondary emotion i.e. a combination/blend of two the primary emotions namely a anger and joy, also defined as angry joy (TenHouten, 2007: 50-57). On the one hand it might seem a little bit strange that in victim narratives a reference to pride is made, and on the other hand it is not. In the aftermath victims are confronted with many kinds of emotional situations from which some are indeed resulting in a prideful feeling for the victim. Victims and sexual victimized people in particular have to take many hurdles: the many mental and sometimes physical problems they encounter and the practical issues such as denunciation, hospital visits and hearings during the trial are all consequences of the (sexual) assault. Some of the difficulties that occur during their fight against their problems can / might be defeated and appear to belong to the past. A positive accomplishment, the result of their efforts elicits a prideful feeling. In all analysed narratives used for this thesis a reference to pride is made, except in Barbara's narrative.

Susan wrote two years after the assault: *"I have gained important skills and insights, and I feel no longer tainted by my victimization..... an accomplishment of which I am most proud."* (2002: 20).

Anna confronted with the menacing lover boy of her daughter after she had told her daughter not to be welcome any more (due to car dating at her address), went to the police to inform them about the intentions of the lover boy and his clan. She had given all available information, proved it with photographs and messages, and told to the police that the lover boy and his clan were spotting another young girl attempting to seduce her into their business. She tells: *"So, this I also told to the police, and luckily I was on time, since the police could avoid this. So I am proud, that I have been able to save someone else's child."* By doing this she is rightly pride because at least one girl could have been saved from the same destiny as her own daughter (prostitution and drugs). Her act was an agentic and communal motivated act at once: she took the initiative (agency in the form of competence, self-control and responsibility) to inform the police (communal through dialogue) and to protect and rescue someone else (communal in the sense of caring and helping others).

Elisa writes that she is proud of her family because they have endured so much but always kept supporting her. And Dorine is proud that in spite of all Elisa's low points during her illness, her youngest daughter still had the courage to crawl upwards notwithstanding the difficulties and has managed to finish her vocational education be it that the latter took much more time (years) than the normal training / education. Dorine admires Elisa's perseverance a consequence of the agreement both made after the first treatment in a psychiatric department of a hospital. Dorine and Elisa promised each other *"We will survive all this!"* A promise which Elisa has expressed several times in her autobiography, it is a red wire woven in her written narrative and mentioned each time when she told to have been glided away into a low point. The promise was always the motivation for her not to give up and to keep on fighting.

## Hope

According to TenHouten is a hopeful person neither optimistic nor pessimistic, but very much oriented to the future, anticipating with a feeling of uncertainty that things might or might not work out, that the future will bring happiness or sadness. I.e. being optimistic, but knowing that things might work out badly and hoping all goes well c.q. being pessimistic and hoping things might work out happily anyway (2007: 224-225). In the analysed victim narratives used for this thesis, hope is expressed in both meanings, mostly related to expectations on their recovery, on the verdict of the trial and to a future without (child) sexual abuse.

The lawsuit against the young victimizer of Barbara took a long time because the opponent appealed the case several times. The first charge was two years of imprisonment followed by detention under hospital order, but it lasted two weeks before the conviction would be confirmed conform the charge or not. Barbara refers to this as follows: *“Well, I still know, you really do not know then what the conviction will be. You are hoping a lot. And we had to wait for two weeks, but when I heard the verdict, yes, everything I had hoped for came true.”* Yet afterwards, as the culprit appealed several times which each time lasted weeks and months before the final trial, Barbara each time was very disappointed and had to live with uncertainty. On this period she tells each time to have hoped for an unchanged verdict, which eventually was the case.

About the short aftermath of her victimization, Susan tells to have visited many physicians due to physiological and mental complaints and that she heard eventually the diagnosis PTSD. She writes: *“I felt enormous relief when I realized I had all the symptoms of PTSD and when learned that there was evidence that it was a neurological condition, treatable by drugs. There’s hope, I thought, it’s chemical!”* (2002: 77) . But she admits that hope is not permanently, expressed as follows: *“For me, anyway, the illusion that hope will perch permanently in my heart is psychologically untenable – I just can’t hold that happy thought for more than a day or two.”* (2002: 117)

Anna, when asked what she expected for the future said: *“Well, I hope for the future to experience nothing, really nothing from what happened in the past. I hope, I think I will have a beautiful future. It is just that I do not expect it, because all you will expect, it only can be disappointing. But I do have a feeling that will be all right.”*

Elisa told during the oral interview that she does not dare to hope anymore. The significance of hope for her is striving for a better condition, mentally and physically. In the past too many times improvement has been promised and hoped for, which in practice never has been reached and ended always in disappointments. So she just waits and sees what comes on her way. This is not to say that she is pessimistic, neither that she is optimistic. In the meantime she lives from day to day, trusting that life, together with her husband and their son ,will bring happiness.

Her mother Dorine does not express hope literally, but the long search for the right treatment for Elisa can be interpreted as hope for physical and mental healing of her daughter. Thinking about the future she would be delighted if the consequences of Elisa's victimization would decrease gradually and will belong to the past to some extent.

Barbara when asked what she expected from the future, says to be rather optimistic, she is used to go on no matter what. But she admits that she plans and sees the future just for a short synoptic period, not longer than a few days.

In all the analysed narratives the women expressed their hope that their narratives on sexual victimization will contribute to a better future and a world with more attention to victims of sexual offenses and a decrease or perhaps an elimination of sexual victimization, but that the first thing what has to be done is to breach the taboo on (child) sexual victimization. Narratives are the best way to begin with and to accomplish this in the end.

### Summary

Summarizing the analysis of narratives on emotions, it must be concluded that fear, anxiety, loneliness and grief are the most impactful emotions and dominate in the analysed narratives when the victims tell about their victimization and its aftermath. The former two more than the latter. The victims assert the influence of these emotions in their life in the (immediate) aftermath of the sexual assault(s) not only by the use of emotion words, but also through the context and the length of the particular parts of the narratives in which is referred to these emotions. Fear and anxiety in turn might be understood as the origin of other victimization related emotions. By this I mean: if no victimization then no fear, anxiety, if no extreme fear and anxiety then no loneliness and grief due to victimization, no such extreme distrust in others, another kind of hope viz. an envisioned future in which victimization not would have to be integrated.

Recalling the hypothesis concerning emotions, postulated above in the theoretical part of this thesis - stating that emotions in narratives could be interpreted by following Plutchik's theory and Frijda's theory - it must be concluded that in practice i.e. by narrating, the victims used more the derivative languages of emotions as explained by Plutchik and that they did not use nor express a role belonging to a specific emotion as Frijda explains the information process that constitutes an emotion. Yet this cognitive process is executed so quickly that the different roles the victims took when telling about a specific emotion are not literally expressed as a role in their narratives. Roles can only be understood by reading between the lines. For instance when following Plutchik's theory, the emotion *fear* occurs when someone feels / is being *threatened* (stimulus) and in *danger* (inferred cognition), leading to *escape* as quick as possible (behavioural language). In all analysed narratives the words fear, threat and danger are found. When following Frijda's theory *fear* would be explained as follows:

analysing the stimulus (victimization/threat), comparing with other situation, diagnosing and evaluating which possibilities are at disposition (evaluating and proposing action) and tries to escape (acting). These particular roles were admittedly recognizable in the analysed narratives, expressed as e.g. “I thought .....” followed with what the victims thought at a certain moment. So yes, both theories are applicable when analysing victims narratives, be it only on a theoretically level. In practice however, i.e. when narrating the victims used more the derivative languages (cfr. Plutchik) and referred only indirectly to the roles they had taken when they experienced an emotion (cfr. Frijda).

### ***Identity and meaning making***

With respect to identity and meaning making, I have analysed the victim narratives for positive and negative themes of agency and communion. More specifically I looked at nuclear episodes c.q. nuclear events in the narratives of the victims in which feelings/thoughts are expressed referring to agency in the form of autonomy, control, self-mastery and independence; c.q. expressions on self-protection, achievement, responsibility and empowerment. And I looked at communal themes namely love, friendship, communication with others, caring, and the need for being a part of a larger community, as advised by McAdams (2001). But as mentioned above, the identity themes/features which are not separable from emotions will in not be quoted in this section of my thesis. This would lead to an unnecessary overlap. Yet, by analysing identity in the narratives used for this thesis in McAdams advised way, it became step by step clear that the sexual assaults caused an irreversible and dramatic identity change for all the victims in the aftermath, alas in a negative sense. All victims had to go on with life as another *Me* in the aftermath and regret the loss of the *Me* they were before their victimization. To illustrate and emphasize this drastically change in identity, I will cite utterances of the victims to their identity of both the period before their victimization and the aftermath. However, to quote all statements from the victims in which agentic and communal features of identity are traceable, is not doable, for all narratives are filled with many utterances on specific episodes of their life in which these features come to the fore. Therefore some salient episodes of the life stories will be mentioned in this paragraph to illustrate how the victims before and in the aftermath of their victimization had acted in an agentic and/or communal motivated way.

Anna, when she lived with her first partner who dominated her extremely and limited her freedom recalls: “*I was not allowed to go my parents. But nonetheless I did. When he had brought me to school, I took the bus and went to my parents.*” Her partner controlled her, but she did not accept this and by taking the bus she took over control by herself (positive agency) and went to her parents, the latter an expression of her need to be in proximity of her family (positive communion in the form of togetherness). When she was pregnant Anna resided in an institution specialised in support for single mothers to enhance their social competences and initiate them in child care. She says on this

period: *“I have chosen to go and stay there because I wanted to know how to take care of a child. I wanted to do it in the best possible way.”* This quote also refers to Anna’s agency: she felt the responsibility to raise her child as a good mother i.e. self-empowerment, but this quote also expresses her readiness to enter into dialogue (communion) with others about issues concerning care and the needs of little children.

Anna left her first partners because they humiliated and belittled her i.e. she was the victim of emotional abuse. On this she said: *“I am glad to be freed of them.....”* a positive agency in the form of taking control over her life by herself again; but she said also on this: *“...yes, and this emotional abuse has decreased my self-confidence considerably. My self-image was lowered substantial.”* an expression of negative agency. Looking back on all her victimizations, and on the last one in particular and on the victimization related experiences, Anna expresses her identity change as follows: *“ Those people really do not understand to what extent they hurt victims and they do not understand what remains of victims. Since the more you experience this kind of crazy things, the less there remains of your original Me and that is F. In fact I do want back my original Me, but to attain that is very difficult.”* On the other hand, she admitted that she always has been rather naïf, trusted others immediately and that in a sense she became a victim of her own naivety. So this characteristic she does not want any longer she said. At the time of the interview – two years after her last victimization- she told to enjoy little things more than ever, that she is more self-confident and that her self-image is much better than before. She stated to be stronger mentally now and wishes to go on with life in this way. By telling this Anna’s agency comes to the fore, illustrating that she – in spite of her traumatic experiences in the past – through self-empowerment has realised a posttraumatic growth resulting in well being and life satisfaction, a corroboration of the findings of Pals & McAdams (2004) and of Cobb, Tedeshi, Calhoun & Cann (2006).

Barbara was very eager to enhance her self-competence and managed through vocational education to develop herself in her working environment into different higher positions with ever changing and growing responsibilities and leaderships – positive agentic motivated actions viz. self-empowerment. As an example of her ambition the following citation: *“Well, I thought, in reality I wanted to do something totally different. I had a little more time because my daughters went to school. So I just have written an open application to the university hospital in town X for a job in the security department. And well, before I noticed it, I had a job in that department.”* This eagerness comes many times to the fore in her narrative when she tells about events during the period before her victimization. Yet, when telling about her traumatic experiences and about the aftermath, agency and communion are also mentioned, sometimes positively, sometimes negatively. During her victimization she experienced powerlessness and loss of control (negative agency). In the immediate aftermath she tried to regain control by self-defense courses and by getting more familiar in detail with all aspects of

the juridical course (positive agency), be the latter with the assistance of the case manager of Victim Support. But after the final trial her attention for practical consequences of her victimization was not needed anymore and her thoughts were more focussed on herself which confronted her much more than before with the difficulties to integrate the sexual victimization into her life. She needed psychological help and treatment to redefine her identity, expressed as follows: “.. *I found it extremely difficult to accept that a part of the Me from before was lost and to accept the Me as I am now, which I in fact do not want to be ....You have to find back yourself anew again... ..The period in which the consequences of sexual victimization appear is in fact worse ... Nothing is the same as before....Pain and sorrow are so invisible but so present at the same time.....*” These quotes illustrate how impactful the consequences of the sexual assault were for Barbara: from being used to control and plan every day by herself before the victimization to being forced to live with unplanned obligations related to her victimization (e.g. medical investigations, psychological treatment and jurisdiction – see above). At the time of the interview – two years after the assault – she names herself Barbara 2.0. Although she is stronger now, she admits that talking about her victimization is still painfully. But she says also that through all her efforts (agency self-empowerment) she has accomplished to see her future not negatively any longer, expressed as: “*I take it with me. That’s it. In any way do not face my future being sombre*”

Susan during her university philosophical education in the United States, concentrated her study particularly on the enhancement of female rights. This education in such characterises her eager to self-development already (agency). During that period she also went to Europe. She writes: “*I’d visited France many times and spent several summers there. I came of age, intellectually, immersing myself in research on French feminism in the later 1970s, which led to my interviewing Simone de Beauvoir (in Rome) one summer.*” (2002: 115) . Her professionalism was agentic and communal at the same time - control/empowerment and altruistic in striving for equal rights for all women – which gave her much self-confidence. But her feelings of well-being and satisfaction changed of the moment when being attacked, raped and left terribly physically injured. And a few days later, her mental injuries appeared too. A long period of recovery followed, the first months in Europe (Grenoble) and later in the United States. Remembering this period she writes : “*... At the time I did not yet know how trauma not only haunts the conscious and unconscious mind, but also remains in the body, in each of the senses, ready to resurface whenever something triggers a reliving of the traumatic event. I didn’t know that the worst – the unimaginable painful aftermath of violence – was yet to come.....Nonetheless, the trauma survivor must find empathetic listeners to carry on ....There have been many periods of progress and decline, victories and setbacks, both major and minor....right now, all I see and hear is new life...I’m surrounded by warmth and sweetness of friends and family and music ....*”(2002, preface p. x - xiii). Resuming these utterances of Susan here, reveals that sexual

violence / rape crushes the existing identity dramatically and that redefining identity asks for perseverance for a long time i.e. many agentic motivated actions have to be undertaken to enhance/regain self-confidence. And all this had to be combined with communality and being surrounded with others (communion, dialogue, trust) to share their concerns with, but that in the end it is possible to enjoy life again notwithstanding a memory of a traumatic event in the past.

Dorine told that she had a problematic relationship with her parents and left home when she was nineteen to be freed from the indoctrinating behaviour of her mother. Nevertheless, in spite of having been ashamed many times for her mother in the village where she lived, after some years she gathered her courage (agency/self-confidence) to restore the relationship and called her parents to make an appointment for discussing and solving their disagreement, but her parents refused a dialogue (negative communion). She tells on this: *“My father yelled on the background, that if I would say any negative word to them, that they would close the door for ever for me; than they would needn’t me anymore. And my mother corroborated this.”*

Having been ill herself and recovered from malignancy, after a relative short period she had to make way for Elisa’s mental and physical problems for years. She always has accompanied her daughter wherever it was needed, acts out of parental responsibility (agency) and out of care (communion), always doing the necessary conversations with physicians and with other representatives of (juridical) institutions i.e. always entering into dialogue with other people (communion). And now on top of all this she is has now to live with a brain damaged husband, which also appeals for taking responsibility (agency) but without having the possibility of having really conversations with him (a lack of communion viz. dialogue).

All this had an enormous impact on Dorine herself. She resumes her experiences as follows: *“Everything has changed my life, it is not only my youngest daughter, but everything what is surrounding, everything has been taken from us .... and all that has changed me drastically.....Sometimes I wish I knew it not at all, but some moments later I am back in the present again.....In the meantime, I have learned to count my blessings, I am more aware of the worth of little things, I enjoy hearing the birds singing, feeling the warmth of the sun.....”* These quotes reveal that Dorine’s identity has been altered through the emotional burden which she encountered for many years: from a happy independent young woman when she married (agency in the form of autonomy/independency and communion in the form of love/friendship) to a lonesome woman (negative communion – lack of dialogue). In spite of everything she keeps on going because they promised each other *“We will be strong and we will surmount this!”*, revealing her strength, self-confidence and responsibility (agency).

Contrary to the adult women, Elisa was still a child – six years old - when being confronted with sexual victimization. She mentions in her autobiography to have been altered from a cheerful

child into a very anxious girl, which might be called an identity change at a very young age. Yet, she had only started to construct a premature identity, had mainly life experience as an actor, while experiences as an agent and an author of a self still had to come (McAdams, 2013). The episodes in her autobiography referring to the treatment in clinics and institutions have to be interpreted as a forward of control to others and as a dependency of others (negative agency). But as an adolescent Elisa wanted to control her life by herself which she did in an unconventional way. At the age of fifteen, during her stay in one of the institutions, she started to mutilate herself by scraping with sharply objects and by burning her arms with cigarettes (scars are still visible) to feel physical pain expressed as “... *I really needed that pain, needed it to survive...*”. Later she had eating problems which consisted out of periods of eating too much varied by eating too little. At the age of 18 this problem lasted into severe anorexia. She writes on this: “*I wanted to lose weight, I wanted to be thin. I wanted to have control over something. Everything in my life I could not determine myself. This I could...to eat was against “my” rules...*” After a long period from which she says that anorexia is even worse than PTSD, she had to admit that the eating disorder had taken over all control. It is undeniable that the sexual victimizations and the many mental and physical problems have influenced her identity tremendously. Contrary to non-victimized adolescents, she had to construct her identity in which her victimizations had to be incorporated. Yet, in spite of all her problems, she had the courage to finish her education and to get the certificate of pedagogical child nurse, a sign of more than one agentic feature, namely determination, self-mastery, achievement and empowerment, and a sign of communion viz. taking care of children, which she loves to do, as she wrote “...*children are so pure, untainted and honest ...they make me feel happy.*” During the oral interview she tells that on the whole, she still has to work to strengthen her self-confidence and to diminish her fear to fail and that, after all, she will have to live with the memories of her experiences of the past which cannot be eradicated, expressed as: “*Those memories belong to me. I cannot do a vanishing act with them.*” Nonetheless she trusts that she will manage together with her husband and after a little while with their son and with other entrusted people. Although she still suffers from blackouts when she is in a stressful situation, and in spite of her traumatic past, a post-traumatic growth is indeed accomplished and her social environment is enriched. With the support of her husband who she trusts completely, with whom she discusses all her concerns and soon as a mother, Elisa will experience other memorable events in which she will learn other social roles which in turn elicit other personal features that will become part of her identity, because the construction of identity is an ongoing process (e.g. McAdams, 1993). Positive evaluated experiences as a spouse, as a mother and other social relationships might give rise to a more positive evaluated identity in the future, with a better mental health and more self-confidence and an enhanced self-esteem (Schilling, Aseltine Jr. & Gore, 2007).

## *Dyadic analysis*

With the availability of the narratives of mother Dorine and daughter Elisa, it was possible to analyse their narratives on a dyadic level following the approach of narratives of relatives as advised by Eisikovits & Koren (2012). Doing this revealed contrasts and overlap between the two narratives, but revealed also additional information on the consequences of Elisa's victimization which otherwise not would have been attained. What is most striking is the interpretation of the consequences of Elisa's victimization as experienced and expressed by Dorine as an adult woman and having more life experience vs. Elisa's interpretation in her autobiographie, written as adolescent/young woman and containing remembered thoughts of her childhood. Dorine not only expressed her emotions (see above) but also her other concerns which are not explicitly expressed or not expressed at all in Elisa's narratives.

About Elisa herself, Dorine told that Elisa had attempted four times to commit suicide, while Elisa mentions two attempts in her autobiography. When I drew attention to this difference during the oral interview with her, Dorine told that Elisa was two times almost unconsciously and that that is probably the reason why she does not remember all her suicide attempts. After blackouts Dorine told briefly to Elisa what she saw, not in detail. During the interview she told me what she really saw – inter alia holding wrists together during a black out – a position which Dorine never could understand; only after the disclosure of the kidnapping she realised what she had seen so many times. Dorine remembers Elisa's psychoses – the first when Elisa was fourteen - resulting in psychiatric hospitalization, a stay also mentioned by Elisa but from a different perspective and Elisa did not use the word psychosis. At the hospital, Dorine saw her daughter suffering, saw the anxious behaviour e.g. Elisa laying in a corner of the shower in a self-protecting position and not wanting to be totally naked (wanted always to wear a bikini while showering) . Dorine told to have practiced EMDR (Eye Movement Desensitisation and Reprocessing) by herself, expressed as “.. *a horrible experience to see how your daughter suffers*”. She practised this in the period after the writing of Elisa's autobiography, but Elisa herself did not mention this during the oral interview with me. In her autobiography Elisa wrote that EMDR was tried in one of the institutions where she stayed, but that she could not bear it and refused it because this kind of treatment was too confronting at that time.

Not only additional information from Dorine about Elisa came to the fore when comparing both narratives, but also additional information about other people. First, additional information about the family. Elisa told that her father had difficulties with accepting her diseases and that she had a closer relationship with one sister than with the other. Dorine on the other hand, corroborated the latter indeed, but she stressed that it for her husband was almost impossible to accept Elisa's disease/strange behaviour, nor to discuss together the emerging problems. This lack of sharing caused a tremendous loneliness for her. Now, her husband having brain damage, mutual conversation about concerns is not

possible any more at all. Her hope for conversation with him is totally gone. When Elisa told about her relationship with her sisters, Dorine told that on the one hand in practice it was a fact that the whole family protected Elisa when she had a blackout in public (e.g. in a restaurant) by forming a kind of cordon around her trying to leave as discreet as possible. But on the other hand, I learned from Dorine that her other two daughters struggled also with their own emotional problems caused by the needed attention to Elisa's disease, which in turn were additional concerns for Dorine herself and gave her a certain guilty feeling not to have been in proximity of her oldest daughters. On the other hand, Dorine had no choice because Elisa needed accompany and guidance from an adult to the hospitals and institutions. Secondly, additional information about the neighbour came to fore by comparing both narratives. Dorine told to have expected that the neighbour would accuse her and her husband of dishonour – which she herself and being innocent would certainly do when she should be accused of sexual abuse by someone – but the neighbour did not do so. Bent he walked along the street, a sign that he was guilty to her opinion. Thirdly, Dorine and the family were advised not to talk about the neighbour's abuse because then they might be accused of dishonour. Nevertheless this abuse became known in the street where they lived and most of the other neighbours began to avoid contact with Dorine and her family more and more. The children did not dare to play outside on the street anymore. This caused such an unbearable social isolation for all of them, that the parents had to decide to sell their house and to move to another house. And finally, Dorine's narrative revealed more information about the experiences/frustrations with health care institutions, the problems with health insurances, the utterances from physician "*Elisa does not want to cooperate*", the lack of information exchange between institutions where Elisa was treated and the lack of information exchange between the medical and the juridical systems, which - taken everything together - is the reason why her trust in humanity is totally disappeared.

In Elisa's narrative three details are found which Dorine did not mention. Elisa wrote to have a shower addiction to wash the "dirt" of her body: she took and takes several showers a day, in the past each time when the neighbour had abused her, currently when she feels miserable and sad. She writes on this: "*....unfortunately, it does not help, the dirt sits inside of me, there has not been invented any soap to remove the dirt from there...*" Furthermore Elisa wrote to love singing, it relaxes and relieves her very much. And she mention to have written every time when the mental pressure was too high. Her autobiography contains apart from the story about her experiences many poems, expressing her sad feelings at the time she wrote them. By writing life became a bit more bearable for her. She expressed this as follows: "*I putted everything I felt on paper. It relieved me because my feelings were no longer from me alone, but shared with the paper. Through my poems I told how I felt. Talking was not possible for me. I never was good in it. In addition, the events were all too difficult, too painful to give them words.*" Here Elisa corroborates the opinion of Pennebaker (2000) that narrating is beneficial to reduce mental stress.

The findings of this dyadic analysis corroborate the statement of Eisikovits and Koren that a dyadic version is more than the sum of two individual versions (2012: 1642). With respect to the analysis of (sexual) victim narratives it might be stated that analysing the narrative of a primary victim and the narrative of a secondary victim c.q. secondary victims on a dyadic level yields important additional information and makes it possible to get a better and more thorough view on (sexual) victimization and on the consequences thereof for both primary and secondary victims which otherwise not would have been achieved.

## **Discussion**

This thesis is set out firstly to explore which emotions are mentioned in oral and written narratives of sexual abused women (RQ 1)<sup>6</sup>, secondly to explore if experienced emotions are the same for survivors of different types sexual abuse viz. survivor of stranger rape, of intimate partner violence and of child sex sexual abuse (RQ 2) and thirdly to explore how sexual victimization related emotions influenced the identity c.q. the life story of the victims of different types of sexual abuse (RQ 3). In addition two sub-questions have been formulated to wit are emotions from primary and secondary victims comparable and how influence experienced emotions due to victimization of the primary victim the identity of secondary victims?

The examination of victimization related emotions has been constricted to the eight primary emotions to wit fear, anger, joy, sadness, disgust, acceptance, anticipation/expectation (vigilance) and surprise; and to some secondary emotions namely anxiety, shame/embarrassment, guilt, loneliness, hate, pride and hope. In all analysed narratives these emotions have been found and they did not differ when the different types of sexual abuse were compared, but the emotions fear, anxiety, loneliness and grief dominated all the life stories. More specifically, fear and anxiety were experienced intensively during the victimization while loneliness and grief are the dominating emotions in the aftermath of victimization.

By analysing the narratives of this thesis it appeared that the main topics – emotions and identity – mostly are inseparably connected and difficult to divide. Comparing the victims' identity before and after the victimization(s), the victimized women revealed all that the victimization and thus victimization related emotions have had a significant impact on their identity. How these emotions influenced the victims' identity is illustrated in the paragraph Identity/Identity Change of the thesis results. Based on the findings in that paragraph it might be concluded that victimization related emotions cannot be conceived separately from identity and that identity in the aftermath in part is constructed with memories of victimization. With respect to identity as explored in the narratives of this thesis, it must be noticed however that in the case of Elisa – and probably in all cases of sexual

abused children – have had to construct her identity in which memories of sexual abuses are self-defining memories (Singer & Salovey, 1993), while this for non-victimized children (sexual as well as otherwise) is not the case when identity is constructed during adolescence/young adulthood. This fact influences the identity in an specific way. The identity of the adult women was already constructed when being confronted with sexual victimization. They consciously regret the loss of their previous *Me* and have to live with another *Me*, while Elisa starts her adolescence /adulthood as already victimized. Through the years she might note an identity change but in another direction; an identity in which her victimizations get pushed more and more to the background. Identity construction / adaptation is indeed a lifelong process (McAdams, 1993). Other important events – as the birth of their son soon – will become part of Elisa’s life story too.

The findings on identity/identity change can be summarized as follows: sexual victimization shattered the existing identity of the victims drastically. All women emphasize the loss of their original *Me* and their difficulties in accepting the victimization as a peculiar low point of their past. The unexpected and unforeseen event urged/urges them to incorporate the sexual assault into their identity end to rewrite their life story. Their identity has been changed due to the sexual victimization and their envisioned future as well. These victims can no longer take life for granted, all their doings will be more vigilant and more conscious than ever before.

Yet, by examining the main topics distinctively it was possible not only to differentiate between the emotions, but also to ascribe the two most important identity features - agency and communion - to the different emotions, be it not always in a positive way. Fear and anxiety refer to negative agency viz. powerlessness, to loss of control over the self and over the environment, and to loss of autonomy, while anger refers to positive agency, wanting to take over control and to demonstrate power, although this has not been translated by the victims into direct action against their perpetrators. The emotions joy, pride and surprise are positive related to agency since these emotions express inter alia achievement and victory c.q. a certain control, be it that in the analysed narratives the victims’ surprise when attacked of the moment changed in fear and anxiety which immediately changed in to self-protection actions, although not performed in the same way. All – except Dorine – tell to have been disempowered and to have struggled for their lives when threatened by the victimizer: Anna and Barbara screamed for help; Elisa - not knowing what was happening - stiffened and Susan played possum. Shame and guilt might be interpreted as a negative reference to agency in the sense that status/victory is not achieved. Other emotions are communion related but in a negative way, namely the emotions loneliness expressing a need for dialogue, and hate and disgust referring to a totally abstinence of friendship towards the hated and disgusted people. The emotion acceptance / trust is to my opinion both agentic and communal, both in a positive way in the sense that the victims independently and being in control of their selves entered into dialogue with others. This emotion is also expressed by the victims when telling about their relationship with family and friends (referring to

the love and friendship as communal motivations). Summarising, agentic emotions are more common than the communal emotions, be it that most of them are experienced negatively. It is important to remark that these findings only yield for the emotions explored in the narratives used for this thesis and cannot by definition be generalised for all (sexual) victimization related emotions. To get more evidence, further research of victim narratives on agentic and communal emotions is needed.

Apart from emotions and identity, the analysis of the narratives of the victimized women (four primarily and one secondary victim) revealed some remarkable findings with respect to their experiences with (mental) health care institutions and with the legal system, which experiences elicited emotions as well. Where Susan, Barbara, Elisa and Dorine elaborated in their narratives their experiences with the health care system and the emotions related to these experiences, Anna did not. This seems quite remarkable since she had been severely tortured and raped, bruises everywhere on her body. She only mentioned to have visited the general practitioner. This is not to say that she not has been treated for the physical injuries she has described, she only made no reference to medical treatment. On the other hand, all victimized women stated to have been treated for PTSD (a victimization consequence) by a psychiatrist or psychologist, a treatment that was needed but appreciated as well. With respect to the experiences with the legal procedures a remarkable discrepancy is noticed. Anna had been confronted with disbelief and scepticism when she made disposition of the victimization by her last partner, a not uncommon reaction from police officers when a disposition of IPV is made (Greeson & Campbell, 2011). Barbara was physically so injured that no one doubted she was sexual victimized when she made her declaration at the hospital in Grenoble. Elisa's first declaration yielded a hopeful feeling when the moral police officers said "we will arrest him soon." And Barbara's declaration was not doubted while in the immediate aftermath some of her cloths and her glasses were found by the police. So the initial experiences with justice were quite reassuring for all of them but the maintaining trajectory was notably different. Susan and Barbara, both raped by a stranger but Susan more physically injured than Barbara, were satisfied to have had the opportunity to read their VIS in which they explained their mental and physical wounds. Their victimizers have been sentenced to ten years of imprisonment and two years imprisonment followed by detention under hospital orders respectively, a fact that lessened the emotional burden for both women. Anna and Elisa on the other hand, also having read their VIS, have totally other experiences with the legal system. Anna's perpetrator was absent during the court hearing which she experienced as "*talking to the walls*" and later she learned that this victimizer had been sentenced to four months imprisonment, according to her an inconceivable low sentence for such a severe offence (an *assassination attempt* according to her). And for Elisa (and Dorine) the experience was even worse: the neighbour had not been sentenced at all, despite Elisa's statement – she herself had to read/tell about the sexual abuse by the neighbour to the court – and despite the findings of the child psychiatrist who was convinced of CSA. Anna's, Elisa's (and Dorine's) trust in justice was and is

totally vanished. These differences in convictions invoke to me additional questions such as “Why is stranger rape punished otherwise than rape by a violent partner?” “Why are declarations of victims of IPV doubted, while declarations of victims of stranger rape are not?” “On which grounds are declarations of victims of child sexual abuse doubted?” To find an answer on these questions is beyond the scope of this thesis, but it is nevertheless interesting to know if victims of different types of sexual abuse are treated different within the medical and legal systems.

Besides differences the analysis of the narratives revealed other important communalities in which emotions play a role. All women stressed the importance of the connectedness with family in particular and with acquaintances from their social environment and to share their emotions in the aftermath of the abuse (Rimé, 2009). Social support is indispensable for survivors of (sexual) victimization, a lack of it isolates the victims which makes surviving even more painfully. Susan, Barbara and Elisa expressed the benefits of writing about all the victimization related experiences, writing relieved to some extent the negative feelings (Pennebaker, 2000). The most remarkable communality is that all women - Anna, Barbara, Dorine, Elisa and Susan – told that they in spite of the sexual victimization and the many ups and downs, have found a way to go on with life and have found that it is possible to enjoy other aspects of life. The women showed that by conscious concentrating on positive life experiences it is possible to push the victimization related emotions more to the background. They all have made more space for positivity.

## **Limitations**

This research is based on the exploration of emotions and identity in narratives of different types of sexual abuse. This makes it impossible to extrapolate the findings for more than one reason. First, the findings are based on narratives of female victims of sexual abuse, while it is known that boys and man were/are sexual victimized as well. Second, the narratives are from Western women, while sexual abuse is a worldwide problem. Third, with respect to CSA, the analysed narrative is of a poly-victimized girl/woman, victimized by different strangers, while many published researches/surveys on CSA refer to sexual victimization by a family member c.q. by an acquaintance. Fourth, the narratives are in fact a snapshot taken at different stages in the aftermath (narrated from two years to ten years after victimization). To know how and to what extent the women from which the narratives are analysed in this thesis have incorporated their victimization in their life story c.q. identity over some years – and to compare this with for instance Susan Brison’s story ten years after the assault – a longitudinal research is necessary in the form of a qualitative analysis of interviews with c.q. narratives of

the same people and on the same time distance from the victimization(s) c.q. from disclosure of victimization. That kind of research would make it possible to explore if and to what extent and in what way “Aging Out of Sexual Violence” (cfr. Band-Winterstein & Eisikovits, 2009) would be the case. To get more insight into the influences of victimization related emotions on identity of victims of different types of sexual abuse, future research on several topics could reveal additional information. For instance an exploration of the emotional experiences more poly-victimized children and the influence thereof on their identity; or an exploration of more than one poly-victim of IPV (cfr. Anna). And research on (emotional) experiences of secondary victims could be a topic as well. The gathered information from the latter research might lead to further insight into the need of Victim Support for secondary victims.

## **Conclusion**

The analysis of narratives of sexual abuse illustrated a particular human vicissitude (Bruner, 1986) which disrupts victims’ life, their identity and their life story dramatically (Pemberton, Aarten & Mulder, 2016). The sexual abuse was/is a low c.q. turning point, a nuclear episode which is extremely negatively experienced and altered the victims’ identity in an unsuspected way (McAdams, 1993). Sexual victimization is a trauma that shattered the view on the self and on the world totally (Janoff-Bulman, 1992) and urges victims to regain self-control, self-esteem, self-regulation, self-definition, self-confidence, self-worth and confidence in (possibly) benevolent world, an extremely difficult task in the aftermath, which needs (many) years of efforts and support from others to accomplish. Nevertheless, the victims showed their will-power to survive and appeared to be able to enjoy little and valuable things. It is as if they - in the aftermath of victimization – are more conscious about the fact that after all we are living in “A Wonderful World”, as Ray Charles used to sing. First thing to do is to breach the taboo around sexual victimization and inform the society even more than now is the case, that sexual violence is intolerable. People must be convinced that sexual victimization can be eradicated when everyone should keep in mind that with respect to sexuality mutual consent is the only maxim.

## Notes

1. The discrepancy in figures might be explained as a consequence of different research methods use: systematic review vs. population survey; different age marking of CSA (before 18 / 16 years old), different age range for inclusion of the review c.q. survey and different categorization / types of sexual violence.  
The study of Barth et al. (2013) on the prevalence of child sexual abuse worldwide is a systematic review and meta-analysis based on 55 studies from 24 countries that reported CSA in children below 18 years. The researchers included only studies with child and/or adolescent populations at the time of the study and coded prevalence rates according to predefined categories of abuse viz. non-contact abuse, contact abuse, forced intercourse and mixed sexual abuse. Their review showed that CSA is highly prevalent worldwide: “Females have a two or threefold risk compared to males to be sexually abused during childhood and about one in ten women is confronted with this experience”(p.477).  
The sample of the online national population survey in the Netherlands of De Haas et al. (2012) consisted of more than 6,000 men and women between the age of 15 and 70 years old (mean age 41.7). Regarding sexual health they measured inter alia sexual violence during lifetime, before the age of 16 and in the year before the start of the study through answers on one general question and 15 specific questions ranging from touching in a hurtful manner to forced sexual acts. The researchers referred to Bolen and Scannapieco (1999) who found that longer questionnaires about sexual abuse result in higher prevalence rates than shorter questionnaires (2012: 603).
2. The reason for analysing oral narratives as well as autobiographies about sexual abuse is twofold: a) it might be the case that experienced emotions and identity related utterances are expressed differently; b) in research environments, oral life stories of (sexual abused) victims / interviews with are told in a relatively short time (2 hours on average) while autobiographies are written (and can be rewritten) without time limits giving the opportunity to reflect longer upon what the narrator wishes to express.
3. To guarantee promised confidentiality, the first names of the victimized women which I know personally and have interviewed myself, are pseudonyms. The first names of the interviewees from the project of Prof. Dr. Antony Pemberton are fictive names.
4. The psychologist who treated her at that time, is my husband. Mainly, I only know names and the main problem of clients he treats; further details were and are never shared. As a student victimology, my interest in victims of sexual violence grew. My husband told me that one of his clients was a victim of CSA and that he had advised her to write her autobiography, which she did and handed in to him. I asked him to ask permission of the client to read her autobiography. She agreed and in this way I have been introduced to her and her mother. In the meantime I know both women personally. They know about my study interest. I have told them about my thesis topic and that I would like to incorporate their narratives in my research. They both were in accord immediately and gave their consent to be interviewed. Both women gave their consent, hoping their story might contribute to more acknowledgement of CSA in society, a better support for sexual abused children and their relatives and hopefully eventually will lead to the elimination of CSA.
5. For (some) specifications of emotions I have also used descriptions of emotions from Warren D. TenHouten in *A General Theory of Emotions and Social Life* (2007). The reason for doing this is that he has based his theory on the theory of emotions of Plutchik but TenHouten has elaborated all emotions more detailed and has incorporated social dimensions into his theory.
6. RQ = research question

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