The Effects of Body Violation on the Lived Experiences of Young Women

by

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Graduate Department of Counselling Psychology

The Ontario Institute for Studies in Education

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Abstract

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The experience of one’s self as ‘living in and through the body’ has been coined *embodiment*. The interactions between felt inner states and interactions with one’s environment mutually construct the level and quality of this experience. Embodiment relies on a sense of safety and ownership over one’s body territory. Existing research cites the emotional, psychological, physical, and interpersonal effects of violence against women, yet the underlying disruption to body ownership that follows such violation has largely remained unidentified. Using the framework offered by the groundbreaking Developmental Theory of Embodiment, this study examines the effects of a broader spectrum of violation to body ownership than what has been examined to date. Three interviews of each of seven women, over a period of two years, provide insights into experiences of living in and with the female body as this relates to various forms of trauma.
Acknowledgements

I am grateful for the mentorship of my supervisor, Dr. Niva Piran, as well as my committee member, Dr. Roxana Ng. Both are exemplary feminist scholars, leading in the advancement of research towards an understanding of embodiment in a holistic approach to women’s health. Of course, this thesis would not be possible if it were not for the courage of the young women who participated in this study, who openly shared the richness of their lived experiences, and who thereby ignited inspiration and admiration for their resilience and strength in the face of their adversities.
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Chapter 1: Literature Review

1.1 The Definition of Physical and Sexual Violation in Current Literature

The limitations in the current understandings of violation to the female body are apparent when reviewing existing definitions in legal and psychological literature. Violence against the body has been most commonly divided into the areas of physical violation and sexual violation. They are accordingly reviewed in the following sections.

1.1.1 Physical Violation

1.1.1.1 Physical assault. The current legal definition of physical violence falls under the labels of physical assault and abuse (McKenna & Larkin, 2002). Physical assault has been divided into three categories, according to the severity of physical injury sustained by the victim (McKenna & Larkin, 2002). Level 1, or Simple Assault, includes all acts where harm was intended but does not result in any notable physical injury (McKenna & Larkin, 2002). Level 2 identifies acts in which a weapon is used or that result in severe physical harm, including broken bones, cuts, and bruising (McKenna & Larkin, 2002). Finally, level 3, also referred to as Aggravated Assault, involves the most severe acts of violence in which the victim’s life is endangered (McKenna & Larkin, 2002). However, physical contact is not required for an act to meet the definition of physical abuse or assault (McKenna & Larkin, 2002). Legal standards indicate that the threat of harm, in which the victim genuinely believes that the perpetrator has the ability to carry out the intended assault, is sufficient to meet the stated criteria (McKenna & Larkin, 2002).

Within the definition of physical abuse, intimate partner violence, commonly known as domestic abuse, has received special attention because of the high rates of physical violence that occur in “romantic” relationships (Thomas, Wittenberg, & McCloskey, 2008). The effects of...
living in a patriarchal and oppressive environment are evident where, in the case of heterosexual relationships, the male partner is overwhelmingly the perpetrator of such violence (Thomas et al., 2008).

The main shortcomings of current legal definitions of physical violence are their limited behavioural inclusiveness. The existing criteria are based exclusively on behavioural acts, and their consequences, rather than being grounded in the experiences of the victims. As such, they are limited to more severe forms of physical violence (McKenna & Larkin, 2002; Al-Modallal, Peden, & Anderson, 2008; Malinosky-rummell & Hansen, 1993). Relatedly, current definitions also fail to account for the victim’s experience of harm or the threat of harm, which often fall under the threshold of legally defined criteria.

In the case of threat or intent to harm, the current definition is vague and leaves significant room for subjectivity (McKenna & Larkin, 2002). In fact, in a review of the rates of reporting to police, large variability was found in what was identified by the attending police officers as physical assault (McKenna & Larkin, 2002). The lack of consistency in standards of definition has been a common criticism by scholars researching this phenomenon, and will be discussed in the following section (McKenna & Larkin, 2002; Al-Modallal et. al., 2008; Malinosky-rummell & Hansen, 1993).

In addition, these legal limitations are also reflected in psychological investigations of physical violence. First, most psychological studies do not include threat or intent of harm because it would be difficult to establish reliability (McKenna & Larkin, 2002). When investigating the prevalence and repercussions of physical violation, psychological research has mainly relied on acts of commission that range in their behavioural inclusiveness (Al-Modallal et al., 2008). Physical violation has been broadly defined as physical contact with the intention of
causing pain or physical injury (Al-Modallal et al., 2008). Most commonly, studies include acts such as using or threatening to use a weapon, as well as slapping, kicking, biting, pushing, choking, and burning (Goodman, Rosenberg, Mueser, & Drake, 1997).

Such definitions fail to account for less severe or subtler forms of physical violence (Al-Modallal et al., 2008; Malinosky-rummell & Hansen, 1993). This drawback has been cited in leading research studies that point to the variability of definitional inclusiveness, ranging from mild redness to more severe forms of physical violence such as cuts, bruises, and broken bones (Al-Modallal et al.; Malinosky-rummell & Hansen, 1993). In addition, the reliance on behavioural measures is supported by the quantitative nature of most such studies. As a result, these investigations fail to consider the victims’ experiences of physical violence, which often reveal effects that are not accounted for in behaviourally exclusive definitions (McKenna & Larkin, 2002).

1.1.1.2 Child Abuse. The problematic definition of physical violation persists in the case of physical violence against children. The criterion of child abuse is that an adult perpetrates the acts identified in the above legal criteria (Goodman et al., 1997). However, Section 43 of the Criminal Code of Canada (2004) provides one exception in which physical force may be used against a child, namely in the case of “spanking” or corporal punishment. Section 43 states that a parent, guardian or adult otherwise placed in the position of trust has the right to apply physical force when reprimanding a child between the ages of two and twelve (Criminal Code of Canada, 2004). Although this section dictates that force should be “reasonable under the circumstances,” no clear standard has been adopted (Criminal Code of Canada, 2004). This issue has created a considerable amount of controversy (Criminal Code of Canada, 2004). Despite arguments against the adoption of this law, the Supreme Court of Canada maintained this definition
(Criminal Code of Canada, 2004). However, it has clarified that such actions must be minimal, may not be inhumane or demean the child, or be harmful to the child (Criminal Code of Canada, 2004). Despite these advancements, it may still be argued that current standards render children susceptible to abuse in which the effects are not readily visible.

Support for this claim is found when reviewing the focus of current criteria, which are limited to the physical effects of the acts committed, such as bruising, swelling, lacerations, abrasions, fractures and broken bones and teeth (McKenna & Larkin, 2002; Goodman et al., 1997). There are no clear guidelines as to what would be “minimal” or “reasonable” in the application of physical force on a child, who is in a dependent and vulnerable position in comparison to an adult (Criminal Code of Canada, 2004). The limitations of behavioural definitions fail to account for the experiences of the child, and rather leave only more severe and physically visible cases to be included (Criminal Code of Canada, 2004). Such definitions have led researchers to miss experiences of physical violence that are otherwise significant and worthy of consideration. For instance, a parent or adult pulling a child’s hair would not be identified (Criminal Code of Canada, 2004).

It is important to note that physical violation during childhood includes not only abusive acts but also the omission or withholding of proper care of a child (The Department of Justice of Canada, 2001). This includes neglect of the child’s basic needs, including lack of adequate food, clothing, shelter, basic hygiene, and medical care (The Department of Justice of Canada, 2001). Once again, only the most severe forms of neglect are identified by the authorities and school systems. As such, the majority of these experiences, which do not render visible or permanent injuries, go unidentified.
1.1.2 Sexual Violation

The limitations in behaviourally exclusive definitions become increasingly evident when reviewing the definition of sexual violation. The legal definition of sexual assault follows the general classification of physical assault (McKenna & Larkin, 2002). An offence then falls under the sexual assault category only if the act was ‘sexual’ in nature or intent (McKenna & Larkin, 2002). In many cases, this creates uncertainty even among authorities as to whether an act would be classified as assault or sexual assault (McKenna & Larkin, 2002). Relatedly, no uniform definition of sexual abuse or assault has been adopted and applied consistently across psychological studies.

By drawing from the definitions used in various meta-analyses and reviews of psychological studies, the problem of definitional consistency is exemplified. In psychological research, sexual abuse and assault have been broadly defined as unwanted sexual acts committed through force, threat, or coercion (Rind & Tromovitch, 1997). Such definitions are problematic, as they leave great room for subjectivity and variability. For instance, many studies limit sexual abuse and assault to forceful touching of sex organs as well as forcible anal, vaginal or oral penetration (Goodman et al., 1997; Hillberg, Hamilton-Giachritsis, & Dixon, 2011; Rind & Tromovitch, 1997). However, other studies include less severe acts such as light touching, exhibitionism and invitation to sexual activities (Goodman et al., 1997; Hillberg et al., 2011).

Once again, the failures of applying behaviour-based definitions, rather than those grounded in the experiences of the victim, are numerous. First, such definitions fail to include more subtle forms of sexual violence towards the body (Piran, personal communication, August 8, 2011). As most studies are quantitative, they are not anchored in the experiences of women and cannot reflect the “nuanced understanding of experiences of violation,” which are found in
Although legal definitions include threat of coercion, the terms are not clearly defined and are also behaviourally limited. As a result, they do not account for the range of experiences that may fall under this category. Specifically, they do not include subtle forms of coercion that are not visible but that render women susceptible to victimization. These factors include socio-economic status, disability, dependency and substance abuse, among other considerations that are not accounted for.

June Larkin illuminated the limitations in current definitions of sexual violence by highlighting that body violation, manifested as sexual violence, is not simply one act or experience in time (McKenna & Larkin, 2002). Rather, women and others in positions of disadvantage also endure the constant fear and threat of sexual violation. Larkin points out that some experiences of body violation are so commonplace in society that they go unidentified. As a result, the majority of existing research on sexual violation fails to investigate the “fears associated with the dangers and vulnerabilities of female sexuality under patriarchy” (McKenna & Larkin, 2002, p. 52). Larkin names these forms of sexual violation as “low-grade trauma[s] for girls and women” that are everyday, constant threats embedded in women’s experiences in a patriarchal system (McKenna & Larkin, 2002, p. 52).

Louise Fitzgerald, Niva Piran, and June Larkin are three feminist scholars who have identified the inadequacy in the current literature on body violation. These prominent feminist researchers point to the necessity of looking at these more subtle and cumulative experiences of women. Only one such study has been conducted to date. Piran and Thompson (2008) looked specifically at disordered eating in girls and young women as the direct result of a spectrum of adverse social experiences. Specifically, the study considered a range of violations to body
territory including childhood sexual abuse, childhood physical abuse, adult sexual abuse, unwanted sexual attention and exposure to prejudicial treatment (Piran & Thompson, 2008).

This study was also unique in its investigation of a large range of behaviours, from unwanted sexual invitations and light touching, to rape (Piran & Thompson, 2008). The study further sought to uncover the methods of physical violence, which extended beyond traditional limited notions of force (Piran & Thompson, 2008). The researchers specifically identified tactics such as reasoning and verbal aggression, in addition to physical aggression or violence (Piran & Thompson, 2008). This study is a pioneer in research, showing the importance of investigating the entire spectrum of violations to body territory (Piran & Thompson, 2008).

1.1.2.1 Sexual harassment. The construction of a definition reflects the lens used when investigating that particular phenomenon. As such, there are often discrepancies between legal and psychological definitions that reflect the priorities and understanding of those who are presenting the issues. According to the Ontario Human Rights Code, sexual harassment is defined as: “engaging in a course of vexatious comment or conduct that is known or ought to be known to be unwelcome” (Ontario Human Rights Code, 1962). The Code delineates acts that meet these criteria as including: offering reward for sexual favors; unnecessary or unwanted sexual or physical contact; using offensive language in reference to physical appearance, gender, or sex; and “intimidation, bullying or coercion of a sexual nature” (Ontario Human Rights Code, 1962). The legal code attempts to be inclusive of a range of offenses that fall within the criteria, from mild offenses to sexual assault.

Despite these attempts at inclusivity, this behavioural definition continues the failure to account for transgressions that are not included in the list, but that make a person feel unsafe or traumatized (Staton & Larkin, 1996). Pat Staton and June Larkin worked together to expose
teachers and elementary school children to the more subtle forms of sexual harassment (Staton & Larkin, 1996). They offered examples of subtle forms of body violation, which affect girls but are not identified in traditional and prevailing literature on the topic. The authors offered creative group exercises, sensitizing children to these hidden forms of sexual harassment (Staton & Larkin, 1996).

Similarly, through decades of qualitative research, Dr. Louise Fitzgerald led studies to achieve a more accurate and thorough understanding of sexual harassment. Her work has been instrumental to gaining a more sensitive and accurate comprehension of this construct. Gelfand, Fitzgerald, and Drasgow (1995) identify sexual harassment as a complex form of physical violation within numerous possible offenses. Through numerous studies over two decades of research, Dr. Fitzgerald and her colleagues have developed a three-dimensional model of sexual harassment that accounts for the nuances of this phenomenon (Fitzgerald & Gelfand, 2010). Fitzgerald and colleagues argue that there are great variations in what individuals experience as sexual harassment, often according to sex, social location and cultural norms, among many other factors (Gelfand et al., 1995). In order to better reflect the dynamic interplays of factors that form this construct, Fitzgerald defined sexual harassment as including gender harassment, unwanted sexual attention and sexual coercion (Fitzgerald & Gelfand, 2010). This model differentiates between the type of offence and the severity of the harassment, which produces different consequences for victims (Fitzgerald & Hesson-mcinnis, 1989). This construct of sexual harassment offers a more accurate and stable definition while also having been validated across cultures and settings (Gelfand et al., 1995).

1.1.2.2 Childhood sexual abuse. The definition of childhood sexual abuse (CSA) also varies according to whether a legal or psychological perspective is applied. According to Section
of the Criminal Code of Canada, an individual under 16 years of age cannot consent to sexual interference or invitations to sexual touching (Criminal Code of Canada, 2004). However, this law is not without its exceptions. The section continues to further differentiate ages of consent. Currently, if an individual is between the ages of 12 and 14, she may consent if the other person is less than two years older or younger and is not in a position of authority or trust; if she is between 14 and 16, she may consent if the other is less than five years older and not in a position of trust or authority (Criminal Code of Canada, 2004). Even this subsection contains an exception to the five-year age cut-off if the two individuals are in a common-law relationship or if one is pregnant (Criminal Code of Canada, 2004).

Unfortunately, to date, psychological studies reflect the variability in legal standards, and also vary considerably in the applied definitions of CSA in their research. The main differences found in psychological inquiries lie in: age of the victim; age difference between the child and perpetrator; severity of the act; and the means of coercion. The following sections summarize existing definitions in current psychological literature.

1.1.2.2.1 Age of victim. One of the most significant problems in psychological research on the prevalence and effects of CSA has been the large variation in age cut-offs applied to study participants. Meta-analyses on research studies that have investigated the rates of childhood victimization have commonly identified the problem of heterogeneous definitions and age cut-offs (Roodman & Clum, 2001). While some definitions of CSA require that the victim be age 12 or younger, other studies include adolescents under 18 (Roodman & Clum, 2001). The large body of literature in this area covers a population that ranges from younger than 12, to 18 (Arriola, Louden, Doldren, & Fortenberry, 2005; Lalor & McElvaney, 2010).
1.1.2.2.2 Perpetrator age criteria. Some studies use definitions of CSA that require an age difference of five years or greater, while others do not (Arriola et al., 2005). The question is whether a set age criterion carries any significance on the experience of violation for the victim. This discussion surrounds the topic of power differential. Although studies commonly cite legal standards of individuals in positions of power and trust, they fail to account for the reality of power differentials that exist in a patriarchal society. As such, power disadvantages are seen in gender relations as well as elsewhere in the culture.

1.1.2.2.3 Type of act. The prevailing literature further varies on the types of behaviours that fall under the category of CSA. A large body of research defines sexual abuse as unwanted sexual contact, while other researchers consider more specific acts that qualify as sexual abuse (Lalor & McElvaney, 2010). Some studies on CSA distinguish between “contact abuse” and “non-contact abuse,” while many do not (Lalor & McElvaney, 2010, p. 160). Further, there are wide variations in definitions of forced sex (Arriola et al., 2005; Campbell, Dworkin, & Cabral, 2009). Relatedly, many studies distinguish between “penetrative abuse” and “non-penetrative abuse” and use this differentiation as a basis for their investigations (Lalor & McElvaney, 2010, p. 160). The most liberal definitions include any acts in which the child is subject to sexually gratifying an adult, such as inappropriate sexual touching, invitations to sexual touching, exhibitionism, fondling, and masturbation, as well as more severe forms of sexual violation including anal and vaginal penetration that is forced or coerced (Hillberg et al., 2011). The terms “unwanted” and “force” are used interchangeably in most definitions of sexual violence. They focus on behaviours that vary in scope, from unwanted to forcible touching of breasts or genitals to forcible intercourse, including anal, oral or vaginal sex (Goodman et al., 1997).
1.1.3 Sexual Violation and the Problem of Coercion

The terms “coercion” and “unwanted” as applied in most existing research studies are another cause of concern. Many studies define an act as sexually abusive according to whether it was performed by “coercive” or “unwanted” means (Roodman & Clum, 2001). Such definitions are most problematic, as they not only fail to define what types of acts are included in this term, but they also completely ignore the experience of the victim. Many subtle forms of coercion are undetected despite their threatening and devastating impact on the victims (Staton & Larkin, 1996).

In fact, one qualitative study, using five focus groups, revealed that “coercion” is more complex than the simple terms of “force” or “unwanted.” The group members pointed to the subtler ways that one can experience violation, both physically and sexually (Hamby & Koss, 2003). The participants of this study further pointed to the importance of gender in the perception of what may be experienced and therefore defined as coercion (Hamby & Koss, 2003). Specifically, the group differentiated between many cases in which male participants did not feel threatened or coerced, but most of the female participants did (Hamby & Koss, 2003). This finding demonstrates the importance of leading qualitative studies to obtain more thorough understanding of experiences of body violation, as based on social locations, including gender. In doing so, studies such as these uncover forms of coercion that are not identified within legal and psychological investigations.

Further, the results of this qualitative study hold important implications for the expansion of the construct of coercion. It moves to include experiences that are left unidentified since they are normative, although oppressive, parts of current culture. Such oppressive norms include body violation following the use of drugs and alcohol, having sexual interactions in order to establish
or maintain a relationship, otherwise engaging in sexual activities, and objectifying one’s body in order to maintain or improve social status (Hamby & Koss, 2003).

However, while Hamby & Koss (2003) offer insight into the many forms of coercion that fall under current definitional thresholds, this perspective continues to be limited in depth. Other feminist scholars have pointed to even greater nonvisible ways in which coercion is embedded into the socialization of girls and women in society. Dr. Deborah Tolman offers significant insight into the conditioning of sexuality and sexual desire for girls, beginning at an early age (Tolman, 2005). She points to the difference between how sexual desire is taught to girls and boys (Tolman, 2005). In doing so, she highlights that girls are taught that they have no sexual desires of their own, that sex is a passive event for girls, yet active for boys, and that while girls must be desirable to boys, they must also fear them and be protected from them (Tolman, 2005). In pointing to the absence of positive societal messages for girls about owning their sexuality and body sensations, she illuminates the negative consequences of girls’ assertion of agency over sexual desire as well as the suppression of such desires (Tolman, 2005). In this instance, the terms coercion and unwanted remain problematic as they do not tap into oppressive social and cultural norms that place girls and women in positions of vulnerability and passivity. Similarly, Piran and Thompson (2008) offer extensive insight into the ways in which girls experience oppression in relation to the expression of their bodies and selves, leading to the restriction of freedom in the extent and manner in which they live in their bodies.

Judith Herman examines other conditions in which coercion remains unidentified by traditional standards. First, Herman differentiates between situations of episodic trauma, as a single event in time, and repeated trauma, which she identifies as occurring only in conditions of captivity (Herman, 1997). Captivity entails repeated and prolonged exposure to periods of
trauma, ranging from only a few months, to many years (Herman, 1997). Coercion in conditions of captivity is not found in legal and psychological definitions. Herman (1997) points to the uniqueness of captive situations in their mechanisms of force, threat, and coercion, since they are invisible to conventional measures.

Further, she points to the greater economic and societal conditions that render women and children the primary victims of captivity by male perpetrators (Herman, 1997). Namely, she points out that children are captive by their “condition of dependency” and that women are “rendered captive by economic, social, psychological, and legal subordination, as well as by physical force” (Herman, 1997, p. 75). In addition, in such circumstances, the perpetrator is the authoritative and often the most central person in the victim’s life (Herman, 1997). As a result, the victim comes to adopt the abuser’s worldview and actions, even to the point of worshiping the abuser (Herman, 1997). It would be easily to see how, under such circumstances, the simple terms of coercion, unwanted, or forced, would not capture the victimization.

In addition, in most instances, physical force is not necessary to instil fear and compliance in the victim (Herman, 1997). Submission is most readily obtained through threatened harm towards a loved one (Herman, 1997). Abusers apply many techniques aimed at undermining the victim’s sense of connection and control over herself and her environment by instilling terror and helplessness (Herman, 1997). Herman (1997) speaks to the psychological effects of captivity that extend far beyond currently applied definitions of coercion or unwanted, but that serve to control and sever the victim’s connections to her sense of self, to her body, and to others.
1.2 The Problem of Finding Prevalence Rates

Due to the significant limitations in legal definitions of sexual and physical violence in Canada, a more inclusive behavioural definition was formed through new legislation in 1983 (McKenna & Larkin, 2002). This change was shortly followed by an increase in rates of violence attributed to the resulting increased recognition of forms of body violation, rather than increases in actual occurrence (McKenna & Larkin, 2002). Despite these improvements, it is difficult to obtain accurate prevalence rates due to the limitations of behavioural definitions, changes in reporting practices and legislation, social norms and social tolerance for violence, and under-reporting (McKenna & Larkin, 2002). The following section provides a summary of the most common problems faced in obtaining accurate prevalence rates for sexual and physical violation.

1.2.1 The Problem of Behavioural Definitions on Prevalence Rates

There is a problem in consistency of definitions in psychological investigations of prevalence rates on various forms of body violation. Reviews and studies have consistently found that studies that have adopted more rigid behavioural definitions of sexual and physical violation rendered lower prevalence rates in both child and adult populations (Lalor & McElvaney, 2010). Contrastingly, more broadly held definitions produced respectively higher rates of occurrence (Goodman et al., 1997; Hamby & Koss, 2003).

For instance, studies that included perpetrator age criteria found lower prevalence rates than those studies that did not include this limitation in their definitions (Roodman & Clum, 2001). Similarly, research findings demonstrated that exclusion criteria for the means by which sexual victimization occurred significantly altered rates of reporting (Roodman & Clum, 2001). The limited use of the term coercion was also reflected in a study of women in which only six participants reported that they had been sexually coerced by the use of “authority”, yet 117 of
these women responded that they were sexually coerced by the use of alcohol or drugs (Roodman & Clum, 2001).

In addition, the problem of a consistent definition produces large variance in effect sizes. Meta-analyses on the prevalence of CSA have found that adopting broader definitions renders smaller effect sizes (.38) on later mental health and related outcomes than studies that apply more ridged and behaviourally specific definitions (.64) (Roodman & Clum, 2001). These findings are consistent with the opinions of experts in this area of research who explain that broader definitions of sexual abuse necessarily have higher prevalence rates and lower effect sizes, since the range of behaviours are more inclusive (Roodman & Clum, 2001). The reasons behind these variations are straightforward and become clear when using concrete examples such as exposure to exhibitionism, which would render lower effect sizes than more severe sexual or physical transgressions (Roodman & Clum, 2001).

1.2.2 The Problem of Self-Reporting and Disclosure

Most psychological reviews conclude that there are large variations in prevalence rates across studies for various forms of body violation (Hamby & Koss, 2003). The difficulty in establishing accurate prevalence rates has been attributed to methodological difficulties rather than actual differences in the populations studied (Hamby & Koss, 2003). In a review by Hamby and Koss (2003) on the rates of childhood sexual abuse, results suggested that there are no significant differences in prevalence rates when methodological and socio-demographic variables are accounted for.

Yet, several meta-analyses have shown that, despite the development and application of more sophisticated methodology, rates of reporting for sexual and physical violation have remained stable over time (Hamby & Koss, 2003; Statistics Canada, 2009). Contrastingly,
according to a 2009 Statistics Canada report, women are less likely to report experiences of physical violence than in the past (Statistics Canada, 2009).

There are many reasons why female victims do not report their experiences of sexual and physical abuse. As with most studies that rely on self-reporting, disclosure of physical or sexual abuse is subject to the potential of under-reporting (Goodman et al., 1997). While anonymity in reporting has become more sophisticated, with the aim of encouraging more accurate disclosure, this problem is still worthy of consideration.

For instance, sexual assault remains one of the most under-reported crimes (Du Mont, Miller, & Myhr, 2003). The Violence Against Women Survey, conducted in Canada, found that only 6% of sexual assaults that were reported during the survey had been disclosed to the police (Statistics Canada, 1993). In another study investigating the prevalence of women who disclosed their history of sexual and physical violence to their family physicians, researchers found that only 27% of physical abuse survivors and 9% of sexual abuse survivors did so (Mazza, Dennerstein, & Ryan, 1996).

Further, women with a history of mental illness have been shown to be at a special risk for under-representation (Goodman et al., 1997). Despite research supporting the higher incidence of sexual and physical abuse in this population, Goodman et al. found that women with “serious mental illness,” particularly those diagnosed with schizophrenia, had lower rates of reporting than the general population. While the authors claimed that these rates reflect memory impairments linked to this population, Du Mont points to systemic factors that serve to either foster or silence women from various social locations (Goodman et al., 1997; Du Mont et al., 2003).
In this light, female victims of body violation, particularly the disenfranchised, may not report their experiences in fear of the consequences of the abuse, as well as societal failure to provide adequate resources in an atmosphere that feels safe for victimized women (Batacharya, 2010). As a result, many women face issues such as self-blame, shame, embarrassment, guilt, helplessness and denial (Du Mont et al., 2003; Goodman et al., 1997). In addition, particularly in that of intimate partner violence or childhood physical or sexual abuse, victims are still involved with the perpetrator of the violence (Goodman et al., 1997). In such cases, fear of further repercussions is combined with the complex dynamics of being in an abusive relationship, including those identified in conditions of captivity.

Other oppressive systemic factors that inhibit women from reporting their experiences of body violation extend to the police and legal system. Unfortunately, these authorities reflect the larger societal biases and lack of understanding of the realities of victimization. Accordingly, many victims of physical and sexual assault claimed that they had not reported their experiences to authorizes out of fear of not being believed, and being faced with rejection or blame (Goodman et al., 1997). Similarly, Du Mont et al. (2003) offer an explanation for lowered rates of reporting by women over the years, which is anchored in an understanding of prevailing stereotypes about victims and body violation.

Du Mont et al. (2003) refer to the myths of “real rape” and “real victim” when presenting existing stereotypes that guide social and legal judgments on reports of body violation. In the case of sexual violation, Du Mont et al. explain that the myth of the “real victim” surrounds the image of a “morally upright white woman who is physically injured while resisting” (Du Mont et al., p. 469). Further, a “real rape” is viewed solely as: “an act of violent, forceful penetration committed by a stranger during a blitz attack in a public, deserted place” (Du Mont et al., p.
Du Mont et al. criticize the developers of the current Criminal Code of Canada, which, despite its attempts at producing more inclusive definitions, continues to lack a thorough understanding of the range of experiences and social locations in which the female body becomes the target of violence.

Specifically, she argues that the majority of the female population, and thus their experiences, do not fit these stereotypes. Du Mont et al. (2003) point to “lesbians, sex-trade workers, psychiatrized women, low-income women, hitchhikers, and those who frequent nightclubs and/or who have been drinking” (p. 470) to illuminate the range of women who are in positions of disadvantage under these stereotypes. It becomes clear why rates of reporting would then be even lower in these populations, since the risk of being blamed or rejected is quite likely (Du Mont et al., 2003). In fact, both legal and psychological studies and reviews have found that, on average, approximately 90% of women did not report their experiences of body violation to authorities due to past negative encounters with authorities as well as beliefs about how they and their reports would be treated (Du Mont et al., 2003). Specifically, the women reported that they feared that their personal character would be scrutinized, their behaviour deemed inappropriate, or that they may even be regarded as responsible for the assault (Du Mont et al., 2003).

The fears associated with these myths result in women reporting only the experiences of body violation that support existing stereotypes (Du Mont et al., 2003). In a large-scale study of 186 women who had experienced sexual violation, only half had reported these incidences to police (Du Mont et al., 2003). This finding is significant in that while only half of these women’s experiences fit within the rape myth, only the cases that fell into this category were reported (Du Mont et al., 2003). A vicious cycle is created as under-reporting of non-traditional experiences of sexual violation serve to reinforce existing stereotypes within the legal system (Du Mont et al.,
The stereotypes then guide police and other legal bodies in their view and treatment of women whose experiences fall outside of the range of these limited notions (Du Mont et al., 2003).

The above-mentioned barriers that exist for women are not only found in cases of sexual violation, but extend to physical violation as well. In fact, many feminist scholars have pointed out that only the most severe cases of body violation in general come to the attention of schools, hospitals, and legal institutions (Du Mont et al., 2003). Research supports this assertion, as women who had sustained “bruises, lacerations, abrasions, bumps, internal injuries, and/or fractures were approximately three and one half times more likely to contact the police than those who were not clinically injured” (Du Mont et al., 2003, p. 475). Researchers further found that women who were coerced using forceful means, including having their clothing torn off, being slapped, kicked, hit, or choked, were approximately three times more likely to contact the police than those who were not (Du Mont et al., 2003). Since physical and sexual assault are categorized by levels of physical harm and force applied, reporting reflects what police and judges find as falling within these respective categories (Du Mont et al., 2003). Evidence supports that victims’ beliefs and practices are well founded. After a review of existing studies, it was concluded that: “police, prosecutors, and judges were more likely to believe that an allegation of rape was false if a woman had not been injured” (Du Mont et al., 2003, p. 478).

1.2.3 The Problem of Incidence Rates

Obtaining accurate prevalence rates is further complicated by the fact that they predominately rely on police statistics, which are based on incidence rates (McKenna & Larkin, 2002). “Incidence rates” has been defined as the number of occurrences reported to authorities, often within one year of the alleged assault (Pereda, Guilera, Forns, & Gomez-benito, 2009).
Scholars have criticized this cut-off period as being an “artificial boundary”, and for causing further distortions of true rates of occurrence (McKenna & Larkin, 2002, p. 39). This claim has been supported through Statistics Canada’s Violence Against Women Survey, which found that for 80% of women who reported experiences of victimization, these events had occurred earlier than one year previously (McKenna & Larkin, 2002).

Incidence rates are further biased by the subjectivity of the police officers taking the 911 calls (McKenna & Larkin, 2002). Studies have shown that what is defined as assault varies according to the judgment of the police officer investigating the allegations and the priority of the department at the time of the call (McKenna & Larkin, 2002). That is, the same district may render various rates of crime at different times (McKenna & Larkin, 2002). A study conducted on the Toronto Police, regarding their proceedings in rape cases, found that the pursuit of a report depended, not on whether the rape had occurred, but mainly on the police officer’s perceptions of the victim’s character and the likelihood of the perpetrator successfully being prosecuted for the crime (McKenna & Larkin, 2002).

1.2.4 Other Sources of Variability

Additional causes of variability in prevalence rates have been cited in literature and are briefly noted here. First, it is possible that victims do not label their experiences as physical or sexual violation, and thus do not report these events (Goodman et al., 1997). In addition, many victims of severe childhood sexual abuse have repressed memories of their traumatic experiences (Goodman et al., 1997).

Other causes of variability have been related to methodology. Specifically, some reviews have pointed to the populations used in obtaining prevalence rates. Whether based on legal samples or, in psychological inquires, on clinical or college samples, these groups have been
criticized as being biased (Rind & Tromovitch, 1997; Maniglio, 2009). Critics have asserted that the results of these studies cannot be viewed as representative of the general population (Rind & Tromovitch, 1997; Maniglio, 2009).

1.3 Prevalence of Body Violation in Current Literature

Despite the limitations in obtaining true rates of prevalence brought forth in the previous section, existing research on the occurrence of this phenomenon does provide valuable information as to the severity of this problem. Most significantly, available rates offer insight into the extent to which body violation impacts the health of women in society today. Considering the limitations of definitions and reporting, it would be fair to suggest that prevalence rates found in existing literature are conservative.

According to the Family Violence Prevention Fund, one in every three women in the world experiences sexual or physical violence in her lifetime (The Advocates for Human Rights, 2010). Physical abuse towards female children and adults has been identified as one of “the most devastating public health problems [across the globe]” (Al-Modallal et al., 2008, p. 299). In a meta-analysis of studies that inquired into women’s histories of physical or sexual violence, between 51% and 97% of female participants disclosed such experience during their lifetimes (Goodman et al., 1997). In another such study, researchers determined that the prevalence of physical and sexual violence among females would easily be estimated at 72% (Mazza et al., 1996).

The following sections provide information on specific prevalence rates for sexual and physical violation in child and adult female populations. When reviewing these sections, the reader should keep in mind that these rates have been established for single episodes of body
violation, rather than cumulative experiences, or revictimization. This is a topic that will be discussed separately in a later section.

**1.3.1 Rates of Physical Violation in Adulthood: Intimate Partner Violence**

It is difficult to attain accurate rates of physical violence against women due to the normalizing of these traumas in prevailing culture. Definitional failures, as well as under-reporting, present great barriers to obtaining rates that reflect true incidences of physical violation in the female population. As previously noted, most female victims of domestic abuse do not report these events to authorities, and mainly do so in the most severe cases where medical attention is required. Access to resources is yet another barrier for these women to bringing their experiences of physical violence to social awareness.

In fact, physical violence by an intimate partner, or domestic abuse, is the most common form of violence against women. It is a universal problem that extends beyond socio-economic and cultural boundaries. Results of recent studies demonstrated that between 25% and 50% of women have been subjected to domestic abuse (The Advocates for Human Rights, 2010). The World Health Organization gathered information through 48 surveys from around the world inquiring into experiences of intimate partner violence (The Advocates for Human Rights, 2010). The study revealed that between 10% and 69% of women reported having experienced this form of body violation (The Advocates for Human Rights, 2010). Unfortunately, the study further revealed that of all females murdered, between 40% and 70% were the victims of their intimate partners or spouses (The Advocates for Human Rights, 2010). When this finding is held in the larger context of the limitations to obtaining true ratings, the magnitude of the problem begins to become illuminated.
1.3.2 Rates of Physical Violation in Childhood

Statistics on childhood physical abuse do not accurately reflect their true rates of occurrence. Obtaining a true rating for childhood physical abuse is also met by the same limitations of methodology, definition, and under-reporting. It is not surprising that low incidence rates for this form of victimization exist when considering that most perpetrators of childhood physical abuse are the very individuals who are in charge of the victims’ care (Gutierres & Vanpuymbroeck, 2006). As a result, only the most severe cases are exposed to authorities (Gutierres & Vanpuymbroeck, 2006).

According to a 2009 survey by Statistics Canada, over 100,000 adolescents and children were victims of physical violence in their own homes in that year alone (Statistics Canada, 2009). Retrospective accounts offer a useful way to obtain rates of occurrence. In a recent survey of 471 women, approximately 20% reported having a history of childhood physical abuse (Gutierres & Vanpuymbroeck, 2006). The low percentage of reporting may have been due to the researchers’ defining physical abuse as: being hit, kicked, having something thrown at them, and having bruises or scars as a result of physical abuse (Al-Modallal et al., 2008; Senn, Carey, Vanable, & Urban, 2007). As previously stated, this limited definition does not cover more subtle forms of body violation.

1.3.3 The Issue of Neglect

Neglect is another form of violation to the body, in which the basic needs of a child are not secured. Prevalence of childhood neglect is harder to obtain since most existing literature combines neglect and abuse under the umbrella of “abuse.” In addition, the focus on physical abuse has left the significant issue of neglect to the sidelines (De-Board-Lucas & Grych, 2011). However, more recently there has been a growing body of research supporting the theory that
experiences of neglect hold comparable and equally significant repercussions on women’s health as acts of commission (De-Board-Lucas & Grych, 2011).

1.3.4 Prevalence of Children who Witness Intimate Partner Violence

Intimate partner violence affects the lives of millions of children worldwide. In the United States alone, it is estimated that each year approximately 15.5 million children are exposed to at least one act of violence between their parents (DeBoard-Lucas & Grych, 2011; McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). Approximately half, or seven million of these children, reside in households in which severe forms of domestic violence occur (DeBoard-Lucas & Grych, 2011; McDonald et al., 2006). Children living in such environments are likely to witness violence that includes one parent beating the other partner, using or threatening to a deadly weapon on their partner, or forcing sexual intercourse on their partner (DeBoard-Lucas & Grych, 2011).

It is important to hold these statistics in the greater context of the violence that occurs within patriarchal societies. A review of studies looking at concurrence of intimate partner violence and child maltreatment found that approximately 30% to 60% of these families simultaneously experienced at least one other form of body violation (Renner & Slack, 2005). It should be noted that child maltreatment in this study included physical abuse, neglect and sexual abuse (Renner & Slack, 2005).

1.3.5 Rates of Sexual Violation in Adulthood

The issues involved with obtaining true rates of sexual violation for women have been well documented in literature and summarized in the above sections. The barriers faced by women living in a patriarchal society that lead to under-reporting are combined with the limited range of experiences that are defined as sexual violation. Despite these setbacks, rates of
prevalence have been investigated and cited in current literature. Most studies that have relied on incidence rates of physical assault have cited prevalence ranges from 14% to 25% (Mazza et al., 1996). In the mentioned previously study of women sharing their experiences of body violation with their family physicians, only 13% of women had disclosed rape or attempted rape (Mazza et al., 1996). In a recent study of the prevalence of sexual abuse in 28 countries, researchers found that approximately 53% of women reported experiences of sexual abuse (Pereda et al., 2009). Once again, these figures should be considered conservative reflections of true occurrence rates of physical violence against women.

1.3.6 Rates of Sexual Violation in Childhood

Similar to physical violence, true prevalence rates of sexual violence during childhood are difficult to establish since the majority of offenders are their caregivers. Only the most severe cases are brought to the attention of authorities and as a result, incidence rates are substantially lower than true rates of prevalence. Despite these setbacks, available rates of prevalence are alarming. According to the Statistics Canada report in 2009, parents were identified in 59% of all “family-related sexual offences and physical assaults against children and youth victims” (Statistics Canada, 2009). This figure related to the finding that “126 of every 100,000 children and youth in Canada were physically or sexually assaulted by a parent in 2009” (Statistics Canada, 2009). Sadly, the youngest victims, children under the age of three, were the highest at risk to become sexually abused by their parents (Statistics Canada, 2009). Specifically, the report claimed that 81% of victims in this age group had been sexually violated by one of their parents (Statistics Canada, 2009). Children between the ages of three and eleven were the second-most at-risk population, with close to 60% having been sexually violated by a parent (Statistics Canada, 2009). This number is followed only too closely by 55% of children between the ages of
12 and 17 who are sexually violated by a parent (Statistics Canada, 2009). Finally, other close family members, including siblings, were ranked as next in line as child sexual abusers, ranked as the perpetrators in 47 and 41 per 100,000 respectively of CSA cases (Statistics Canada, 2009).

Further, retrospective studies offer additional insight into the magnitude of this societal problem. In a study of females consulting general practitioners, 28% had disclosed having experienced CSA involving physical contact (Mazza et al., 1996). Various reviews of such studies were sought in order to gain insight into true ratings in the female population. In one study, researchers found rates of reporting as ranging from 15% to 33% (Goodman et al., 1997). In another meta-analysis of 100 studies with sample sizes that ranged from 83 to 5434, approximately 20% of women disclosed that they had been victim of CSA (Pereda et al., 2009). These results are consistent with other studies that investigated prevalence rates of CSA (Pereda et al., 2009).

In addition, few studies exist on the rates of prevalence worldwide to date (Pereda et al., 2009). In a study of 21 countries, researchers found that 7% to 36% of women reported having experienced CSA in their past (Pereda et al., 2009). The researchers concluded that 20% might be considered a conservative statistical average for the global occurrence of CSA (Pereda et al., 2009). In another recent study by Lalor and McElvaney (2010), prevalence rates of CSA in various countries were investigated. Using national samples of the adult population, rates of reporting for CSA ranged from 71% in Ireland, to 64.8% in the United States, and 59% in Sweden (Lalor & McElvaney, 2010). It is important to note that the findings of this large-scale study were based on only the 70% of subjects who agreed to participate (Lalor & McElvaney, 2010).
Finally, adolescent girls have been consistently found to be significantly higher at risk for victimization (Pereda et. al., 2009). This finding reflects the power differentials and social locations of females in this developmental stage, within the larger culture (McKenna & Larkin, 2002). In fact, 50% of all rape victims are girls under the age of 18 (McKenna & Larkin, 2002). A study conducted with a group of adolescent girls that have had intercourse showed alarming rates of sexual violation (McKenna & Larkin, 2002). More specifically, in a population of girls aged 16 and younger, 24% reported having had “forced sex” (McKenna & Larkin, 2002). Shockingly, this figure rose to 40% in girls aged 15 and younger (McKenna & Larkin, 2002). A similar study concluded that 83% of adolescent girls had reported having had at least one experience of sexual harassment in their schools (McKenna & Larkin, 2002). Cross-cultural evidence of the universality of this problem comes from a sample of high school students in China, in which approximately 70% reported having experienced CSA (Lalor & McElvaney, 2010).

1.4 Towards an Inclusive Definition of Body Related Violation

1.4.1 Embodiment of Experience

The body is the site from which the self experiences itself and the world it inhabits (Batacharya, 2010). More specifically, the body simultaneously interacts with the environment and sentient experiences (Batacharya, 2010). The experience of oneself as “living in and through the body” has been termed Embodiment (Piran, personal communication, August 8, 2011). Embodiment is regarded as being mutually constructed through the dynamic interplays between felt inner states and interactions with one’s environment (Piran, personal communication, August 8, 2011). In addition, embodiment is viewed as existing on a spectrum between positive or connected embodiment, and disruptions to embodiment, or disembodiment (Piran, personal
communication, August 8, 2011). Positive embodiment has been documented as essential to the maintenance of mental and physical wellbeing (Piran, personal communication, August 8, 2011). Contrastingly, disrupted embodiment has been cited as leading to many adverse consequences in mental and physical health (Batacharya, 2010; Piran, personal communication, September 13, 2011; Young, 1992).

Since the feeling of “rightful ownership and safety” of one’s body is seen as essential to positive embodiment, any threat or violation to this sense causes disruptions in one’s connection to her body (Piran, personal communication, September 13, 2011). Through longitudinal studies, Dr. Niva Piran has illuminated the shortcomings of existing theories in their understandings of body violation. Instead, she has developed The Developmental Theory of Embodiment (Piran & Teall, 2012), which is offered as a comprehensive theory that is able to explain the impact of body violation in a manner that is sufficiently broad in both scope and depth (Piran & Thompson, 2008). In her work, Piran and Thompson (2008) describe how various forms of trauma, which are related to living in a patriarchal society, cause a severing in girls and women’s connection to their bodies.

With respect to body violation, this theory captures comprehensive range violence against the body, including traditional notions of sexual and physical assault, but which also extend to unwanted attention towards the body and other more subtle forms of body violation (Piran & Thompson, 2008). As such, the theory asserts that violations occur on a gradient in severity, and that their effects correspond to the levels of disruption in girls and women’s embodiment (Piran & Thompson, 2008). Held in this light, disembodiment is understood as a coping mechanism, as the individual separates her experience of the Self from her body, in order to survive the traumatic impacts of these violations in society.
As previously noted, since embodiment is simultaneously constructed through the interactions between the environment and sentient experiences, how the body is experienced then depends on a myriad of social locations in which the body is placed in the outside world (Batacharya, 2010). Similarly, what is experienced as violation to the rightful safety and ownership of one’s body reflects the position of that person within this system of oppression (Batacharya, 2010). For decades, feminist scholars have considered social constructions of femininity as central to girls and women’s unhealthy experiences of their bodies. Specifically, they have pointed to patriarchy as an oppressive system of power and privilege that affects mental, social and physical experiences of women’s bodies and sense of self (Piran, personal communication, September 13, 2011).

As such, the conditions that make up a patriarchal society affect how females experience their bodies. However, a critique based on gender alone is insufficient for thorough understanding of the experiences of embodiment for women living in a patriarchal system (Piran, personal communication, February 16, 2012; Piran & Teall, 2012). Rather, numerous factors intersect with gender to create how the female body is experienced in the context of the environment. These factors include, but are not limited to: gender, sex, race, childhood and prior experiences, immigration, disability, culture, society, family, educational background, socio-economic status, weight, and sexual orientation (Piran, personal communication, February 16, 2012).

In this light, living in the body presents a dilemma. While the self is connected to and dependent on body for survival, the body is vulnerable to assaults by the same systems of power and privilege that shape the experiences of the self within that world. When considering the myriad of social locations that the body may be positioned, connection to one’s body can be
perceived as a threat to the very survival of the self (Batacharya, 2010; Piran & Thompson, 2008; Young, 1992). A few feminist scholars have asserted that for girls and women to survive and function in society, they must disconnect from their bodies and their sentient experiences (Batacharya, 2010; Piran & Thompson, 2008; Young, 1992). Consequently, when the body is violated, the disruptions to embodiment manifest in an array of physical and mental health problems.

1.4.2 Challenges in Current Definitions of Body Related Violation

Unfortunately, to date, most psychological and legal literature does not understand or investigate the range of problems that result from body violation using the standpoint of loss of body ownership. The failure to do so has resulted in the previously stated limitations of defining and investigating the construct of body violation. More significantly, it has leaded to the inability to accurately understand the scope of the effects of body violation on mental, emotional, and physical wellbeing.

In this light, it becomes increasingly apparent that the limitations of existing research are founded in the behavioural definitions used to describe this phenomenon, rather than in the experiences of victims. This setback has resulted in the failure of prevailing research to capture the full range of experiences that make up this phenomenon. In addition, in failing to contextualize violence against the body within a framework that accounts for the oppressive factors that influence experiences of embodiment, body violation has been investigated as an episodic event, separated from the sub-threshold traumas and cumulative effects of violation of body ownership.
1.4.3 Challenges in Definition and Scope

Current definitions of the various forms of body-related violation are not only inconsistently applied throughout studies, but they are also limited in their ability to capture the phenomenon that they wish to describe. As such, these definitions neglect the subtleties in experiences of body violation. Further, they do not take into account the nature and severity of disruption in ownership over one’s body. In this light, uncovering true rates of prevalence may be viewed as stemming from the limited observable and behavioural focus on acts of body violation (Young, 1992).

Similarly, the findings that more broadly based definitions lead to greater prevalence rates may be viewed as the result of an increased ability to investigate the larger spectrum of body violation. Through qualitative studies, victims provide descriptions of violation over body ownership. As a result, these experiences are used to develop a definition of body violation that includes subtle forms of coercion as well as deprivation to feelings of safety and ownership over one’s body territory (Piran & Thompson, 2008). Consequently, this expanded definition may be applied in the investigation of prevalence rates that more closely reflects true rates of body-related violence.

1.4.4 Challenges to Investigating Cumulative Experiences

The problems related to investigating the nature and effects of body-related violation in prevailing research further extend to the fact that this phenomenon, and its effects, have been investigated as separate events in time. As pointed out by Gelfand et al. (1995), researching these events in isolation has led to low base rates as well as skewed distributions. More significantly, however, the authors pointed out that this drawback has resulted in the inability to comprehend the relationship between the underlying constructs (Gelfand et al., 1995).
Specifically, as pointed out by Piran (personal communication, August 8, 2011; Piran & Teall, 2012), existing literature has thus far failed to realize the “shared nature and impact” of body violation as being the disruption in one’s connection to, and ownership over, one’s body territory. Instead, research has predominately studied the symptoms of disrupted body ownership as separate phenomena. As a result, this has led to the limited and segregated understanding of the effects of body violation. As such, this perspective has resulted in the failure to perceive and investigate cumulative effects of body violation on women’s mental, physical and social wellbeing (Campbell et al., 2009).

1.4.5 Body Violation: An Inclusive Definition

It is evident that the lack of current legal and psychological understanding of body violation reflects the limited perspective used in investigating the underlying loss of connection and ownership over one’s body territory. Body violation, then, can be defined as any experience that is perceived by the self as a threat to the rightful safety and ownership over one’s body (Piran & Teall, 2012; Piran & Thompson, 2008; Young, 1992). The impact of body violation is powerfully illustrated in the assertion that it is an experience in which the space between the body and the self is not only ignored, but in which the boundaries between the embodied self and others are treated as if they do not exist (Hamby & Koss, 2003; Young, 1992).

As such, it is probably most accurate to state that the construct of body violation exists on a spectrum of infinite possibilities, which are based on the dynamic interplays between a person’s inner states and her social location. While taking into account the range of possibilities that fall under the umbrella of body violation, investigating the effects of the most severe forms of body violation, as identified in existing literature, provides a good source of insight into the underlying nature and effects of disrupted embodiment. In addition, by applying this broader
definition of body violation in this investigation, the multiple forms of disruptions and their cumulative effects are further uncovered.

1.5 Body Violation: Sexual and Physical Violence

1.5.1 Disconnection and Fragmentation

The various definitions and forms of body violation investigated in current literature all point to the common adverse impacts of body violation (Piran & Thompson, 2008). In fact, as will be presented, all forms of body violation share the adverse effect of disrupting how women experience themselves and the manner in which they live in their bodies (Piran & Thompson, 2008). Further, the gravity of violation experienced by the victim correlates to the severity of trauma and the resulting level of disembodiment (Piran & Thompson, 2008).

In her book *Trauma and Recovery*, Dr. Judith Herman argues the importance of a secure sense of connection to one’s body for establishment and maintenance of a healthy sense of self (Herman, 1997). Through qualitative and longitudinal studies, Piran has illuminated that the sense of security and ownership over one’s body territory is essential to enabling the individual to remain connected to her body (personal communication, August 8, 2011; Piran & Teall, 2012). She further asserts that when this condition is inhibited as a result of trauma, the self disconnects from bodily experiences as a survival strategy (Piran, personal communication, August 8, 2011). Such disconnection results in a disruption in the person’s sense of self and leads to an array of psychological and physical problems.

As such, the resulting disruption in embodiment affects the person’s sense of self-identity, emotions, cognitions and schemas, as well as undermining the development of a healthy sense of dignity, worth, self-respect, and self-esteem (Herman, 1997). In addition, body violation not only affects the victim’s internal world, but it further disrupts her ability to establish safe and
healthy boundaries in her interpersonal relationships (Herman, 1997). Herman states that trauma, which is violence against the body territory, not only affects “psychological structures of the self but also the systems of attachment and meaning that link individual and community.” (Herman, 1997, p. 50) She further explains that trauma simultaneously disrupts the sense of safety, trust, and cohesiveness internally and in the world (Herman, 1997).

Following abuse, particularly in cases of long-term abuse, many girls and women describe themselves as having been “broken” (Herman, 1997, p. 84). Herman (1997) describes these experiences as emerging from a process by which the victim’s internal sense of self and connection to her body, then to others, is severed in order to survive the abuse (Herman, 1997). The effect of this is feeling is the fragmentation from parts of oneself, including one’s feelings, thoughts, internal body cues, as well as isolation from others, reflects a process of “shutting down” from one’s inner and outer worlds (Herman, 1997, p. 84).

**1.5.2 The Relationship between Severity of Body Violation and Level of Disconnection**

Drawing upon research that looks at different forms of body violation, it is evident that the effects of what has been defined as separate experiences are, rather, different gradients of the same construct: disrupted embodiment. As developed in the developmental theory of embodiment, the severity or level of disconnection increases with the severity of trauma (Piran & Thompson, 2008). As such, disembodiment occurs on a spectrum, where more severe forms of violation cause greater levels of disembodiment (Piran & Teall, 2012; Piran & Thompson, 2008).

Evidence for the relationship between the severity of body violation and disembodiment may be taken from studies that note the effects of different definitional standards on effect sizes. Studies that adopted broadest definitions of body violation in their investigations consistently
yielded lower effect sizes than definitions that required more severe forms of violation such as contact (Roodman & Clum, 2001). For instance, the general classification of adult victimization was found as having the lowest effects (.06) compared to victimization with contact (.57), which was still lower than attempted rape or rape definitions (.67) (Roodman & Clum, 2001).

In addition, the effects of body violation are cumulative in nature and in relation the level of disembodiment. Gutierres & Vanpuymbroeck noted in their 2006 review that in one study, researchers reported that the link between sexual and physical abuse and long-term mental health outcomes is not direct. Instead, they found that environmental stressors significantly impacted long-term effects following victimization (Gutierres & Vanpuymbroeck, 2006). This finding is in line with an understanding of victimization within the larger context of oppressive norms. In addition, it offers support to DTE’s assertion that women’s experiences of body violation are cumulative, and that additional experiences of violence against the body increase the severity of the adverse effects of disembodiment.

1.5.3 Long-Term Effects of Sexual and Physical Violation

The following sections provide information on the investigated effects of body violation, and in doing so, present limitations in understanding the shared nature and cumulative impact of disembodiment. The effects of physical and sexual violation on women’s mental health and self-concept have been well documented in existing literature. Many studies do not differentiate between the long-term effects of sexual violation and physical violation. In doing so, these studies more closely tap into the underlying disruption to body ownership. In many cases, their inquiries have yielded similar and comparable effects.

As such, the following section offers information on the effects of sexual and physical violation for females during childhood and adulthood. Although these investigations fall more
closely in line with the perspective of disrupted embodiment as presented in the works of Piran and her colleagues (Piran & Teall, 2012; Piran & Thompson, 2008) and Young (1992), these studies continue to be limited by the specific behavioural definitions of violation adopted their investigations. By limiting the range of experiences that violate the “rightful safety and ownership over one’s body”, these studies continue to miss the full breadth of experiences to body ownership (Piran, personal communication, September 13, 2011).

Despite these drawbacks, these reviews offer support for the common effects of body violation as described by Piran and Thompson (2008) and Young (1992). Sexual and physical abuse has been consistently found as a non-specific risk factor for development of psychiatric disorders (Piran & Thompson, 2008). Research in these areas has increasingly argued for the direct link between sexual and physical abuse and physical and mental health outcomes, irrespective of possible confounding variables such as socio-economic status (Sachs-Ericsson, Cromer, Hernandez, & Kendall-Tackett, 2009). The areas that have been most researched are related to psychological wellbeing, physical health conditions, and substance abuse.

As such, prevailing research has found causal relationships between sexual and physical abuse and post-traumatic stress disorder, and in particular dissociation (Gutieres & Vanpuyembroek, 2006). Further, studies have found conflicting evidence in support of the links between childhood sexual and physical violation and adult rates of dysthymia, anti-social personality disorder, and borderline personality disorder (Sachs-Ericsson et al., 2009). In addition, results from studies with both clinical and community samples demonstrated significantly greater incidences of depression, anxiety, low self-esteem, low self-worth, poor adjustment and coping skills, insecure attachment, poor interpersonal relationships, increased
vulnerability to stress, and feelings of helplessness and powerlessness (Gutierres & Vanpuyymbroeck, 2006; Sachs-Ericsson et al., 2009).

1.5.3.1 Physical health outcomes. One large-scale meta-analysis offers insight into physical health problems that follow early life experiences of body violation (Sachs-Ericsson et al., 2009). This review supports the view that long-term adverse health effects of sexual and physical violation extend beyond familial dysfunction, current psychiatric conditions, and socio-economic status (Sachs-Ericsson et al., 2009). Specifically, the researchers concluded that body violation during childhood causes increased stress related problems, impairment in immune system functioning, chronic pain conditions, and disruptions in the physiology of the body and brain (Sachs-Ericsson et al., 2009). For instance, in one study, women that had been sexually or physically abused had a 1.5 to 2 times greater likelihood of having serious health conditions (Sachs-Ericsson et al., 2009). Such physical ailments included: heart problems, thyroid problems, lupus, autoimmune problems, blindness, and deafness (Sachs-Ericsson et al., 2009). In addition, women with a history of abuse reported more pain-related health conditions than their non-abused counterparts (Sachs-Ericsson et al., 2009). These problems range from pelvic pain, vulvodynia, fibromyalgia, chronic musculoskeletal pain, headaches, irritable bowel syndrome, gastrointestinal problems, painful gynaecological problems, arthritis, musculature pain, tender-point pain, and back pain (Sachs-Ericsson et al., 2009).

The participants in these studies further reported increased sensitivity to life stressors in comparison to non-abused women (Sachs-Ericsson et al., 2009). Specifically, the findings of this review supported existing claims about the relationship between childhood abuse and sensitization of stress-responsive neurobiological systems (Sachs-Ericsson et al., 2009). In fact, the presence of stress more than doubled the effects of past body violation on current health
problems (Sachs-Ericsson et al., 2009). Further, participants demonstrated increased cytokine secretion and dysregulation of cortisol, both of which impair the human immune system (Sachs-Ericsson et al., 2009). The researchers suggested that early experiences of abuse may alter the physiology of the brain, leading to increased physiological reactivity in the face of current life stressors (Sachs-Ericsson et al., 2009). Specifically, they pointed to previous findings of heightened sensitivity in the hypothalamic–pituitary–adrenal axis, which causes impaired immune functioning, and results in increased likelihood of physical illness (Sachs-Ericsson et al., 2009).

### 1.5.3.2 Substance abuse

Existing literature is in agreement regarding the high correlation between women’s past experiences of physical and sexual violation and substance abuse (Gutierres & Vanpuymbroeck, 2006; Simpson & Miller, 2002). One review cited a study that reported that nearly 90% of women in treatment for addictive disorders have a history of violent traumas (Gutierres & Vanpuymbroeck, 2006). Similarly, researchers studying individuals in substance misuse treatment programs reported that rates of lifetime physical or sexual assault were much higher among these women than among women in the general population (Gutierres & Vanpuymbroeck, 2006). However, scholars diverge in their theories regarding the relationship between substance abuse and victimization. While offering insight into the conditions that lead to the development of substance abuse, none of these studies take into account the loss of body ownership that follows sexual and physical violation.

One group of researchers claimed that there is an indirect path between victimization and substance abuse. Namely, they assert that past experiences of sexual and physical abuse lead individuals to become more susceptible to negative psychological effects such as low-self-esteem, feelings of powerlessness, anxiety, depression, and guilt (Gutierres & Vanpuymbroeck,
They further suggest that it is these psychological states of vulnerability that cause young women to engage in high-risk behaviours including substance use (Gutierres & Vanpuymbroeck, 2006).

However, another group of researchers claim that a direct and temporal relationship exists between women’s experiences of sexual and physical abuse and later substance use (Gutierres & Vanpuymbroeck, 2006). Namely, they assert that these abuses make women at greater risk for later abusing substances as a coping strategy to deal with painful psychological consequences of their victimization (Gutierres & Vanpuymbroeck, 2006).

Although there is research supporting both claims, qualitative studies offer insight into the lived experiences of the women, as they share their stories about their journeys through histories of violence. These studies offer support for the direct path between victimization and substance abuse. In a review of existing literature on the link between substance and history of violence, one qualitative study presented women’s reports that their substance abuse began following their experience of violence. More specifically, the women reported that they began using drugs and alcohol as a means to alleviate painful and traumatic memories and consequences of the past abuse (Gutierres & Vanpuymbroeck, 2006). In another qualitative study, a significantly greater percentage of female prisoners than male prisoners stated that they initially began using drugs and alcohol in order to “block out painful feelings [and] events … to feel more normal … [and] to cope with physical pain [resulting from the abuse]” (Gutierres & Vanpuymbroeck, 2006, p. 499). In yet another qualitative study, participants of substance misuse treatment programs were asked the reasons for why they began to use substances (Gutierres & Vanpuymbroeck, 2006). The results of this study found that women's responses, more likely than men’s, included reasons related to childhood abuse (Gutierres & Vanpuymbroeck, 2006). The
women made the following statements: “I just wanted to block those things out” and “I sought out relief through drugs and alcohol” (Gutierres & Vanpuymbroeck, 2006, p. 499).

Consequently, the researchers found strong evidence to support the theory that the misuse of substances followed body violation, and that it was used as a tool to cope with the negative psychological repercussions of their traumas. However, the authors did not recognize that these gender differences speak to women’s positions of disadvantage that are then reflected through their experiences of body violation.

1.6 Physical Violation

1.6.1 Physical Violation During Childhood

1.6.1.1 The issue of child neglect. Most studies investigating the phenomenon of child maltreatment have either focused solely on acts of commission, or combined their inquiries to including both abuse and neglect. The studies that do exist on the subject of childhood neglect have asserted that the effects of neglect may be as devastating as abuse for a child (DeBoard-Lucas & Grych, 2011; The Department of Justice of Canada, 2001). As such, in the following discussion of childhood physical violation will denote both forms of maltreatment.

1.6.1.2 Short-term effects of physical violation during childhood. There is limited information available on the short-term effects of physical violation during childhood, perhaps due to the normalization and acceptance of this form of abuse within the larger society (Piran, personal communication, August 8, 2011). As such, under-reporting significantly impairs the ability of researchers to obtain accurate information regarding the detrimental effects of physical violation for this population. As only the most severe cases come to the attention of school administrations and the authorities, the small body of research that has been conducted has been based on this limited sample of cases.
The current literature cites observable short-term repercussions of physical violation during childhood, including: cognitive deficits, perceptual-motor impairment, lower academic achievement, behaviouralal problems including aggression, depression, low self-esteem, anxiety, feelings of helplessness, and hopelessness (Malinosky-rummell & Hansen, 1993).

1.6.1.3 Short-term effects of witnessing intimate partner violence during childhood. Although a child who is subjected to domestic violence at home may not be the direct target of physical attack, witnessing such violence still causes the child to experience threat to the safety of living in her own body. While numerous studies have cited the effects of this more subtle form of body violation, none have correctly identified the underlying cause and nature of its effects as a threat to body ownership (Piran & Thompson, 2008). Instead, research has predominately identified the source of threat to the child as including fear for the victim parent’s welfare, blaming herself for the violence, and belief that she may also be targeted (DeBoard-Lucas & Grych, 2011).

In addition, current research has focused on the symptomology of exposure to Intimate Partner Violence (IPV) including psychological and behaviouralal disturbances (DeBoard-Lucas & Grych, 2011). Many reviews support research findings of the long-term effects of exposure to IPV during childhood as including sleeping difficulties, eating problems, lowered immune systems, and physical health impairments (DeBoard-Lucas & Grych, 2011; Israel & Stover, 2009; Whitfield, Anda, Dube, & Felitti, 2003). These repercussions further include psychological disturbances such as depression, anxiety, low self-esteem, dissociation, irritability, and aggression (Israel & Stover, 2009; Whitfield et al., 2003). In school, children who live in such households are more likely to be identified as having behaviouralal problems, including acting out, problems with peer relationships, lower academic performance, and attention deficits (Israel
Finally, reviews of existing research on this subject concluded that Post Traumatic Stress Disorder (PTSD) symptoms were found in the majority of children who had been exposed to IPV (Israel & Stover, 2009). Alarmingingly, 13% to 19% of the children in such studies met full diagnostic criteria for PTSD (Israel & Stover, 2009). Unfortunately, while the symptoms of threat to body ownership have been identified in these studies, the underlying causes of the cited effects were not recognized.

Furthermore, one study of IPV sought to investigate the relationship between the perpetrator and the child on long-term repercussions for the child (Israel & Stover, 2009). The researchers were interested in uncovering any significant differences in effect based on whether the perpetrator was a biological father or non-biological father of the child (Israel & Stover, 2009). The authors speculated that children might be conflicted between their negative perceptions of the violence, their attachments to their biological fathers, and their desires for affection from them (Israel & Stover, 2009). However, the study found that there were no significant differences between the two groups (Israel & Stover, 2009). Instead, significant effect sizes were found for multiple experiences of IPV as well as IPV by multiple father figures (Israel & Stover, 2009). This study exemplifies the failure in prevailing research to identify the effects of conditions of captivity, which disrupt the victims’ sense of self and safety in their bodies, as well as the cumulative effects of repeated violation against the body territory (Herman, 1997). As such, the current analysis offered by the researchers lacked recognition of the nature of captivity and its effects on body ownership, which extend far beyond considerations of the parent-child relationship.

1.6.1.4 Long-term effects of physical violation during childhood. Extensive literature cites the many persistent psychological and behavioural repercussions of physical abuse during
childhood. The more commonly identified long-term effects include self-harm, suicidality, dissociation, somatization, low self-esteem, anxiety, depression, aggression, criminal behaviour, substance abuse, psychotic and post-traumatic stress symptomology, and obsessive compulsive behaviours (Gutierres & Vanpuymbroeck, 2006; Malinosky-rummell & Hansen, 1993). As evident, the cited effects of physical violation during childhood are similar to those of found in other populations that have endured disruptions to their body ownership. Further, research continues to limit their scope of investigations to behavioural and observable effects, rather than the lived experiences of the victims. As a result, these studies fail to recognize the underlying sources of these identified symptoms, and the direct results of loss of safety and ownership over one’s body territory.

1.6.1.5 Long-Term effects of witnessing intimate partner violence during childhood.

Current investigations into the detrimental effects of witnessing IPV during childhood for later life continue to be limited in the scope and observable focus of the inquiries. The list of symptomologies documented is consistent with other studies that have focused on the effects of body violation in various populations. As a result, the problematic perspective undertaken in researching the effects of disruption to body ownership is evident in the review of existing literature on this topic.

For instance, many studies have linked the witnessing of IPV during childhood with psychopathology in adulthood (Dube, Anda, Felitti, Edwards, & Croft, 2002). In addition, substance abuse has been a topic of particular focus within this population (Dube et al., 2002). Research has found a positive relationship between witnessing IPV during childhood and alcoholism, drug abuse, and intravenous drug use (Dube et al., 2002). Substance abuse may be viewed as a coping tool to help deal with disrupted embodiment and will be discussed in greater
detail in a later section. In addition, although not identified in this manner, the study’s finding supported DTE’s theory of a graded relationship between the severity of body violation and disruption to body ownership. Namely, researchers found that the frequency of witnessing IPV was related to the risk for self-reported substance abuse and depression (Dube et al., 2002).

Additional support for the effects of body violation as based on social location comes from a closer investigation of a study by Whitfield et al. (2003). The authors of this study found that only boys who were exposed to IPV later perpetuated this form of violence in their own homes during adulthood (Whitfield et al., 2003). In contrast, girls exposed to these same conditions are most often identified as victims of IPV as adults (Whitfield et al., 2003). This finding offers clear evidence for the direct effects of the position of disadvantage that are perpetuated and maintained in the oppressive system of patriarchy.

1.6.2 Physical Violation in Adulthood

1.6.2.1 Short-term effects of physical violation during adulthood. Unfortunately, there is limited literature available on the short-term effects of physical violation on adult women. Due to the limitations of under-reporting, in part due to the normalization of this problem within society, only the most severe cases are reported to authorities. However, the decades of research in this area have cited the short-term psychological effects as including: post-traumatic stress symptoms, anxiety, fear, helplessness, and depressive symptoms (Basile, 2008). The physical repercussions most commonly include cuts, scrapes, bruises, fractures, and broken bones (Basile, 2008; Thomas et al., 2008). Most severe injuries include: lacerations, maxillofacial injuries, dental trauma, loss of teeth, broken or chipped teeth, internal injuries, and head and neck injuries (Thomas et al., 2008).
1.6.2.2 Long-term effects of physical violation during adulthood. Meta-analyses of the long-term repercussions of physical violation in the adult female population have identified a large range of negative psychological and physical outcomes. These long-term problems are consistent with the persisting consequences found of other forms of body violation. Unfortunately, the underlying nature of these symptoms, the disruption in one’s ability to safely live in the body, has yet to become recognized in prevailing research on this topic.

The most commonly cited long-term psychological effects of physical abuse for adult women include: depression, anxiety, somatization disorders, substance abuse, dysthymia, post-traumatic stress disorder, suicidal ideation, and suicide attempts (Al-Modallal et al., 2008; Jones, Hughes, & Unterstaller, 2001). The majority of research in this area refers to the depressive symptoms that follow physical violation for women. However, there is disagreement as to whether a causal relationship exists between experiences of physical violence and depression (Al-Modallal et al., 2008). Some studies have argued that variables such as education, the developmental age of the victim at the time of abuse, as well as environmental factors such as social support confound the relationship between depression and physical violation in adult women (Al-Modallal et al., 2008). However, it must be noted that the majority of these findings have been heavily based on quantitative data, making it difficult to conclude causation, especially in older women who may have experienced multiple episodes and forms of abuse over their lifetimes (Al-Modallal et al., 2008). Despite the lack of qualitative studies, which provide insight into the temporal relationship between these variables, the majority of existing studies have found a strong relationship between physical abuse and depressive symptoms (Al-Modallal et al., 2008).
Relatedly, domestic abuse is the most common form of violence against women (Al-Modallal et al., 2008). Research has well documented the long-term repercussions that follow experiences of IPV. Women in physically abusive relationships experience the above-noted psychological effects of body violation (Jones et al., 2001). In addition, in one review of studies investigating the effects of IPV on female victims, between 31% and 84% were found as exhibiting symptoms of PTSD symptoms (Jones et al., 2001).

Further to the commonly cited psychological effects of long-term victimization through IPV, substance abuse is found as strongly linked to IPV (Dube et al, 2002). In a review of studies conducted at various women’s shelters and domestic violence programs, between 4% and 40% of women who were physically abused by their partners also reported substance abuse (Gutierres & Vanpuymbroeck, 2006). The figures are even more staggering when turning to studies conducted in substance abuse programs. Reports from such programs claim that that between 41% and 80% of female participants were also victims of IPV (Gutierres & Vanpuymbroeck, 2006).

Finally, a review of studies on this topic offers insight into the more severe physical health outcomes of IPV. The most prevalent long-term physical repercussions include: migraines, gastrointestinal disorders, diabetes, sexually transmitted infections, and cervical cancer (Thomas et al., 2008). These studies further offer evidence for the greater rate of prevalence of chronic conditions such as headaches, chronic pain, and chronic fatigue (Thomas et al., 2008). It should be noted that the above-mentioned effects are common to the repercussions of other forms of body violation.

1.7 Sexual Violation

A large body of literature cites the negative physical, psychological, social, and behavioural repercussions of sexual abuse in the female population. The adverse psychological
effects include: anxiety, depression, anger, shame, guilt, low self-esteem, sense of powerlessness, hopelessness, helplessness, suicidal ideation and suicide attempts, social withdrawal, psychotic symptoms, dissociation, eating disorders, self-harm behaviours, sexual dysfunction, sexual promiscuity or lack of interest, and post-traumatic stress symptoms, among many others (Collinsworth, Fitzgerald, & Drasgow, 2009; Hillberg, Hamilton-Giachritis, & Dixon, 2011; Young, 1992). As found consistently in current investigations of body violation, the analysis of sexual violation lacks an understanding and account of how it disrupts embodiment by threatening the sense of safety and ownership over one’s body (Piran, personal communication, February 16, 2012).

A variety of factors have been found to influence the severity of the effects that follow sexual violation. These considerations include the age of the victim, the severity of the violation, the perpetrator’s relationship to the victim, the number of victimizations, the frequency of violation, and the duration of the violation (Hillberg et al., 2011). In a study seeking to uncover the factors that lead to ‘clinical levels’ of distress following a history of sexual abuse, researchers studied group differences between clinical and non-clinical populations (Leahy, Pretty, & Tenenbaum, 2003). The study concluded that the victim’s perceptions of the impact of their abuse, meaning making surrounding the abuse experience, and level and quality of social support most significantly lead of severity of distress (Leahy et al., 2003). While offering a source of insight into the lived experienced of body violation for the victim, there was no consideration of disruptions to body ownership.

1.7.1 Sexual Violation During Adulthood

1.7.1.1 Short-term effects of sexual violation during adulthood. As in the case of physical violation, information about the effects of sexual violation during adulthood is
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constrained by concerns of under-reporting. As a result, there exists a significant gap in research documenting the short-term psychological and physical repercussions of sexual violation in the adult female population. Unfortunately, the more severe cases of sexual violation that are brought to the attention of authorities focus on a limited range of repercussions. Most notably, research has documented the physical effects of sexual violence as including bruises, cuts, and gynecological (Sachs-Ericsson et al., 2009). The commonly noted psychological effects include symptoms of anxiety, depression, and post-traumatic stress disorder (Sachs-Ericsson et al., 2009). As with other investigation of body violation, none of these studies have focused on the loss of ownership that precedes these symptoms. In addition, the noted repercussions are common to all forms of body violation.

1.7.1.2 Long-term effects of sexual violation during adulthood

Adult women who have faced sexual assault at the hands of a stranger or intimate partner experience a range of medical, mental health, and social problems. These difficulties range from interpersonal problems, to learned helplessness, self-blame, PTSD, depression, anxiety, and increased risk of suicide (Campbell et al., 2009; Roodman & Clum, 2001). In a review of research investigating the effects of sexual violation in adult women, between 13% and 51% of participants suffered from depression (Campbell et al., 2009). Further, rates of suicide ideation and attempts range from 23% to 44% and 2% to 19% respectively (Campbell et al., 2009). As with investigations of short-term effects of sexual violation, inquiries into the long-term repercussions of sexual violation fail to consider the underlying cause of the observed symptoms, namely disrupted embodiment.
1.7.2 Sexual Violation During Childhood

1.7.2.1 Short-term effects of sexual violation during childhood. There have not been many studies conducted on the short-term effects of sexual victimization during childhood. The literature that does exist cites acute responses, including fear, anxiety, depression, anger, low self-esteem, and dissociative symptoms (Finkelhor, 1990; Noll, 2005). Such children further experience a host of interpersonal and behavioural problems that range from decreased academic performance, lowered engagement in peer-related activities, as well as sexually inappropriate behaviours, acting out in anger (Finkelhor, 1990; Noll, 2005). It should be noted that these short-term effects are common to the effects of other forms of body violation in child populations.

1.7.2.2 Minimization of the long-term effects of CSA in existing literature.

Unfortunately, psychological research may also be tainted by patriarchal and oppressive assumptions, as evident in some reviews on the negative psychological effects of CSA on later life. While many factors contribute to the resiliency and vulnerability of an individual when faced with trauma, some scholars have argued that environmental factors, especially familial dysfunction, are largely responsible for the long-term repercussions children face due to having lived in these households. As such, some scholars have minimized and even denied the detrimental long-term impacts of sexual violation on children.

Of specific concern are many studies that have concluded that the effects of CSA on later adjustment are insignificant (Maniglio, 2009). In one such review, the authors claimed that family dysfunction was strongly associated with adult-onset of depression, even where no sexual abuse was found (Maniglio, 2009). As a result, the authors concluded that poor parenting was a stronger predictor of subsequent psychological impairments than CSA (Maniglio, 2009). Other studies have asserted that when other familial risk factors such as neglect, physical abuse,
emotional abuse, and witnessing IPV were controlled for, a small, if any, association remained between CSA and self-harm behaviours (Maniglio, 2009). These studies similarly concluded that CSA does not play a significant role in the later development of certain psychological disorders in this population (Maniglio, 2009).

Unfortunately, these studies’ conclusions are based on the lack of understanding of the scope and cumulative impact of body violation. Although some are more subtle than others, the majority of the variables controlled for in the above-mentioned studies are various forms of body violation. The researchers have separated these experiences of body violation and have attempted to isolate the one variable or experience that is responsible for later psychological problems. However, a more thorough understanding of body violation would include variables such as neglect, physical abuse, and witnessing IPV as forms of body violation. By recognizing these experiences as interconnected, their cumulative nature and impact cannot be investigated in isolation.

This lack of insight is more strikingly found in another large-scale meta-analysis. Rind and Tromovitch (1997) investigated the long-term negative psychological effects of CSA before the age of 16. The researchers concluded that studies that described CSA as traumatic, and its effects as psychologically harmful, had been exaggerated (Rind & Tromovitch, 1997). Specifically, they asserted that only a small portion of CSA cases result in serious negative psychological effects (Rind & Tromovitch, 1997). Instead, they claimed: “[CSA has a] much smaller effect, if any on most individuals” (Rind & Tromovitch, 1997, p. 250). They further reported that the overstated adverse effects of CSA result from “our culture’s tendency to equate wrongfulness to harmfulness in sexual matters” (Rind & Tromovitch, 1997, p. 253). Similar to
the studies noted above, the authors attributed the small effects sizes to confounding variables such as the populations studied as well as family dysfunction (Rind & Tromovitch, 1997).

In their review of national samples, the researchers compared differences between sexual abuse survivors and control groups (Rind & Tromovitch, 1997). Their findings indicated that for the vast majority of CSA survivors, no long-term or “permanent” harm was found (Rind & Tromovitch, 1997). When closely examining the methodology applied in this review, it is evident that the grossly biased conclusions reflect their failure to uncover the lived experiences of the CSA group. Rather, the authors based their conclusions on a quantitative inquiry of limited “permanent harm” classifications (Rind & Tromovitch, 1997). The authors further asserted that the over-estimations found in these studies had been caused by their over-reliance on clinical samples, which could not be generalized to reflect larger society (Rind & Tromovitch, 1997). However, as pointed out by Piran and Thompson (2008), qualitative support disruptions to embodiment cause similar levels of distress in subclinical groups, than are found in the clinical populations.

Yet, despite the reviews’ major shortcomings, support for gender differences is still found in their investigations. For instance, while 96% of men said that they had not sustained permanent harm, only 87% of women made this claim (Rind & Tromovitch, 1997). In fact, Rind and Tromovitch (1997) consistently found greater effect sizes for women than men across studies. In addition, the researchers found that a greater proportion of women reported having been coerced, where men only minimally made this claim (Rind & Tromovitch, 1997). The authors concluded that the noted differences between genders were merely attributed to their different experiences of CSA (Rind & Tromovitch, 1997).
However, this finding more accurately reflects the differences in the effects of trauma for individuals from varying social locations, including gender. The highly problematic conclusions of Rind and Tromovitch (1997) stem from their limited understanding of body violation. Similarly, their concept of coercion fails to account for the power relations that exist, and which cause women to experience greater negative effects than men. It is clear that the differences in experiences between men and women rather reflect women’s disadvantaged position in comparison to men in larger society. These hindrances are then reflected in women’s experiences and subsequent effects of body violation.

1.7.2.3 Long-term effects of sexual violation during childhood. The greater majority of studies researching the long-term effects of sexual violation have identified CSA as a non-specific risk factor for the later development of psychopathology (Hillberg et al., 2011; Maniglio, 2009). One large-scale meta-analysis of 14 reviews analyzing 587 studies, involving over 270,000 participants in total, offers strong evidence for the detrimental long-term psychological, social, behavioural, and physical impacts of CSA (Maniglio, 2009). Without discussing in depth the problematic nature of pathologizing the effects of living in an oppressive system, particularly for those in positions of disadvantage, it is worthwhile to note the identified long-term impact of CSA in existing literature.

In line with DTE’s theory of the incremental effects of body violation, most literature has documented that the most detrimental long-term effects of CSA have resulted from more severe forms of body violation (Young, 1992). These include penetrative abuse, abuse that is violent or sadistic in nature, abuse by a parent or caregiver, and long-term abuse (Young, 1992). This risk becomes increased when the perpetrator is a caregiving position (Hillberg et al., 2011). Powerlessness results from the inability to stop their body from being invaded (Treann &
Dagfinn, 2008). In addition, recent studies have noted that children who have suffered milder forms of abuse often do not manifest any symptoms immediately (Noll, 2005). Instead, the repercussions of the abuse become evident in later stages of their development (Noll, 2005).

1.7.2.3.1 Psychological problems. The psychological trauma that results from a history of CSA has been well documented as leading to the development of anxiety disorders and depression (Arriola et al., 2005; Maniglio, 2009; Noll, 2005; Peleikis & Dahl, 2005; Sachs-Ericsson et al., 2009; Ullman, 2004). Another of the most commonly cited psychological disorders in adults with a history of CSA is Post-traumatic Stress Disorder (Maniglio, 2009). Closely related are problems related to psychotic symptomatology, particularly dissociation and paranoid ideation (Maniglio, 2009; Maniglio, 2010).

Personality disorders have also been widely identified as another long-term consequence of childhood sexual violation. Studies have most specifically noted obsessive–compulsive disorder and Borderline Personality Disorder (Maniglio, 2009). Although a review of 21 studies refuted existing claims of a significant relationship between experiences of CSA and the development of Borderline Personality Disorder, more recent studies have countered this claim and identified a moderate relationship between these two factors (Fossati, Madeddu, & Maffei, 1999). Unfortunately, this review, as well as the majority of prevailing research, failed to connect the stated effects to the underlying disruption in the victims’ ability to live safely in their bodies.

1.7.2.3.2 Eating disorders. There is also strong support for the prevalence of eating disorders among adult victims of CSA (Maniglio, 2009). Researchers have found that between 29% and 64% of women who struggled with disordered eating had a history of CSA (Harned & Fitzgerald, 2002). In a meta-analysis of over 50 studies, CSA was found to have a small but significant relationship to the development of eating disorders (Smolak & Murnen, 2002).
Closely related, sexual harassment, including sexual teasing, was also found as being directly linked to disordered eating symptoms (Harned & Fitzgerald, 2002; Piran & Thompson, 2008).

As wisely pointed out by researchers such as Piran and Thompson (2008) and Harned and Fitzgerald (2002), eating disorder behaviours serve as a tool to help cope with the adverse psychological effects of body violation by distancing oneself from traumatic memories, gaining control, reducing anxiety, and numbing negative emotions and thoughts such as powerlessness, low self-esteem, and self-blame (Harned & Fitzgerald, 2002). As such, victims of sexual violation use eating behaviours as a means to cope with their distress, but also as a means of punishing the body (Harned & Fitzgerald, 2002; Piran & Thompson, 2008). Following body violation, the self disconnects from the body, which has come to be viewed as the source of the emotional distress as well as betrayal (Piran & Thompson, 2008). Consequently, the disruption to body ownership offers a more accurate description of the etiology of eating disorders that follow sexual trauma.

Further evidence for the lack of greater contextual understanding of body violation can be found in studies that demonstrate a gender-specific association between victimization and psychological problems. For instance, researchers concluded that the significant link between sexual harassment and eating disorder symptoms is present in women but not men (Harned & Fitzgerald, 2002). As pointed out by the researchers, this may reflect the social differences in power relations between men and women (Harned & Fitzgerald, 2002). Similar to other studies investigating gender differences, men define many of these experiences as “less threatening or intimidating” than women, who view them as infringing on their body territory (Harned & Fitzgerald, 2002, p. 1178).
1.7.2.3.3 Self-concept and interpersonal problems. In a recently developed four factor model for the effects of CSA, researchers identified “traumatic sexualization”, betrayal, powerlessness, and stigmatization as leading to a distortion in the child victim’s emotional and cognitive systems (Traeen & Dagfinn, 2008). In fact, many studies have cited CSA as leading to long-term difficulties in the cognitive and interpersonal realms (Maniglio, 2009). However, here again, none of these studies account for the experiences of trauma as the disruption to embodiment. These studies reveal the lack of consideration to the loss of body ownership when revealing its resulting interpersonal difficulties during adulthood.

As such, these researchers have asserted that CSA causes disruptions in the child’s emotional and cognitive systems, which distorts her self-concept, in turn affecting her psychological and interpersonal functioning during adulthood (Træen & Dagfinn, 2008). In another such study, 17,337 participants were surveyed about their experiences of CSA and their current social and psychological well-being (Lalor & McElvaney, 2010). The researchers uncovered a strong link between a history of CSA and social impairment (Lalor & McElvaney, 2010). In addition, the psychological repercussions included: low self-esteem, self-concept impairment, social hostility, shame, self-blame, anger, perpetration of sexual abuse, and learning disabilities (Maniglio, 2009).

1.7.2.3.4 Suicide and self-harm. There is also extensive literature linking CSA to self-harm and suicidal ideation and behaviours (Arriola et al., 2005; Maniglio, 2009; Noll, 2005; Peleikis & Dahl, 2005; Sachs-Ericsson et al., 2009; Ullman, 2004). While most research studies suggest that self-harm behaviours offer a coping method for victims to deal with their psychological distress, the research of Young (1992), Piran and Thompson (2008) and Turell and
Armsworth (2000) offer additional insight into the role of embodiment in coping with body-related trauma.

Interested in uncovering the reasons behind self-harm behaviours in only a percentage of incest survivors, Turell and Armsworth (2000) conducted a study on the relationship between self-mutilation and childhood incest survivors. Through their research, the scholars suggested that self-harm behaviours may serve to ground the individual during dissociative states, while also offering a means to punish the body (Turell & Armsworth, 2000). The authors concluded that embodiment may be essential to gaining a better understanding of the link between CSA and self-mutilation (Turell & Armsworth, 2000). While this offers some insight into the relationship between trauma and the body, the study only does so superficially.

1.7.2.3.5 Physical health. Childhood sexual abuse has been documented as not only impairing mental health but as also being detrimental to physical health. The long list of physical health problems associated with CSA includes: chronic non-cyclical pelvic pain, non-epileptic seizures, sexual dysfunction, bladder problems, chronic fatigue, heart problems, asthma, hormonal dysregulation, somatization, obesity, and overall decrease in immune functioning (Maniglio, 2009; Noll, 2005; Sachs-Ericsson et al., 2009). History of CSA has also been linked to disruptions in cognitive development and has been shown to lead to learning impairments (Maniglio, 2009).

1.7.2.3.6 High-risk behaviours. Survivors of CSA were also found to engage in more high-risk behaviours, including substance abuse and sexually risky behaviours (Maniglio, 2009).

1.7.2.3.7 The sexual domain. Prevailing research provides strong support for the link between CSA and high-risk sexual behaviours. These activities include increased frequency of changing sexual partners, engaging in casual sex, having multiple sex partners, having
unprotected sex, and pregnancy as a teenager (Lalor & McElvaney, 2010; Maniglio, 2009). Unfortunately, this area of research is also limited in their understandings of the reasons why CSA leads to those high-risk behaviours. By simply stopping their investigations at the identifications of clusters of symptoms, they miss the deeper cause, which is disconnection to one’s internal body states and feelings as a means of coping with body violation.

As such, a substantial amount of research exists that demonstrates that a greater percentage of girls with a history of CSA engage in sexual activities than non-abused girls in the same age group (Lalor & McElvaney, 2010). In one study, girls who had been sexually victimized were found to be twice as likely as their counterparts to engage ingroup sex (Lalor & McElvaney, 2010). In a large-scale study, cohorts of 520 females were tracked from birth to 18 years of age (Lalor & McElvaney, 2010). At the completion of the study, the researchers found that 58.6% of girls who had experienced CSA, but only 13.3% of non-abused girls, had been sexually intimate with more than 5 partners before they had turned 18 (Lalor & McElvaney, 2010). In yet another study, children and teenagers who had reported having been raped were found to be twice as likely to have had multiple sex partners as non-abused peers (Lalor & McElvaney, 2010). Similarly, in a study of approximately 3000 adults, 61% of CSA survivors, but only 42% of non-abused participants, had engaged in sexual intercourse prior to the age of 17 (Lalor & McElvaney, 2010).

While some reasons have been put forth to explain the link between CSA and high-risk sexual behaviours, none of these theories have considered the effects of sexual violation on embodiment. For instance, many researchers have asserted that CSA creates a sexually exploitative script, also known as traumatic sexualization, which leads to high-risk behaviours (Arriola et al., 2005; Maniglio, 2010; Senn et al., 2007). Others have pointed to the
psychological repercussions of CSA. Træen & Dagfinn (2008) reported that feelings of shame can become overwhelming to the victim, leading to an inhibition of sexual behaviour. In addition, some scholars argue that CSA abuse distorts intimacy-related schemas (Træen & Dagfinn, 2008). Accordingly, the victim may repeatedly enter into sexually exploitative relationships in order to gain affection and maintain her relationship (Træen & Dagfinn, 2008).

While making reference to emotional and cognitive systems of meaning, none of the studies has investigated the effects on embodiment. More specifically, these discussions do not lend themselves to discourse on the disconnection from internal body states and well as sexual desires (McKenna & Larkin, 2002). As such, a recognition of societal messages of female sexuality lead to a more comprehensive understanding of the effects of these messages on body ownership. In addition, it provides information regarding states of disembodiment that reinforce further exploitation of one’s body territory (McKenna & Larkin, 2002).

Similarly, few studies have investigated the relationship between gender and sexual violation during childhood, on subsequent sexual behaviour (Senn et al., 2007). One study looked specifically at the relationship between gender, type of sexual violation, and its characteristics (Senn et al., 2007). Two abuse characteristics, namely, the use of penetration and force, as defined in the study, were found as causing gender-specific differences in relationship to subsequent sex trading (Senn et al., 2007). First, adolescent girls who had experienced sexual abuse with the use of force were more likely than the no-force group to later engage in sexual relationships with more than one partner and to become pregnant (Senn et al., 2007).

Yet, of particular interest was that the use of force as well as penetration was significantly related to the highest occurrences of sex trading for men (Senn et al., 2007). However, for women, early histories of sexual violation that involved penetration were associated with greatest
numbers of sex trading irrespective of the use of force (Senn et al., 2007). These findings may be due to the limited use of the term force, as meaning physical aggression. In addition, this study fails to account for the power imbalance implicit in gender relations, which can explain the study’s findings. Most significantly, however, like other such studies, this research does not recognize that disembodiment follows body violation.

This study further supports DTE’s theory of an increase in disembodiment relative to the severity of trauma experienced. In fact, sexual penetration and sexual abuse with force and penetration held higher rates of high-risk sexual behaviours than sexual abuse without force or penetration, as well as non-abused control groups (Senn et al., 2007). Finally, CSA survivors who reported penetrative sexual abuse were identified as most likely to become pregnant as teenagers, have more than 5 sexual partners, have unprotected sex, and have an STI prior to the age of 18 (Senn et al., 2007).

1.7.2.3.8 Substance abuse. There is agreement throughout the literature on the increased probability of CSA in women who abuse drugs and alcohol (Campbell et al., 2009; Simpson & Miller, 2002). A review of studies using both clinical and community samples of women with substance abuse problems found a large and significant relationship between CSA and a history of alcohol and drug problems (Simpson & Miller, 2002). Specifically, in community samples, the percentage of women with substance disorders who had also experienced CSA ranged between 14% and 31% (Simpson & Miller, 2002). This was compared to only 3% to 12% for women who had not faced this form of abuse (Simpson & Miller, 2002). In yet another review, between 13% and 49% of women with a history of CSA had developed alcoholism, while another 28% to 61% of these women had become dependent on other drugs (Campbell et al., 2009).
Support that power imbalances affect men and women differently is found in reviews of research studies that have looked at the links between substance abuse and a variety of factors (Gutierres & Vanpuymbroeck, 2006). In one such review, researchers found that women with substance abuse problems, but not their male counterparts, were twice as likely to have reported a history of CSA (Gutierres & Vanpuymbroeck, 2006). In fact, females with histories of CSA have been found to be highly associated with substance abuse irrespective of the population studied (Simpson & Miller, 2002).

A large body of research has consistently supported the link between CSA and substance abuse. However, most studies have been quantitative in nature, and have not been able to provide the reasons behind their findings (Gutierres & Vanpuymbroeck, 2006). However, qualitative studies offer insight into the lived experiences of women, thus better illustrating the temporal link between body violation and methods of coping (Kandall, 1996). Kandall (1996) has been among scholars who have pointed to the oppressive socio-economic structures of power that maintain the cycle of victimization and substance abuse. Specifically, she makes a powerful call for a greater understanding of these oppressive factors when stating: “we must acknowledge that women use drugs in large part in response to stresses they face in their lives — minority status, reduced economic, social and political expectations, and a disproportionate experience of physical and sexual abuse” (Kandall, 1996, p. 298). This statement takes into account the array of social positions of disadvantage that women find themselves in and must further navigate their bodies.

1.8 Revictimization

Perhaps the greatest support for the shared nature and cumulative impact of body violation comes from studies on revictimization. Extensive research has supported the finding
that one experience of body violation increases the risk for additional occurrences of such violence, also known as revictimization (Lalor & McElvaney, 2010). It is important to note that the risk of revictimization is indiscriminant of the previous type of body violation experienced. Further, each additional experience of body violation is associated with a graded increase in risk for further victimization (Lalor & McElvaney, 2010). Despite findings suggesting that demographic factors cause the increased susceptibility to revictimization, this increased risk persists even after confounding variables such as age, race, and socio-economic variables were accounted for (Classen, Palesh, & Aggarwal, 2005; Lalor & McElvaney, 2010).

The great overlap in the coexistence of various forms of body violation in childhood has been well documented. Retrospective studies investigating body violation during childhood offer support for the limited definitional scope adopted in existing literature. In one such study involving approximately 17,000 participants with a history of CSA, a significant relationship was also found to experiences of emotional abuse, physical abuse, and exposure to IPV during their childhoods (Dube et al., 2002). In other related studies, moderate relationships were found between physical abuse, neglect, sexual abuse, and witnessing IPV during childhood (Renner & Slack, 2006). The researchers suggested that these findings offered support for the theory of learned helplessness (Renner & Slack, 2006). However, none of the existing studies identified the loss of body ownership that is observed as an effect across these forms of violation.

In addition, there is strong support across studies that early exposure to one form of body violation is highly predictive of experiences of violation to body territory during adulthood (Renner & Slack, 2006). For instance, childhood experiences of physical abuse, sexual assault, and witnessing IPV have all been found to increase the likelihood of experiencing these as well as other forms of body violation in adolescence and in adulthood (Renner & Slack, 2006).
Relatedly, each episode of body victimization has been found to increase the negative physical and psychological health-related problems, including impairments in cognitive functioning, as well as behavioural and interpersonal difficulties (Campbell et al., 2009; Classen et al., 2005). As previously discussed, no study to date has noted the effects of revictimization on body ownership or embodiment.

Another interesting finding is that, the more recent the occurrence of victimization, the greater the likelihood of revictimization (Classen et al., 2005). Retrospective studies are the most prominent method of attaining insight into this topic. Studies have reported that CSA increased the probability of sexual and physical abuse during adolescence, which then increases the risk of these forms of violation in adulthood (Classen et al.; Gutierres & Vanpuymbroeck, 2006; Lalor & McElvaney, 2010; Noll, 2005). In a longitudinal study of 1,569 female college students, participants who reported a history of CSA were also more likely to report having been sexually harassed or assaulted during adolescence, in relation to their non-abused peers (Lalor & McElvaney, 2010). In addition, sexual violation during adolescence was a stronger predictor of later revictimization than such experiences in childhood (Lalor & McElvaney, 2010). Finally, the study concluded that females who have experienced sexual violation in adolescence are “13.7 times more likely to experience rape or attempted rape within their first year of college” (Lalor & McElvaney, 2010, p. 163).

Due to the highly controversial and problematic nature of CSA, there has been a great amount of research on this topic and on its relationship to later experiences of violation. In fact, one of the most troubling facts about the long-term effects of CSA is that past experience of sexual abuse predisposes victims to greater risks of revictimization (Roodman & Clum, 2001). While the reported rates of reocurrence vary widely, all studies agree that there is a significant
increase of likelihood for revictimization in adulthood following CSA (Roodman & Clum, 2001). In a review of 90 empirical studies, researchers found that a history of CSA “doubles or even triples the risk of sexual revictimization for adult women” (Classen et al., 2005, p. 103). In another meta-analysis, adults who had experienced CSA were reported as being “between 2 and 11 times more likely to experience adult assault compared to non-victims” (Lalor & McElvaney, 2010, p. 163). In addition, studies have found that the more severe the sexual violation, the greater the likelihood for additional experiences of sexual victimization (Classen et al., 2005).

There is also a significant amount of research linking various forms of childhood violation to IPV (Renner & Slack, 2006). Renner and Slack (2006) found that adults who had endured physical or sexual abuse, or had witnessed IPV during their childhood, were significantly more likely to become victims of IPV as adults. Another study found a strong graded relationship between the number of experiences of body violation in childhood and the risk of being a victim of IPV in adulthood (Whitfield et al., 2003; Anda, Whitfield, Felitti, Chapman, Edwards, Dube, & Williamson, 2002). In addition, evidence for the differences of social location in experiences of body violation comes from studies on children who are exposed to IPV. A study by Whitfield et al., (2003) discovered that that while girls exposed to IPV later are more likely to become victims of IPV in their intimate relationships during adulthood, boys were more likely to become the perpetrators.

1.8.1 Body Violation and Substance Abuse

Due to the accessibility of research participants from community centers and mental health programs, a large body of research has found a significant relationship between body violation and substance abuse (Piran, personal communication, September 13, 2011). In a meta-analysis of existing literature, researchers claimed that women with substance abuse problems
also had high rates of “violent victimization as children and as adults” (Gutierres & Vanpuymbroeck, 2006, p. 497). More significantly however, the researchers found that by using such drugs, women were at a significantly greater risk for additional experiences of “violent re-victimization” (Gutierres & Vanpuymbroeck, 2006).

Relatedly, in a longitudinal study, researchers followed women who had experienced physical and sexual abuse (Gutierres & Vanpuymbroeck, 2006). The study concluded that these experiences of victimization led a significant percentage of these women to substance abuse (Gutierres & Vanpuymbroeck, 2006). In this way, drugs and alcohol served to help these women cope with the effects of body violation (Gutierres & Vanpuymbroeck, 2006). However, the authors limited their investigation to behavioural, psychological, and cognitive repercussions (Gutierres & Vanpuymbroeck, 2006). As such, the study failed to consider the lived experiences of these women, and in doing so, was unable to uncover the underlying phenomenon, namely, disembodiment (Piran, personal communication, September 13, 2011).

Moreover, the authors asserted that substance abuse then led to higher levels of reported engagement in high-risk activities for these women (Gutierres & Vanpuymbroeck, 2006). The researchers claimed that these acts, placing them in positions of further vulnerability, were responsible for their revictimization (Gutierres & Vanpuymbroeck, 2006). Although not defined as such, substance abuse is only one among the various high-risk behaviours that followed loss of connection following body violation (Piran, personal communication, February 16, 2011). Finally, the study concluded that a vicious cycle of drug and alcohol dependency and revictimization becomes an unfortunate reality for a high percentage of these women (Gutierres & Vanpuymbroeck, 2006). It is worthy to note here that women’s social location may offer even
greater insight into the lived experience of women from various positions within the patriarchal
totem pole (Piran, personal communication, February 16, 2011).

1.9 Literature Review of Qualitative Studies

A handful of qualitative research has been conducted on the effects of body violation for women. These studies offer the advantage of gaining insight into the experiences of the participants. In doing so, the meaning behinds the findings, as well as the social realities faced by these women, are illuminated. While making significant contributions to further current understandings of the repercussions of body violation in females, these studies do not consider embodiment, or do so only superficially. The following section will highlight the methodologies applied in these studies, as well as the strengths and weaknesses of their perspectives.

The first study under review was conducted by Træen & Dagfinn (2008). Using the grounded theory approach, these researchers sought to uncover the effects of physical and sexual abuse on later sexual intimacy, desire, and activities in a sample of 10 women between the ages of 22 and 53 (Træen & Dagfinn, 2008). This range of ages is quite large, and does not allow disclosure that is close to many of their earlier experiences of violation. Although they looked at a broader base of violation, as affecting the female victim, their definitions were still behaviourally stringent. In addition, their analysis focused only on emotions, particularly shame and sexual desire (Træen & Dagfinn, 2008). The authors did well to tap into the lived emotional experiences of these women, yet fell short in identifying the theme of disrupted body ownership.

In fact, this theme was evident throughout the participants’ disclosures, if using the correct framework of interpretations. For instance, the participants described their experiences of sexual violation with phrases such as: “I felt used,” “I was like a sack of potatoes” (Træen & Dagfinn, 2008, p. 381). The participants do well in describing the disconnection from their body,
using it as object following a long history of sexual and physical violation. The following offers a case in point: “...it’s as if I forget about it. As if I lose the connection with my body. I become all head again and my body is just an appendix, which I think is really sad” (Træen & Dagfinn, 2008, p. 384).

Another study that applied the grounded theory approach investigated how the 11 women between the ages of 25 and 72 coped with CSA (Morrow, Smith, Pope, & Kansy, 1995). In this case, the study is limited to experiences within the specific definitional standards of CSA (Morrow et al., 1995). In addition, there is a large range in age between the times of these events and their times of discussion, which changes the way the participants relate to their experiences retrospectively. The strength of this investigation includes advocating for considerations of social factors and cultural norms that shape the participants’ experiences of sexual abuse as well as the forms of abuse (Morrow et al., 1995). These factors were looked at in light of coping and survival strategies, which focused mainly on thoughts and feelings following sexual violation (Morrow et al., 1995). Here again, disruptions to the connection to their bodies not mentioned despite its being found in the participants’ statements (Morrow et al., 1995). For instance, one participant, Meghan, said, "I lived in my head", when explaining her coping strategy to distance herself from both physical and emotional pain (Morrow et al., 1995, p. 29).

In another exploratory study using Grounded Theory, Banyard and Williams (2007) investigated patterns of resiliency in CSA cases of 206 girls brought to hospital. Using qualitative and quantitative methods, the researchers tracked these girls, aged 10 months to 12 years, longitudinally at three points, each seven years apart (Banyard & Williams, 2007). At each stage of the research study a smaller subset of girls was selected for further interviewing (Banyard & Williams, 2007). At the third stage of the study, which took place 23 years after the
incidences, 80 women were interviewed, with their mean age of 31 (Banyard & Williams, 2007). Within 2 years of these interviews, an additional subset of 21 women participated in more in-depth, open-ended interviews about their recovery journeys (Banyard & Williams, 2007). This sample of women was selected for their particular experiences of reliance and coping skills (Banyard & Williams, 2007).

One of the strengths of this study may be found in allowing these women to share their narratives of healing. The researchers also made considerations to social factors that both hampered and assisted women in their recovery processes (Banyard & Williams, 2007). In addition, by following women of this age group across time, the researchers were able to obtain more accurate disclosures of their experiences, closer to when they had experienced violation. However, the study does not focus on the repercussions of body violation, but met the participants in their journeys towards healing by focusing on themes of coping and resilience (Banyard & Williams, 2007).

The next study was conducted on clinical versus non-clinical levels of distress in a group of 20 adult male and female survivors of CSA who were also actively engaged in competitive sports (Leahy et al., 2002). The study used the exclusive definitions of CSA by selecting only people who had experienced sexual violation involving penetration and/or genital contact (Leahy et al., 2002). A negative case analysis revealed that the participants’ perceptions of the impact of the abuse, meaning attributed to the abuse, and social support, were the main factors that determined whether they experienced clinical levels of distress (Leahy et al., 2002). Although social factors were considered, this study grouped men’s and women’s experiences together, thus ignoring gender differences in social experiences (Leahy et al., 2002). In addition, only emotions
and cognitions were investigated, rather than any consideration of the effects on their relationships to their bodies or manifestations of disembodiment.

Another study using the grounded theory approach recruited 40 women from various social service agencies to investigate the effects of IPV on their physical health (Thomas et al., 2008). The women were 18 to 64 years of age, with a mean age of 43 (Thomas et al., 2008). To be eligible, they had to have experienced some form of physical or emotional violence from their male partners over the 12 months that preceded the study (Thomas et al., 2008). While this time frame may allow for more accurate recollection and access to the effects of these experiences, as previously noted in the prevalence section, one year-cut off is an arbitrary figure since the effects of violation most often extend beyond this time frame. In addition, the large variability in ages of these participants creates the previously mentioned limitations.

The study applied both quantitative and qualitative measures. The researchers created eight focus groups in which participants shared their experiences with one another (Thomas et al., 2008). While this study benefited from having a forum where participants shared their lived experiences in a safe environment with others in similar situations, the focus of the group was the effects of IPV on physical health problems. As such, the scope was limited to one specific form of body violation. Further, it did not consider the larger range of effects of IPV on psychological distress and, more specifically, on embodiment. However, the researchers did have insight into conditions of captivity, as defined by Herman (1997), in which forms of coercion and abuse would be invisible.

In contrast to the grounded theory approach, some qualitative studies explicitly applied a feminist perspective in their investigations. In a study on the experiences of revictimization in women, Basile (2008) recruited women from a national telephone poll on the incidence of
unwanted sex from their intimate partners. Forty-one women, aged 21 to 74 with an average age of 43, were interviewed for this study (Basile, 2008). Again, there is great variability in age, and retrospective reflections on their experiences of violation and their effects may have changed considerably over the years, particularly for older subjects.

Participants were asked to disclose other past experiences of victimization through an in-depth semi-structured interview (Basile, 2008). At the end of the interview, the women were asked how they were affected by these experiences, and to share their own narratives of these life events (Basile, 2008). The inquiries sought information on experiences of violation including: childhood abuse, witnessing parental violence as a child, unwanted sex by a date or acquaintance, and physical violence by an intimate partner (Basile, 2008). Although the range of this investigation is still limited to certain behaviours, the authors understood that sexual and physical violence, including more subtle forms of violence such as witnessing IPV during childhood, hold common repercussions on well being.

Using a feminist framework, the researchers looked at the context in which sexual coercion, however limitedly defined, took place. Another significant discovery was that most women reported that they did not seek help from traditional services, such as rape crisis centers or domestic violence shelters (Batacharya, 2010). This finding points to the lack of safe spaces for women to seek support (Batacharya, 2010). It further serves to support previous discussions on women’s reasons for under-reporting cases of violation to authorities. Despite its strengths, this study falls short by seeking only to uncover the effects of violation and revictimization on cognitive and emotional realms, ignoring disruptions caused in the connection to one’s body, and its effects, following violation.
Another study that advocated a feminist perspective was by Clarke and Griffin (2008), who investigated the effects of various forms of victimization, including sexual harassment, abuse, and assault, as well as physical abuse, which persisted in later life for women. Specifically, the researchers focused on the impact on the women’s body image and coping strategies (Clarke & Griffin, 2008). Thirty-one women between the ages of 50 and 70 were interviewed on two occasions and asked open-ended questions about their attitudes towards aging, beauty work, body image, and non-surgical cosmetic procedures (Clarke & Griffin, 2008).

The limitations of this study are numerous. First, this study was conducted on older women. Moreover, while the authors use the term embodiment, they are rather addressing effects of violation on body image. It is important to note that body image is a different construct than embodiment, in that it is based on a view on oneself from an outside perspective, rather than the inside-out perspective of embodiment (Piran & Teall, 2012). Similar to other studies, the focus of the analysis was on thoughts, emotions and the physical health impacts of body violation (Clarke & Griffin, 2008). As a result, the researchers fail to tap into the disruptions to these women’s connections to their bodies and feelings of safety and ownership over their body territory.

The strengths of this study are found in its feminist perspective. First, the researchers were able to recognize the shared impact of both physical and sexual violence as body violation, despite their limited behavioural scope of investigation. Further, they advocated consideration of social and contextual factors that placed women in a disadvantaged position in larger society (Clarke & Griffin, 2008). Specifically, they placed body violation at the center of patriarchal structures of oppression by stating: “[I]ndeed, feminist researchers have argued that violence and abuse are used as overt and effective means of social control, which serves to reinforce women's
subordination, passivity, and dependence” (Clarke & Griffin, 2008, p. 208). As such, the
researchers also considered various environmental factors that interact with and effect
experiences of victimization. The study also does well to point to the cumulative nature of
victimization that women endure throughout their lifetimes, similar to that asserted by DTE
(Clarke & Griffin, 2008).

More closely in line with the proposed research is another qualitative study that applied
the narrative life story approach (Saha, Chung, & Thorne, 2011). By interviewing four women
with a history of CSA, each on two occasions, researchers investigated their methods of coping,
including thoughts and feelings regarding the abuse, as well as how their sense changed,
following therapy (Saha et al., 2011). Although the study presented manifestations of
disembodiment that followed CSA, such as depression and bulimia, these symptoms were not
attributed to this underlying cause (Saha et al., 2011). Here again, the study was limited in the
limited scope of its investigation of body violation.

Finally, 27 women who had a history of victimization and concurrent disorders
participated in a semi-structured interview that focused on what hampered as well as supported
recovery from substance abuse (Harris, Fallot, & Berley, 2005). Similar to the limitations noted
in the above studies, this was also focused on recovery, specifically in relation to substance
abuse (Harris et al., 2005). The researchers did not further investigate the effects of trauma
through these women’s narratives, which would have led to their stories of disembodiment and
journeys towards re-embodiment. While the authors did focus on factors such as sense of self,
purpose, and meanings, these investigations were limited to the cognitive, emotional,
interpersonal and behavioural domains (Harris et al., 2005). As such, the women’s relationships
to their bodies were not investigated. However, the authors did understand the importance of
looking at the effects of contextual factors and social support in their inquiries (Harris et al., 2005).

1.10 Rationale

As presented in the literature review above, the construct of body violation has been limited in both scope and its cumulative impact on the female population. Thus far, studies have restricted inquires to behavioural definitions, which include only the more severe acts of violence. As a result, scholars have missed the more subtle experiences and effects of body violation, which are not visible through such behavioural terms. In addition, by investigating these acts as separate events in time, the cumulative impacts of body violence are not recognized. Further, most studies do not consider the various positions of disadvantage from which women must navigate their bodies within the oppressive structures of a patriarchal society. As such, prevailing research has yet to recognize the underlying disruption to embodiment that follows body violation for girls and women.

While few scholars to date have noted the effects of body violation on embodiment, feminist researchers have been in the forefront of this endeavor. As such, Young (1992) most accurately presented the lack of insight into the challenges that follow body violation in stating that: “perhaps most of these symptoms and disorders have a great deal to do with living comfortably (or not) in the human body” (p. 89). Unfortunately, the limitations in perspective and investigation have left inquiries regarding the effects of body violation on the connection to one’s body, one’s self, and relationships to others largely uninvestigated. Noting the overwhelming consistency in the manifested symptoms of disembodiment across studies on various forms of body violation, the lack of available information regarding the underlying source of these conditions is of paramount importance. By correctly describing the construct of
body violation and investigating the effects of this phenomenon for girls and women, it become possible to more accurately identify its symptoms and provide more suitable treatment.

In addition, the limited definitions and scope of the above investigations stem from their quantitative design. Instead, qualitative analysis provides insight into the meanings of findings, rather than producing mere correlations and prevalence rates. Qualitative studies are further able to tap into the social context and cumulative effects of body violation (McKenna & Larkin, 2002). By adopting a qualitative design for the proposed study, it is possible to obtain a more accurate understanding of the subjective experiences of body violation, as well as their effects on the disruption to the participants’ sense of ownership over their body territories. However, even most qualitative studies fail to adopt a critical lens of the power structures inherent in a patriarchal society, which cause oppression and disadvantage. Accordingly, the proposed study will examine the relationship between social structures of power and privilege in relation to how they shape each of the participants’ experiences of body violation.

Further, it is important to look at women’s experiences of living in their bodies over time. Longitudinal qualitative studies allow women’s narratives regarding their experiences of body violation, and its effects on their relationships to their bodies, to be illuminated. In addition, longitudinal studies make it possible to follow the cumulative impact of body violation, which has not been found in other studies investigating this topic. More specifically, the proposed study will investigate the range of experiences of body violation through the voice of each of the seven participants, noting both the short-term effects as well as long-term, and cumulative impacts.
Chapter 2: Methodology

2.1 Participants

Eleven young women between the ages of 20 and 27 were selected from diverse backgrounds to participate in a qualitative investigation regarding their experiences of living in a female body. The investigators adopted the life history approach in the development of this study. This method allowed for a consideration of environmental factors such as social status, economic status, educational level, ethnicity, physical ability, mental health status, sexual orientation, gender, age, weight, immigration and culture. This approach further allowed participants to become the narrators and experts of their own life experiences. Out of seven participants, six were in their early twenties, while one was in her later twenties. There were three participants who were of North American heritage, and one participant from each African-Canadian, Eastern European, Southeast Asian, and Central American backgrounds. Three of the participants identified as belonging to the LGBT community, including one participant reported that she resisted identifying herself with any particular sexual orientation or gender.

2.2. Interview

The Current study involved an analysis of interview narrative collected in a larger study on the construct of Embodiment. The interview focused on participants self and body experiences in relation to a range of social and interactional experiences. The larger social context which shaped their experiences was part of the inquiry (Piran & Teall, 2012; Piran, Carter, et al., 2002). For the purpose of this study, narratives related to body violation were extracted from interview narratives of seven of the women who participated in the original study and analyzed separately. These participants were selected because they experienced a range of body violations.

2.3 Procedure
The participants were recruited by way of postings in free community newspapers as well as flyers advertised in various neighbourhoods. Once selected, the participants, whose identities were protected, and alias names created and used throughout the study, partook in three interviews that spanned the length of two years. Investigators were counselling psychology graduate students who were representative of diverse ethnic backgrounds.

The first interview inquired into the participants’ early childhood to adolescent experiences of growing up in a female body. The second interview continued this examination to the present. Subsequently, the first and second interviews were summarized and categorized according to emerging themes as related to the individual participants as well as the overall group. The summaries and each participant’s interview transcripts were then sent to the participants in order to gain their corroboration in clarifying the developed concepts. The third and final interview, which occurred approximately one year after the second interview took place, focused on solidifying these themes in partnership with the young women.

2.4 Data Analysis

The current study will present a retrospective analysis of the life histories of these young women, by focusing on their experiences of living in their bodies. The data was analyzed using the constructivist grounded theory approach (Charmaz, 2008). Themes related to body violation were extracted from the narratives of the study and categorized according to themes and subthemes. By doing so, this method will result in a more thorough and accurate understanding of the effects of body violation, in the female population. Since this study draws upon interviews conducted with women aged 20 to 27 over a period of two years, it becomes possible to uncover the effects of body violation within a closer time to their actual occurrences. Finally, this analysis
will be anchored in an understanding of the systems of oppression and disadvantage in which these participants find themselves in and carry their bodies.
Chapter 3: RESULTS

An analysis of the narratives of body violation exposed experiences of body violation that ranged from those normalized within greater culture, to most severe forms of violence. The effects of these experiences were revealed in the following themes: effects on psychological wellbeing, practices of inhabiting the body, experiences of the self, experience of the body, experiences with others. These are further divided into subthemes, which are described under each main theme.

3.1 The Normalization of Body Violence: An Investigation of Society and Greater Culture

The participants’ narratives revealed the larger cultural and social contexts in which violence occurs against women. In the following section, these young women’s experiences of growing up in their bodies illustrate the often subtle and normative forms of oppression and violation that occur when living in a female body. The subthemes highlighted herein include gender, power relations, and implicit and explicit societal messages that hinder early understandings and experiences of growing up in a female body.

As would be expected, the theme of power and disempowerment pervaded the participants’ discussions. On a broad scale, the majority of the women reported being acutely aware of the way in which their female bodies limited their level of agency in the world. More specifically, the oppression of women as normative, affects the women’s experiences in four main domains, namely: in the practices of inhabiting their bodies; in their interactions with others; in their experiences of their bodies; and in their self-concept.

1.3.1 Practices of Inhabiting the Body

The participants spoke about feeling limited in their freedom to move and carry their bodies in the environments. For instance, while Alex discussed having been told by her
grandmother that she had to sit with her legs crossed, especially while at church (Alex, early 20s, Central America). Alex learned early on about the implicit social messages including religious and cultural norms define how a “proper girl” should live in her body (Alex, early 20s, Central America). She recounts this lesson, stating: “my grandma would tell me to [cross my legs]... I’d be like why? Why? You know? And I wasn’t even 12 years old then” (Alex, early 20s, Central America). She further revealed that she would be reprimanded and reminded to sit with her legs crossed. Alex related such experiences with the norms implicitly taught to her about the link between her sexuality and her ability to feel free to move in her body (Alex, early 20s, Central America).

Puberty was consistently noted as a heightened period of inhibition, feelings of disempowerment, and constriction in the body. The participants spoke about parents and other figures enforcing traditional gender-conforming norms on them. These practices included wearing gender-appropriate clothing and behaviours. For instance, Crystal discussed her mother’s criticism of her clothing style and insistence on her wearing more feminine clothing. She reported: “Oh she always wanted me to act more like a girl. Oh she couldn’t stand [the way I dressed. She would say things like:] ‘oh why can’t you please wear this dress?’” (Crystal, early 20s, Eastern Europe).

Similarly, practices aimed at altering the body so that it may conform to traditional standards of femininity were also part of the participants’ discussions. Sam spoke of the social messages she received about the practice of shaving her legs. Her description of hair as implicitly “ugly”, while discussing her practice of shaving and waxing in order to look more attractive, illustrates the ways in which girls are socialized to accept these practices of altering their bodies in order to conform to oppressive standards of beauty (Sam, late 20s, North America).
Christie’s account offers a more explicit example of the internalization of these repressive norms:

[I] did waxing. It was kind of like, you know, I don’t know why I started doing it even. I don’t remember ever being forced in to it. I might have been just the choice. I don’t know. Like, ‘can I do it?’ and mom saying, ‘yeah go ahead’. Or something. But I don’t think it was like, you know, ‘you have to do it.’ (Christie, early 20s, Southeast Asia)

When listening to their narratives, one can see the internalization of these oppressive norms, which are not seen as forced, but rather as simply the natural way of things.

3.1.2 Interactions with Others

The participants also aptly illustrated the ways in which societal pressures limited how they interacted with others, starting from childhood. These accounts not only provide evidence for the ways in which societal messages are normalized and oppressive, but also the resistance to these pressures that occur prior to puberty. Sam reported: “I played, like basketball and baseball, and stuff it was with guys...I was automatically put in to that category [by the girls], ‘you’re one of the guys. We can’t talk to you’” (Sam, late 20s, North America). Christie similarly reported: “[I]t was just that I enjoyed doing things guys did…it was kind of difficult for me. My mom would be, ‘girls shouldn’t do that’. ‘You’re a girl. Everyone will say…’, So what?” (Christie, early 20s, Southeast Asia).

Despite external messages and pressures, all seven participants described themselves as not fitting the traditional mold of an ideal, feminized version of a girl, in their interactions with peers. In fact, all of the participants mentioned that they predominantly played with boys. Ashley
reported: “I was more of a tomboy. I wanted to be like most of the guys and stuff” (Ashley, early 20s, North America). Similarly, Beth stated:

[I] was a bit of a tomboy. Yeah, I played with boys mostly, because I’d get dirty. Like, regular…not regular but quote-unquote normal little girls played with Barbie dolls, played dress-up and played house and had tea parties. And talked about clothes and whatever. And I was into like playing sandbox, getting muddy, dirty and played with Tonka trucks and just like boys… do what boys would back then. Trains and trucks and cars and stuff like that, I wasn’t into all the girly stuff. (Beth, early 20s, North America)

The rationale behind their social engagements offers greater insight into the gender-oppressive forces in society that often function at an implicit level. These narratives included themes that playing with boys allowed them to be active and engage in fun activities, while viewing other girls as dull and boring. Claire reported: “I guess I was always different but I liked to hang out with guys because girls were boring” (Claire, early 20s, Africa).

Their reports further highlighted the complex struggle between internalization of oppressive stereotypes and resistance to these norms. When Ashley was asked the positive aspects of her being a ‘tomboy’, she reported:

I don’t know. I guess, I find you get more accepted, like, easier. It’s easier to get accepted if you’re part of a guys group because you don’t have to measure up to any of the girls. You don’t have to, you know, that girl’s wearing CK jeans well you have to have CK jeans. The guys don’t care. They’ll, you know, it’s whatever you wear, whatever, you know, as long as you’re, you know, part of the guys. As
long as you do the activities and you have fun with them. (Ashley, early 20s, North America)

In this instance, Ashley explained that she sought the friendship of a group of boys, and that this allowed her the freedom to engage in the world because of the lack of competition when in a male group. She stated:

The best thing I think was, um, when you’re playing sports with guys and they know you’re a girl, you’re ahead of, like, all of them because you don’t have to have competition because you’re not…you’re not getting attitude because you’re with girls and you’re not getting competitions while you’re doing whatever with guys because the competition is between the guys there. The guys and the guys, not the girls that are part of the group, so it’s not…so you totally let free. So you don’t have any care in the world when you’re part of a guy group, they won’t do any competition with you because they have respect for you. (Ashley, early 20s, North America)

In addition, increased resistance to normative standards of femininity was also expressed at times in explicit forms of suppression. Claire extensively described her experiences of being reprimanded in school because she had high energy and was outspoken. She was keenly aware during her interviews that these punishments were related to her non-gender-conforming behaviours.

I wasn’t falling in line with the institutional rules, no. And then from that point on I got to the point where I was always getting kicked out of class because I was talking and stuff like that and as a girl, that’s really odd for, you know, female
behaviour for a girl to be that outspoken or that hyperactive. Or, you know, obnoxious as a stretch. Unfortunately to stigmatize it. Really, I mean, that’s what they were doing? They saw it ok why is this girl? It’s so odd. Boys usually do that. Boys usually get in trouble all the time. Boys are usually that loud and obnoxious and sort of that outspoken. And kind of, you know, she’s fearless, that’s really odd behaviour for a girl of that age and from there, from that point on, I mean, you start to see ok you know she’s in a different category. Or she’s in a different, she’s already different. You know?” (Claire, early 20s, Africa)

While not through overt forms of punishment, Christie described a more subtle form of opposition to her playing with the opposite sex. She said she was confused when her grandmother insisted she not play physically or be friends with boys her own age, from the time she was in fourth grade. Her grandmother told her this sent “the wrong message”, which made Christie feel self-conscious about her body and her gender (Christie, early 20s, Southeast Asia). She further reported: “so she didn’t want to see her oldest grandchild who was this delicate little thing [turn] into this total rough and tough person. She was the one who was like, ‘you shouldn’t like, when it turns dark you shouldn’t be alone with guys.’” (Christie, early 20s, Southeast Asia)

3.1.3 Experiences of the Body

The internalization of oppressive norms as presented by media was also evident in the participants’ views and experiences of their bodies. Sam disclosed her desire as a young child to grow up to be tall, which would mean that she would become successful and powerful. However, she was unaware of the link between her ideal notion of her body and social stereotypes. Nonetheless, she does point to the role of the media as influencing her in this regard. The
following excerpt illustrates this point, with Sam describing how she wished she would appear in an ideal body during her early childhood years:

I remember at one time wanting to be tall, like 5’10” at least. I think 5’10” would have been perfect. And I don’t know why I wanted to be tall. Maybe it’s because I saw a tall person…a tall woman who I thought was a role model, but I don’t know who it would have been. I have no idea. And, uh, … I don’t think I was an extra small child.” When asked what being tall would provide her with, Sam responded: “but, I’m imagining that maybe it implied strength or maybe it … uh, I think strength is probably, the one word that comes to mind; the most accurate word, but also maybe successful, or wanting to just, um, getting what I wanted. Being tall maybe made it easier. (Sam, late 20s, North America)

As a young girl, Sam associated different body shapes with agency in the world.

The participants in this study reported being acutely aware from a young age that growing up in women’s body is different than growing up in a man’s body. Beth described the widely adopted perspective of the female body as sexualized and beautiful, in contrast to the male body as “ugly”, “gross”, and generally unaccepted in the public sphere (Beth, early 20s, North America). However, the objectification of the female body was reported as coexisting within larger negative social messages of the female body as flawed and inadequate. Crystal accurately depicts how capitalism and consumer culture are part and parcel of the patriarchal system of oppression against women. In this excerpt, Crystal describes this system of oppression:

I wonder if we are, like as women, because now I really, I seriously, I realize that growing up in woman's body, you somehow get the idea that your body's wrong, that, you know, there are things that are negative about your body….I think there's
something that perpetrates the system. Like I'm really into conspiracy theory and things like that, and everything. The whole media messages, and the whole, yeah media messages in general, like that’s the main thing that causes us to feel the way we feel about ourselves. And tell us that you know, ‘your body's not good’, or things about yourself are not good, and therefore, you must be a certain, you must be different… because all the media messages are telling us, are trying to perpetrate and say, yeah, you know, you want others to like you. ‘Make sure you’re muscular, or make sure your slim’. Make sure, you know, all these things. And even health, you know, I am in good health, but it's becoming such a, it's becoming such an industry. And the thing is, people, a lot of spots, are just, they just can't, they don't work, and they are also based on the premise, you know, you don't look good, therefore take these pills will make you thin, and they will make you beautiful. I don't, you know, it's just not the right frame of mind that created those products, you know… (Crystal, early 20s, Eastern Europe)

The effects of this overreliance on external messages and standards of beauty are perhaps most clearly depicted in some of the participants’ hesitation and avoidance of having their bodies being seen. Here, Sam compares herself with a popular classmate. She stated: “I didn’t really want to draw any attention to myself. I didn’t like how I looked” (Sam, late 20s, North America).

3.1.4 Experience of the Self

The participants unanimously identified their early experiences as being without awareness of any problematic differences between living in a girl’s body and in a boy’s. Christie aptly illustrated this point: “we’re just playing down[stairs]. At that time it wasn’t anything, about a
female or a male, it was just a friend you’re playing with” (Christie, early 20s, Southeast Asia).

Similarly, Beth reported: “When I was a little kid, all the friends had we didn’t care how each other looked. We just sat around and played” (Beth, early 20s, North America). However, there seemed to be recognition of how societal norms restrict the ways in which the female body may engage in the world. All of the participants’ retrospective accounts included resistance to traditional gender identities. For instance, Christie reported: “Oh, I basically hated being a girl. Yeah…every since being a kid, ever since I was old enough to kind of realize that, distinguish between guys and girls” (Christie, early 20s, Southeast Asia). She stated that following her realization of this gender difference; she decided to become a “tomboy” (Christie, early 20s, Southeast Asia). Similarly, the other participants shared their sentiments and identifications with non-gender conforming norms during childhood.

In addition, at least five of the seven girls explicitly expressed their difficulties conforming to gender-appropriate norms as pressure grew for them to “fit-in” with their social circles, often during and following puberty. Christie most vividly illustrates this point:

[After I got my period, I] felt greater pressure to comply with strict gender role expectations. One thing was like, ‘now that you’ve got your periods, you’re like a woman. You’re no longer a girl’ so you should behave more feminine and stuff. Kind of or like stop thinking of yourself as a tomboy, but it was, again I guess it was the wording. It wasn’t pressure. It was like a kind of statement made. (Christie, early 20s, Southeast Asia)

The participants’ accounts represent a very subtle but significant form of violation, one in which girls must learn to suppress or exaggerate various parts of themselves in order to gain acceptance and function as part of an oppressive world. The labels they used such as “girly-girl”, “tough
“girl” and “tomboy” to describe how they viewed themselves illustrates the oppressive nature of categorization that exists for girls living in a patriarchal society.

3.1.5 Other Factors that Intersect with Gender

It is important to note that gender is not only factor that intersects with the environment. Here we discuss only a few of other variables that intersected with gender for these participants. Specifically, using the examples of the effects of ethnicity, immigration, and economic status, it becomes clear how an investigation of gender alone is not sufficient in gaining a thorough understanding of how the female bodies experienced while engaging in the world.

3.1.5.1 Ethnicity. For Claire, being a woman of color included a host of feelings and experiences of objectification and discrimination. She highlighted how women of African descent are portrayed in the media as more sexually aggressive than other women. She stated:

The type of expectation and sexuality is different umm I think it is again about what images consumption people are – sorry what images or identity value people are consuming umm because I think women –black women in the media tend to dress, umm, I don’t know, I would say, I don’t know I wanna say harder you know so there’s an a edgier type of … They dress sort of aggressively umm, the sexuality is very expressed aggressively you know … (Claire, early 20s, Africa)

During Christie’s discussion of the number of cigarettes that she smoked when she was going through a stressful period in her life, she made an explicit distinction between smoking in Canada and in Southeast Asia. Specifically, she stated that she smoked a half-pack of cigarettes while in Canada as compared to only one cigarette while visiting family in Southeast Asia, for a period of six months. She related this difference in behaviour to gender norms in these respective
countries. While in Canada, she reported having more freedom to smoke without being viewed in a negative light based on her gender. She contrasted this with her practice in Southeast Asia:

… I can’t smoke at home. I can’t smoke on the streets while just walking. I either have to be in a pub where there are other people smoking…in [Southeast Asia], generally ladies are not supposed to smoke. If you’re smoking you’re either…generally you’re assumed to be a prostitute. Especially if you’re, a man walking smoking while walking in the street, no one will look twice. But a female smoking, she will be stared at and comments will be passed and she’d be propositioned and stuff like that. (Christie, early 20s, Southeast Asia)

3.1.5.2 Immigration. Conceptions of beauty are largely dependent on cultural constructions and norms. The body’s shape, size, colour, tone, and other variables are often the focus of societal standards of what is deemed attractive. As such, an ideal image of the body that is adopted in one culture may vastly differ when removed from the context in which these constructions of beauty were defined and maintained. Immigration offers a poignant example of how the body may be experienced significantly differently in various environments. Christie offers an excellent example of subtle forms of violation against the body based on immigration to Canada from her home in Southeast Asia. She described the stark difference in cultural conceptions of beauty with respect to body size and shape.

Like for me in [Southeast Asia], if you look at most of the film stars and stuff, none of them are like really thin, skinny. Most of them are like, you know, some of them are like, I call them voluptuous, but most are curvy. They definitely have a women’s body. While [in Canada], if you look at the stereotype and modeling and all that, you get anorexic women…that sticks in your head as, you know, that’s beautiful, that’s good looking and that’s what I want. (Christie, early 20s, Southeast Asia)
Christie reported that although she was overweight when living in Southeast Asia, this did not affect her self-esteem because boys did not like girls who were “too skinny” (Christie, early 20s, Southeast Asia). In contrast, she recalled her experiences of feeling unattractive since she was “too big” and wanting to lose weight because she felt that her weight was the reason she did not have a boyfriend in Canada (Christie, early 20s, Southeast Asia). Christie was aware of the differences in concepts of beauty in these different cultures, reporting that in her country of origin the media portrayed the ideal woman as curvaceous, while the Canadian standard was that of an “anorexic body” (Christie, early 20s, Southeast Asia). These subtle but significant forms of violation against the body are evident when taking into account that immigration changes the ways in which the body is experienced in the environment in different contexts.

The participants’ reports further offered examples of the gradients of violation that occur against the body. These normative abuses against the female body reflect the degree of adherence to patriarchal values that is adopted by the particular culture described. In Alex’s narrative of her early childhood, she reported holding a clear understanding of what it meant to be a Central American girl in her native country. The implicit norms of division of labour between men and women reflected the greater power imbalances that existed in gender relationships in her country of origin. She reported:

[In Central America] when I went to for instance to a supermarket, all of them were women…I walked in to a building office and most of them were men for instance, and it doesn’t give me… just by seeing that I don’t think that a women would … most women would feel good about themselves sexually. I don’t think their…I’m just relating how the kind of opportunities that they have just for instance on the workforce. I think that a woman is able to make certain choices for herself or at least it looks like she’s in control of
her life then that would make me think that, in her sexuality, she would at least try to make her own choices. (Alex, early 20s, Central America)

Even as a young child, Alex reported her understanding that since men were dominant in the public sphere, they held the power. In addition, since women were largely constrained to the domestic sphere, they were forced to use their bodies as sexualized objects to obtain power.

I also noticed in [Central America] for instance that there was, I knew for instance a couple of women who were extremely sexually active, and yet they had nothing going for themselves, so, I see it as a connection that kind of success and sexuality in my own view it is connected, that I can see for instance it could be either way. You could be a housewife or, you know, you have, um, you might feel comfortable about yourself, but I really didn’t see it, or you could just be extremely comfortable for yourself but there isn’t that success as a woman in society for you. (Alex, early 20s, Central America)

For Alex, immigrating to Canada meant that she as a woman was afforded greater access to power, through career success as well as her sexuality. Despite the persistence of various other forms of oppression that she still faced once in Canada, her immigration represented a major shift in her experience of her body and her level of agency over her environment. She reported:

I would say that having grown up in this type of society has definitely helped me out. I’m not quite sure how, had I stayed, for instance, back in [Central America] and, um, I’m not sure if I would have been the same person and based on my sexuality, I’m not sure, um, I wouldn’t think though. Canada, it’s a more open minded world. [Canada is] actually different from [Central America]. For instance the way society looks at women. [In Canada] women are not expected to stay at home and cook for instance or to walk over and get some groceries. In here, women, there’s opportunity for women to grow, so I think that
that freedom and that freedom of choice that I can be whatever I want. (Alex, early 20s, Central America)

3.1.5.3 Economic status. Sam offered insight into how economic status affects a woman’s ability to take care of and feel empowered in her body. She described the practice of purchasing clothing to achieve attractiveness in accordance with societal standards, as being closely tied to disposable income. She stated:

I think that by the age of 7 or 8 [I realized] the impact that money [affected] my self-esteem…. [In grade three or four] I began to compare my belongings with those of others’. Whether it was tattered jeans or a walkman that kids had, it still cost money and I couldn’t see beyond that barrier. (Sam, late 20s, North America)

Sam’s account illustrates her keen awareness of the ways in which social status and power are inhabited in the body. However, she more significantly highlighted the ties between capitalism and patriarchy. Sam described her struggle to take care of her body, and feeling unable to do so because of the costs of health-related services and care. Specifically, she recounted episodes in which she was unable to access to a massage for her back pain because she instead had to choose between attending to the needs of her back and going to the dentist. She stated:

Although I have a little bit of coverage now, for massage, from my job, which is good. And then there are other things like the dentist, which is very expensive, until I had coverage I had to pay for it for myself, but that was more of a need. Like I can live with tight muscles in my back. I can walk around like this. But I can't have teeth falling out. (Sam, late 20s, North America)
3.1.5.4 Sexuality. As discussed in the literature review of this paper, a young girl’s ability to connect with and hold ownership over her sexual desire and experiences is essential to her ability to safely inhabit her body. The lack of education and agency afforded to young girls with respect to these factors, serve to perpetuate the cycle of violence against women. As a result, the sexualization of the female body in the context of subtle and normative forms of violation requires special attention. While the accounts of the participants described below fall within the definition of body violation, the passive nature and normative context in which they occurred rendered them to be appropriately identified as such.

It is worthwhile to illuminate the participants’ lack of sexual education while growing up. The absence of sex education occurs in the context of traditional and patriarchal social structures. As a result, the majority of the young women spoke of their lack of understanding about their bodies, including changes related to puberty, and sexual desire. For instance, Alex’s lack of understanding regarding changes that occur naturally during puberty are well illustrated in the following excerpt:

The first time my boobs were growing I had like a lump in here, in my nipples, ‘oh no. what is it?’ I told my dad. I couldn’t help it. I was like, ‘This is it. I’m going to die. My body’s doing things that I have no idea what it’s supposed to do.’ He took me to the doctor. The doctor is just telling me, ‘her boobs are growing’, so I was kind of like relieved. (Alex, early 20s, Central America)

Alex’s lack of sexual education continues into her teens, as evident in her descriptions of one of her first sexual experiences. In this account, she described a sexual encounter in which she believed that she had engaged in intercourse:
So I was fifteen. He must have been seventeen… We had no idea what to do. Um, it was like so innocent because I wanted to have sex. I had no idea what to do. Neither did he. And we just kind of like lay and touched each other and that to me I thought I had sex.

(Alex, early 20s, Central America)

Alex discussed continuing to believe that she had sex with this boy until she was later raped. She then realized the difference between her first intimate experience and sexual intercourse.

With respect to menstruation, Ashley pointed to her lack of awareness because it was not part of her Catholic school’s curriculum. Similarly, Christie reported that her experience of menstruation was “uncomfortable” since it was not discussed in her family or in larger society (Christie, early 20s, Southeast Asia). Instead, Christie internalized the implicit messages of her culture that regarding menstruation as a “bad thing”, for which women were “alienated” during its occurrence (Christie, early 20s, Southeast). As a result, Crystal reported that she kept her menstruation a secret, making excuses for not engaging in physical activities and social events in order to carry on as if changes were not happening in her body. Finally, for Sam, lack of early education about anatomy of the female body as well as the reproductive process eventually led her to the following discovery and reaction:

I remember the day I was in the bathroom at school thinking about where babies come from. Which hole in the body, because I had just learned that you come out of a hole in the body, so I was narrowing it down, and when I realized which hole it was I was absolutely disgusted. I thought how can that be possible? (Sam, late 20s, North America)

Even when Sam was eventually educated about this process through her school’s sex education class, she wisely reported that the material covered only the biological process of reproduction, without mention of a healthy sexual desire for girls. She stated: “Well, we had a sex-ed class. In I
guess grade seven or eight. Grade eight, maybe. And I don't think they discussed much about emotional aspects of it. [Only] the biology and mechanics [was discussed]” (Sam, late 20s, North America). This void in social system serves to reinforce the notion that sex is a biological function for females, who serve to perform the act of sex without any agency, desire, or emotional connection. Here, Christie illustrates the inequitable standards of sexual agency and the oppression, here in the form of labeling, that occurs for females: “It’s a typically double standard. If a guy sleeps around he’s a stud. If a girl sleeps around she’s a prostitute” (Christie, early 20s, Southeast Asia).

The lack of education, as well as implicit societal messages regarding the natural experiences of change and desire in the female body, led these young girls to experience of their bodies and sexuality in a distorted manner. Specifically, it resulted in various levels of disembodiment and disempowerment. For instance, the majority of the participants reported a prevailing theme of shame regarding sexuality and exploration of their bodies from a young age. Sam reported: “I didn’t want my dad to know about it” (Sam, late 20s, North America). In addition, shame emerged in discussions surrounding about realizing sexual pleasure and masturbation. For instance, Alex stated: “I felt very ashamed” (Alex, early 20s, Central America). Although the women did not describe any explicit prohibition against this area by authority figures, the internalization of social norms, of women as having lack of sexual desire, is clear in their narratives.

The theme of lack of agency and disconnection to body cues and emotions run through all of the participants’ accounts of their first intimate experiences. For instance, Sam reported feeling herself as “compelled” and “pulled” to boys who were interested in her, regardless of her own interest in them (Sam, late 20s, North America). Sam’s words illustrate the lack of agency
and disconnections from her own body, including her feelings and sexual desire. She stated: “I would feel compelled to respond to them regardless how I really felt. And I’d forget about how I really felt” (Sam, late 20s, North America). In addition, accounts of first kisses from Christie, Crystal, and Sam include similar narratives, offering additional support for the disconnection that surrounds subtle instances of violation against the body. Sam’s description of the experience of exchanging letters in class with a boy she liked, which led to her first kiss in fifth grade, provides a clear illustration of this point. She reported:

   So we’d write notes back and forth in class and then he asked me if I want to kiss behind the garbage cans behind the school, so we went. The whole class knew about it. I don’t know how. He must have slipped one of his friends a note, and, um, the only kissing we did was “mmmch!” Once. Everybody watching. I was very embarrassed… there was a bit of an uproar and then everybody left. Like cheering or something. And then everybody left. (Sam, late 20s, North America)

Similarly, the participants provided evidence of disconnection from, as well as objectification of, their bodies for male gratification, rather than sexuality as being grounded in their own desire or connection to their body sensations. During the period of puberty, girls began to change their behaviour to get the attention of men, by objectifying the body by way of clothes, including wearing tight jeans, low tops, and short skirts. Christie offers a more extreme account of disembodiment, in which the body is used as an object, disconnected from feelings and body cues, and thus subjecting the body to victimization. In this excerpt, Christie describes a bartering relationship with her boyfriend, with whom she had her first experience of sexual intercourse. She reported:
[It was] very bad. I wasn’t turned on at all, and uh, he didn’t bother with any kind of foreplay to turn me on. So it was extremely painful… what actually got my attention was the bike…and then was like kind of transferred from the bike to him knowing that I can only get the bike if I can get him sort of thing. It wasn’t just him at any point at all… and I knew he didn’t care about me. It was basically for me it was for getting, you know, rides on the bikes. And for him it was someone to sleep with… I wasn’t turned on by him… because every time I slept with him, it was totally painful and I’d be bleeding every time… it was literally a case of just lying there… finish it off and let me get up kind of thing that was kind of it. I was sore every time for like two, three days and stuff like that. (Christie, early 20s, Southeast Asia)

The participants offered vivid depictions of the effects social messages about the absence of sexual desire and agency in women, which lead to girls to become vulnerable and further subject themselves to additional episodes of body violation. Perhaps one of the clearest illustrations of the disconnection from the body and desire, which results in victimization, is provided in Beth’s account of her first experience of sexual intercourse. The following description provides a clear illustration of her experience of sex as passive, lacking any desire, and as resulting in body violation:

He had a hot tub and a pool so we were all swimming. So we were all half naked anyways, and then just one thing lead to another. Like this boy and me were kissing and then, you know… yeah, it just totally happened. I hadn’t put any thought. Like after my friends had done it or whatever. I was like whoa that’s weird but I was never like, hmm ok now I’ve got to like figure out how I can get in to do it as well, I just knew it would eventually happen, and I wasn’t planning it in any sort of a way. And then it just happened with this
boy and I was just like that was terrible. That was the worst thing in the world. And right after it happened I was like, ‘oh my god’, run out, you know, run out because my other girl friends were there and, ‘I just had sex’. And they were like, ‘oh my god’, and it was just like this whole thing. And I was like, ‘it was really bad. I didn’t like it’ blah blah blah, you know, it was boring. I didn’t get anything out of it, because I didn’t know what I was doing. I was thirteen. (Beth, early 20s, North America)

Here, Beth used passive terms to describe what happened to her. This excerpt illustrated the lack of agency and connection to body and sexual desire, which resulted in this experience of victimization. Beth depicted engaging in sex because it was something that was expected of her. This internalization reinforced oppression and served to render her to vulnerable to further victimization.

… but I never… got aroused so to speak… I never got excited or like anything when I was like young. But I, you know, I kept doing it. Like I had this boyfriend probably for like two weeks, which of course then was a really long time. And, uh, we had sex a few times after that and I hated it. And I just did it because, you know, I felt like I had to after that I already did with him so now I can’t say no. (Beth, early 20s, North America)

The internalization of oppressive labels and lack of agency as repeatedly further reinforcing the cycle of violence, is further described in Beth’s words:

… and so everybody else that I went out with after that expected it from me because, ‘hey she had sex with so and so, … so it turned into that’s just what we did. We’d go out with boys for a couple weeks at a time or you know a month or whatever. And we’d have sex with them. (Beth, early 20s, North America)
3.1.5.5 **Sexual orientation.** Feelings of shame were also reported as being compounded by the generally homophobic environment of patriarchy. Of the seven participants, three identified as being interested in same-sex relationships, while one reported confusion about her sexual orientation. Ashley discussed the hardships faced at her workplace because of a homophobic climate. She reported that she did not discuss her sexual orientation at work for fear of being ostracized or fired. Ashley reported:

Because they’ll walk in to my suite and make comments like…derogatory comments about homosexuals and stuff like that…at work, I’m not ready to put my career on the line…and they had a clause. I don’t know if it’s changed but if your employer finds out that you’re gay, they can let you go. (Ashley, early 20s, North America)

Ashley also spoke more generally about the difficulties faced by women in committed same-sex relationship, including being unable to marry. For instance, she stated:

You won’t live with all the prejudices that you have. You won’t live with the fact that you can’t live a quote-unquote normal life. You can’t, you can’t have kids at the drop of a hat, first. You can’t get married and be recognized by the government. We’re just now being able to, like, me and V are common-law. (Ashley, early 20s, North America)

Perhaps surprisingly, Beth and Claire both pointed to the oppression in the lesbian subculture that they experienced. Specifically, these young women felt pressure to conform to certain sexual practices, including only being with women, as well as other stereotypical behaviours, in order to secure membership within this community. Claire reported: “[T]he homosexual community was placing pressure on [me] being homosexual. It was unreal. It was like a reverse in the sort of stereotypical pressure of being heterosexual, they were exerting” (Claire, early 20s, Africa).
3.2 Participants’ Accounts of Body Violation

The following section provides brief summaries of experiences of violation as described by the participants of this study. The categorizations herein reflect a larger consideration of an inclusive definition of body violation.

3.2.1 Physical Violation

3.2.1.1 Physical assault. Sam was the only participant who identified as having been physically assaulted during adulthood. She reported that a man had approached her while she waited for a bus, and asked her to go with him to an after-hours club. When Sam refused, the man grabbed her wrist and began to pull her.

3.2.1.2 Intimate partner violence. Only Alex reported physical abuse in past relationships, in her case in twice. However, upon closer investigation, Beth and Alex described experiences in their intimate relationships that also disrupted their experiences of embodiment. Specifically, in Alex’s description of her partner’s cheating, she described the direct effect on her relationship to her body. She reported: “I found out he had cheated on me once. So when I was like, I went through like depression for over a month and little after that… I actually went and I slept with two other guys… when I did sleep with these two other people I never used any protection” (Alex, early 20s, Central America).

In addition, both Alex and Beth reported at least one relationship in which their partner was emotionally abusive. They described these relationships as controlling and as disrupting their ability to connect with and care for their bodies. Alex reported: “I kind of feel trapped” (Alex, early 20s, Central America). Their narratives include a host of repercussions to their psychological wellbeing and practices of inhabiting their bodies.
3.2.1.3 Childhood physical abuse. Of the seven participants, Ashley, Claire, as well as Crystal reported having been physically abused by their parents. Ashley reported that, while she was the target of physical attack only on one occasion, she often witnessed her brother being beaten by her father.

Like my father would do something. Be, you know, be drunk and trip us or whatever. And he’s hit me once. Only once….my brother kind of, like, I’ve seen stuff he did to my brother and my brother never really said anything either but he would… he would hit my father back… like if my father did something either physical or mentally abusive he would hit him back. (Ashley, early 20s, North America)

In addition, Ashley recounted episodes of being forced to hide her eight-month-old sister to protect her from her father during his abusive episodes while intoxicated.

[My sister is] like my kid. You know. Maybe the child that I [never had]. Because I raised her when she was a baby and I protected her. And whenever he got drunk I’d bring her upstairs and we’d lock the bedroom door and make sure he wouldn’t get to her. (Ashley, early 20s, North America)

For Crystal, physical abuse at the hands of her “powerful” father occurred on a regular basis (Crystal, early 20s, Eastern Europe). She reported: “My dad was, my dad is pretty powerful. Well, when I was a kid, like, he used to beat me up, right. Me and my brother” (Crystal, early 20s, Eastern Europe). Crystal also recounted an episode of physical assault by a male “gypsy” when she was 13 years of age. She reported that the man punched her in the face for making an offensive comment to him: “I was counting on the fact that I’m a girl kind of that he’s not going to do anything to me, but um, since I didn’t look like a girl the guy punched me
straight in the face, man. I was like holy cow. Hmm. I was 14 at that time” (Crystal, early 20s, Eastern Europe).

### 3.2.1.4 Exposure to intimate partner violence during childhood.

As previously discussed, children witnessing abuse between parents experience similar repercussions on psychological wellbeing as well as embodiment. Ashley and Crystal describe being exposed to this form of trauma during their childhoods. Ashley reported routinely bearing witness or hearing the conflict between her parents: “I used to hear my parents fighting downstairs about us or whatever” (Ashley, early 20s, North America). Crystal described feelings of resentment and negativity towards her mother for not defending herself against her father. She stated: “Well, that she never stood up for herself, that she was always, I don’t know, that my dad would yell at her and she would not yell back, that kind of stuff” (Crystal, early 20s, Eastern Europe).

### 3.2.1.5 Childhood Neglect.

Four participants, namely Alex, Ashley, Claire, and Sam, described experiences of neglect during their childhood. Specifically, Sam recalled having been left home alone by her father from the age of two. She said her father also gave her a heavy load of house chores. She recalled her feelings of “irritation” about having to take on the responsibility of her father’s home at a young age. She reported:

I remember my mom showed me a letter that he’d written, um, to her requesting that I go for one day every weekend instead of all weekend every second weekend. Because it …because he needed me at home. He always had me doing some kind of chores or something. I remember in grade four, um, I would get up early on the weekends to watch, uh, music videos and I’d just have to tiptoe so quietly because anything would wake him up. And as soon as he woke up, he’d get up. And as soon as he’d got up, well, I would have to start doing something like vacuum or whatever. (Sam, late 20s, North America)
Claire reported being “kicked out” of her home by her mother, and living on the streets for a period of time during her adolescence (Claire, early 20s, Africa). For Alex, living in a neglectful home included having to care for her younger brothers unsupervised, from a young age. She further described:

When I was nine years old I was under the supervision of my mother who I thought was a little irresponsible. Um, the way I grew up was, I was kind of looking after two little brothers that I had, yeah. And, um, I kind of stopped going to school after grade two or something like that. Grade three. So during my grade three I failed. Like didn’t show up to class, my mom didn’t really care if I went to class or not, yeah. It was more really that nobody really told me I had to go to school. (Alex, early 20s, Central America)

Similarly, Ashley was left with the responsibility of taking care of her home as well as her siblings while living with an alcoholic father and a mother who suffered from chronic fatigue syndrome. She explained the “burn-out” that eventually led to her self-cutting and anorexia:

Well that’s when my mom and dad were burning out and I had my sister to raise and my brother was still…I have a brother two years younger than me. And so I was dealing with high school. I was dealing with the fact that I had to keep my grades up because it was very important to me, and raising my sister. You know, I had to be home every day at three, you know, to make sure she was okay and I had, yes, the whole house. I had to make sure the groceries were done and stuff. I had to make sure that, you know, my mom got up to pay the bills and stuff it was, 13 years old to about 15 was the hardest, the hardest ever. (Ashley, early 20s, North America)
3.2.2 Sexual Violation

3.2.2.1 Childhood sexual abuse. Childhood sexual abuse holds some of the most significant consequences on a child’s psychological development as well as her ability to safely inhabit the body. Three of the young women recounted having been sexually abused during their childhoods. Although penetration did not occur in these cases, the abuse still caused severe disruptions to embodiment. Sam described her experiences with her church Minister, who engaged in inappropriate touching and closeness with her for two years, when she was in grades five through seven. She recalled one experience of inappropriate touching: “I was very uncomfortable around him and, and he had to check my bathing suit to see if it fit by putting his fingers under the bottom part of it” (Sam, late 20s, North America). Likewise, Alex reported that while she was experiencing the hardship of living in a household of negligence, when she was in third grade her 15-year-old stepbrother began to sexually abuse her. She stated: “So, um, while all that was going on, um, I was kind of like molested by my stepbrother. And I think that during that year, I think it was for about a year” (Alex, early 20s, Central America).

Ashley’s experiences of childhood sexual violation began at age six, by her alcoholic grandfather. She reported that she suspected that she and her brother were victimized by her grandfather, who “lured” them with the promise to play with his dog and birds in his apartment, in the basement of her family’s house (Ashley, early 20s, North America). For Ashley, a second violation occurred when she disclosed the abuse to her mother, only to realize that her mother knew of the offenses but had done nothing to protect her or stop the abuse. In the following excerpt, Ashley discussed the feelings of betrayal and outrage at her mother:

I think everything originated, like, that’s another thing why I was very upset with my mother is because I got abused by my grandfather. and I always felt that, and when I told
my mother about this she’s like, ‘I knew’. At that time when I was 15 years old. I got very upset. I was like, ‘you know what? If you knew why didn’t you stop it?’ (Ashley, early 20s, North America)

In addition, Alex, Ashley, and Claire reported having been raped before they were 18. In most cases, their experiences were preceded by sexual violation at earlier ages, as described above. Alex recounts her experience of being raped by a boy who she had a crush on when she was 15 (Alex, early 20s, Central America). A secondary violation for Alex occurred when she asked the boy if they were in a relationship and he responded negatively. She recalled: “I, you know. I, I mean, I couldn’t fight him off, one. And then later on I can remember asking him, ‘so are we going out?’ and then he says, ‘no I just came out of a three year relationship’. And I thought, ‘oh’” (Ashley, early 20s, North America).

In Claire’s case, the same boy, who was three years older than her, raped her on two occasions. Claire said that, when she was 10, she was raped on the front porch of her home. She stated: “He threw me down on the ground, and unfortunately, I mean, he raped me. And it was, it was a bad experience. I was 10. You know?” (Claire, early 20s, African-Canadian). This violation initiated a string of further sexual victimization for Claire. When she was 12, the same boy held her down with a knife and raped her for the second time. She recalled: “I was 12 and he was 15, he came back again and this time, and he held me at knife point. And did it again” (Claire, early 20s, African-Canadian).

In Ashley’s narrative, a boy from her high school who was two years older raped her in the park in the presence of her two-year-old sister. Ashley recalled being only 12 or 13 years old at that time. She reported:
When [my sister] was two so I must have been 12 or 13, that’s the time I started rebelling. I got raped by a guy that I went to high school with. He raped me and my sister was with me. She witnessed it. To this day she remembers because she was only two years old and she was stuck in the swing she couldn’t get out. Like, she couldn’t lift it up because it was jammed. (Ashley, early 20s, North America)

3.2.2.2 Sexual harassment during childhood. Experiences of sexual harassment included here comprise the larger framework for gender harassment, unwanted sexual attention, and sexual coercion. Both Beth and Claire described being called “slut” by the boys and girls of their communities (Beth, early 20s, North America; Claire, early 20s, African-Canadian). For Claire these experiences occurred after the boy who had raped her spread rumors about her. In a lesser offence, Beth reported: “I started wearing a bra or whatever, not that I really needed to at that time. You know the boys would come and snap the back of your bra [in the hallway of our school]” (Beth, early 20s, North America). The body continued to be the subject of violation for the majority of the girls while growing up. For Beth, the term “two-by-four” was used to tease her for being “flat-chested” (Beth, early 20s, North America). Sam was called “pizza face” because she had pimples (Sam, late 20s, North America). Both Alex and Ashley were made fun of for being “too skinny,” while Crystal was harassed for being “too fat” (Crystal, early 20s, Eastern Europe; Alex, early 20s, Central America; Ashley, early 20s, North America). Alex recalled her experiences in the Army, when her peers and her superior made comments about her body hair, including being “hairy” and having a “moustache” (Alex, early 20s, Central America).

In addition, Beth and Ashley identified themselves as having been sexually harassed because of their sexual practices and orientation by their peers. Ashley reported that she was harassed and ostracized by the girls in her school because she was part of a group of male friends
(Ashley, early 20s, North America). She stated that her male friends, to whom she was openly gay since age 13, also harassed her (Ashley, early 20s, North America). Crystal spoke of experiences of sexual harassment that extended to the larger society in which she grew up. Crystal reported that while in Eastern Europe, friends, family, and strangers frequently commented on her body weight, the size of her breasts, and her clothes (Crystal, early 20s, Eastern Europe).

The feeling of society as a hostile ground of potential attack was a theme for most of the participants following body violation. Sam provided vivid recollections of two occasions in which she was in danger of physical violation by different men. In one episode, she was physically assaulted, as described previously. In another account, a man in a car followed Sam as she walked home; she was forced to run into an alley and hide behind some bushes until he left. She reported:

I was walking home from the bar, where I had to walk from the bus stop, a couple blocks to my house. I'm walking down the side street, a car passed slowly, and stopped at the other end of the block, and just sat there in the road. And I thought, and the other, and the other experience came back to me, and I thought OK, I gave that one a reaction. This one, I'm not going to give them any reaction. No change, he's not even there. So I kept walking at the same pace, um and as I was walking closer to his car, I glanced over, and I glanced this way, and kept walking. He turned the corner left. My house was right there, and I'm thinking he's not seeing where I live. So I turned right, and walked, and kept in the other side of the street. And as soon as I could see that he, that he was sort of out of sight, I just ran, took off my shoes and ran to the end of the block, turned the corner, and waited to see if he was coming back, which he was. So he turned around to come back, and I went
around into the alley and hid behind the bushes, and I just feel so silly. For even having to do this, but yes, I had to. And then he turned around again, slowly drove back, and I was just speaking out from behind the bushes, and then he took off. I waited long enough to know that he hadn't turned around and come back. (Sam, late 20s, North America)

Although Sam was able to avoid physical assault in both cases, each episode was experienced as violation to her body ownership.

Finally, Crystal reported experiences in which her body was subject to unwanted sexual attention. She described two such episodes vividly, including the effects of these experiences on her self-concept and disruption to her sense of ownership over her body. In her first account, Crystal recounts her mother purchasing and forcing her to wear a “tight dress” while visiting at a friend’s home for New Year’s Eve celebrations (Crystal, early 20s, Eastern Europe). Crystal’s second experience entailed feeling that her breasts were being stared at by everyone present during her Karate class (Crystal, early 20s, Eastern Europe).

3.2.2.3 Sexual abuse during adulthood. Only one participant, Sam, reported having been date-raped during her adulthood. When asked whether she had any negative experiences related to her sexuality, she reported: “As an adult. The one guy, one guy I was going out with, um, the onetime he didn't listen when I said no. And technically that's called rape. It's called date-rape, I guess. But, it affected me” (Sam, late 20s, North America).

3.2.2.4 Sexual harassment during adulthood. Both Ashley and Beth were acutely aware of the harassment they faced because of their sexual orientation. For Ashley, the homophobic environment of her work and school was a theme throughout her life narrative (Ashley, early 20s, North America). In addition, Beth and Claire discussed feeling confined by the lack of
fluidity that was afforded to their sexuality, even within the lesbian community. Claire described the oppressive forces that she experienced in the lesbian subculture:

I don’t know because with homosexuality there’s politics there too, you know, yeah. And you wouldn’t think, or at least I had no idea that there was politics or ideology going on in that kind of, you know, because I don’t know. I guess because they are considered deviant so you just think they’re a write off. And that you wouldn’t think that … If there, I mean, I guess I just, ignorance, you know, made me think that developing your own world because you’re not under the microscope of the mainstream that they would be able to escape that kind of categorizing, you know, but they don’t. They have their own politics. They have their, here they have same kind of aestheticization which is brutal because you have, you’re talking about, you know, here’s butch dykes and femme dykes. Like, butch dykes, femme dykes, like that’s stupid, you know, as far as I’m concerned. To pigeon hole people especially when you’re, you’re trying to get away from people pigeon holing you as a heterosexual as the heterosexual construct, trying to get away from that. And then you’re in your other opportunity and you pigeon hole people. It’s just funny. It’s like just repeat the same mistakes. (Claire, early 20s, Africa)

3.2.3 Other Forms of Body Violation During Childhood

The participants’ life narratives further revealed other subtle forms of body violation that do not fit within the above sections. However, each experience clearly presented significant disruptions to body ownership for these young women during their childhoods.

3.2.3.1 Practices of inhabiting the body. Violation to body territory extended to the most seemingly minute acts of infringement over body ownership. For instance, Crystal shared her experience of her parents cutting her hair when she was six, because they feared that she would
contract lice in school. The following brief excerpt demonstrates how such a small and outwardly trivial event may be experienced to the individual as a significant violation to body ownership. Crystal reported: “So they cut my hair. Against my will…I was really upset about that. Like I tried to hide in the park one day. [They] chase[d] me and they took me…” (Crystal, early 20s, Eastern Europe).

Similarly, Beth discussed living with an overweight mother who was consumed by concerns about dieting and eating regimens. Beth’s narratives disclosed a heightened awareness of weight and confusion regarding her mother’s dissatisfaction with her physical appearance (Beth, early 20s, North America). Her mother’s weight preoccupation caused disruption in Beth’s feeling of comfort and ownership over her own body practices. Beth reported that her mother forced her to also engage in the same dietary practices, including eating her mother’s diet foods. She stated: “I hated it. Because her diet, whatever diet she was on we had to, we had to do the same thing” (Beth, early 20s, North America). Beth further reported that since she was a “chubby” child, her mother enrolled her in an extensive list of sports, fearing that Beth too would suffer from obesity (Beth, early 20s, North America). She explained: “It could have been the reason why she was pushing us in all the sports because she wanted us to be active to not end up like her” (Beth, early 20s, North America).

Likewise, in Sam’s early years her sports coach insisted she abide by a food chart, and her father insisted that she eat only “healthy” foods while living with him (Sam, late 20s, North America). She said other people readily commented on her small size as related to the amount and choice of foods that she consumed. This preoccupation with food intake and body appearance served to disrupt these girls’ connections with their own bodily cues as well as
focusing on how their bodies were experienced by them, rather than how it was observed by others.

3.2.3.2 The sexualized body. Various experiences reported by some of the participants revealed passive and subtle ways in which they experienced disruption to their body territory, through the sexual practices of others. For instance, Sam expressed feelings of anger and betrayal towards her father after first finding his drawer of Playboy magazines, when she was in fifth grade:

…grade five or grade six. Yeah, grade five. And that year I found Playboy magazines in my dad’s bottom drawer… I was kind of mad at my dad, I was like, I didn’t think of him as a dirty old man but I thought of, I thought, you know, I think, this is weird. I didn’t realize this before, but maybe kind of betrayed. Um, I don’t know if that’s to strong a word but he’s got these pictures of women in his drawer. (Sam, late 20s, North America)

Similarly, Alex disclosed two episodes in which she was made aware of the sexualization of the female body. On one occasion, she and her mother were taking an outdoor shower. She noticed that some of her male cousins were watching her half-naked mother through a window. Her mother’s comment that they were “perverts” made her feel conscious about the female body as a sexual object as well as the boys as potential threats to her safety in the body (Alex, early 20s, Central America). In another episode, she became aware of her aunt and uncle engaging in some form of sexual activity. She provided the following account of this experience:

My aunt and my uncle, for instance, I remember one time, we were all watching TV, there’s a bed behind me, for instance, so all the kids are in front closer to the TV, and we were watching cartoons. So my aunt and uncle were lying in the bed. But as I turned around, it was dark, and you only have the TV lights on, and as I turned around just to
laugh about something, I saw that they, that he had his hand in her pants, and as I, so I
turned around, so I turned right back and, and they all kinda scrambled, like we're not
supposed to, like even within themselves, they had to, but they weren't supposed to be
doing that. (Alex, early 20s, Central America)

3.3 Effects of Body Violation for Participants

3.3.1 Effects on General Psychological Wellbeing

3.3.1.1 Changes in affect. The most prevailing emotional repercussions that existed
across the spectrum of body violation included experiences of depression and anxiety. Of the
seven participants, Beth, Crystal, Claire, Sam, Ashley, and Christie had either been clinically
diagnosed with these issues or demonstrated subclinical, yet significant, symptomology. Sadly,
three of the girls, Christie, Crystal, and Claire, disclosed suicidal ideation at least once after their
experiences of victimization. Claire described these experiences in the following narrative:

There was some periods where I wanted to kill myself because I was like so alone, so
hurting or angry or confused and there was nobody there. And you come home and your
mom’s hitting you because you did something bad. You know. I mean, that kind of thing.
And your sister and you don’t get along … (Claire, early 20s, Africa)

Similarly, Crystal disclosed: “I had no desire to live. I just wanted to die. I just couldn’t
think of the best way to do it” (Crystal, early 20s, Eastern Europe). These experiences of trauma
had also led participants, including Beth, Claire, and Ashley, to social isolation and withdrawal,
including not engaging with friends, not maintaining employment, or going to school (Beth,
early 20s, North America; Ashley, early 20s, North America; Claire, early 20s, Africa)

In addition, some of these young women reported having been prescribed psychotropic
medication to help alleviate their symptoms. Specifically, Beth and Crystal reported taking anti-
depressant medication. Ashley and Beth also said that their doctors had prescribed various medications to help alleviate their anxiety. For instance, Beth described her experience with psychotropic medication:

First they tried sticking me on Paxil. And that was a disaster, and it didn't get along with me. So we went off that, and then I started taking a drug called Effexor. Which is an antidepressant, um, but commonly given to people with anxiety problems. So I started taking that as well as, they gave me Xanax, as an emergency drug. If I'm out, and I'm freaking out, just pop one of those in and space out. [I] hated taking that. (Beth, early 20s, North America)

Similarly, Ashley reported that she took Paxil for a while but stopped. She explained: “I was on Paxil before…I can’t have that for the rest of my life. I can’t keep depending on that for the rest of my life” (Ashley, early 20s, North America). Beth and Ashley both reported that their anxiety symptoms included panic attacks. Ashley reported experiencing panic attacks following childhood physical and sexual abuse (Ashley, early 20s, North America). In the case of Beth, she explained: “I started getting panic attacks every day, and was diagnosed with panic disorder, anxiety disorder… [I] lost my mind, so to speak, or whatever... I stopped going to school, I stopped going to work, I was shut in my room” (Beth, early 20s, North America).

Unable to understand the root cause of her problems, Claire was misdiagnosed with Attention Deficit Disorder and prescribed Ritalin in the ninth grade. In an effort to make sense of the emotional and psychological symptoms of Ashley’s traumas, her psychologist diagnosed her with Bipolar Disorder. Despite the diagnoses of these young women’s problems, their symptoms speak to the severe emotional and psychological repercussions of enduring varying degrees of body violation, particularly at a young age.
Some other common effects of body violation included feelings of shame, anger, and self-blame. Claire, Sam, Alex, and Ashley explicitly spoke of their feelings of anger following their experiences of violation. For example, Alex repeatedly pointed to her feelings of being “pissed off” when retelling her experience of being raped by a boy she went to high school with (Alex, early 20s, Central America). Specifically, she reported: “So anyways he continued doing what he did and then, you know, it was just from there. I remember putting on my pants. I was really pissed off” (Alex, early 20s, Central America).

In addition, feelings of shame, self-blame, and guilt were reported by Sam, Ashley, Alex, Claire, and Crystal. Sam described her thoughts and feelings of self-blame after being raped:

… I was thinking, ‘Why did I come here tonight? It's only been half-assed up to now anyway. Why did I come here tonight, and now this is happening to me?’ So maybe even a bit of self-blame, I really don't know. (Sam, late 20s, North America)

Moreover, although Ashley later recognized that she was not responsible for being raped at the age of 12, she recalled her reaction:

[Y]ou know what? I made the mistake at that age to make myself feel guilty about it. [I] shouldn’t have brought my sister there. I knew I shouldn’t have gone to the park when there was nobody else there… I felt guilty.” (Ashley, early 20s, North America)

Likewise, in this excerpt, Sam recounts her reaction to her Minister’s inappropriate touching: “I was like, ‘why am I letting him do this? Why am I standing here letting him do this’. I mean, I'm sure I was thinking that even in the moment. So that's where the anger comes from towards myself…” (Sam, late 20s, North America).

3.3.1.2 *Children’s mental wellbeing in terms of psychological experiences.* In addition to the psychological consequences described above, the effects of more severe forms of body
violation have been consistently found as particularly poignant earlier in childhood. The following section offers a summary of the psychological repercussions of childhood sexual abuse, as described by the participants in this study. Alex, Ashley, and Claire spoke of periods of repression and amnesia around their episodes of sexual violation (Alex, early 20s, Central America; Ashley, early 20s, North America; Claire, early 20s, Africa). Some were still unable to access these painful memories years later, while recounting the events during the interviews. For example, when speaking of her experiences of sexual abuse by her stepbrother, Alex reported: “I don’t know, from what I remember, maybe it happened more often and I just totally blocked it off, to be honest with you” (Alex, early 20s, Central America). Claire similarly related to her experience of being raped at the age of 10: “I guess I blocked it out…as I look back I’m trying to put myself back in that position right now. I mean, I blocked it out because I was sort of on my back just kind of looking around. I think I just, I don’t know, went somewhere else I guess…”(Claire, early 20s, Africa).

Childhood sexual abuse was associated with dissociative experiences, as the mind’s way of protecting the child from the horrors of the assault. Alex reported during one of her interviews that she was unsure of the number of times she was sexually abused by her stepbrother, as she “blocked-off” these experiences (Alex, early 20s, Central America). Perhaps one of the most vivid illustrations of the more detrimental psychological impacts of early sexual trauma comes from Ashley’s description of episodes of dissociation and self-harm, which were then followed by a loss of consciousness. These experiences still continued years after her victimization. In this excerpt, Ashley recounts her experiences during her adolescence, which often were triggered by flashbacks of the abuses she suffered during childhood.
I started getting flashbacks and stuff and I didn’t know how to deal with it… I used to see red all over the wall because I was so enraged… it took me awhile but I knew my pattern at that point I either had to… because I get panic attacks after that and after the panic attacks I would cut myself. And you know what, I would break off…when I cut myself I don’t know if I did it for…I would wake up after these episodes and not remember what I had done yeah…a couple of times…I would see myself cutting myself, I was attacking myself. Yeah and then he told me, later on I found out that I had… a lot of it has to do with because you were sexually abused you have a way of easily detaching yourself. If I’m in a situation where someone’s yelling at me, I will detach myself. (Ashley, early 20s, North America)

Another particularly significant finding was hyper-vigilance, demonstrated by the generalized feelings of fear and paranoia that extended into these victims’ experiences while engaging in the world. In a distinctly colorful illustration, Alex conveys the constant state of hyper-vigilance that began shortly after her elder stepbrother began to sexually abuse her:

So due to like maybe ignorance or not knowledge of certain things. Like whether it’s family related or anything… I remember one time I looked up at the sky and I saw the clouds moving, I thought the world was going to end. Something so simple that kids would know, I was terrified. I was just going to run around, ‘oh, is everybody ok?’ You know? … I was just totally paranoid. (Alex, early 20s, Central America)

Another theme that emerged through some of the participants’ discussions was a sense of confusion; of being unable to make sense of the violation that they had endured. As Sam recounted her story of being date-raped, she spoke of a surge of emotions that were accompanied by the absence of thoughts. Specifically, she reported: “I really don't know. It was just the
emotions, and that's it. I had no thoughts with them. I cried. And that's, and I wanted to leave. But I couldn't. I don't know” (Sam, late 20s, North America). Sam further reported that she was not able to label the violation as rape until a year later: “[M]y reaction being so strong as it was during the situation, yet it took me at least a year before, I said to myself, and really before the light went on, “that was rape.” Or, maybe it happened before. Maybe I realized that and didn't want to admit it” (Sam, late 20s, North America). Similarly, while Christie told of sexual abuse and harassment, when directly asked about whether she had encountered these experiences, she did not recognize the events as such. The confusion and lack of insight in the first case may relate to the unbearable emotional and psychological suffering that Sam experienced. While the individual’s coping response may offer one reason, this effect may also be related to the normalization and lack of education within the larger culture about these experiences.

3.3.2 Practices of Inhabiting the Body.

Following experiences of body violation, the participants said they used a range of coping behaviours aimed at managing the realities of existing in a body.

3.3.2.1 Clothing. The participants commonly discussed having dressed in various ways to hide or protect their bodies from further invasion. For these young women, hiding their bodies was a way to reduce the psychological pain and physical repercussions of violence against the body. For example, Sam stated that she stopped wearing skirts after her second experience of being stalked by different men. Claire reported using clothing as a way to hide the evidence of the physical attacks her body endured at the hands of her mother’s violent temper. She reported being unable to undress in the change-room of her gym class and being the target of gossip as a result. Claire said she wore loose clothing, hiding in fear that that her body would reveal itself as
contaminated as well as expose her emotional suffering. She describes the extent of her hiding in the following excerpt:

[I wore] huge baggy clothes, um, sweaters. I never wore bathing suits after 12. I hadn’t, I still to this day have not worn bathing suits. Shorts. No shorts. I mean, not now but back then no shorts. No short-sleeved shirts, um, no tank tops. Ever. And it was just like sweaters all the time. Sweaters in the summer time. Sweaters in the summer, jeans in the summer, pants in the summer. Always. No sandals, no. Just runners and boots. That’s it…because I was hiding. I was trying to hide scars. Um, I thought if people could see, you know, my body then they could see the scars and the pain that I was going through. and see that I couldn’t handle it or see that I was dirty…I didn’t want anyone to know. So I kept hiding it, and then as, you know, you start high school, grade eight. You know, I was still wearing these baggy clothes. (Claire, early 20s, Africa)

In addition to protecting the body with clothing, some participants also noted that they carried their bodies in a manner that attracted less attention. For instance, Crystal described crouching and wearing loose clothing in order to avoid the gaze of others:

Like when I started growing breasts in grade five I was like this is the worst nightmare. I was, again, wearing the loose clothes and everything. But I was just so uncomfortable, especially in Karate, oh man, I was like, I was always feeling like everybody staring at me. Kind of, I had that feeling that everybody staring at me. I was like, ‘oh my god’, like everybody [stared at me]. It wasn’t just, I didn’t have any perception. I was like, ‘oh this is so horrible’, you know. I started like kind of crouching. And my dad and my mom would always comment on those, ‘why can’t you stay straight up, you know? this is normal’, or whatever. I was like, ‘oh’…I feared a lot. (Crystal, early 20s, Eastern Europe)
3.3.2.2 Self-destructive behaviours. The disruption to body ownership resulted in a disconnection in the participants’ practices of caring for and living in their bodies. Specifically, the women disclosed engaging in harmful and often self-destructive behaviours, which were viewed as a means of coping with their emotional pain, regaining a sense of agency over their lives, and control over their body territory. In addition, some of the participants discussed feeling betrayed by their bodies, which led them to turn against their bodies in retaliation. Ashley provided a detailed account of the various drives that she experienced while self-cutting: cutting as a means of survival, to gain a sense of power, alleviate emotional distress, and to punish her body.

If I think back, I used to do it, like in the end I used to do it because I wanted to do it because it made me feel good, it made all those bad, see, when you cut yourself you have this feeling of… that’s why I say that I don’t know if I did it for attention or just because my body craved it. My body craved so much. It was a power I could [have]. So I if I damaged my body, it was because I had no control in my life. I had no control of the fact that my father was drinking. I had no control over the fact that my mother had been sick and I had to raise my sister. I had no control about people, what people did at school that did what they wanted to do. If it meant that they would verbally or emotionally hurt me then that was the control that I didn’t have. You know, and the two ways that I got control back was I can physically hurt myself if I want to. Nobody’s going to stop me.

(Ashley, early 20s, North America)

3.3.2.3 High-risk sexual behaviours. The disembodiment that follows loss of ownership over one’s body territory is more directly observed through the sexual practices described by the participants of this study. These accounts offer evidence of the gradient relationship between the
severity of victimization and the level of disconnection that often results. In addition, an increased level of disembodiment was observed with each additional episode of trauma. With a history of various forms of abuse, the end of a significant relationship initiated a string of damaging sexual experiences for Alex. She described having “pure sex” without any emotional connection with friends and acquaintances.

I was so angry with everything and everyone at this time that I just thought, ‘ok, I’ll sleep with you,’ sometimes I would even initiate it. Most of the guys are not going to say no and I would just do it. No feelings what so ever. Just pure sex. And after that I would put on my clothes, ‘yeah so I’ll see tomorrow’. (Alex, early 20s, Central America)

Alex reported that she recognized that her actions were a form of self-injurious behaviour. She stated: “Even though we may look back, you know, a year or two later and think, ‘oh my gosh, I was hurting myself’” (Sam, late 20s, North America). Similarly, after Claire’s experiences of sexual and physical violation, she reported submitting to the boys who sexually harassed her:

I mean, I didn’t think about it. I mean I just sort of let them do what ever they wanted. I didn’t think about it… I didn’t even think about that. I just was like… I just tried not to think about it, period, really. I mean, I just was like, I just felt dirty, dirty all the time. Dirty. (Claire, early 20s, Africa)

Upon closer investigation, Alex, Claire, Christie and Crystal spoke of a number of emotional and psychological responses to these behaviours including feelings of shame, guilt, anger, and severely diminished self-worth. In light of these findings, it appears that high-risk sexual behaviours were, for these women, both a result of victimization and a method of coping with the impact of living with their histories of violence.
3.3.2.4 Disordered eating. The participants’ narratives further revealed that the detrimental effects of body violation carried into practices of sustaining the body itself. In this area, disconnection included detachment from bodily cues, such as hunger and satiety. In addition, the women said that their relationships to food and their responses to internal cues were employed as a method of regaining agency. Two of the participants, Crystal and Ashley, had been diagnosed with anorexia nervosa in adolescence, but were no longer struggling with it at the time of their interviews (Crystal, early 20s, Eastern Europe; Ashley, early 20s, North America). However, Ashley explained that the traumas in her life, which included the history of childhood neglect, sexual, and physical abuse, led to her “burn out” at the age of 15 (Ashley, early 20s, North America). She described these life experiences as causing her poor academic performance, anorexia, and self-cutting behaviours.

I didn’t know this. I didn’t know what it was, like, how many times do you see a 15-year-old burnt out. So, in my experience, you know, started cutting myself. I started anorexia and stuff like that. I started rebelling against myself…[T]he two ways that I got control back was I can physically hurt myself if I want to. Nobody’s going to stop me. And I can physically starve myself because nobody’s going to stop me. Nobody’s can force me to put anything in my mouth. Like it all had to do with I wanted a certain control, because I was losing control in my life. I wanted to regain it somehow, and I did it physically and I did it emotionally. (Ashley, early 20s, North America)

However, a more detailed investigation of these young women’s transcripts showed that Alex and Christie experienced similar disruptions. Although these women’s behaviours did not meet full diagnostic criteria for disordered eating, their narratives revealed related levels of disruptions in their connections to their bodies. For example, Alex drew a connection between
when she was connected to her body, and thus capable of caring for her own needs, and when she most strongly felt affected by her past experiences of violation. Specifically, following her rape during adolescence, Alex reported a host of unhealthy behaviours following the end of an adult relationship. With respect to eating, she noted: “So I know sometimes I wouldn’t eat, you know. If I feel hungry I’ll eat in one more hour or two more hours or something like that” (Alex, early 20s, Central America).

Similarly, Christie reported that after a history of various forms of violation, and the subsequent end of a significant relationship, she too began to not meet the needs of her body through exercise and a healthy diet. She explained:

That’s when I actually started putting on weight. Because I, partially that was because I stopped exercising totally kind of thing. I mean, my exercising had slowed down. This was like a complete stop at this point, like any kind of physical activity so much kind of slowed down at that point, and it totally disappeared and at the same time I started working in this place… I’d be getting all this high fat, good food kind of thing which I normally wouldn’t get at home. (Christie, early 20s, Southeast Asia).

Christie’s neglect of her body during times of increased strain was characteristic of the many negative repercussions that follow a history of body violation.

3.3.2.5 Substance abuse. The effects of violation to body ownership led some of these young women to abuse drugs and alcohol to cope with their emotional pain. Alex, Beth, and Christie described their use of these substances in order to deal with the often unbearable suffering that followed their childhood body violation. Beth described her history of heavy drinking and drug use that began in grade eight: “Towards the end of grade eight was when I...
started… drinking [and getting high]” (Beth, early 20s, North America). Similarly, Alex reported relying on cigarettes, marijuana, and alcohol (Alex, early 20s, Central America). Christie offers a vivid example of how she used alcohol to deal with the painful emotions that were caused by disruptions in her interpersonal relationships, which followed a history of abuse:

[I had] gone for a field trip and I drank like crazy out there, out in the field, all of us used to, I was drinking way more than what I should have. We’re talking about rum. We’re talking a bottle a day. I’m not talking about a small bottle… no coke, nothing, just directly from the bottle. (Christie, early 20s, Southeast Asia)

These young women discussed these behaviours within the larger framework of their struggles to cope with their of body violation. Christie’s severe distress was further made apparent as talked of her plan to drink to the point of death on that field trip. She stated: “I know when I left for that field trip I was like literally, I’m going with the intention of not coming back alive” (Christie, early 20s, Southeast Asia). She said she had these feelings for about five months, during which she engaged in various behaviours that served as means to emotional numbing and disconnection: “[S]o four or five, maybe more five months kind of thing that was a bad period kind of thing, which I don’t remember anything about…I didn’t want to remember anything. Everything I was doing was trying to forget this” (Christie, early 20s, Southeast Asia).

### 3.3.3 Changes in Experiences of the Self.

Experiences of body violation have been documented as negatively affecting victims’ self-concept. These problems are of particular concern during childhood, when a stable personality is still being formed. It is not difficult to imagine how acts of violence may degrade the victim’s feeling of self-worth and confidence. Unfortunately, these feelings
often lead survivors of such violence to become increasingly vulnerable to further acts of violation.

Struggling with feelings of self-hatred was common in most of the participants’ narratives. Alex described how her promiscuity was directly connected to her feelings of self-loathing. She said she had casual sexual encounters as a way to “punish” and “hurt” herself. These acts then led to increased feelings of being “cheap,” “dirty,” and “bad” (Alex, early 20s, Central America). In another instance of the cycle of victimization and hampered self-concept, Claire described the internalization of being labeled a “slut”, after the boy who had raped her began spreading rumors that she was sexually promiscuous, at the age of 10. She stated:

I started feeling like I was a slut after a while. You know, I started believing what they were saying. I started letting them do whatever they wanted. It was just brutal to the point where, you know, I mean, you got three or four guys in the neighbourhood and they’re calling at different times and you know, and then…well, I just didn’t understand, I mean, I didn’t understand at first why they started looking at me like that. I thought it was just because I was growing and you know I started to get breasts and all that kind of thing. And so I thought it was because of that. And then … I trust them. You guys are my friends supposedly. You know. And they were persuading me. They weren’t just out and out grabbing me. I mean, they were telling me things, certain things and then, you know, from that point on it was just, I just didn’t understand. I started feeling like a slut. I started believing what everyone was saying so I just started letting them do it. (Claire, early 20s, Africa)
The internalization of this label is in fact a second violation, which exposed Claire to further episodes of victimization.

It also became clear that experiences of body violation during childhood were associated with an impaired ability for a healthy integration of a sense of self. Being the target of attack from a young age, Alex believed that the identity of a girl included being “vulnerable” and “naive” (Alex, early 20s, Central America). She described her childhood wish to grow up, since it meant the promise of escape from her current fate. For Claire, identity problems related to her confusion about her sexual identity. This disruption to her sense of self began with harassment from her peers for wearing gender non-conforming clothing. Later, the attacks included harassment about her sexual orientation. She reported:

I starting thinking maybe I am [gay]. You know. Maybe I could be gay. Maybe I’m bi. I don’t know…because everyone keeps telling me that I could be gay or that I am gay. Or you know, so I start believing it. [I am] very impressionable. (Claire, early 20s, Africa)

In addition, Claire described her feelings of being disconnected from her “feminine side” (Claire, early 20s, Africa). She explained that this disconnection resulted from the lack of nurturance she received from her mother and father, as well as her history of violation at the hands of various males.

3.3.4 Changes in Experiences of the Body.

Disruptions to the sense of ownership and safety in the body would reasonably be suspected to lead to a disconnection to one’s body. The narratives of these young women provide clear and explicit evidence of the disembodiment that follows experiences of violence against body territory. For some, the body was described as a passive object. Ashley, for example, made the analogy of her body as a “ragged doll” (Ashley, early 20s, North America). Claire said that,
after being raped at 10 and then 12: “I think from that point on I just sort of, I was like a mat. I didn’t think about my body. I didn’t value my body. I didn’t feel that it was of any worth” (Claire, early 20s, Africa). Both Beth and Claire referred to their bodies as places of hiding, in which they learned to reside. Claire said that, after her second rape at the age 12, she “went into a shell” (Claire, early 20s, Africa).

In addition, once disconnected from the body, this landscape became the ground where further violence was enacted. The general themes that accompanied these later episodes of violation included hating and overcoming the body, as well as feeling that the body was somehow flawed or wrong. Perhaps some of the most striking comments that illustrated the damaged relationship the body came from Crystal, who stated:

I don't know why it came so easy to me to see my body as being wrong’, I found really true. And then you also said to about, with uh, that friend of yours, when you're going through that really difficult period, and you weren't, you know, he said well, you said, well ‘I’m trying to overcome my body, I hate, you know, I despise my body. I wanna be out of my skin’. (Crystal, early 20s, Eastern Europe)

The theme of detachment from the body was most clearly evident in the arena of sexual practices. Here, Crystal described her relationship to sexual intercourse: “I don’t have relationships. I [have] you know, just friends and then I have, you know, people I have sex with” (Crystal, early 20s, Eastern Europe). In addition, Alex and Crystal described sex as a compulsive act. Alex commented: “I would just do it. No feelings what so ever. Just pure sex” (Alex, early 20s, Central America). Likewise, Crystal reported: “So basically always having compulsive sex, trying to make myself feel better about myself, and it wasn't getting me anywhere” (Crystal, early 20s, Eastern Europe).
Similarly, Alex, Claire, Christie and Crystal said they observed their bodies as passive objects during sex, ‘empty inside,’ and sex as generally detached from any grounding in emotions or desire. Claire reported:

I mean I just sort of let them do what ever they wanted. I didn’t think about it.” Likewise, Christie stated: “[Y]ou never really… think of your body as, you know, something special or anything specific, it’s just something that’s there. You use it for your benefit. You know, for doing stuff and that’s it.  (Christie, early 20s, Southeast Asia).

3.3.4.1 Physical problems. Ashley reported having a history of irregular periods. By the time she participated in the study, Ashley, while only in her twenties, has been diagnosed as likely going through an early menopause. In the following excerpt, Ashley’s descriptions of her physical health concern, as well as her lack of emotional response to this issue, highlight the physically and psychologically detrimental effects of living with a history of body violation:

I still get [my period] here and there but I’ve done so much damage to my body that they’re not regular. So I could skip like two, three months. And I’ve gone to the doctor and they don’t know. There’s nothing wrong with me. Like, physically, there’s nothing wrong…. because the one thing is I release two eggs on each side every month so my body gets confused. I don’t know why…the doctor thinks that I’m going through early menopause… right now…He thinks it’s early menopause because I shouldn’t be releasing four eggs every month… it totally doesn’t surprise me. No, after all my body’s been through, I’m not surprised. The doctor told me, he says, you know, ‘I hate to tell you this but it might be early menopause’. And I looked at him and I was like, ‘oh, ok’. He was like, ‘well, you know, do you have any questions? Does that worry you?’ I’m
like, ‘no. I’m surprised my body hasn’t shut down by now’. (Ashley, early 20s, North America)

3.3.5 Changes in Experiences with Others

The narratives of the participants revealed that disruptions in their interpersonal lives also led to disembodiment, and vice versa. Claire, Crystal, and Beth repeatedly made links between the difficulties that they faced in their relationships, and the problems that these traumas led to with respect to their abilities to connect with and care for their bodies. For instance, Claire explicitly made reference to childhood neglect as affecting her connection to her body. In one instance, she recalled talking with a friend about her past abuses and the novel experience of being held. She stated: “Just to have someone hold you the first time, you know, that was like, no one has ever done that... I was twenty. And your mom’s never held you, ever. I mean, that’s, that’s, that’s crazy, you know. Like, I told one of my friends that and she was like, ‘what? Your mom’s never held you?’” (Claire, early 20s, Africa).

Similarly, Beth said that, following her various abuses; she experienced feelings of depression, which then led to social isolation. She reported that this shift in her level of connection with others also manifested in her degree of self-care:

[I stayed home and chatted on the internet all day]. Talking with them made me feel like I was justified staying at home all day. And they knew I was doing it too, and they were like, ‘When are you gonna go out,’ you know? And there are still jokes like, when I started going out again. My roommate, and just my friends, ‘wow Beth left the house today.’ And they’re like you know, ‘Beth had a shower today, and got dressed’. (Beth, early 20s, North America)
In addition, since violations to body ownership occur within an interpersonal contexts, it is not surprising that violence at the hands of another person would lead to disruptions in healthy patterns of relating with others. Ashley related her early traumatic experiences to her general sense of discomfort with men and preference in sexual partners. She explained: “I [don’t] go for guys. I’m just not comfortable with them. Maybe, maybe it springs back from the past that I’ve had with men that I just don’t feel comfortable” (Ashley, early 20s, North America).

Within intimate partner relationships, disruptions in feelings of safety and security with others were closely related to an impaired connection with the body. Alex, Claire, and Ashley connected their involvement in emotionally detached and casual sexual interactions with their childhood sexual abuse. Alex reported: “I took this turn and I just honestly just did not care about it. I would sleep with like friends, um, I would just sleep with them just to do it” (Alex, early 20s, Central America). Similarly, infidelity by partners, as reported by Christie, Alex, and Beth, led them to have sex with other individuals without any attachment to emotions or desire. Beth recounted: “Yeah, so, so I started doing it towards the end of a relationship, dating other people, sleeping with other people to retaliate and feel at least, like if you can do it, I can do it” (Beth, early 20s, North America).

In addition, Alex and Beth spoke of high-risk sexual behaviours such as unprotected sex. Alex said that, after her partner’s infidelity and the end of their relationship, she had unprotected sex with casual acquaintances: “I did sleep with these two other people [and] I never used any protection” (Alex, early 20s, Central America). More specifically, following the termination of a significant relationship, Beth experienced a host of emotional and psychological symptoms including social phobia and panic attacks:
I moved here for a guy, and got a job, and blah, blah, blah and been living out here. And we broke up, and I quit my job, and moved out all at the same time, and my brain exploded, and I started getting panic attacks every day, and was diagnosed with panic disorder, anxiety disorder, and all those sorts of things. And lost my mind to speak, or whatever. (Beth, early 20s, North America)
Chapter 4: Discussion

A handful of qualitative research has been conducted on the effects of body violation for women to date. As with the present study, such qualitative research offers the advantage of gaining insight into the experiences of the participants they investigate. In doing so, the meaning behind the findings are illuminated. The following section offers a comparative discussion with respect to both the commonalities and the areas of divergence between the current study and the qualitative studies identified in the literature review.

The results of this pilot study have been largely consistent with the results of existing qualitative research. However, the present investigation contributes to the existing literature by addressing a broader spectrum of violations, including those that are considered ‘normative’, as well as a broader range of subjective and behavioural experiences. The current study also sheds light on a more nuanced understanding of the various levels and qualities of disembodiment that follow experiences of body violation.

4.1 Normative Violations

The current study investigated a broad range of violations to body ownership. These included traditionally defined experiences of sexual and physical violence as well as subtle and sub-threshold forms of abuse, such as those normalized within patriarchal societies. As such, the experiences of the participants were considered in the larger context of oppressive norms embedded within patriarchal cultures and societies, which render the female body vulnerable to subtle and sub-threshold forms of violence. From a young age, girls grow up with a variety of explicit rules and implicit norms that dictate and restrict their experiences of living in their bodies.
While some of the qualitative studies pointed to the influence of culture in understanding the effects of body violation, none of their investigations noted the normative forms of violence that existed as a relevant context for their participants’ experiences of body violation (Banyard & Williams, 2007; Morrow et al., 1995; Leahy et al., 2002; Clarke & Griffin, 2008; Harris, 2005). The results of the present study depict a range of normative violations that lead to disembodiment, including: how to move and carry the body; pressure to wear traditional gendered clothing; ideal images regarding body shape and size; practices of altering the body to conform to traditional images of femininity; lack of sexual desire and agency; and assertiveness in sexual and social domains. These sub-threshold forms of violation lead to the internalization of oppressive norms, affecting the participants’ experiences of themselves, their bodies, and their relationships with others. The manifestations of these internalized norms included: viewing the female body as flawed and inadequate; passivity and disconnection with respect to sexuality and body territory; and objectification of the body, amongst many others.

4.2 Revictimization

Only three qualitative studies held a consideration of re-victimization as significant in their investigations of the effects of violation on emotional and psychological well-being (Thomas et al., 2008; Basile, 2008; Banyard & Williams, 2007; Leahy et al., 2003). In the study conducted by Basile (2008), the majority of the women who reported being subjected to unwanted sex had also experienced various other forms of victimization through their lives. Banyard and Williams (2007) noted re-victimization hindered participants’ abilities to cope with experiences of childhood sexual abuse. Finally, Thomas et al. (2008) identified the cycle of vulnerability and victimization that follows women in abusive relationships, which rendered them increasingly dependent on their abuser for financial, caregiving, and emotional support. In
contrast, by investigating a broader spectrum of violation to body ownership, the current study noted that all of the young women in the study experienced more than one account of body violation. It was also noted that there were cumulative effects of body violation, with respect to overall psychological and emotional well-being such as panic attacks and depression. These effects were further evident in participants’ practices of inhabiting their bodies, including self-harm behaviours, disrupted eating patterns, objectification of the body, and the manipulation of clothing to protect and hide their bodies. All of these behaviours and symptoms were identified as a result of the increased level of disembodiment that followed additional experiences of violation.

4.3 Effects on General Psychological Wellbeing

4.3.1 Changes in Affect

The current study identified a range of emotional repercussions of body violation. These symptoms included: clinical and subclinical levels of anxiety and depression; suicidal ideation; anger; self-blame; shame; as well as diagnoses such as panic disorder and bipolar disorder. Many of the existing qualitative studies also cited these experiences as the result of body violation. For example, some studies noted their participants as having depressive symptoms as resulting from experiences of body violation (Saha et al., 2011; Harris, 2005; Basile, 2008). While the current study cited participants’ experiences with anxiety, including anxiety disorder, panic attack, and social phobia, only two studies, Saha et al. and Banyard and Williams (2007), reported their participants’ experiences as anxiety. In addition, Saha et al., Basile (2008), and Marrow et al. (1995) noted suicidal ideation in some of their participants following body violation. Further, the theme of anger was identified in some of the existing qualitative studies (Leahy et al., 2003; Basile, 2008; Morrow et al., 1995).
As in the current study, feelings of shame and self-blame were commonly found in the qualitative literature. Specifically, Saha et al., (2011) and Træen and Dagfinn (2008) noted that participants reported these feelings following their experiences of sexual abuse during childhood. Leahy et al. (2003) found that participants who experienced self-blame and shame following body violation also demonstrated clinical levels of distress, while those who did not identify with these feelings, were not clinically distressed. Further, these feelings were also evident as related to sexual desire following sexual victimization (Træen & Dagfinn, 2008). Finally, in the study by Basile (2008), self-blame was a common immediate response for women who had experienced forced sex by their partner.

4.3.2 Children’s Mental Wellbeing in Terms of Psychological Experiences

The current investigation found a range of psychological repercussions that followed childhood experiences of victimization, especially related to sexual abuse. Experiences of dissociation as found in this study were also noted as a result of victimization in the research conducted by Marrow et al. (1995) and Banyard and Williams (2007). The current study also found that some participants reported feelings of confusion surrounding the abuse. This was noted in only one other qualitative study (Leahy et al., 2003). Related experiences of hyper-vigilance and paranoia, found in this study, were not noted in the existing research. In addition, while the study by Saha et al. (2011) reported flashbacks as a repercussion of childhood sexual abuse, this study was able to identify flashbacks as well as amnesia and repression as common side effects of this form of violation during childhood.
4.4 Practices of Inhabiting the Body

The current study noted a range of practices aimed at managing participants’ abilities to live in their bodies as well as regain a sense of control over their body territory following violation. To date, only some of the existing literature has considered the effects detailed below.

4.4.1 Clothing

This study noted many of the participants’ descriptions of using clothing as a means to protect the body as well as to conceal the emotional and physical scars of their experiences of violation. For instance, participants were noted as wearing layered or loose clothing, as well as covering their entire bodies with clothing irrespective of weather. Only one existing study noted any practices related to that found in the current investigation. Specifically, in Clarke and Griffin’s (2008) study of older women who had experienced sexual or physical abuse during childhood or adulthood, participants’ efforts to hide or minimize the body through the use of garments was identified.

4.4.2 Self-Destructive Behaviours

4.4.2.1 Self-cutting. Self-harm behaviours examined in the current study included an account of self-cutting by one of the participants, who related these experiences to coping with the emotional pain and gaining control, as well as a means of punishing her body. However, self-cutting or related behaviours were only considered in the studies conducted by Morrow et al. (1995) and Harris (2005), which linked self-harm only to participants’ strategies to avoid or override emotional pain.

4.4.2.2 High-risk sexual behaviours. High-risk sexual behaviours following body violation that were identified in this study included promiscuity, unprotected sex, and
detachment from emotions and desire during sexual activities. Unfortunately, none of the existing studies considered these behaviours as a result of body violation.

**4.4.2.3 Disordered eating.** The current study noted disruptions in eating patterns as following experiences of violation to body ownership. These repercussions included subclinical symptoms of disconnection from inner body cues for satiety and hunger, unhealthy eating habits, as well as lack of physical exercise, to the diagnosis of anorexia. Only one qualitative study looked at eating disorders, recognizing this issue as a result of childhood sexual abuse (Morrow et al., 1995). As described in the current study, Morrow et al. identified anorexia as a way for participants to cope with the emotional pain of their histories of trauma, by focusing on their physical pain instead. In addition, only one other study noted subclinical manifestations of disordered eating, linking these behaviours to the effects of sexual and physical abuse (Clarke & Griffin, 2008). In the study by Clarke and Griffin (2008), participants reported that they consciously gained significant weight in order to protect themselves from potential future assaults.

**4.4.2.4 Substance abuse.** The current study further included in their investigation a consideration of substance abuse, from alcohol and marijuana to more serious drugs such as LSD. Once again, these behaviours were viewed in the context of coping strategies to deal with the repercussions of disruption to body ownership. Only two existing qualitative studies investigated alcohol and substance abuse (Morrow et al., 1995; Harris, 2005). In addition, in the study by Harris, these behaviours were only presented in the contexts of obstacles to participants’ recovery from the psychological and emotional repercussions of body violation.
4.5 Changes in Experiences of the Self

The current study further noted many changes to the participants’ self-conceptions following experiences of body violation, which ranged from feelings of diminished self-esteem and self-worth, to the internalization of derogatory labels such as feeling like a “slut”, “cheap”, and “naïve”. Participants were also noted as experiencing self-loathing. Some of the existing literature identified a few of the experiences related to impaired self-concept. For instance, Clarke and Griffin (2008) found that victims of sexual and physical abuse suffered from low-self esteem in later life. Believing oneself as “cheap” and developing overall diminished self-esteem was a common immediate effect reported by women who had experienced forced sex by their partners (Basile, 2008).

In focusing on the effects of childhood sexual abuse (CSA) on conception of oneself, researchers found that participants described that their experiences of abuse had led to the development of a “traumatized self” (Saha et al., 2011). The characteristics of this identify included feelings of low self-worth, as well as increased feelings of vulnerability (Saha et al., 2011). In addition, participants reported being particularly self critical, setting unrealistic ideals of perfectionism upon themselves (Saha et al., 2011). In another study conducted with participants with a history of CSA, researchers focused only on coping and survival strategies that were employed by participants to help themselves deal and minimize their feelings of helplessness and inferiority (Morrow et al., 1995).

4.6 Changes in Experiences of the Body

The results of the current study demonstrated the large range of manifestations of disembodiment that occurs from experiences of violation to body territory. For instance, this study noted that body violation resulted in a sense of the body as flawed, wrong, or inadequate.
Clarke and Griffin (2008) noted that these feelings persisted into later life. Specifically, the participants reported feeling critical about their body image as well as a general feeling of being unattractive (Clarke & Griffin 2008). The investigators concluded that sexual and physical abuse increased the likelihood for women to engage in non-surgical procedures in an effort to alter their body image (Clarke & Griffin 2008). These procedures were described as an attempt at distancing themselves from the memories of the abuses as well as physical scars left by episodes of violence (Clarke & Griffin 2008). In addition, the participants reported heightened sensitivity to their body image in order to avoid further encounters of abuse (Clarke & Griffin 2008).

Although this study offers significant insight into the experiences of violation on body image, it does not examine the effects to embodiment, which was the focus of the current study.

Instead, most researchers have investigated the effects of body violation on the disruptions to psychological and emotional well-being, without noticing the effects on embodiment. In one such study, participants present direct evidence for the disembodiment that follows violation to body ownership. However, since the researchers had not adopted a framework that would include disruptions to embodiment, these effects were left unidentified. For instance, one such participant was reported as stating: "I lived in my head", when describing how she attempted to minimize her emotional pain (Morrow et al., 1995).

The disconnection from the body as a coping mechanism was precisely what resulted from the current investigation. This effect manifested as the body becoming detached from the self and experienced instead as a passive object and often sexually objectified. Træen and Dagfinn (2008) reported that trauma leads to feelings of shame and incompetence, which then affects the victim’s sexual desire. Although literature review and our study demonstrates that shame is a common effect described by victims, in particular of sexual violation, this study fails
to recognize that the loss of connection to one’s body. This study also fails to provide a more thorough understanding of the normative forms of violation within a patriarchal society that denies girls agency over sexual desire. In fact, upon closer examination, participants offer evidence for the disconnection to the body. One such excerpt from a participant retelling her experience of rape while intoxicated, reported: “I was very intoxicated. I remember waking up because he was fucking me from behind. I thought, ‘Oh, my God!’ I was like a sack of potatoes. I was so completely pissed” (Træen & Dagfinn, 2008, p. 381). After being raped at 16 years of age, another participant’s description of her intimate relationships offers further evidence that a lack of sexual desire is closely related to loss of body ownership. She stated: “In the beginning of a relationship I can go along with things the guy does, even if I don’t like it. I just think ‘Oh, let’s forget it! I don’t want to, but I’m going to anyway” (Træen & Dagfinn, 2008).

4.6.1 Physical problems

Current literature cites the effects of body violation as extending to an increased frequency of many physical problems. Childhood victims of more severe forms of violence to body ownership, particularly those related to sexual offenses, have been found to later develop a variety of gynaecological dysfunctions. In the current study, one participant was found to have irregular periods and was informed by her general practitioner that she was going through an early menopause. The study by Thomas et al., (2008) focused specifically on the effects of IPV on physical health. The study concluded that IPV exacerbates existing health conditions such as cancer and HIV, as well as causes a variety of health problems including: disability, chronic health problems, disfigurement, impaired mobility, loss of teeth or vision, digestive problems, high blood pressure, headaches, vomiting, and respiratory problems Thomas et al.
4.7 Changes in Experiences with Others

The current study noted that disruptions in interpersonal relationships lead to a disconnection to one’s body, and vice versa, as disruptions to body ownership also lead to loss of connection in interpersonal relationships, which have negative effect on one’s connection to one’s body. For example, infidelity or other interpersonal conflict caused social isolation as well as disruptions to the participants’ connection to their bodies, such as sex without desire or emotional connection and high-risk sexual behaviours including promiscuity and unprotected sex with casual acquaintances.

Since violence occurs in the context of a relationship with another person, it can lead to feelings of discomfort with individuals similar to those who caused the previous conflict. For instance, one participant reported feeling uncomfortable with men following a history of sexual abuse. Other participants demonstrated difficulties with intimacy and trust within relationships. Two other studies also reported that participants said they experienced problems with trust and intimacy following sexual violation (Leahy et al., 2003; Basile, 2008). Interestingly, in investigating the effects of interpersonal violence (IPV) on health outcomes, Thomas et al. (2008) found IPV rendered female victims increasingly dependent on their abusive partners.

4.8 Limitations of Current Study and Suggestions for Future Research

The current analysis focused on the interviews of a subsample of seven of the total of 11 female participants. This is a small group of participants. Nonetheless, the repeated interviewing of the same participants, has led to the emergence of rich and diverse narratives. Indeed, the findings of this inquiry were often in agreement with existing research literature. A larger group of participants than in this study would have likely allowed for exploring a broader range of violations as well as experiences of inhabiting the body.
In addition, the current study limited the age criterion of participants to between 20 and 27 years of age. This small range in ages provided a higher likelihood to find shared themes and to help reveal more recent experiences during childhood and adolescence. In contrast, existing qualitative research predominately selected participants between 18 and 70 years of age; the majority of participants varying in an age gap of about 30 years, with an average age of approximately 40 (Træen & Dagfinn, 2008; Morrow et al., 1995; Clarke & Griffin, 2008; Thomas et al., 2008). Another strength of our study is repeated interviews, over a period of two years. It was also significant that the participants each were provided with a summary of the emerging themes as well as their own transcripts so that they could clarify the findings of the study.

Future studies would significantly benefit from expanding the range of violations that they investigate, to include more subtle and normative forms of violation as discussed in this paper. Relatedly, investigators may increase the spectrum of effects beyond traditionally sought out psychological, emotional, cognitive, behavioural, and interpersonal problems. Specifically, forms of violation and the effects of these experiences should be grounded in the subjective experiences of the women.

Consideration should also be given to the larger cultural and social framework in which experiences of violation are embedded. Similarly, in considering the range of environmental factors that can affect experiences of violation, it would be useful to interview a larger group of participants of diverse backgrounds, in terms of ethnicity, disability, physical and mental health status, sexual orientation, education, immigration, age, economic status, and weight. It would also be useful to look at violation in different cultures to provide a greater range of experiences of violation as well as the variables associated with their consequences.
4.9 Implications for Clinical Practice

Mental health professionals would benefit from the more comprehensive understanding of the spectrum of violence that exists as well as a consideration of the dynamic interplay between gender and various other social positions in a patriarchal society. In doing so, researchers and clinicians may assist in the education of policy makers, as well as become more sensitive when developing treatments that are aimed at helping women understand, and heal from, their experiences of trauma. Specifically, clinicians would benefit from increased sensitivity when working with individuals who may present with a variety of manifestations symptomatic of body violation, as uncovered in this study. This includes understanding the manifesting symptoms of emotional disturbances, impaired self-concept, self-destructive behaviours, and interpersonal issues as potentially the result of trauma. This attunement expands not only from overt signs of trauma, but extends to sensitivity in language, space provided, and boundaries in the context of the therapy session and overall therapeutic relationship.

Clinicians would further benefit from perceiving violation as not only episodic events, but also more commonly including subtle and sub-threshold forms of normative violation. This attention must include the consideration of not only gender, but also the various social locations of different clients. In addition, rather than using labels or diagnoses, for example, eating disorders, borderline, or anxiety disorders, clinicians may view the symptoms using a trauma-informed approach. By understanding the disruption to body ownership that follows trauma, it would become possible to work to empower clients to promote their own self-care. Ultimately, clinicians and clients would work collaboratively in order to assist in the clients’ journeys towards re-embodiment.
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