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Therapeutic Autoethnography: From Epiphany to Catharsis

Kelsey Railsback

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Therapeutic Autoethnography: From Epiphany to Catharsis

by

Kelsey Railsback

A Dissertation Presented to the

College of Arts, Humanities, and Social Sciences

In Partial Fulfillment of the Requirements for the Degree of

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2020

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by

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This dissertation was submitted by Kelsey Railsback under the direction of the chair of the dissertation committee listed below. It was submitted to the College of Arts, Humanities, & Social and approved in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the Department of Family Therapy at Nova Southeastern University.

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With gratitude to my clients, colleagues, mentors, family, and friends, from whom I have learned to become a better person and therapist.

In memory of William C. Rambo, who has affected so many lives.

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Abstract

A large percentage of the U.S. population has been directly or indirectly affected by sexual violence. The Rape, Abuse, and Incest National Network (2020b) reported 433,648 victims annually, and Dillinger (2018) reported 747,408 registered sex offenders living in the United States. As a victim-survivor of sexual violence, I have a unique narrative in that I chose to work therapeutically with sexual offenders. Reactions from my family, friends, and colleagues have varied from surprise to alarm, but I hope this dissertation inspires readers to take a second look. Readers who are mental health professionals may consequently be motivated to work with this population and work differently with victim-survivors of sexual violence. Readers who are not in the mental health field may find that this dissertation is relevant in terms of challenging their biases pertaining to sexual offenders as well as victim-survivors. Still others who are victims of sexual violence may see themselves in my raw stories and find healing the way I did. Since there is no published research on victims who work with sex offenders, my autoethnography addresses a current gap in knowledge. Yet my research also contributes something new to autoethnographic research itself. My initial question, “How did I overcome challenges as a victim to work with sexual offenders?” evolved to a new question, “Who am I regardless of these relationships?” In exploring this latter question, epiphanies led to catharsis, which resulted in a new kind of research—a Therapeutic Autoethnography.

Keywords: therapeutic autoethnography, therapist identity, sexual offenders, sexual violence, advocate, victim, survivor

CHAPTER I: INTRODUCTION

Background of the Problem

Many of my therapist colleagues have expressed that they would not work with sexual offenders; furthermore, many members of my family, friends, and colleagues question how I came to work with sexual offenders as a victim of sexual violence myself. These perspectives do not seem to be unique. Most published research fails to give voice to this population. While I am unable to directly share my clients' perspectives in an autoethnography, I can give voice to my own experience and take the reader through the iterations of my therapeutic autoethnographic process.

Purpose of the Study

I know how personally fulfilling it has been for me to therapeutically work with sexual offenders, and I hope this dissertation sheds light on some of the societal prejudices around sexual offenders. Moreover, I hope that mental health practitioners are inspired to challenge themselves to work with this population that is truly so diverse. Readers who are not in the mental health field may find that this dissertation is still relevant in terms of challenging their biases around sexual offenders and sexual predators. Still others who are victims of sexual violence or know victims of sexual violence may find that this research affirms their experience and provides healing. As a therapist, I found catharsis in this process, and I anticipate this study being relatable to a wide range of readers with significant implications for future autoethnographic research.

Gap in Knowledge

Currently, there is no publicly accessible research on victims of sexual violence who have worked with—or who are interested in working with—sexual offenders. The

question is not whether it has been done, rather, it is whether those victims who have worked with offenders make that information known. Given that there are few mental health practitioners who are interested in working with sexual offenders to begin with (Bach & Demuth, 2018), there is certainly a dearth of literature that reports positive therapeutic experiences with offenders; however, my own experience has shown me the merits of such work and how personally and professionally rewarding this type of therapeutic work can be. The societal bias in published research on sexual offenders and what sex offender therapy looks like is troublesome in that the misinformation inadvertently reinforces stereotypes. I would like to offer what I can to address this knowledge gap.

Victims of Sexual Violence

What is a Victim of Sexual Violence?

Rape is defined by the U.S. Department of Justice as the following:

The unlawful penetration of a person against the will of the victim, with use or threatened use of force, or attempting such an act. Rape includes psychological coercion and physical force, and forced sexual intercourse means vaginal, anal, or oral penetration by the offender. Rape also includes incidents where penetration is from a foreign object (e.g., a bottle), victimizations against male and female victims, and both heterosexual and homosexual rape. Attempted rape includes verbal threats of rape. (2016, p. 2)

The U.S. Department of Justice also defined sexual assault as “separate from rape or attempted rape. These crimes include attacks or attempted attacks generally involving

unwanted sexual contact between a victim and offender. Sexual assault may or may not involve force and includes grabbing or fondling, [including] verbal threats” (p. 2).

The U.S. Centers for Disease Control and Prevention defined sexual abuse as “any completed or attempted (non-completed) sexual act, sexual contact with or exploitation (i.e., noncontact sexual interaction)” (2008, p. 14). For the purposes of this dissertation, I followed the definition proclaimed by The Rape, Abuse, and Incest National Network (RAINN) where the term sexual violence encompasses rape, sexual assault, and sexual abuse (2020a).

How Many Are Affected?

RAINN (2020b) reported an estimated 433,648 individuals are victims of rape and sexual assault each year. The Centers for Disease Control and Prevention (CDC) found that 25% of girls and 16.6% of boys have experienced sexual violence—“with an estimated 15 million children being affected” (Abel, Jordan, Harlow, & Hsu, 2019, p. 663). This matches the National Sexual Violence Resource Center’s (2015) report on child abuse that “one in four girls and one in six boys will be sexually abused before they turn 18 years old” (para. 11). *The New York Times* recently reported that 45 million photos and videos were flagged as child pornographic material in 2019 (Keller & Dance, 2019).

Additionally, The National Intimate Partner and Sexual Violence Survey reported that almost 1 in 5 women and 1 in 71 men were raped during their lifetime—not including other forms of sexual assault (as cited in Young, Pruett, & Colvin, 2018). But as Vearnals and Campbell pointed out in 2001, “Many victims do not report the assault or seek help for the physical or psychological consequences” (p. 282). The Office of Sex

Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART) wrote that “only 19 percent of women and 13 percent of men who were raped since their 18th birthday reported the rape to the police” (Przybylski, 2020, para. 9). Unfortunately, we still see this lack of reporting today (Haskell & Randall, 2019). Since many incidents of sexual violence go unreported, it is understood that these statistics are actually skewed, with the real number of offenses against children and adults likely being much higher.

Clearly, sexual violence affects many people and is a prevalent concern. Not only are there a high number of contact offenses, but there is also a rise in pornographic cases. Given the number of clients a therapist sees throughout their career, they will inevitably encounter clients who have been raped or experienced other forms of sexual violence.

The Outlook for Victims of Sexual Violence

A significant number of victims struggle with victim-blaming and retraumatization. Victims of sexual violence may not be believed or, if they are, the system may fail to provide safety for them to tell their story: “It is well known that sexual assault complainants have too often experienced the criminal justice system as a place that re-traumatizes and even harms them” (Haskell & Randall, 2019, p. 5). And even when they are believed and the justice system manages to provide support, the outlook for victims of sexual violence is still not an especially bright one. Even recent literature meant to be helpful for victims can be unwelcome reminders of what they can expect in their future. A notable researcher in sexual abuse, Abel and his colleagues (2019) mentioned “the higher prevalence of major affective disorders, including mental, personality, and anxiety disorders, and also physical and psychosomatic diseases” (p. 663). Most of the literature states that victims of sexual violence frequently have long-

term or even life-long symptoms of post-traumatic stress disorder (PTSD) (cf. Hailes, Yu, Danese, & Fazel, 2019; Scoglio, Kraus, Saczynski, Jooma, & Molnar, 2019). For instance, Young et al. (2018) stated: “In addition to the immediate physical and emotional harm caused by rape, symptoms suffered by men and women who experience sexual assault include low self-esteem, depression, antisocial behavior, substance abuse, risk-taking, and self-harming behavior. Such diagnoses can be counterproductive” (p. 456).

Despite their helpfulness in recognizing and categorizing so-labelled abnormal behavior and framing it in a context that makes sense of the behavior, life-time diagnoses can limit a person by confining them to a predetermined, inevitable identity. The following quote exemplifies this potential outcome: “Essentially, the effects of trauma activate and imbed within the survivor a legacy of chronic, unrelenting, inescapable traumatic anxiety” (Parson, Brett, & Brett, n.d., para. 2). This may or may not be true for a particular victim, or it may be true for a period of time and then subside—much the way one might feel grief over a relative’s death but notice that grief lessen over time. However, people tend to box in victims by defining them by their victimhood so that they are no longer a blank slate with room to draw their own identities. A victim identity freezes one in one particular time. In other words, they are almost never not a victim in society’s eyes. Because it fits better for me, I have consciously chosen to use term “victim” rather than “survivor,” and I elaborate on this point in Chapter II when I discuss treatment approaches.

Sexual Offenders

What is a Sexual Offender?

The term sexual offense is vague and could refer to a wide array of crimes—what constitutes as such a crime varies state to state. According to Florida Statute 943.0435, a sexual offender may have committed sexual misconduct, sexual battery, lewd or lascivious offenses, or other unlawful sexual activity. But, as Miller (2018) pointed out, “While the specifics and severity of the crimes committed vary among sex offenders, generalizations are frequently made when it comes to the crimes committed” (p. 5). The term covers anything from public urination to sexting to incest to a contact offense with a child.

A sexual predator is not the same as a sexual offender. 1992 Florida Statute 775.21 (i.e., The Florida Sexual Predators Act) classified sexual predators as “repeat sexual offenders, sexual offenders who use physical violence, and sexual offenders who prey on children”

How Many Are Affected?

In 2018, the World Atlas reported the national number of registered sex offenders (RSOs) to be 747,408 (Dillinger, 2018). According to the Child Rescue Network’s report on the National Sex Offender Registry (2019), there are currently more than 750,000 RSOs in the United States. At 69,654, Florida has the second highest number of RSOs by state in the United States (Dillinger).

The Outlook for Sexual Offenders

The outlook for sexual offenders is similarly bleak. “Rather than seeing a criminal as nothing more than the crime they commit, our society often places broad

generalization, assumptions, and judgments on those individuals who have made life-changing mistakes” (Miller, 2018, p. 1). People make assumptions about who sex offenders are, and this affects even mental health providers. It is easy to forget that social discourses (i.e., narratives) are not the Truth. Typically, one imagines a monster: a stranger who is a long-term sexual predator—a male, inhumane pedophile with a white van who preys on little girls at playgrounds (cf. Gavin, 2005). Rarely does society lend an ear to hearing about the marginalization sexual offenders experience.

Labeled sex offenders are often subject to a dominant societal discourse of biological deficit: that they cannot change who they are and are born violent, disturbed, and otherwise dangerous to society (Bach & Demuth, 2018; Drinks, 2015; Gavin, 2005; Levenson, Grady, & Morin, 2019). Some researchers focus on scanning the brains of sexual offenders to look for the so-called root cause of evil, often drawing the conclusion that there are genetic defects that need to be corrected to ensure public safety. I have come to know that some researchers suggest that the abuse will happen again unless offenders are locked up, their brain circuitry changed, or their hormones affected (e.g., chemical castration). Even some therapists who advocate for sexual offenders are guilty of an assumption that clients need hormonal treatment for therapy to be successful (see Weiss, 2015). Yet, in my experience, people tend to think about female offenders and juvenile offenders differently—or often not at all—so society frequently conceptualizes juvenile offenders as kids who messed up rather than as genetically flawed individuals. One might attribute it to poor impulse control instead of biological sexual deviance, for instance.

Nonetheless, for most sexual offenders, their charge becomes their life and society reminds them of it every day: on their driver's license, in a driving log, during job applications, even at home when probation officers stop by to do a home check. Sexual offenders are restricted as to internet access, where they can walk, work, go to church, reside, and otherwise live their lives. Further, sexual offenders must also be concerned for vigilantism from citizens who believe they have the moral right to vengeance (Cubellis, Evans, & Fera, 2017). Many registered sexual offenders (RSOs) become homeless due to stringent living restrictions (Levenson, 2016; Miller, 2018). The legal restrictions are connected to an additional societal discourse that offenders will unavoidably reoffend (Levenson, Brannon, Fortney, & Baker, 2007) even though, statistically, sexual offenders have the lowest recidivism rate of any criminal charge (Heroux, 2012). Still, as Heroux pointed out, "No one wants them, and they have many legal obstacles. And they have burnt all their bridges with society and even their family" (para. 6).

Therapeutic Work: A Lack of Desire to Work with Sexual Offenders

"The overall societal view of sexual offenders within the United States suggests that they are morally flawed, irredeemable, and even sick" (Miller, 2018, p. 1), and therapists themselves are not exempt from this prejudice—the so-called "ick factor" (Levenson et al., 2019). Working with sexual offenders can be challenging, and many therapists are hesitant to work with sexual offenders because of real and perceived challenges (Bach & Demuth, 2018; Weiss, 2013). Some therapists outright state that they do not feel they could do therapeutic work with people who have committed such awful crimes (Bach & Demuth, 2018); meanwhile, other therapists report not feeling safe enough to conduct therapy with this population (Weiss, 2013). In Weiss' experience as a

mental health professional in an office setting, his colleagues refused to work with sexual offenders out of safety concerns even though those same therapists had been seeing those same clients for years due to substance misuse.

The literature reports that those few who have chosen to work therapeutically with sexual offenders have reported burnout, compassion fatigue, and vicarious trauma (Bach & Demuth, 2018; Drinks, 2015). In Drink's (2015) qualitative phenomenological study, he found that all his participants (i.e., therapists) had fallen into working with sexual offenders rather than choosing the work themselves. This was also echoed by Bach and Demuth (2018). Since both longstanding and recent literature describes sexual offenders in terms of sociopathy, lifelong distortion, disorders, and deviance (Bach & Demuth, 2018; Weiss, 2015), this does not affirm that therapeutic work with sexual offenders can be meaningful or make a lasting difference, which is a possible deterrent for would-be practitioners.

My Research

How did I overcome challenges as a victim to work with sexual offenders? To answer this qualitative research question, I attempted to use an evocative autoethnography to investigate my experiences as a victim of sexual violence who chose to work with sexual offenders. Instead, I ended up doing something else, which I explain in Chapter V. I explored how my deeply personal experiences with rape and sexual assault have shaped me as a woman, a therapist, and finally as an advocate. And those investigations led to more epiphanies and identities, which are discussed in Chapter IV. To generate my research data, I used personal memory data and self-reflection that led to first and second order epiphanies.

Theoretical Framework

My ideas are informed by my years of experience as a therapist who believes in social constructionism. A social constructionist epistemology holds that there is not one absolute or right way of seeing the world: “Let us abandon the idea of Truth (universal and for all people at all times) and replace it with multiple truths—useful ways of communicating for various people at various times” (Gergen, 2015, p. 12). I am also informed by my years of practicing as a collaborative therapist; I focus on meaning and work to deconstruct ideas and societal narratives that I would otherwise take for granted (cf. Anderson, 1997). This philosophical questioning helps me look at the world (and myself) in new ways, and the epiphanies that I gained from doing so in this dissertation became therapeutic in themselves.

Research Goal

My study lays out my raw, lived experience as a participant in a culture of victimhood as well as an outside participant/observer in the culture of registered sexual offenders. This study is directly applicable for those considering working with this population, but it is also applicable to all therapists, as therapists never know who will walk through their door. This autoethnography may also provide insight and closure for victims of sexual abuse, as well as prepare therapists for working with victims of sexual violence in the future.

Another contribution this study makes is a challenge to dominant discourses about sexual victimization and sexual assault. My transparency may allow outsiders insight into particularly cultured worlds they otherwise may not have been able to gain access. Perhaps a reader would change or expand their mind about what it means to be a victim

of sexual violence and what it means to be a sexual offender. Perhaps therapists may challenge themselves to work with a population they otherwise would not have considered. Perhaps other readers might consider advocating for marginalized and vilified sexual offenders. I hope this research can help victims find solace, offenders find validation, advocates find hope, and therapists find inspiration.

CHAPTER II: LITERATURE REVIEW

Reported Health Outcomes for Victims of Sexual Violence

I have broken up the following section on physical health, mental health, and social outcomes for victims by quantitative and qualitative research subsections. Because the approaches are inherently different, I want to demonstrate the equifinality in published research (i.e., that coming from either a quantitative or qualitative methodology, the research conclusions are often the same). I also separated child sexual abuse (CSA) from adult sexual violence, as this is often done by the researchers themselves, so the reader could compare the two. As a victim of CSA and adult sexual violence, both bodies of research are applicable.

Poor Physical Health Outcomes Reported for Child Sexual Abuse

Quantitative research outcomes. Robyn Dolson (2019) used SPSS software to statistically analyze health outcomes of child sexual abuse (CSA) survivors. Dolson reported that CSA participants rated higher and more severe depression scores, as measured by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria in addition to poorer physical health, which they postulated may be interrelated. These results support Maalouf, Daigneault, Dargan, McDuff, and Frappier's (2020) claim of a correlation between CSA and infectious diseases as well as the research of Rosen, Runtz, Eadie, and Mirotchnik (2020), whose research concluded that female CSA victims are more likely to experience health concerns than non-abused persons. Pulverman and Meston (2020) concluded that women who experienced CSA had higher rates of sexual dysfunction than non-victims.

Qualitative research outcomes. Brooks, Hooker, and Barclay (2020) studied arts-based healing with CSA victims. These researchers also claimed that CSA has negative physical effects in childhood as well as adulthood. Interestingly, CSA has also been reported to affect oral health (Akinkugbe, Hood, & Brickhouse, 2018). A 2019 study Kranstad, Søftestad, Fredriksen, and Willumsen used a qualitative, grounded theory approach. This research found that most adult CSA victims had irregular dental appointments, and the researchers guessed that this likely stems from victims feeling a lack of control during dental treatment.

Poor Mental Health Outcomes Reported for Child Sexual Abuse

Quantitative research outcomes. Ressel, Lyons, and Romano (2018) used the Connor-Davidson Resilience Scale to measure resilience in male CSA victims and found that male CSA victims reported less resilience compared to the general population in North America. Kenny, Wurtele, and Vázquez (2020) reported CSA victims exhibiting depression, anxiety, and substance abuse. Meanwhile, Li, Chu, and Lai's 2020 meta-analytic study stated that CSA victims were more likely than non-victims to develop early-age depression.

Qualitative research outcomes. Rapsey, Campbell, Clearwater, and Patterson (2020) used an Interpretative Phenomenological Analysis (IPA) methodology to evaluate adult males who experienced CSA. Their interviews with male victims of CSA revealed that the men struggled with difficulties concerning stigma. Rhodes, O'Neill, and Nel (2018) also performed an IPA that elicited six themes, all of which pertained to feelings of shame and "a pervasive sense of defeat" (p. 540). Further, Curti and colleagues' 2019

case study on sexual violence victims of female sex offenders indicated issues of substance misuse, self-harm, and suicidality (p. 1427).

Poor Social Outcomes Reported for Child Sexual Abuse

Quantitative research outcomes. Amédée, Tremblay-Perreault, Hébert, and Cyr (2019) studied social adaptation in CSA victims and found poorer emotional regulation and social problems in those children who had been abused. This research stated: “As it is known, social difficulties tend to crystallize over time and affect different spheres of the survivor's life (i.e., intimate relationships)” (p. 1086). The implication of this research is that CSA will affect these children throughout their lifetime. To that point, de Montigny Gauthier et al. (2019) performed path analyses of adult self-report questionnaires and concluded that an adult partner's disclosure of CSA could result in a negative perception on relationship satisfaction for both partners. Disclosure was also highlighted by Moore, Flynn, and Morgan (2019) who conducted research into clergy CSA victims in the UK and Ireland. Participants in this study reported social animosity and social rejection from a disclosure of the abuse. Finally, Reid's (2019) contribution to the literature was that CSA was correlated with criminal associations—a concept which was previously published in McDonald's research in 2017: girls who experienced CSA were more likely to become juvenile delinquents.

Qualitative research outcomes. Haiyasoso and Trepal (2019) examined narratives of CSA victims in the context of their close relationships and parenting. These researchers reported that participants were often paradoxically disconnected from their relationships yet experienced anxiety-provoking feelings of abandonment with others, particularly with their own children. Rhodes and colleagues' (2018) qualitative themes

also indicated that their participants experienced social difficulties and potential disconnection from others.

Poor Psychical Health Outcomes Reported for Adult Sexual Violence

Quantitative research outcomes. Marcantonio, Willis, Jozkowski, Peterson, and Humphreys (2019) claimed that “non-consensual, first-time intercourse” can negatively affect general health as well as sexual health, and Vitek and Yeater (2020) also asserted that sexual violence adversely affects sexual functioning later in life. Basile, Smith, Chen, and Zwald’s 2020 article, *Chronic Diseases, Health Conditions, and Other Impacts Associated with Rape Victimization of U.S. Women* reported the following:

Among U.S. women, the adjusted odds of experiencing asthma, irritable bowel syndrome, frequent headaches, chronic pain, difficulty sleeping, activity limitations, poor physical or mental health, and use of special equipment (e.g., wheelchair) were significantly higher for rape victims compared with non-victims. (p. 1-17)

Basile and colleagues found that almost 75% of victims experienced some negative, physical effect after rape. This is not unusual compared with the other literature I found on this topic.

Qualitative research outcomes. Stensvehagen, Bronken, Lien, and Larsson’s 2019 grounded theory stated that sexual violence affected women’s health: “many women struggle with pain-related physical ailments, stomach problems, gynaecological disorders, cardiovascular disease, obesity, metabolic syndrome and autoimmune disease” (p. 487). Tryggvadottir, Sigurdardottir, and Halldorsdottir (2019) carried out a phenomenological study into male victims of sexual violence that in part supported

Stensvehagen and colleagues' (2019) claim; this research stated that some participants can experience digestive issues as a result of their trauma (p. 1002). Unrelatedly, DeLoveh and Cattaneo's (2017) qualitative research revealed that college victims of sexual violence experienced anhedonia and had difficulty sleeping.

Poor Mental Health Outcomes Reported for Adult Sexual Violence

Quantitative research outcomes. Sigurvinsdottir, Ullman, and Canetto (2020) studied African American women and found overwhelming support for self-blame, defined as "viewing one's bad character as the cause of the assault " (p. 2). Hamrick and Owens (2019) studied the relationship between self-blame/self-compassion and the severity PTSD symptoms; participants with higher levels of self-blame demonstrated more severe PTSD. They stated, "In addition to PTSD, survivors may develop comorbid mental health disorders, such as anxiety, mood, and substance use disorders" (p. 767). Keefe, Sizemore, Hammersley, and Sunami (2018) published results that sexual violence and subsequent anger may lead to suicidal ideations, self-harm, and suicide attempts. Dworkin, DeCou, and Fitzpatrick (2020) shared the following results of their quantitative study:

Study findings suggest that there is a strong relationship between sexual assault (SA) and both thinking about (i.e., suicidal ideation) and attempting suicide in one's lifetime, and suicidal ideation in the past year (p. 1) Subsamples exposed to SA reported a substantially higher prevalence of suicidality (27.25%) compared with unassaulted subsamples (9.37%). There were significantly higher rates of lifetime and past-year suicidal ideation, and lifetime suicide attempts in assaulted subsamples than in unassaulted subsamples. (p. 1)

El-Khoury et al. (2020) also confirmed that sexual violence can lead to depression and suicidal ideation.

Qualitative research outcomes. Stensvehagen et al. (2019) also reported that their participants exhibited symptoms of PTSD, depression, anxiety, substance misuse, and risky sexual behavior. Tryggvadottir and colleagues' participants consisted of both CSA and adult victims of sexual violence, with some participants having experienced both CSA and adult rape. All of the participants in Tryggvadottir and colleagues' research had overcome suicidal ideations. Some of the identified themes included loneliness, diminished self-esteem, risky behavior, and suffering. Similarly, Clarke, Simpson, and Varese's (2018) research article stated that self-disgust was a common result of sexual trauma.

Poor Social Outcomes Reported for Adult Sexual Violence

Quantitative research outcomes. The literature seems to be consistent around the world. Karataş, Altınöz, and Eşsizoglu (2020) conducted their study in a hospital in Turkey, and their participants reported feeling a lack of social support. This mirrors the mixed-methods research outcome that Griswold, Neal Kimball, and Alayan (2020) reported in their study in the United States. The researchers investigated male sexual violence on a college campus through questionnaires and concluded that male victims of sexual violence may be inadequately supported. They continued to explain that males may have a harder time revealing their abuse, and others may have a harder time believing them due to heteronormative discourses in the United States. Holland and Cortina (2017) also performed a quantitative study on college students and their decision

to report or not report sexual violence. This research identified that student victims had lowered GPAs or withdrew from college entirely.

Qualitative research outcomes. As Anderson and Overby's (2020) grounded theory study indicated, sexual violence has "immediate and lasting negative consequences for individual survivors, their families, and communities" (p. 2). The authors pointed out that sexual trauma affected the victim's employment because participants often had to take time off work following the act(s) of sexual violence. Sinko, Munro-Kramer, Conley, Burns, and Saint Arnault (2019) also reported that sexual violence can affect academic and professional relationships, and thus adversely affect long-term success.

Summary of Reported Health Outcomes for Victims of Sexual Violence

My personal experience of reviewing this literature on the physical health, mental health, and social outcomes of sexual violence victimization reaffirmed that different research is needed that is not so deficit-focused. In my opinion, even studies that claim to be more strengths-focused can inadvertently reinforce the limiting message that victims will always be victims—even if they use the term survivor an identity tied to sexual violence persists. The societal discourse that one is permanently, negatively affected by sexual violence was perpetuated in almost every study I read; studies often used the words "life" or "lifetime" to describe the aftereffects of the sexual violence. My goal is for this dissertation to elucidate a completely different process and results.

Approaches to Treatment for Victims of Sexual Violence

Although researchers and practitioners often have their preferred mode of delivery for carrying out therapy with victims of sexual violence, there is no one universally

preferred approach to treatment (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005; McGreevy & Boland, 2020; Petrak & Hedge, 2003). However, my review of the literature on conducting therapy with victims of sexual violence led me to categorize treatment into two groups: victim-focused and survivor-focused. I will continue to use the term victim to refer to victim-survivors, and I will explain more about why I made this decision in further detail in my summary of victim-survivor approaches.

Treatment as Pathologizing: A Victim-Focused Approach

The predominant treatment theory for victims of sexual violence is focused on the client's victimhood (i.e., the ways being a victim affects one's life); it frequently discusses the severity of short- and long-term posttraumatic stress symptoms and how those can be mitigated (see Oshodi, Macharia, Lachman, & Seedat, 2020). Consequently, there is an assumed heterogeneity to victims' responses to sexual trauma, which has been the case for decades (see Oberoi et al., 2020). A victim-focused framework often means that victims of sexual violence can expect lifetime diagnoses of posttraumatic stress disorder (PTSD), complex PTSD, depression, and anxiety (Domino, Whiteman, Weathers, Blevins, & Davis, 2020; Kim & Kim, 2020; Thompson, 2020; Oshodi et al., 2020). To tackle such pervasive issues, trauma-focused, evidence-based models are commonly employed. Such models include prolonged exposure therapy, cognitive processing, and eye movement desensitization (Beidel, 2020; Bennice & Resick; Martin, Stayton, & Chard, 2020; Meentken et al., 2020)—all of which are recognized and utilized by the U.S. Department of Veterans Affairs (VA) (2019) as therapeutic models to treat Military Sexual Trauma (MST) (Pulverman & Meston, 2020).

Cognitive Behavioral Therapy (CBT) is perhaps the most popular, evidence-based treatment modality for working with victims of sexual violence (Márquez, Deblinger, & Dovi, 2019). This model focuses on symptom reduction and increasing coping skills for clients (Kim & Kim, 2020; Littleton & Grills, 2019). While this model has been shown to be efficacious, I personally question the helpfulness of reinforcing a victim identity. Shin, Kim, Chung, and Chang's (2020) quantitative study explored the differences between individuals who had high versus low distress immediately following the act of sexual violence. Based on self-report surveys, Shin and colleagues found that "thoughts about one's perceived weaknesses and the dangers of the world affect the development of PTSD in rape victims" (2020, para 4.) To me, this suggests that having a victim identity may delay wellness.

Treatment as Empowerment: A Survivor-Focused Approach

Elliott et al. (2005) detail the distinction between victim-focused medical models which emphasize teaching clients coping skills to mitigate symptoms related to their diagnosis and strengths-based, survivor-focused therapy models which highlight the strengths the client has and is already employing.

The medical model highlights pathology and inadvertently gives the impression that there is something wrong with a person rather than that something wrong was done to that person. Defining a person entirely as a victim of a situation brings another problematic identity. The term survivor was coined to counteract the sense of powerlessness that victim implies. (p. 467)

Although victim-focused therapy models are well-intentioned and can be effective at relieving some symptoms, I find that victim-focused models can also limit a client by

reinforcing victimhood, while survivor-focused models accentuate posttraumatic growth and allow for more possibilities of what the client can be aside from a victim. Survivor-focused approaches are necessarily less pathologizing and focus instead on the individual client overcoming a situation rather than being helpless to it and its effects. In my experience as a therapist, strengths-based approaches create space for a client to construct their own meaning of the past, present, and future, thus, the client is empowered to rebuild their own identity.

Solution Focused Brief Therapy (SFBT) is an evidence-based, strengths-based model that can be employed with trauma victims/survivors that helps empower clients and reinforce positive aspects in their lives (Nylund & Corsiglia, 2019; Singh, Killian, Bhugun, & Tseng, p. 176) This model highlights clients' strengths and resources "to cultivate a different way of looking at themselves and of approaching life" (de Shazer, 2007, p. 14, as cited von Cziffra-Bergs, 2018, p. 50). Some recent research may well substantiate my claim that survivor-focused approaches can be more helpful than victim-focused approaches.

In a 2019 strengths-based, qualitative study of diverse women who experienced wartime sexual violence, Sisic found that many women reported being subjected to the rape discourse: "a deficit-based perspective that rape is necessarily (and permanently) traumatic" (Sisic, 2019, p. iv). Sisic's study used Interpretative Phenomenological Analysis (IPA) to analyze transcripts of her interviews with these women. Through her analysis, she concluded that a deficit-based (i.e., victim-based) framework failed to consider women's strengths and recovery, thus reinforcing the rape discourse for these women.

O'Brien, Moynihan, Saewyc, & Edinburgh (2020) described a Minnesota program for trafficked children (between 12-17 years old) which uses a strengths-based approach and “focuses on promoting health, improving family relationships and school connectedness, goal-setting, building self-esteem, and developing life skills” (p. 2). Almost half of the children had attempted suicide (44.9%) and 65.9% reported suicidal ideation before treatment (p. 3). Through strengths-based treatment, the children in the study reported decreased emotional distress and showed lowered rates of suicidality and substance use (p. 3). Similarly, Tsong and Ullman’s (2018) research study suggested that adults who felt more empowered and felt they had more control in their trauma recovery were more likely to be engaged and less likely to develop substance abuse problems (p. 298).

Summary of Approaches to Treatment for Victims of Sexual Violence

Both victim-focused (e.g., CBT) and survivor-focused (e.g., SFBT) therapy approaches are valid practices that can be used to treat victim-survivors of sexual violence. In my view, survivor-focused models underscore strengths and resilience, thus challenging the assumption that a person who has experienced sexual violence is continually limited by that experience. A Viktor Frankl quote comes to mind: “Between stimulus and response is a space. In this space lies our freedom to choose our response. In these choices lie our growth and our happiness” (as cited in Mikal-Flynn, 2017).

As a victim-survivor myself, I can appreciate the power of the shift in language from victim to survivor and the repercussions it has; however, from my personal view, either term frames one’s self (i.e., identity) by a particular experience. Even though the term survivor is strengths-based insofar as it applauds the individual for overcoming

hardship, the individual is still defined by surviving that hardship. As a contrasting example, one may say that someone has been in a terrible car accident, but society would rarely refer to that person throughout their life as a car accident survivor. Why do people then refer to individuals as sexual assault survivors when these individuals are so much more? I have chosen to predominantly use victim in this dissertation; I find neither term especially conducive to growth but simultaneously understand the usefulness of these terms which, understandably, many individuals find helpful.

Approaches to Sex Offender Treatment

I have categorized sex offender therapy models into two groups: recidivism-focused treatment and rehabilitation-focused treatment. Recidivism-focused models are based on measuring and managing risk of a sex offender reoffending. Rehabilitation-focused models are based on the offender's strengths and potential.

Treatment as Management: A Recidivism-Focused Approach

In general, sex offenders elicit little sympathy, and I believe that societal prejudice against sex offenders is in part responsible for the dominant sex offender treatment model, Risk Needs Responsivity. RNR is a recidivism-focused model. It stands for the risk, need, and responsivity principles that are meant to keep offenders from offending again (Wild, Fromberger, Jordan, Müller, & Müller, 2019). CBT—interestingly the same model that is widely used for victim-survivor treatment—is the prevailing approach for sex offender therapy, used in conjunction with RNR principles. Literature on sex offender treatments overwhelmingly favor CBT from an RNR perspective, and the validity of such a model is as measured by reduced recidivism (Schmucker & Lösel, 2015); however, as Levine and Meiners (2020) point out, “people

with sex convictions have the *lowest* rate of recidivism of any ‘violent’ criminal population” (p. 70). It should thus be noted that, given the low sex offender recidivism rate, any therapeutic model could be said to be effective. As Day et al. (2019) stated, “Evidence is simply not available about whether different modes of treatment have similar effects” (p. 398).

RNR focuses on managing a perceived threat by concentrating on clients’ self-control. An example can be found in McPhail and Olver’s (2020) article, *Interventions for Pedohebephilic Arousal in Men Convicted for Sexual Offenses against Children: A Meta-Analytic Review*, in which they described the results of their behavioral study on pedohebephilic sex offender (i.e., those attracted to prepubescent or pubescent children) treatment as follows:

The common thread for most of these interventions is helping the individual develop a skill set to 1) attenuate pedohebephilic arousal, through pharmacological means or through conditioning by pairing arousal to children with a noxious odor, highly aversive imagined consequence, or boredom; 2) develop strategies to control that arousal such as via cognitive/behavioral techniques and/or reduction of serum testosterone; and/or 3) increase the interest in, or normalize, arousal to teleiophilic stimuli (p. 24).

The public seems to make an epidemiological assumption about sex offenders, that is, that sex offenders are diseased and need to be secluded (e.g., Ebisike, 2020). Literature like McPhail and Olver’s 2020 study perpetuates this discourse when they use different methods in an attempt rid the offender of the disease (in this case, sexual attraction). This is not at all compatible with my professional or personal beliefs about sex offenders. As Ly, Fedoroff, and Briken (2020) pointed out, “treatment studies tend to

categorize individuals who have committed sexual offenses as one comparison group, [but] “not all sexual offenses are driven by paraphilic disorders” (p. 120). I agree with Levine and Meiners (2020) whose research challenge the epidemiological misunderstanding that offenders have “a unique, incurable psychiatric disorder that must be perpetually kept under control, lest it compel the person to harm again” (p. 70).

Even with all its good intentions, recidivism-focused treatment, in my view, seems to reinforce an offender’s identity as a villain, a predator. I think such treatment puts a client in a bind by simultaneously and paradoxically reinforcing that a client accepts an identity as a monster forever while instructing them to change immediately. I maintain that a recidivism-focused model limits the individual to a sex offender rather than expanding their possibilities as a person and does so without sufficient, reliable evidence that this is the most effective treatment (Day, 2019; Ly et al., 2020).

Treatment as Support: A Rehabilitation-Focused Approach

Recently, strengths-based models are getting more attention as valid sex offender treatment approaches (Newman, 2019). From what I have seen in my own experience as a therapist, a strengths-based model is the most efficacious approach for long-term change since it highlights what an offender can offer in the future rather than what they did in the past. When it comes to working with sexual offenders, I think a rehabilitative, strengths-based framework is far more valuable for its focus on embracing life goals and ways for sex offenders to contribute to rather than avoid society. When working from a rehabilitation-based model, a therapist asks, “What happened?” instead of, “What is wrong with you?” (Sen, 2020).

The most popular rehabilitation-focused approach to sex offender treatment is the Good Lives Model (GLM) which is an empirically supported, strengths-based model that aspires to shift offenders' identities to shape their futures while reducing risk of societal harm (Loney & Harkins, 2018; Marshall, 2019). My therapeutic work with sexual offenders has shown me that strengths-based models such as the GLM create space for respectful conversations that honor a client's unique story and individual circumstances that led to events unfolding the way they did, which is an acknowledgment of the fact that not all sex offenders are the same. The GLM may also "increase empathy, victim awareness, and emotional awareness" (Colquhoun, Lord, & Bacon, 2018, p. 1). Embedded in the GLM is the belief that sexual offenders can reintegrate and give back to society (see Alphin, 2020).

Researchers, especially more current researchers, have found support for rehabilitation-focused approaches to sex offender treatment. Potik and Rozenberg (2020) studied exhibitionist offenders and found evidence that the GLM model contributed to greater client fulfillment (p. 272), and, from a rehabilitative standpoint, more fulfilling lives will also reduce recidivism (Wild et al., 2019; Willis, Prescott, & Yates, 2016). Colquhoun et al. (2018) discovered two predominant themes in their qualitative interview study: "Not Being the Person I Was" and "Gaining New Perspectives." These themes are important to note as they are future-oriented and focused on sex offender growth.

Hollomotz and Greenhalgh (2019) also conducted GLM research; theirs explored sex offenders with intellectual disabilities. The study reported:

The formation of prosocial identities relies on participants envisioning or actively building their futures post-treatment [in combination with] the individual's social

support network, as they are in the best position to ensure that meaningful social roles and positive relationships outside the treatment context can flourish. (p. 9)

Although Hollomotz and Greenhalgh specifically studied sex offenders with intellectual disabilities, I think the same principles can be applied to general sex offender treatment in that a supportive community and greater identity exploration outside of “offender” can help clients overcome the impact of the public’s stereotyped thinking that all they can ever be is a villain.

Summary of Approaches to Sex Offender Treatment

Recidivism-focused models like RNR and rehabilitation-focused, strengths-based models like the GLM are commonly used in sex offender treatment; however, these empirically-based practices have differing perspectives on what therapeutic treatment should look like, even though they are both measured by the same standard: reduced recidivism. I appreciate a strengths-based approach for sex offenders for the same reason I favor a strengths-based approach for working with victims of sexual violence. It is clear to me that highlighting a client’s strengths and working to expand a client’s identity leads to more helpful and hopeful possibilities.

What Motivates This Study

I want my research to offer something different to readers than what is predominantly available in the literature. My research will be written from my viewpoint as a victim and, while I hope that this may also serve to change people’s opinions on sex offenders, my main goal is that this autoethnography instills hope for other victims, their care providers, and their families. My secondary hope is that this process appeals to

nascent and veteran qualitative researchers who may find their own Therapeutic Autoethnographic process to be cathartic.

I want to make it clear to the reader that this process allowed me not only to offer (from what I can tell) the first publication on a victim working with sex offenders, but also on the process of the autoethnography itself. I learned more about myself as a woman, a therapist, and as a person. I hope that others find it as therapeutic as I did and share it with others who may find it helpful.

Chapter III: METHODOLOGY

Overview of Qualitative Research

I chose to do a qualitative study because I think a victim's story is necessarily emotional, and that a qualitative approach would be the best approach to help me embrace that. Quantitative methods have been said to “not tell the reader about the individual lives behind the data” (Wittig, 2013, p. 22); meanwhile, qualitative methods explore “human intentions, motivations, emotions, and actions” (Adams, Holman Jones, & Ellis, 2015, p. 21). For those recently exposed to qualitative research, a paradigm shift may be necessary to understand research in a different context. When most people think of research, they think of the modernist (i.e., positivist) perspective of gaining a so-called objective understanding of a phenomenon; however, a postmodern (i.e., postpositivist), “post-colonial critique” of modernism paved the way for a different research approach: a qualitative inquiry (Tootell, 2010, p. 30). Qualitative inquiry is used to investigate natural phenomena (Avis, 2017; Méndez, 2013; Tootell, 2010) in order to “deeply understand a participant's lived experiences and the significance of those experiences” (Candela, 2019, p. 619). The concept of “multiple truths” (Gergen, 2015, p. 12) is interwoven throughout this research, so I was extra cautious to “consider how ‘my selves’ and experiences influence the research processes” (Ellingson, 2006, pp. 307-308).

Types of Narrative Inquiry

Alongside Ellis at the University of South Florida (USF), Bochner developed and advocated for narrative inquiry, a broad term for a qualitative research approach that is undertaken in order to understand the character, plot, and setting—the story—of one's lived experience (Bochner & Ellis, 2016; Bochner & Riggs, 2014; Creswell & Poth,

2018). By the 1990s, postmodern skepticism and dissatisfaction with traditional research methods led researchers to arrive at a permissive, contextual, and emotional method. As Bochner and Riggs (2014) stated, “The human sciences needed to become more human” (p. 198) by “placing people, meaning, and personal identity at the center and inviting the development of reflexive, relational, and interpretive methodologies” (p. 195). Types of narrative inquiry include systematic sociological introspection, biographical method, personal experience methods, consciousness-raising methods, co-constructed narrative, and interactive interviewing (p. 199).

Methodological Considerations

Chang cautions that a researcher should “think carefully and analytically about their research process” (as cited in Harwood & Eaves, 2017, p. 146) before embarking on the research journey. At first, I considered doing an oral history—“gathering personal reflections of events and their causes and effects from one individual” (Plummer, 1983, as cited in Creswell & Poth, 2018)—with a member of the sexual offender treatment group I co-facilitated. However, (a) this is a very protected population, which makes that research increasingly difficult to carry out; (b) I was concerned for the individual’s privacy and safety during the research and after publication; and (c) I was most of all worried that this research would fall on deaf ears, as it is extremely difficult for most people to care what happens to someone after they have committed an act of sexual violence.

In order to look more deeply at my own experience—not only as a “self-story” but also as a story that contains “persons intimately and remotely connected to the self” (Chang, 2008, p. 33), I chose an autoethnographic research method in accordance with

Chang's recommendations for carrying out this type of research. This kind of study allowed me to review intricate phenomena in complex, defining events in my life that have shaped my identities, while also closely attending to the culture(s) in which those events occurred (Chang, 2008; Ellingson & Ellis, 2008). A qualitative methodology is the best fit for me, especially with the concept of multiple truths that is part of a social constructionist framework that was mentioned previously.

I realized that my story as a victim of sexual violence who wanted to work with perpetrators was not a story often told but that in my sharing it, other victims might be able to relate to the therapeutic aspects of posttraumatic growth which is when positive growth occurs after a traumatic experience (Ewert & Tessneer, 2019). My vulnerability and transformative experience of catharsis can offer a unique viewpoint for readers of every background.

Autoethnography as Method

Autoethnography is a subtype of narrative inquiry within a sociocultural frame (Bochner & Riggs, 2014; Creswell & Poth, 2018) that is "both process and product" (Ellis, Adams, & Bochner, 2010, para. 1). It is not telling, but reflexively interpreting stories through dialogue (Bochner & Riggs, 2014; Chang, Ngunjiri, & Hernandez, 2013; Creswell & Poth, 2018) to "gain an understanding of society through the unique lens of self" (Chang et al., 2013, p. 18).

As Adams et al. (2015) explain, "Autoethnography involves the self (auto), culture (ethno), and writing (graphy)" (p. 46). Autoethnography is more than autobiography (i.e., story of self) because of its inclusion of culture and relationships (Adams et al., 2015; Ellingson & Ellis, 2008; Ellis, 2004). "Autoethnography is not about

focusing on self alone, but about searching for understanding of others (culture/society) through self” (Chang, 2008, pp. 48-49). It is more than ethnography (i.e., study of others) because it “attempts to connect, explain, or track down the ambiguities and contradictions that exist between the personal experience and the wider sociopolitical reality” (Kiskiras, 2016, p. 160). So an autoethnographic researcher would write reflexively (Bochner & Riggs, 2014; Chang et al., 2013; Ellingson & Ellis, 2008, p. 448; Marechal, 2010) about a group of people in relation to the self (Adams et al., 2015; Chang, 2008; Reed-Danahay, 1997; Toottle, 2010). “It is a researcher method that uses self-observation and reflexive investigation for the purposes of extending sociological understanding” (Zempi, 2017, p. 1).

The Development of Autoethnography

“Firth (1928) introduced the term ‘auto-ethnography’ in describing an [ethnographic] argument [over] who has the right to represent a society” (Hughes, Pennington, & Makris, 2012, p. 210). This debate in autoethnography continues over 90 years later in terms of insider/outsider researcher positionality (Hayfield & Huxley, 2015). Later, in the 1980s, the postmodern epistemological shift brought up more questions about how “the ‘facts’ and ‘truths’ scientists ‘found’ were inextricably tied to the vocabularies and paradigms the scientists used to represent them” (Ellis et al., 2010, para. 2). Skipping ahead to 1990, Bochner and Ellis were teaching narrative and autoethnographic courses that accepted research/researcher subjectivity that captured “life’s messiness” in a variety of ways (Bochner & Ellis, 2016, p. 10). As autoethnography evolved, it came to be a way to “reposition and resituate unheard voices” (Marx, Pennington, & Chang, 2017). Although there have been many definitions

of autoethnography over the years, a current, succinct description of autoethnography is “an ethnographic inquiry that utilizes the autobiographical materials of the researcher as the primary source of data (Borjian, 2017, p. 4).

Autoethnography: Evocative or Analytic

[Autoethnography’s] growing uptake by researchers in an increasing number of disciplines reveals that there is not a single stance in terms of orientation of approach or writing style. Instead, it can vary from a theory grounded analytical account to an imagination and expressive dialogue. (Harwood & Eaves, 2017, para. 39)

In determining what an autoethnography should look like, we must keep in mind that there are “no formal regulations” (Méndez, 2013, p. 281); “an autoethnographic approach is not clearly prescribed, instead, it can be a generative journey” (Harwood & Eaves, n.d., para. 13). Still, there seems to be an unending debate within the autoethnographic community as to what constitutes the ideal form of autoethnography (Wall, 2016). On the one hand, you have evocative autoethnography with Team A—Ellis and Bochner, and on the other hand you have analytic autoethnography with Team B—Anderson and Atkinson (Chang, 2008; Nicholson, 2010). Team A advocates for a full immersion into rawness and emotion (Bochner & Riggs, 2014; Ellingson, 2006; Ellingson & Ellis, 2008), while Team B is more cynical (Atkinson, 1997) and concerned that this full immersion is self-aggrandizing and “narcissistic” (Anderson, 2006; Wall, 2016; Zempi, 2017) and could take away from autoethnography being taken seriously in the academic community:

There is a debate about the extent to which autoethnography should be narrative, emotional, therapeutic, and self-focused as opposed to theoretical, analytical, and scholarly, with a more traditional understanding of self as connected to a particular ethnographic context rather than the focus of it. (Wall, 2016, p. 2)

In either camp, an autoethnographer is sharing an individual's experience in a particular culture. Both autoethnographic methods are valid approaches to qualitative research and each have their own merits, but the pioneers of autoethnography—Ellis and Bochner—have influenced my decision to write an evocative autoethnography. In doing so, I felt I had more freedom to authentically voice my narrative. An autoethnography done well can offer a deep impact on a reader that may resonate more on a humanistic level. My autoethnographic approach led to epiphanies and self-discovery in a way that has been therapeutic for me and can hopefully do the same for readers.

Evocative Autoethnography: A Starting Point

Evocative autoethnography is “meaningful, accessible, and evocative research grounded in personal experience” (Ellis et al., 2010, para. 3). “Evocative autoethnographers have argued that narrative fidelity to and compelling description of subjective emotional experiences create an emotional resonance with the reader that is the key goal of their scholarship” (Anderson, 2006, p. 377). Many autoethnographers choose to study a particular, transformative event or a series of particular, episodic events (Wittig, 2013). I set out to do an evocative autoethnographic study because I wanted my research to be “thinking with” the reader rather than “thinking about” abuse (Bochner & Riggs, 2014, p. 207), with an investigational, not explicative, intent. An evocative autoethnography presents the story as a metaphor for readers to draw their own

connections rather than the researchers telling the readers what their conclusions should be.

Participant

The Participant in Autoethnography

In autoethnographic research, the individual is the primary data source (Chang, 2008). That means that everything that makes up who I am made its way into the study in one way or another. All of my background has had some influence on this study: as a woman, a therapist, a social constructionist, a feminist, a philosopher, and a collaborative thinker. The data was generated from personal memory data and self-reflection, as explained in detail below. In remembering my past experiences, my perspective is necessarily privileged from other points of view, but since I believe in multiple truths and multiple, valid versions of the same story, that is less of a concern for me personally; however, it should be acknowledged that this belief necessarily (and wonderfully) seeped into my data analysis. Because I was the sole participant, time was not a constraint, and I could take the reader on a journey through my past experiences, present growth, and future aspirations. Later on in this dissertation, I explain how I kept my study in the realm of qualitative research rather than turning purely into a story.

Self of the Researcher

An evocative autoethnographic approach assumes that one is always biased and requires the researcher to be open about their biases rather than attempt to remove them from the research—which is presumed to be impossible to do (Ellis & Bochner, 2000). An evocative autoethnography has us embrace the recursive, constructivist aspect of narratives. “When you write a story of yourself, you accept an assumption about yourself

that then determines in part how you understand yourself, and if you publish this account, then you are defining yourself not only personally but also professionally” (Flemons & Green, 2002, p. 90). I was as open as possible about my personal and professional influences while simultaneously acknowledging that this is just one story out of many that I could share. A different narrative implies different conclusions and thus identities.

I am a doctoral level family therapist at Nova Southeastern University. Throughout my studies in the master’s and Ph.D. programs, I have seen the impact stories have on experience. All stories have power and influence over individuals’ lives. My postmodern epistemology allows me to accept and appreciate multiple realities in these narratives, and my studies lend to my appreciation of stories as professional, academic pursuits. The population that I have worked with and want to continue to work with is sexual offenders. My experiences during my internship in my master’s program have necessarily influenced my research on this topic, but I embraced my experiences and shared those biases with my readers.

Data Generation and Collection

Personal Memory Data

In autoethnographic research, personal memory data is “extracted through memory [and] can be written down as textual data” (Chang, 2008, p. 72). Personal memory data forms the primary data for autoethnographers that is reflected upon later on in the methodological process (Sah, 2019). Although different techniques can be used to gather personal memory data, it is always deeply personal.

As an autoethnographer, you not only have privileged access to your past experiences and personal interpretations of those experiences, but also have first-

hand discernment of what is relevant to your study. What is recalled from the past forms the basis of autoethnographic data. (Chang, 2008, p. 71)

Because I see the world from a constructionist lens, I understand that there are many ways to tell a story and that each time one remembers, one may pull different details to the forefront and obscure others in the process. As Rhodes (1967) stated, “In the very act of constructing data out of experience, the researcher singles out some things as worthy of note and relegates others to the background” (p. 28). From this perspective, the memories may change. Additionally, “over the course of our lives, we reframe, revise, remake, retell, and relive our stories” (Bochner & Riggs, 2014, p. 203). I do not perceive this as misrepresenting or misremembering; those descriptions are in keeping with an objectivist perspective. Still, to create the most valid study, I employed a remembering technique of chronicling the past, which Chang (2008) refers to as “an autobiographical timeline with memorable events or experiences in the order in which they happened” (p. 72). In creating a timeline, one can choose a lifelong, overarching timeline of key moments in one’s life, or one can create a themed timeline. For my purposes, an outline that highlights key moments will better accomplish my goal as a researcher. This process helps the researcher elicit detailed, particular memories in time so that she or he can remember in more depth: the visual and auditory grounded in time—much like how one might remember a scene in a movie, only with the added senses of taste, touch, and smell. In focusing on more specific markers in time, I had more thorough memories to jot down and flesh out in field notes and thus created room for deeper analysis and exploration of this data during the data analysis stage.

Self-Reflexive Data

Autoethnographers could benefit from the practice of field journaling as they record reflections on self and the research process. Since autoethnography is a highly self-reflexive and introspective process, unless there is a methodical way of keeping a distance from this process, you can easily fall into self-absorption. This meta-cognitive activity of field journaling can provide purposeful and healthy interruptions during fieldwork to help you move into and out of the self-reflexive state. (Chang, 2008, p. 96)

In order to be successfully self-reflexive about my data, I also kept a field journal of what popped into my head during my reflections. This allowed me to be grounded enough to look at my thoughts and emotions on paper and to analyze those writings. Again, my constructionist worldview applied to this journey in that I did not focus on presenting some sort of objective truth, but rather I focused on being as real and unedited as possible.

Data Management and Analysis

Data analysis involved comparing collected personal memory data and journal analysis for the reflection and self-observation processes. Since I was the researcher/participant, my process involved coming back and checking in with myself throughout the study. There are many ways to analyze qualitative data (see Leech & Onwuegbuzie, 2008), and “one of the biggest challenges in conducting qualitative data analysis is deciding on what piece of the data constitutes a meaningful unit to analyze” (Chenail, 2012a, p. 266). To navigate this tricky landscape, I chose to use thematic analysis for its structure that divides the process into three steps.

“Thematic analysis refers to treating stories as data” (Ellis, 2004, p. 196). The first step in thematic analysis is to go through the collected data and assign codes. Coding identifies “salient features of the data that relate to the research question” (Woodall, 2016). Codes are qualities that are sorted into themes and subthemes (Khoshsabk & Southcott, 2019). Woodall explains Attride-Stirling’s terms for coding categories: basic themes, organizing themes, and global themes. The basic themes came from reading the data; the organizing themes came from what I interpreted from the data; and the global themes were the overarching themes that threaded through the data.

Data management allows the researcher to determine “redundancy,” “deficiency,” and “irrelevancy” (Chang, 2008, p. 115). “What becomes important to analyse emerges from the data itself” (Maykut & Morehouse, 1994, p. 127), but at some point, no new information can be gleaned. This is when the researcher has reached data saturation: when the data successfully fits what the researcher set out to do and more data will not potentially alter the results (Sechelski & Onwuegbuzie, 2019). Through data collection there is a necessary process of organizing data and, in the process, “you refine your data sets by trimming some and expanding others” (Chang, 2008, p. 121). Labeling, coding, and sorting are all ways to organize data into sensible bits of information. Labeling helps the researcher to figure out which data was collected through which method. Then the data can be sorted into thematic groups based on the codes that the researcher assigns. During the process, extraneous data can be dismissed, and the researcher has a more exact guide as to how to conduct the next step: data analysis. My themes came from my timeline, and each thematic category was explored in depth. I went back and forth using themes and then time as an organizer for my data, before ending up with epiphanies

as a way to organize the entire research. The epiphanies were “made possible by, being part of a culture and/or possessing a particular cultural identity” (Ellis et al., 2010, p. 8), and the recursiveness of autoethnographic research is part of what makes it fully authentic.

The analysis provides a context for the true purpose of the autoethnography: a greater understanding of self in relation to a culture. An autoethnographer’s analysis of data reveals not only what happened but also what it means contextually and what the implications of that are. It “can be understood as both the analysis of the data and the analysis of the analysis of the data” (Chenail, 2012b, p. 248).

Writing the Autoethnography

“Autoethnography can radically alter an individual’s perception of the past, inform their present, and reshape their future if they are aware and open to the transformative effects” (Custer, 2014, p. 2, as cited in Vergara, 2017, pp. 70-71). I essentially went through the research process three times. In the first iteration I organized my findings: the themes that emerged from my first analysis of my raw data (i.e., memory data). I then restrung the results through a narrative story that I felt encapsulated those themes in a more evocative way compared to my first, analytic analysis. My third iteration was the most transformative and cathartic; this is where the epiphanies let me to more self-identities and realizations. My hope is that my writing displays a reader-friendly style characteristic of autoethnographies (Chang, 2008). I wanted to invite readers into my experiences to allow them to “determine if a story speaks to them about their experience or about the lives of others they know” (Ellis, 2004, p. 195).

Trustworthiness

Reliability and Validity

Quantitative research has set the standard for measuring a study's trustworthiness. According to Golafshani (2003), reliability in a positivist tradition refers to getting consistent results over time, and a study is considered valid when it measures what the researcher set out to measure. However, within a qualitative research framework where the goal is to understand rather than explain (Golafshani), the context shifts and these standards of measuring a study take on different meanings (Harwood & Eaves, 2017). Because of the inherent differences between quantitative and qualitative research, qualitative researchers are instead focused on quality and rigor (Golafshani, p. 602)—in other words, quality control.

Quality Control

A thick description enhances the credibility of the study, while multiple data sources allow for verisimilitude—as close to “Truth” as a social constructionist who believes in multiple truths can get (Harwood & Eaves, 2017). Using Chang (2016) as my guide, I took extreme care with my detailed narrative and thoroughly poured over data analysis to ensure my study's verisimilitude. For autoethnographic work, Chang (2016) identified five areas to avoid in order to guarantee verisimilitude:

(1) excessive focus on self in isolation from others, (2) overemphasis on narration rather than analysis and cultural interpretation, (3) exclusive reliance on personal memory and recalling as a data source, (4) negligence of ethical standards regarding others in self-narratives, and (5) inappropriate application of the label autoethnography. (p. 54)

My study necessarily had me move in and out of two cultures: victim and offender. By being thoughtful about the cultures and my roles in each cultural group, I attended to the first and second areas. By anticipating and admitting the impact of bias on recollection, I aimed to mitigate the trap of the third area outlined by Chang. To avoid the fourth error, negligence, I used descriptions and pseudonyms rather than name those in my narrative. I also set out to follow the standards laid out by Bochner and Ellis. First, to open up a dialogue about real people's lives. Second, to be culturally aware and thus wary of describing the world in universal terms or absolute language. Third, to write in an easy to understand style for readers to get the most out of the research (Ellis & Bochner, 2006).

Ethical Concerns

I maintained confidentiality of the individuals in the early parts of my story whose reputations may have been harmed if I had not done so. I used pseudonyms, which I realized along the process actually allowed me to explore my history more fully and not hold back out of concern. As I was the sole research participant in this study, the primary ethical concern revolved me as a narrator-researcher. As I set off on this qualitative adventure, I knew that discovering and rediscovering may bring up a lot for me emotionally. I was still surprised at just how much came up for me. My meetings with my dissertation chair, Dr. Ron Chenail, grounded me and allowed me to continue moving forward in this transformative process through the tears until I reached a different destination than I otherwise would have considered.

Experimental Layering

Throughout this autoethnographic process, I fully embraced what Sutton-Brown (2010) calls experiential layering—“the practice of new experiences being juxtaposed upon, beneath, beside, and within former experiences, which then influence the ways in which we remember and re-tell our stories” (p. 1307). Both victims of sexual violence and sexual offenders can be limited in their ability to create multiple identities that supersede these labels. Merely by belonging to one demographic, one is not tied to that and that alone. As a person who experienced sexual violence, I discovered first-hand that some therapists are not well equipped to work with victims, and some mental health professionals may be generally skilled but not align with a particular client. This presumably has been the experience of other victims as well. Those readers to which this applies might take comfort in hearing bits of their own experience through my story. Non-victims, for example therapists, friends, and family members associated with victims, may read this and see another side of victimhood that they had not considered before. Likewise, non-offenders who are therapists, friends, or family members associated with sexual offenders may be able to come to a new understanding about sexual offenders. Sexual offenders themselves might find hope that there are people out there willing and able to advocate for them, or at least challenge some of the social scripts about sex offenders being evil.

CHAPTER IV: RESULTS

Autoethnographies are transformative and “both process and product” (Ellis, Adams, & Bochner, 2010, para. 1), thus this chapter is divided into two parts in order to demonstrate both aspects of my autoethnographic research. In Part A, I present the initial results from my thematic analysis. Part B is a demonstration of my research process and emergent analysis.

An Evolving Autoethnography

Part A

Overview. Autoethnographies necessarily vary based upon a researcher’s process and sense of self that they bring to the research. Throughout my process of writing this dissertation, I continued to discover that my research in practice was different than my research in theory. I found that as my method of approach developed, so did my research question evolve. I began with the question: “How did I overcome challenges as a victim to work with sexual offenders?” I worked through personal memory data to be able to analyze what about me or my past actions helped me overcome my victimhood to work therapeutically with those that had victimized others.

I first used diachronic measures to gather my primary data. I created a timeline of defining moments and used this to create a table that organized these moments that clearly demarcated my development in establishing and then moving away from a victim identity.

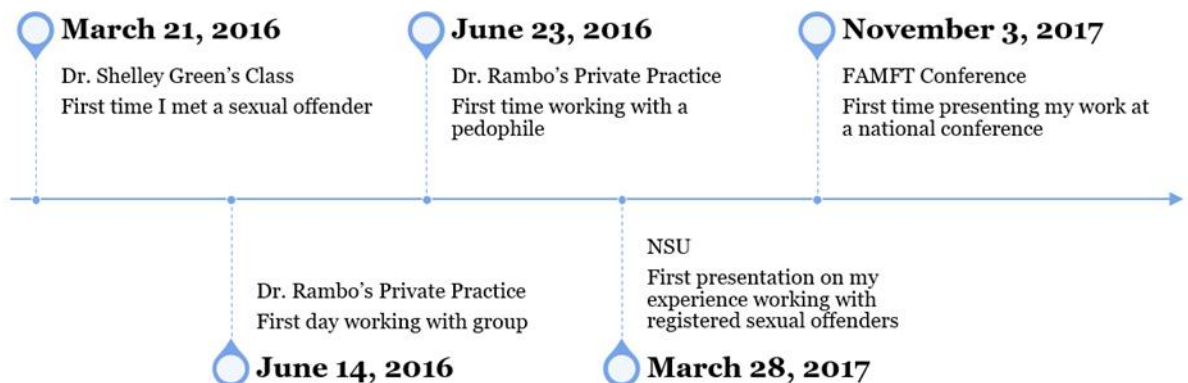
Table 1 lists the key moments in the development of a victim identity. It begins with my first experience with sexual violence at 16 years old. There are five key points, as shown in the table below.

Table 1. Victim Timeline



Table 2 lists the key moments in the development of an advocate identity. It begins with the first moment (that I know of) where I met a sexual offender. In constructing the timeline, I noticed it was ten years after I was raped for the first time. The table continues the highlight key moments in coming to see myself as an advocate.

Table 2. Advocate Timeline



Using time as a guide, I was able to think about pivotal experiences that led to me accepting a victim identity: being victimized/shamed, displaced, resilient, overwhelmed,

and victorious. I repeated the process to discover how I came to identify as an advocate through empathy, awareness, humanization, commitment to change, and advocacy. The overarching theme for all ten of these was self-growth, and the in-depth analysis of my process is shown below.

I came to these specific qualities by organizing my qualitative data analysis (QDA) into a table (see Table 3 and Table 4). This is a process of identifying the data, finding the quality or theme that best encompasses the data, and then analyzing this. I constructed a table for a victim identity (Table 3) and advocate identity (Table 4) to help me have a clear QDA before writing up my results in paragraph form.

Table 3. Victim QDA

Date	Data	Quality	Analysis
April 2006	I went to my friend's house with a group of five of my girlfriends. Some other friends met us there. We changed into our bathing suits and went in the backyard to the pool area. I wasn't drinking, and it wasn't a crazy high school party. It was just a group of friends getting together. My best friend-turned-boyfriend lived a block away. I agreed to go over to his house, and we went into his bedroom. I was worried he wanted to sleep with me, so I reminded him that I wasn't going to have sex until I was 18 (I was 16 at the time). He told me he respected that and began kissing me. I wasn't sure exactly what to do. I wanted to get back to the party with our friends, but I also wanted him to like me, so I stayed. Everything snowballed after that. After he raped me, I felt he had tricked me to get me to his room, but I also felt responsible and ashamed for what happened. I kept thinking about what the rape meant, if it "counted," and what I did to deserve it. Would it have happened if I wasn't in my bathing suit at the party? Did I deserve it because I went over to his house	Victimized/shamed Merriam-Webster dictionary (2020) defines the word victimize as "to subject to deception or fraud" and defines shame as "a painful emotion caused by consciousness of guilt, shortcoming, or impropriety" (Merriam-Webster, 2020)	I was still searching for an identity when I was raped. I went to the high school party because I had an urge to belong, and I hoped I would find my place in that bunch. I thought I could figure out who I was through my relationships with those classmates, but my experience that night erased any progress I might have made in strengthening those

	<p>late at night? Was it still rape even though I knew him? Was it violent enough to count as rape? Did that count as me losing my virginity? What would people think? Would anyone ever want me now that I was damaged? (Journal Entry 6/20/19)</p>		<p>friendships. After I was raped, I retreated into myself because of my debilitating self-reproach. For a year, I told only my best friend who did not validate my experience, which caused me to further isolate myself from my peers, mentors, teachers, and family. When I “confessed” to my very supportive mother a year later, my shame concretized into an identity as a victim. It prohibited me from thinking of myself in other ways; I felt limited in what I could do, as well as distrustful of who could help me do it. Instead of finding the belonging I was seeking, taking on a victim identity made me feel more helpless and alone than ever.</p>
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May 2006	<p>The remaining two years of high school were hard for me. This was not a period of succeeding or overcoming; it was an experience of enduring the suffering. I was raped by one of my best friends and that experience was invalidated by my other best friend, so I grew more detached and removed myself from my relationships and the things I used to enjoy: I quit performing in plays, I quit ballet, and my grades fell. Seeing my rapist everyday weighed on me in ways that I would not understand until much later. I continued to see him in my classes, in the lunchroom, and in the hallways. There was an omnipresent sense that my former life had been stripped from me. (Journal Entry 6/24/19)</p>	<p>Displaced Merriam-Webster dictionary defines displace as “to remove from the usual or proper place” (2020).</p>	<p>The life I was living before rape became a previous life. I not only had a new chapter but started an entirely new book. But it was not the book I wanted. My normal life became abnormal and the abnormal became normal. I felt stuck in high school, and I dreamt about leaving and finding belonging elsewhere.</p>
June 2007 – January 2008	<p>I was accepted by my first choice of university—my dream college—and it represented the light at the end of the tunnel, and a new future seemed accessible for the first time in years. When I got to college, I was finally able to start my next book, so to speak, and establish a new life. College gave me an opportunity to find a new identity and a new sense of belonging. Rape became something that had happened rather than something that entirely defined me. (Journal Entry 6/27/19)</p>	<p>Resilient The dictionary defines resilience as “an ability to recover from or adjust easily to misfortune or change” (Merriam-Webster, 2020).</p>	<p>I began to realize that I did not like the term survivor because it tied me to one experience with one person, and thus framed my whole life around him, which detracted from the movement I had made of redefining myself. My identity expanded in college as I learned more about myself. I</p>

			<p>was privileged to attend a liberal arts college where I was able to try a bit of everything: science, literature, language, theology, history, psychology, philosophy, music, art, economics, math, and law. I discovered my strengths and came to identity as a philosopher, as much as a person in our times can claim to be. I was interested in exploring what it meant to be human and finding my own meaning and purpose, and I particularly gravitated toward any book with existentialism, metaphysics, ontology, ethics, or morality in the title.</p>
December 2013 – February 2014	I met my second perpetrator after my fiancé had broken off our engagement, and I was still devastated from the breakup. I was too ashamed to move out of state to live with	Overwhelmed Merriam-Webster defines overwhelmed as	When I was raped in high school, it interrupted the

	<p>my parents—especially after I had spent my time in high school wanting to leave so badly. I camped out in my friend’s living room, but with my friend, her boyfriend, and her roommate all sharing the small space, it was no means a long-term solution. I eventually began dating a man who took advantage of my situation. He smiled and said all the right things at the right time. Looking back, it was incredibly superficial (on par with, “Your favorite color is blue? My favorite color is blue!”) but I either didn’t notice or was so emotional I didn’t care at the time. He said he was in love with me and wanted me to move in with him—temporarily—until I could afford my own place. I accepted his offer and attention with gratitude. After I moved in, my new boyfriend changed from boyfriend to perpetrator. I became terrified and eventually unable to leave his house for months. His violence was methodical, not out of anger like I had heard about domestic abusers. I remember one night when I was lying in bed trying to think of how I could leave before he could kill me—or worse. It was the first time I realized there could be a “worse.” His violence continued to escalate, and he told me I was his “17th victim.” Even though I “escaped” that situation months later, I am not sure that it was so much an escape as it was that he simply got bored with me and wanted to move on to another target. (Journal Entry 6/28/19)</p>	<p>“completely overcome or overpowered by thought or feeling (Merriam-Webster, 2020).</p>	<p>plan I had of moving out of state and into my own dorm room, fully embracing a new chapter in college. But I had that plan to hold onto and so endured my circumstances until I actualized that dream. However, when I was raped as an adult, I had not yet constructed my next life plan. I met my second perpetrator during a period of my life where I had recently lost the stability of my fiancé as well as all direction in my life. I was trying to figure out where I was going to live and what I was going to do with my adulthood as a recent college graduate with no work experience. My harrowing experiences with sexual violence from my second</p>
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			perpetrator left me feeling not only lost but also emotionally incapacitated.
February 2014	<p>I initially felt despondent and lost—much worse off than before. This time I had lost faith in humanity as well as in an individual. I questioned the inherent goodness of people and, after being raped so many times, I felt like that was all I was worth. But I again found my footing through my education. I started my master’s program in family therapy. I learned about systemic concepts that helped broaden my conceptualization of problems, solutions, and human relationships. I started to feel hopeful again and felt my faith in humanity restored. I could see myself having a future that was my own: a future where I not only helped myself but also helped others to see the goodness in people. I am not sure that I’ve “won,” but I’ve won my life back. (Journal Entry 6/30/19)</p>	<p>Victorious One who “defeats an enemy or opponent” is a victor, and a victory is “achievement of mastery or success in a struggle or endeavor against odds or difficulties” (Merriam-Webster, 2020).</p>	<p>Part of identifying as a victor comes from being set up against one particular man and surviving the ordeal, and part of identifying as a victor comes from being able to overcome the emotional obstacles that such an event lay out before you. When I started graduate school, I came to doubt myself less and believe that I could define and attain my dreams—this is the kind of victory that is life-affirming. I was able to try something that I never thought I could do (i.e., working with sexual offenders), and from that experience I was able to develop an additional identity. And I</p>

			am still growing and collecting new identities along the way.
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Table 4. Advocate QDA

Date	Data	Quality	Analysis
March 21, 2016	The first time I met a sex offender was in my human sexuality class in my master's program. A guest speaker, Dr. William Rambo, came in with three of his clients from his private practice. Each client was a registered sex offender in the state of Florida who had attended court-mandated therapy with Dr. Rambo. Prior to this, I told my professor that I may have to step out or leave early due to my anxiety and even fear associated with meeting these men. Shockingly, I had a different experience than I could not have anticipated and found myself captivated by their stories. Their stories did not match what I had expected, and they themselves did not match what I had imagined a sex offender would look like. I had a preconceived notion that all sex offenders were pedophiles and dangerous predators that drove around in white vans looking to take advantage of children. However, when I met these men and heard their stories and their spouse's stories, I dropped my guard somewhat and felt something I never thought I could feel for sex offenders: empathy. (Journal Entry 6/6/19)	Empathy Merriam-Webster dictionary (2020) defines empathy as, "The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another"	Because of the panel's vulnerability and transparency, I was able to move from a position of being set in my ways to opening myself up to feeling other emotions that I wasn't used to, and I learned more about myself through this process. I went from a rigid position where I believed that no matter what an offender said or how bad things were for them it wouldn't change my opinion that they needed to have boundless, extreme consequences because of their extreme actions to realizing that I was not the judge who determines exactly how much punishment fits the crime. As I listened with more openness, I moved to a far more flexible position. I realized that these men had

			<p>already served their time in prison (one man for 20 years), and that a lifetime on the sex offender registry, court-mandated therapy, and ongoing probation were part of their legal sentence. Who was I to determine that they should suffer beyond their legal sentence even more with homelessness and poverty? My initial anger and resentment left and made room for an understanding that the context behind people's lives makes a difference.</p>
June 14, 2016	<p>I completed my yearlong internship with Dr. Rambo, conducting group and individual sessions with sex offenders, and loved the experience. But when it came time to facilitate the first group therapy session, I felt nervous to be in the building with only three other women and Dr. Rambo. I walked in and took note of all the exits—there was only one. I didn't want to admit it to the others, but I did have safety concerns; however, as soon as I met the clients and interacted with them, I realized that what had me scared was yet again the idea of what a sex offender was rather than who these men and women actually were. Each client I spoke with helped me understand the complexities that I had not previously thought about, and the more I started learning about the circumstances, the more my ideas began to change. I realized that not every sexual offender</p>	<p>Awareness Awareness is defined as “the quality or state of being aware: knowledge and understanding that something is happening or exists” (Merriam-Webster, 2020).</p>	<p>Many of our assumptions come from our ingrained cultural biases formed in large part by our exposure to the media. In the United States, we have an extremely vilified perception of sex offenders. In books, movies, or even the news, sex offenders are frequently portrayed as predators—psychopaths who are interested only in exploiting other human beings and are not capable of having “real</p>

	<p>was dangerous and violent. I can now appreciate my first day in group therapy as the first time that I consciously made the decision to 1) always be curious about the offense and 2) let myself be informed by my clients. (Journal Entry 6/8/19)</p>		<p>feelings.” And even the most severe crimes do not negate their humanity and the complexity of their lives. Rarely have authors given a relatable voice to those who commit sex crimes. If more people had face-to-face interactions with registered sex offenders, I believe the social discourse about offenders would change.</p>
<p>June 23, 2016</p>	<p>I walked into the room knowing my client was exclusively attracted to prepubescent children. Knowing his sexual preference, I was initially reticent and approached the therapeutic conversation with apprehension. I remember starting the session with “joining” (aka small talk to build trust with the client). However, as I continued to ask him questions, I was able to learn more about him. The more I learned about him and his interests, the more I saw him as a person rather than a predator. I refused the idea that his sexual preference made him a monster or any less of a human being. (Journal Entry 6/8/19)</p>	<p>Humanization Merriam-Webster (2020) defines humanized as “to attribute human qualities to”</p>	<p>Once I allowed myself to be truly present with and informed by the client, I gained more insight. There is so much to learn from two different people who can still share the same space. I accepted that there was nothing I could do that would change his sexual preference. I learned more about the distinctions between being attracted to someone and acting on that attraction. He couldn’t help who he was attracted to, but he could control his response (i.e., his actions) and not act on his sexual desire. People are not just monsters. There’s always a story, and if</p>

			you give yourself a chance to be openminded enough to hear the story, then you will always come to a different understanding of how this person got to this point in their lives rather than solely judging them from their label or what they were arrested for.
March 28, 2017	<p>After a year of providing therapy to sex offenders, I returned to the human sexuality class, this time as a guest speaker. I was invited to share my experiences with the students and provide them with information on the internship site. I enjoyed educating the students. Students were surprised to learn how many common situations were actually sex crimes. In Florida, for instance, consensual sexting (i.e., sending nude pictures through text) between teenagers under age 18 is creation, possession, and distribution of child pornography. Many of the students in the human sexuality class provided therapy to high school teenagers and were upset by the thought that a teenager they knew personally could have their life derailed by a charge and its consequences. The Sex Offender Registration and Notification Act (SORNA) allows anyone with internet access to look up an offender by name wherein their charge is listed without context. If a member of the public were to do an online search for the names of those teenagers in the example, SORNA would state the number of counts of child pornography and the sex offender's home address without providing more</p>	<p>Commitment to Change Commitment is defined as “an agreement or pledge to do something in the future” while change is defined as “to make radically different” (Merriam-Webster, 2020).</p>	<p>I had the privilege of being able to share my experience to a room full of future therapists that received the same training I had in my master's program. Even so, it was difficult for the students to be able to be openminded to what I was saying. Eventually, however, most of the students arrived at a different place than where they started. It is difficult for anyone to have a change in beliefs and be receptive to another way of thinking, so I am glad I could create an environment where a student could be receptive to this new information. Presenting and exchanging ideas with the impassioned</p>

	<p>information on the circumstances around the charge.</p> <p>This led to a conversation on stigma, terms of probation, and potential vigilantism. The students and I continued to discuss how that charge might affect their futures and their families' futures. I valued the discourse between the students and myself, and their genuine curiosity further inspired me to continue having these conversations outside of the presentation. (Journal Entry 6/12/19)</p>		<p>class inspired me to commit to doing so in the future to change people's understandings of sex offenders, which led me to advocacy.</p>
November 3, 2017	<p>My colleague and I presented at a Florida Association for Marriage and Family Therapy (FAMFT) Conference where the theme was treating marginalized and oppressed populations. I was significantly more nervous for this conference than the presentations I gave at NSU. The master's students were studying in the same program where learning about working with sexual offenders was part of a mandatory class, whereas, conference attendees were from varying backgrounds and had not spent weeks preparing for the conversation. I walked into a room without knowing where the attendees were coming from or what questions they might ask. To my surprise, I didn't feel defensive or challenged by the questions that were asked that day. I instead appreciated that the attendees wanted to do something about the injustice that sex offenders undergo, and I was thankful that I could offer them resources to help. I felt that I had provided, at minimum, more depth and showcased possibilities of what a sexual offender is, did, does, and might do in the future. (Journal 6/19/19)</p>	<p>Advocacy</p> <p>An advocate is defined as, "one who pleads the cause of another" (Merriam-Webster, 2020).</p>	<p>My experience presenting at a national conference was the moment I accepted an identity as an advocate; furthermore, I realized I could identify as someone who belongs to two disparate cultures (i.e., victim and advocate) because of my history and breadth of involvement in each. I came to feel comfortable with seemingly contradictory positions. It reminds me of a dialogue in <i>Steps to an Ecology of Mind</i> (1972/2000). Bateson wrote a dialogue between him and his young daughter that goes as follows:</p> <p><i>D: "I wanted to find out if I could think two thoughts at the same time. So I</i></p>

			<p><i>thought 'It's summer' and I thought 'It's winter.' And then I tried to think the two thoughts together."</i></p> <p><i>F: "Yes?"</i></p> <p><i>D: "But I found I wasn't having two thoughts. I was only having one thought about having two thoughts." (p. 25)</i></p> <p>I felt a need to promote therapy and resources for victims just as I felt a need to promote therapy and resources for offenders. Notably, I felt a belonging to both groups.</p>
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Below are my QDA results presented in paragraph form. The data consists of journal entries I wrote when I referred to the timelines. The quality I chose is the word I thought best represented my data. The analysis component is the section where I analyze the quality in context. The following results will be presented according to (1) whether it refers to a victim or advocate identity, (2) what specific quality or theme I thought best represented my data, (3) the data (i.e., journal entries themselves), and (4) the later reflection and analysis of all of the above.

Results: Identifying as a victim.

Victimized/shamed.

Data. I went to my friend's house with a group of five of my girlfriends. Some other friends met us there. We changed into our bathing suits and went in the backyard to the pool area. I wasn't drinking, and it wasn't a crazy high school party. It was just a group of friends getting together. My best friend-turned-boyfriend lived a block away. I agreed to go over to his house, and we went into his bedroom. I was worried he wanted to sleep with me, so I reminded him that I wasn't going to have sex until I was 18 (I was 16 at the time). He told me he respected that and began kissing me. I wasn't sure exactly what to do. I wanted to get back to the party with our friends, but I also wanted him to like me, so I stayed. Everything snowballed after that. After he raped me, I felt he had tricked me to get me to his room, but I also felt responsible and ashamed for what happened. I kept thinking about what the rape meant, if it "counted," and what I did to deserve it. Would it have happened if I wasn't in my bathing suit at the party? Did I deserve it because I went over to his house late at night? Was it still rape even though I knew him? Was it violent enough to count as rape? Did that count as me losing my virginity? What would people think? Would anyone ever want me now that I was damaged? (Journal Entry 6/20/19)

Quality. "After he raped me, I felt he had tricked me to get me to his room, but I also felt responsible and ashamed for what happened" (Journal Entry 6/20/19). Merriam-Webster dictionary (2020) defines the word victimize as "to subject to deception or fraud" and defines shame as "a painful emotion caused by consciousness of guilt,

shortcoming, or impropriety” (Merriam-Webster, 2020), which together encapsulate how I felt after being raped the first time. I vacillated between blaming him while viewing myself as a victim and blaming myself, but I tended to do the latter, listing over and over again the reasons why it was my fault: (1) What I was wearing (2) The time of night (3) We were dating (4) I didn’t say “no” enough times (5) I didn’t fight back enough. As an adult, I now know that none of these reasons are valid nor justify rape, but I did not understand that as a teenager.

Analysis. I was still searching for an identity when I was raped. I went to the high school party because I had an urge to belong, and I hoped I would find my place in that bunch. I thought I could figure out who I was through my relationships with those classmates, but my experience that night erased any progress I might have made in strengthening those friendships. After I was raped, I retreated into myself because of my debilitating self-reproach. For a year, I told only my best friend who did not validate my experience, which caused me to further isolate myself from my peers, mentors, teachers, and family. When I “confessed” to my very supportive mother a year later, my shame concretized into an identity as a victim. It prohibited me from thinking of myself in other ways; I felt limited in what I could do, as well as distrustful of who could help me do it. Instead of finding the belonging I was seeking, taking on a victim identity made me feel more helpless and alone than ever.

Displaced.

Data. The remaining two years of high school were hard for me. This was not a period of succeeding or overcoming; it was an experience of enduring the suffering. I was raped by one of my best friends and that experience was

invalidated by my other best friend, so I grew more detached and removed myself from my relationships and the things I used to enjoy: I quit performing in plays, I quit ballet, and my grades fell. Seeing my rapist everyday weighed on me in ways that I would not understand until much later. I continued to see him in my classes, in the lunchroom, and in the hallways. There was an omnipresent sense that my former life had been stripped from me. (Journal Entry 6/24/19)

Quality. “Seeing my rapist every day weighed on me in ways that I would not understand until much later. . . . There was an omnipresent sense that my former life had been stripped from me” (Journal Entry 6/24/19). Merriam-Webster dictionary defines displace as “to remove from the usual or proper place” (2020). I was removed from what little identity I had as a performer. Most high school students would sit at the same lunch table every day, but I no longer had a lunch table home. Aside from feeling displaced in my personal life, I was also displaced in the sense that I no longer had the life of a regular teenager.

Analysis. The life I was living before rape became a previous life. I not only had a new chapter but started an entirely new book. But it was not the book I wanted. My normal life became abnormal and the abnormal became normal. I felt stuck in high school, and I dreamt about leaving and finding belonging elsewhere.

Resilient.

Data. I was accepted by my first choice of university—my dream college—and it represented the light at the end of the tunnel, and a new future seemed accessible for the first time in years. When I got to college, I was finally able to start my next book, so to speak, and establish a new life. College gave me an opportunity to

find a new identity and a new sense of belonging. Rape became something that had happened rather than something that entirely defined me. (Journal Entry 6/27/19)

Quality. The dictionary defines resilience as “an ability to recover from or adjust easily to misfortune or change” (Merriam-Webster, 2020). I moved from choosing the things that defined my identity to my identity being defined for me after rape. My experience in college proved my resilience because I was able to define my own identity again.

Analysis. I began to realize that I did not like the term survivor because it tied me to one experience with one person, and thus framed my whole life around him, which detracted from the movement I had made of redefining myself. My identity expanded in college as I learned more about myself. I was privileged to attend a liberal arts college where I was able to try a bit of everything: science, literature, language, theology, history, psychology, philosophy, music, art, economics, math, and law. I discovered my strengths and came to identity as a philosopher, as much as a person in our times can claim to be. I was interested in exploring what it meant to be human and finding my own meaning and purpose, and I particularly gravitated toward any book with existentialism, metaphysics, ontology, ethics, or morality in the title.

Overwhelmed.

Data. I met my second perpetrator after my fiancé had broken off our engagement, and I was still devastated from the breakup. I was too ashamed to move out of state to live with my parents—especially after I had spent my time in high school wanting to leave so badly. I camped out in my friend’s living room,

but with my friend, her boyfriend, and her roommate all sharing the small space, it was no means a long-term solution. I eventually began dating a man who took advantage of my situation. He smiled and said all the right things at the right time. Looking back, it was incredibly superficial (on par with, “Your favorite color is blue? My favorite color is blue!”) but I either didn’t notice or was so emotional I didn’t care at the time. He said he was in love with me and wanted me to move in with him—temporarily—until I could afford my own place. I accepted his offer and attention with gratitude. After I moved in, my new boyfriend changed from boyfriend to perpetrator. I became terrified and eventually unable to leave his house for months. His violence was methodical, not out of anger like I had heard about domestic abusers. I remember one night when I was lying in bed trying to think of how I could leave before he could kill me—or worse. It was the first time I realized there could be a “worse.” His violence continued to escalate, and he told me I was his “17th victim.” Even though I “escaped” that situation months later, I am not sure that it was so much an escape as it was that he simply got bored with me and wanted to move on to another target. (Journal Entry 6/28/19)

Quality. “His violence was methodical, not out of anger like I had heard about domestic abusers. I remember one night when I was lying in bed trying to think of how I could leave before he could kill me—or worse” (Journal Entry 6/28/19). Merriam-Webster defines overwhelmed as “completely overcome or overpowered by thought or feeling (Merriam-Webster, 2020). I was already an emotional wreck when I met this new adversary, but while I lived with him his emotional and physical abuse hijacked my thoughts and ensured a prolonged state of being overwhelmed by my feelings. Upon

hearing that I was Victim #17, I realized that this wasn't misguided love but a game to him. Further, I realized he had no real consequences for his actions, which left me even more disheartened and exhausted.

Analysis. When I was raped in high school, it interrupted the plan I had of moving out of state and into my own dorm room, fully embracing a new chapter in college. But I had that plan to hold onto and so endured my circumstances until I actualized that dream. However, when I was raped as an adult, I had not yet constructed my next life plan. I met my second perpetrator during a period of my life where I had recently lost the stability of my fiancé as well as all direction in my life. I was trying to figure out where I was going to live and what I was going to do with my adulthood as a recent college graduate with no work experience. My harrowing experiences with sexual violence from my second perpetrator left me feeling not only lost but also emotionally incapacitated.

Victorious.

Data. I initially felt despondent and lost—much worse off than before. This time I had lost faith in humanity as well as in an individual. I questioned the inherent goodness of people and, after being raped so many times, I felt like that was all I was worth. But I again found my footing through my education. I started my master's program in family therapy. I learned about systemic concepts that helped broaden my conceptualization of problems, solutions, and human relationships. I started to feel hopeful again and felt my faith in humanity restored. I could see myself having a future that was my own: a future where I not only helped myself but also helped others to see the goodness in people. I am not sure that I've "won," but I've won my life back. (Journal Entry 6/30/19)

Quality. “I could see myself having a future . . . where I not only helped myself but also helped others to see the goodness in people. I am not sure that I’ve won,’ but I’ve won my life back” (Journal Entry 6/30/19). According to the dictionary, one who “defeats an enemy or opponent” is a victor, and a victory is “achievement of mastery or success in a struggle or endeavor against odds or difficulties” (Merriam-Webster, 2020). Starting the journey to earn my master’s degree made me realize that I wasn’t all of the things that I had been called by my abuser and that I was the only person holding me back. Earning my master’s degree affirmed that I successfully overcame a great deal to be able to define a new future for myself. When my degree was conferred in 2017, I felt triumphant.

Analysis. Part of identifying as a victor comes from being set up against one particular man and surviving the ordeal, and part of identifying as a victor comes from being able to overcome the emotional obstacles that such an event lay out before you. When I started graduate school, I came to doubt myself less and believe that I could define and attain my dreams—this is the kind of victory that is life-affirming. I was able to try something that I never thought I could do (i.e., working with sexual offenders), and from that experience I was able to develop an additional identity. And I am still growing and collecting new identities along the way.

Results: Identity shift—Identifying as an advocate.

Empathy.

Data. The first time I met a sex offender was in my human sexuality class in my master’s program. A guest speaker, Dr. William Rambo, came in with three of his clients from his private practice. Each client was a registered sex offender in the state of Florida who had attended court-mandated therapy with Dr. Rambo. Prior

to this, I told my professor that I may have to step out or leave early due to my anxiety and even fear associated with meeting these men. Shockingly, I had a different experience than I could not have anticipated and found myself captivated by their stories. Their stories did not match what I had expected, and they themselves did not match what I had imagined a sex offender would look like. I had a preconceived notion that all sex offenders were pedophiles and dangerous predators that drove around in white vans looking to take advantage of children. However, when I met these men and heard their stories and their spouse's stories, I dropped my guard somewhat and felt something I never thought I could feel for sex offenders: empathy. (Journal Entry 6/6/19)

Quality. “Their stories did not match what I had expected . . . I dropped my guard somewhat and felt something I never thought I could feel for these men: empathy” (Journal Entry 6/6/19). The dictionary defines empathy as: “The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another” (Merriam-Webster, 2020). If you had asked me before that date if I would care about a sex offender's struggles, I would likely have said that whatever happened to them could not be as bad as what they did to their victims, so I wouldn't care. But I couldn't help but feel sorry for these men not being able to find jobs or homes. I became disappointed in Florida state laws and regulations (e.g., restricting these men from being around schools from 10:00 pm - 6:00 am—which didn't make any sense at all) and realized that there were plenty of things that didn't make sense but that our society didn't care to address given the emotional nature of sex crimes. An offender's spouse came in with him and reiterated what had already been said about living

restrictions and how current residency restrictions pushed many sex offenders into homelessness, and I imagined what it would be like for me or my family members to be homeless and without many options or support.

Analysis. Because of the panel's vulnerability and transparency, I was able to move from a position of being set in my ways to opening myself up to feeling other emotions that I wasn't used to, and I learned more about myself through this process. I went from a rigid position where I believed that no matter what an offender said or how bad things were for them it wouldn't change my opinion that they needed to have boundless, extreme consequences because of their extreme actions to realizing that I was not the judge who determines exactly how much punishment fits the crime. As I listened with more openness, I moved to a far more flexible position. I realized that these men had already served their time in prison (one man for 20 years), and that a lifetime on the sex offender registry, court-mandated therapy, and ongoing probation were part of their legal sentence. Who was I to determine that they should suffer beyond their legal sentence even more with homelessness and poverty? My initial anger and resentment left and made room for an understanding that the context behind people's lives makes a difference.

Awareness.

Data. I completed my yearlong internship with Dr. Rambo, conducting group and individual sessions with sex offenders, and loved the experience. But when it came time to facilitate the first group therapy session, I felt nervous to be in the building with only three other women and Dr. Rambo. I walked in and took note of all the exits—there was only one. I didn't want to admit it to the others, but I

did have safety concerns; however, as soon as I met the clients and interacted with them, I realized that what had me scared was yet again the idea of what a sex offender was rather than who these men and women actually were. Each client I spoke with helped me understand the complexities that I had not previously thought about, and the more I started learning about the circumstances, the more my ideas began to change. I realized that not every sexual offender was dangerous and violent. I can now appreciate my first day in group therapy as the first time that I consciously made the decision to 1) always be curious about the offense and 2) let myself be informed by my clients. (Journal Entry 6/8/19)

Quality. “Each client I spoke with helped me understand the complexities that I had not previously thought about, and the more I started learning about the circumstances, the more my ideas began to change” (Journal Entry 6/8/19). Awareness is defined as “the quality or state of being aware: knowledge and understanding that something is happening or exists” (Merriam-Webster, 2020). Once I started experiencing and interacting with sexual offenders in group therapy, I gained awareness about what exactly qualifies as a sex offense. The continuum goes from urinating in public to what we traditionally think of as sex offenses such as child pornography. Many of the laws and regulations fall under an overall umbrella which may not be applicable to the individual. For example, in Florida a sex offender may not use the Internet without a sex offender treatment provider writing a letter which may state they can use the Internet for work-related purposes. But it doesn’t make sense that the individual who urinated in public should be banned from the internet.

Analysis. Many of our assumptions come from our ingrained cultural biases formed in large part by our exposure to the media. In the United States, we have an extremely vilified perception of sex offenders. In books, movies, or even the news, sex offenders are frequently portrayed as predators—psychopaths who are interested only in exploiting other human beings and are not capable of having “real feelings.” And even the most severe crimes do not negate their humanity and the complexity of their lives. Rarely have authors given a relatable voice to those who commit sex crimes (cf. Fowles, 1963; Nabokov, 1955). If more people had face-to-face interactions with registered sex offenders, I believe the social discourse about offenders would change.

Humanization.

Data. I walked into the room knowing my client was exclusively attracted to prepubescent children. Knowing his sexual preference, I was initially reticent and approached the therapeutic conversation with apprehension. I remember starting the session with “joining” (aka small talk to build trust with the client). However, as I continued to ask him questions, I was able to learn more about him. The more I learned about him and his interests, the more I saw him as a person rather than a predator. I refused the idea that his sexual preference made him a monster or any less of a human being. (Journal Entry 6/8/19)

Quality. Gavin (2005) studied people’s perceptions of child sex offenders and found common labeling of such offenders as “beasts,” “monsters,” “animals,” or “inhuman” (pp. 396-397). However, “the more I learned about [my client] and his interests, the more I saw him as a person rather than a predator” (Journal Entry 6/8/19). My experience of working with this client helped me understand that his sexual attraction

to children was not a choice. He was a human being who made mistakes and was genuinely remorseful for his actions. I found myself connecting with my client as a human being with shared interests and goals. He and I were similar, despite our differences, and he was just as human as I was. Through my session with this client, I realized that there was no sexual offender that could not be humanized, which is defined as “to attribute human qualities to” (Merriam-Webster, 2020). Humanization, for me, involves a separation of the person from the crime; it is seeing a human being in context, delineating a difference between a “monstrous act” and the person who committed it.

Analysis. Once I allowed myself to be truly present with and informed by the client, I gained more insight. There is so much to learn from two different people who can still share the same space. I accepted that there was nothing I could do that would change his sexual preference. I learned more about the distinctions between being attracted to someone and acting on that attraction. He couldn’t help who he was attracted to, but he could control his response (i.e., his actions) and not act on his sexual desire. People are not just monsters. There’s always a story, and if you give yourself a chance to be openminded enough to hear the story, then you will always come to a different understanding of how this person got to this point in their lives rather than solely judging them from their label or what they were arrested for.

Commitment to change.

Data. After a year of providing therapy to sex offenders, I returned to the human sexuality class, this time as a guest speaker. I was invited to share my experiences with the students and provide them with information on the internship site. I enjoyed educating the students.

Students were surprised to learn how many common situations were actually sex crimes. In Florida, for instance, consensual sexting (i.e., sending nude pictures through text) between teenagers under age 18 constitutes creation, possession, and distribution of child pornography. Many of the students in the human sexuality class provided therapy to high school teenagers and were upset by the thought that a teenager they knew personally could have their life derailed by a charge and its consequences. The Sex Offender Registration and Notification Act (SORNA) allows anyone with internet access to look up an offender by name wherein their charge is listed without context. If a member of the public were to do an online search for the names of those teenagers in the example, SORNA would state the number of counts of child pornography and the sex offender's home address without providing more information on the circumstances around the charge.

This led to a conversation on stigma, terms of probation, and potential vigilantism. The students and I continued to discuss how that charge might affect their futures and their families' futures. I valued the discourse between the students and myself, and their genuine curiosity further inspired me to continue having these conversations outside of the presentation. (Journal Entry 6/12/19)

Quality. "I valued the discourse between the students and myself, and their genuine curiosity further inspired me to continue having these conversations outside of the presentation" (Journal Entry 6/12/19). Commitment is defined as "an agreement or pledge to do something in the future" while change is defined as "to make radically different" (Merriam-Webster, 2020). My commitment to change led me to the classroom

dialogue with those students which became a transformative experience for me. If the students had not been so open to hearing what I had to say, I might not have felt as comfortable to explore ideas I had never thought of with them. For instance, I would not have discovered one of my favorite metaphors to explain how I can work with sex offenders. One of the students asked me about empathy and I explained that it was hard to describe a feeling using rational language, so I used a metaphor instead:

Say you were walking down the street and saw a man that urgently needed medical attention and was going to die unless you called an ambulance right away. But you had also seen this man's story on the news the day before and knew he was a sex offender. Would you make the phone call to 911 to save his life?

One student told me afterwards, "It wasn't 'til you brought up the medical treatment metaphor that I had a real mental shift in my view on the subject." It was both the students that prompted me to think of that metaphor and reaffirmed that it was a helpful one. Our collaborative discussion inspired me commit to helping even more groups understand a sex offender's marginalization.

Analysis. I had the privilege of being able to share my experience to a room full of future therapists that received the same training I had in my master's program. Even so, it was difficult for the students to be able to be openminded to what I was saying. Eventually, however, most of the students arrived at a different place than where they started. It is difficult for anyone to have a change in beliefs and be receptive to another way of thinking, so I am glad I could create an environment where a student could be receptive to this new information. Presenting and exchanging ideas with the impassioned

class inspired me to commit to doing so in the future to change people's understandings of sex offenders, which led me to advocacy.

Advocacy.

Data. My colleague and I presented at a Florida Association for Marriage and Family Therapy (FAMFT) Conference where the theme was treating marginalized and oppressed populations. I was significantly more nervous for this conference than the presentations I gave at NSU. The master's students were studying in the same program where learning about working with sexual offenders was part of a mandatory class, whereas, conference attendees were from varying backgrounds and had not spent weeks preparing for the conversation.

I walked into a room without knowing where the attendees were coming from or what questions they might ask. To my surprise, I didn't feel defensive or challenged by the questions that were asked that day. I instead appreciated that the attendees wanted to do something about the injustice that sex offenders undergo, and I was thankful that I could offer them resources to help. I felt that I had provided, at minimum, more depth and showcased possibilities of what a sexual offender is, did, does, and might do in the future. (Journal 6/19/19)

Quality. "I felt that I had provided, at minimum, more depth and showcased possibilities of what a sexual offender is, did, does, and might do in the future" (Journal Entry 6/19/19). I realized how far I had come from someone who solely identified as a victim of sexual violence to someone who spoke on behalf of sex offenders. I had become an advocate: "one who pleads the cause of another" (Merriam-Webster, 2020).

Presenting at the conference gave me insight into my professional identity as having evolved from a single point to an expansive plane with two cultures: victim and advocate.

Analysis. My experience presenting at a national conference was the moment I accepted an identity as an advocate; furthermore, I realized I could identify as someone who belongs to two disparate cultures (i.e., victim and advocate) because of my history and breadth of involvement in each. I came to feel comfortable with seemingly contradictory positions. It reminds me of a dialogue in *Steps to an Ecology of Mind* (1972/2000). Bateson wrote a dialogue between him and his young daughter that goes as follows:

D: "I wanted to find out if I could think two thoughts at the same time. So I thought 'It's summer' and I thought 'It's winter.' And then I tried to think the two thoughts together."

F: "Yes?"

D: "But I found I wasn't having two thoughts. I was only having one thought *about* having two thoughts." (p. 25)

I felt a need to promote therapy and resources for victims just as I felt a need to promote therapy and resources for offenders. Notably, I felt a belonging to both groups.

Results: Storying my past.

The epiphanies that resulted from my thematic analysis became new markers for my process. I realized I could reorganize and tell the whole story again. I restrung my past through "characters" in my life rather than the events themselves, and through this storying of events, I was able to recall my past more vividly. As I worked through this process, it became easier to allow myself to recall details I had forgotten or pushed away.

My story, which uses pseudonyms up until the start of my transition to advocate, is laid out below. The parts of the story that refer to victimhood have been highlighted in red, while the rest remains black. To preface this story, I will refer to a line from Spike Lee (2017):

I would like you to know the only reason I'm doing this is 'cause folks think they know me. They think they know what I'm about, and the truth is, they don't know me. Anywho, if in the end, this helps some other people out, then that's cool too.

("Nola Darling" in the TV show *She's Gotta Have It* by Spike Lee)

Kelsey. Kelsey is my given name. As a 16-year-old, I didn't feel I belonged anywhere and was searching for that feeling of knowing who you are and what places you can call home. I was seeking acceptance from others, especially from my first boyfriend, Trevor.

Trevor. Trevor had asked me out in seventh grade when I was 13. I had heard from a group of girls in a catty way that he was going to ask me out when they took me into the bathroom to gossip. He did ask me out and I turned him down immediately because they had given me such a negative impression of him asking me out. This was the first person to ask me out and the first person I rejected. Two years later, we became friends with the same group of people. He and I would go to the beach with other friends often and I grew to appreciate that he liked the same angry rock music that I did and didn't make me feel weird for not being feminine enough or cool enough. I came to look at him as my best guy-friend. When he asked me out again in sophomore year, I agreed. He already knew everything about me—just about everything you could know about a teenager still searching for an identity. . . . After Trevor raped me, I didn't know what to

do with myself. I do know that he stopped talking to me, which was in part fine because I wanted to be isolated, but it also added to the feeling of being used. This was my first boyfriend and my first sexual experience. I remember that our first kiss was romantic, on the beach as the sun was setting. I remember feeling able to confide in him things that I couldn't tell another person. But after he raped me, I felt confused and couldn't decide if those other experiences were "real" or if they were pretense that he used to make me feel comfortable. Was he still upset over my rejection those years prior? The only person I told was my best girlfriend, who I had been friends with since elementary school. She told me that because he did not ejaculate, it didn't count as sex, much less rape. A week later, they dated, and my gut turned seeing them together at school.

Bonnie. Bonnie was my best girlfriend since elementary school. Neither of us were especially anything—definitely not popular—but we were confident in our friendship with each other. She would be the motivation for me to get out of bed on those lazy days in the summer to go to the beach or pool. She was always encouraging me to get out and enjoy life, which was a welcome contrast to my couch-potato inclinations. I felt that we were a good balance for each other, and we had been through so much with each other that it seemed impossible to think of us not being friends.

I was too ashamed to tell anyone about Trevor raping me—except for Bonnie. I told Bonnie that he raped me, but she told me that he didn't, which left me feeling confused and uncertain whether or not to feel betrayed. She avoided me and I wondered why, until I heard from someone else that she and Trevor had been dating for two weeks. I couldn't understand this double betrayal: she dismissed my emotions, but it hurt even more to see her dating my rapist. And I lost both of my best friends.

Mom. I was left with an immense amount of shame, and I didn't tell anyone else that I was raped for a year . . . until it slipped out in an argument with my mom. I took my anger out on her; I was mad at her for not knowing what had happened to me, just as I was mad that now she knew my shameful secret. Mom arranged for me to see a psychologist who came highly recommended from people she knew at my school. I am sure the psychologist meant well, but after she had me actively relive my rape experience moment by moment on our third session (she told me to think of my "happy place" and offered me her "happy place"—a beach). I didn't feel safe, I felt retraumatized and misunderstood, and I never went back.

I could tell it was hard for mom too. Mom had had her own experiences with sexual violence, and I knew that it was especially difficult for her to see what I was going through. She told me that she wished she could take my pain and carry it for me. I remember I asked her one night when this feeling would go away, and I would get over this. She sagaciously told me that the feeling would not ever go away, but that the pain would lessen over time.

Colin. Colin was one of my close friends in college. He had an exuberance for life that was contagious. He was an artist: he was a talented actor and musician. He had lived in New York City and seemed worldly and confident. Although he was—and is—a great guy, I wasn't interested in dating him. I was just glad to have someone who shared my interests and who encouraged me to get out more and live life more fully. **He was almost a combination of the good traits of Trevor and Bonnie.** Colin and I would go on spontaneous road trips to New York for a day or just drive around and listen to music and talk. I would laugh while he would sing in the car. **I realized my mom was right: the pain**

did lessen over time. We laughed about being armchair philosophers and asked each other questions like, “What is comedy?” and “What is the meaning of life?” and we would talk about it for hours. We would also talk about therapy and psychology and wonder what our dreams meant as we shared personal details and imagined what Freud would say. It was not a sexual or romantic relationship, but it was emotionally intimate. And it made me aware that I could be appreciated for me rather than used for my body.

Sebastian. I knew something was different with Sebastian. What I couldn’t tell was whether this was a good or bad thing. He had given me his business card one night when I had been out with friends. I took it but wasn’t especially interested—maybe he could tell. But one evening when I was feeling especially lonely, I called him. He seemed delighted to hear from me, and his excitement made me feel special. He asked me if I wanted to go rock climbing—I love rock climbing!—for our first date. We went out on Labor Day. I thought that the climbing gym would be closed, but he told me he looked it up and it was open, so I agreed to go and that he would pick me up. Either it was a long drive or felt like a long drive as I sat realizing I was riding with a stranger and this was probably a bad decision. I thought of my mom who always wanted to protect me and her scolding me for this decision. When we got to the gym it was, in fact, closed. But he told me that he grew up not too far from there and asked if I wanted to see his old neighborhood. He drove me around a neighborhood that may or may not have been where he grew up. He asked if I wanted to walk around with him, and I agreed. Suddenly, we were walking and talking embedded in the woods. I further realized that no one was around us and thought mom would be especially upset about this decision: walking alone in the woods with a stranger.

At one point, he looked at me in a way that I can still remember, in a way no one else had ever looked at me before or thereafter. I would imagine it is how a lion looks at a gazelle. I realized in that moment that he wanted to rape me, that I was clearly prey, unbelievably gullible prey. I was scared but knew that running was not going to be effective. I decided to come to terms with whatever was going to happen. I dissociated from the event—a skill I had perfected from my high school rape—and I felt apathetic: a sort of what-does-it-matter-anyway stance. (He later confirmed that he had wanted to rape me then, but I didn't look scared enough.)

Instead, we got back into his car, he drove me home, and he told me that he had a lovely time. I started convincing myself that my fear was unfounded, as evidenced by my safe arrival home. I felt relieved to be home and recounted how gentlemanly he was; I wondered if I had been so jaded as to see this perfectly nice man as a threat when he clearly wasn't. I wondered if I made it up or if my reality was skewed. I convinced myself that I had to be imagining things. I reproached myself for perceiving his actions as frightening when he was just trying to take me on a date that he knew I would enjoy. After all, I told myself, it wasn't his fault the gym was closed, and it was sweet that he shared intimate details about his childhood with me while walking around his old neighborhood. I continued thinking that way: it must have been my past that made me fearful, not, as I realize now, instinct.

I had perfected a pattern of dismissing my own reality: telling myself I was making things up when I felt uncomfortable and asking myself why I couldn't just relax and enjoy the moment. But I didn't have to dwell on these thoughts much longer because I got back together with my ex, Tyler. However, when Tyler later ended our relationship

and kicked me out, I called Sebastian for support and he offered for me to live temporarily with him. I found it particularly chivalrous, especially since I had my dog with me, and I knew he was taking on a lot. I felt grateful and told myself to enjoy this rather than question good things in my life. After I moved in, I was already in too deep.

First night. The first night I told Sebastian that just because we were going to be sharing a bed did not mean that I was going to have sex with him but that I'd still continue our romantic relationship. The morning after the first night living with Sebastian I felt foggy, but we didn't have anything to drink and I don't do drugs. My vagina also hurt, and I remember asking him if we had sex the night before. Up until this point, I had only kissed him—once—so sex was not on the table, but I was grasping at straws for an explanation of why I was foggy and in pain. I asked Sebastian if we had had sex the night before. I still remember his smirk as he asked me whether I thought we did. I replied, "No." He said, "Well then we must not have."

Being watched. There were times I felt like I was being watched even when I was home alone. I asked Sebastian if he had a home security camera or if he was recording anything in the home, and he denied it. Still, I had a gut feeling that I was being recorded and watched all the time. I told myself that I was being paranoid, and I reproached myself again for creating this frightening situation when there wasn't one. I later found out this was not the case; he was recording everything that happened in the home, including, as I found out later, many of the times he had raped me and would re-watch those videos for his personal enjoyment.

Laundry room. Even as his violence toward me escalated, I continued to tell myself that I was making things up and that I should be more appreciative. I thought I

should make dinner, for instance, as a thank you for his generosity. I still had not switched over to acknowledging that he wasn't the gentleman I thought he was.

I was trapped and in and out of denial. I got used to washing the blood out of the sheets as quickly as possible, in part because the dry cleaner was suspicious, so Sebastian told me, when he had brought in bloody sheets multiple times before. Instead of using the dry cleaner as a way out of my situation, I stayed in this abusive relationship for fear of the consequences. I continued to question myself about the whole situation and wondered whether I was being dramatic or crazy to fear him.

After one time in particular, as I rushed to put the sheets in the wash, I could feel Sebastian approaching me. The hair on the back of my neck stood up and I had a chill down my spine. My fear evoked a moment of clarity. I immediately suppressed it, knowing that I had to keep up appearances to get out of this situation safely. I really don't think it was until that moment that I realized that maybe my impression from our first date had been right all along. I again remembered how I saw that look in his eyes but told myself I was being paranoid. I realized I was doing the exact same thing, only this time I was actually being raped. I began looking for opportunities to escape. Meanwhile, he seemed to sense my distance and began being less subtle. I vividly remember his statement, "No one will ever want you after the things I'm going to do to you."

Tyler. I met Tyler in undergrad. We had conversations about Ayn Rand and utilitarianism and the cost/benefit analysis of such ideologies. I loved him more than I had ever loved anyone, and I love him still—years after our marriage is dissolved. Tyler, who arguably played a part in me moving in with Sebastian, was ironically my escape

route from Sebastian. I told Sebastian I was going to a reunion event for my undergrad, and he gave me permission to go—whether knowing or not knowing my plan to escape.

I was unable to articulate to Tyler the experience that I had undergone, so I showed him a picture of the “art” Sebastian had carved into my back with a hunting knife. Tyler immediately took me to the police, and I told him I was scared for both of our lives. I did not find much consolation or, frankly, support in the criminal justice system, but that’s another story. What stood out most about Tyler was his willingness to sacrifice for others. He easily took on the role of the white knight rescuing the damsel in distress. Whether that was helpful for our marriage long-term is also another story, but he had no hesitation to make sure he did everything in his power to keep me safe. Because of him, I was able to go home to my family and restart my life as a student where I found meaning and belonging through my academic pursuit of a therapy degree. I discovered my purpose in being able to help others who were suffering.

Kay. “Kay” is the nickname I adopted when I enrolled in my graduate program to feel safer from Sebastian. I was constantly in fear that he would attempt to harm or kill me—I still am. I avoided all social media and refused to take pictures or have pictures posted of me whenever possible. I consistently encouraged everyone in my new graduate program to refer to me as “Kay” as a protective measure—even though he lived states away. I thought about legally changing my name, but Tyler had been against it, which led me to be against it even after Tyler and I were divorced. I dyed my hair black in stark contrast to the heavily highlighted blonde hair I had when I met Sebastian. I was distrustful of anyone who wanted to get close to me or have a conversation that was not

immediately academically relevant, sometimes including professors if they had not been teaching there for what I deemed long enough to be safe from Sebastian's influence.

Shelley Green. Dr. Green had a reputation for being the professor you just had to have. She and her husband, Dr. Flemons, had a relational approach to sex therapy that eschewed stigma and blame. As someone who has struggled with shame from the very point of creating an identity(/sexual identity as well), I knew I wanted to be taught therapy methods from this approach. So, naturally, I stayed up until midnight to register for her human sexuality class. Not that I mean to convey that I wanted to take the class itself. On the contrary, on the first day of class I told Dr. Green that if it had not been a mandatory class, I would not have taken it at all. I did not feel comfortable talking about sex in any capacity. My face would turn bright red with a mixture of embarrassment and shame if sex was even mentioned (which happened over and over in that class, as you would imagine). I hadn't grown up in an overly religious or conservative household, but my first sexual experiences had been with my first rapist, and that didn't seem to be working out well for an openness to talking about sex in a classroom. But seeing as the class was required, I knew I just had to take it with her.

William Rambo. I met Dr. Rambo the day of the sex offender panel in Dr. Green's class. I didn't realize it at the time, but Dr. Rambo only offered the panel to Dr. Green's class—even more reason to be thankful for having the opportunity to take it with her. But I wondered what Dr. Rambo and the panel would be like; I was wringing my hands with anxiety/anticipation.

My first impressions were that he was a great, approachable speaker who was obviously knowledgeable about many things even outside of his therapeutic work with

sexual offenders. Reflecting on it now, I think the ease and obvious passion with which he talked about this topic belied his tendency toward introversion. He had briefly mentioned religion in a throwaway comment, but I picked up on it and asked him if he had time to discuss it further afterwards. As an armchair philosopher, I can't resist a good conversation about religion, especially one on how it may affect a therapist's work. He humored me and we discussed the nature of good and evil, his feelings of and the role of God versus the people on judgment, and how that all fit into his treatment of sexual offenders. Most notably, he expressed that he thought there were only bad actions, not bad people. He was my kind of person, and I remember how badly I hoped I would get the internship to be able to learn from him.

Jessica. Jessica and I worked together as therapist interns with Dr. Rambo. Although she was in a lot of my classes, I hadn't spent a lot of time with her before our internship, in part due to my distrust of close friendships at the time. We became close over the course of that year-long internship. I told her that I was a victim of sexual violence and asked her to look out for signs if she ever saw that interfering with the therapy I was providing. Jessica and I joined in the group therapy that Dr. Rambo offered, and we also offered individual sessions to clients. There was only once instance, during an intake with the three of us, where I felt overwhelmed by my victimhood when one client reminded me of Sebastian. Jessica graciously offered to take that client for individual sessions. As time went on, Jessica and I made a good team for co-therapy with her organizational skills and focus on patterns and my fondness for detailed narratives full of meanings and values. Jessica and I loved working together with Dr. Rambo and were deeply affected by the stories we heard. We had conversations about the struggles

our clients were going through and how it was devastating that no one seemed to care because of their charges. There was a lack of humanity that our clients experienced that was hard to comprehend, and I felt myself focusing on the injustices they experienced and wanting to do something about it.

Jessica and I were invited back to the university multiple times to speak with other potential interns about the opportunity to work with sexual offenders at Dr. Rambo's practice. We collaborated and put together a presentation with time for Q&A at the end. We presented for an hour, but we realized we could have presented for three. We had so much to say, and I was invigorated by the chance to offer a new perspective to newer therapists. We engaged in dialogues with the students and learned from them as well. At one point or another, in every class, one of the students said something to the effect of, "That's all well and good but try saying that to a victim of sexual abuse." **That was the first time where I saw previous experiences with sexual violence as an asset rather than a detriment. I explained to the students that I myself was a victim of sexual violence and went into the cliché that "two wrongs don't make a right."** I explained how the clients I saw had already served time in prison (some for decades) and that rather than them not understanding what they had done or not feeling remorse, most of my clients were remorseful and many determined to make something better of their lives and contribute to others. I continued to elaborate on my own views that not offering help to the homeless, not allowing people to have jobs that would provide for their families . . . in essence, "kicking someone when they are down" would not make up for any previous transgression and would only serve to harm society. The main thing that I felt it was

important to convey was that one could have empathy for someone who committed a horrendous action.

Jessica and I went on to present our ideas at a national conference for family therapists. We had a small turnout, but those that came were heavily invested and active participants. **I found myself again sharing that I was a victim-survivor of sexual violence and noticed how it was easier to share this time, even though it was to a group of strangers from vastly different backgrounds than the master's students.** Jessica and I explained how the laws in Florida did not make sense. How could it make sense that offenders weren't allowed at schools in between 10pm - 6am? Who would have business at a school during those times anyway? How did it make sense, **even from a victim standpoint,** to have so much transience where sex offenders couldn't be accountable for being at a specific location for their probation officers to check they were where they were supposed to be? **Someone who is homeless or transient has nowhere to be accountable to for terms of probation. The laws weren't keeping people safe,** they were only punishing those who were labeled sex offenders.

Kelsey. In 2019, I went back to work with Dr. Amy Miller, an former intern of Dr. Rambo's who took over his practice after he passed away. Both of us had been greatly impacted by the passion that Dr. Rambo had for protecting the human rights of individuals with a sex charge. Dr. Miller's dissertation was on the experiences of intimate partners of sexual offenders, and she was interested in working not only with offenders but also those people in offenders' lives that were impacted by the label. I feel privileged to again be a part of this system that is not built upon shame and degradation but instead focuses on strengths and what offenders can make of their lives in the future. **Although I**

go by “Kay” sometimes, I have switched back to referring to myself as “Kelsey,” and I am slowly becoming more comfortable revealing my-self. I gave up dyeing my hair completely, and I am currently showing off my natural brown and gray hair. I feel that I can be open with myself and others that I have a dual identity: as victim-advocate.

Part B

Epiphanies. My memories became clearer the more I practiced allowing myself to be vulnerable. I used the information in Part A to aid in remembering certain events, and this process unearthed more thoroughly detailed memories. I then determined which events seemed to have the most critical effect on my epiphanies, my evolution of the identities I rediscovered through this research process: a feminist, a moral philosopher, and a collaborative therapist. My epiphanies are described through vignettes below. At the end of this emotionally arduous process, I had my most impactful epiphany: I don’t have to be either a victim or advocate—I can just be me.

My identity doesn’t stop at victim, nor at advocate, nor at victim-advocate. My identity is constantly evolving, and even though I love my work, it is not me. I have been defining myself in a limited way even while trying to supersede one label. But I realize now that I don’t have to be either—or any. I can just be me and see where that leads. (Field Journal Epiphany 2/24/2020)

2/24/2020

My identity doesn't stop at victim,
nor @ advocate, nor @ victim-advocate

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I can just be ~~my~~ me and see
where that leads.

Figure 1. Field journal entry 2/24/2020

Before, I was defined by my relation to others, but the research process began a new question, “Who am I regardless of these relationships?” As I continued my explorative process, the *graphy* of my autoethnography changed again. I organized my results synchronically using identity as a marker that I could use to retell my story. I had moved from the superficial to the vivid and ended in the visceral. Vignettes offer a glimpse into my past which allowed me to exhume a different understanding and appreciation of my identities as a feminist, a moral philosopher, and a collaborative therapist.

Understanding myself as a feminist.

Vignette # 1. It was my first individual session at my internship site. Prior to this, I had only worked as a student therapist in the university's onsite clinic. This new internship was my chance to grow, and I was very excited that I had been chosen as one of the two new interns. At the same time, I was still nervous to work with sex offenders. I had met three offenders in my graduate class and heard their stories and co-facilitated

group therapy for sex offender treatment. Yet the prospect of an individual session still instilled some anxiety.

I walked into the room and let the client choose his seat before I sat down. There were two choices: he could sit in the chair directly opposite mine, or he could sit in one of the chairs that were angled toward each other. He chose to sit in the one directly opposite mine. I was getting ready to start our session, my first individual session in “the real world,” when he asked me a question. “Did you read my file?” he asked. “No, I did not,” I unsteadily replied. I continued, “I thought it would be better to get to know you in person rather than make assumptions through your file.”

“You guys always do that,” he said angrily. “Why do I have to sit here time and time again and say everything from the beginning with a new intern? It’s your job to read the file. Just read the file!” I paused and thought about my decision to not read his file before our session and questioned if it was ethical. It was, I decided, and I would do it again. I had learned that this was a valid therapeutic decision in school, so I decided to share my thinking with him. “I can see where you’re coming from. I would be annoyed too if I had to start telling my story over and over again from . . .” He interrupted me: “I want to get past this. I don’t want to harp on this charge. I don’t want to think about this. You guys always make me think about this when I’m trying to get past it; you make me go back to the beginning over a decade ago and by the time I get to where I am now you leave and a new therapist comes in and I have to start all over.”

I thought again. “We don’t have to start with the charge,” I said. “I’d like to get to know you. Can you tell me about yourself?” “It’s all in the file,” he retorted, still defensive. “I’d like to hear it from you,” I gently pushed him. He was wearing a shirt

with a cartoon character on it. I asked him about it. “Does your shirt have special meaning?” “Well, it’s just a shirt,” he stated. He seemed to question my sanity before he continued, “But I like the game. And the movie. It’s actually my favorite movie.” “Oh? I’ve never seen it. Can you tell me a bit about it?” “Well, see, there’s this . . .” The client proceeded to tell me the plot of the movie and periodically explained how aspects of the movie tied into the game that preceded it. I asked questions about how certain parts tied into his life. He explained how they did and continued to share with me until he revealed, without provocation, his understanding of his own pedophilia.

“I like cartoons and stuff for kids. I always have. I think I never grew out of it, and that’s *it*,” he abruptly stopped. “What’s *it*?” I asked. “Just that,” he replied. “Like something stunted my growth as a kid and I never stopped being a kid.” I paused before asking him a therapeutic question, “Is that a good thing or a bad thing?” “It’s bad! It’s really bad!” he shouted incredulously. He was angry again but that didn’t discourage me. “How so?” I gently pushed him again, trying to convey comfort with my tone that would demonstrate caring rather than utter ignorance. “Like, that’s where all of these problems started from,” he said, no longer shouting.

Not having read his file at this point, I did not know the specific charge or charges he was alluding to although I had learned from my supervisor before going into the room that he had contact charges with minors—plural. “Of course it’s bad. I’d give anything to not be this way.” His look changed from frustration to sadness as he looked out the window. His gaze gave me the impression he was longing for a life where he had different sexual preferences, as though that life would readily appear before him at any second.

He looked back away from the window and made eye contact with me. I didn't say anything, but my eyes showed not pity but thoughtfulness. He was calm again. He was no longer angry but was now tearful. His sincere eyes were glistening with not-yet-fallen-tears as he said, "Like electric shock treatments or something. . . . Does that work?" I answered honestly but allowed room for uncertainty: "Not that I know of. It's my understanding that that wouldn't do anything to change your sexual preference, no." He looked crestfallen for a moment but then raised his head and became more alert. I could tell this was not the sort of conversation he was used to having with a therapist, and I think in that moment he realized just how much he shared with me, a stranger. I saw his walls go up again as he straightened his body posture and sucked in his tears. "Are you familiar with *A Clockwork Orange*?" I asked him. "Yes, I told you I like movies," he said. I ignored my inclination to tell him that I brought it up precisely for that reason. "It brings up an interesting question for me," I said. "If someone does something wrong, what do they deserve? And how far is too far?" His answer stunned me. He told me that there was no such thing as "too far": "Not if it stops people like me from having thoughts about kids."

My client's punishment exceeded his legal sentence. He was being punished long after having served his time in prison. His probation and indeed the court mandated treatment he received were legal reminders of the wrongs he had committed. But he was affected by more than those justice-related punishments. Society itself had exiled him, and no one wanted him around. He had experienced homelessness and was unable to find a steady job for years. A relationship was out of the question given his sexual preferences, and the only people close to him were his parents, who in all likelihood had not forgiven

him and thus didn't seem to be much interested in interacting with him. When I met him that day, he had had a job for three months—the longest ever up until that point so my supervisor told me.

My session with him set the stage for me to have more empathy for these men and women who were human beings no matter what crimes they committed. Seeing this client shifted my perspective and reassured me that this was where I was supposed to be. This moment with my client solidified my need to speak up for this population—the more so given that few people would hear it. The social injustice that he and other registered sex offenders experienced daily affected me on a deep level. I was determined to do what I could to educate others and present on these vilified individuals that were societally oppressed and discarded.

Feminism. I didn't initially see myself as a feminist, in part because I didn't know exactly what a feminist was. If you look up feminism in the Merriam-Webster dictionary, it will tell you feminism is “the theory of the political, economic, and social equality of the sexes (2020). However, that is not a whole picture. Feminism does not just apply to sexes (which I would correct to gender), and this ignores a basic principle of feminism: equality versus equity, which clarifies that something equal is not necessarily something fair. There are historically different waves of feminism, and the dictionary is stuck in the past.

In the first wave of feminism, women were fighting for the right to vote which did in fact mean that they advocated for equal treatment insofar as that meant that women could vote the same as men. Unfortunately, this wave did nothing to help the societal racism or a narrow understanding of gender and gender roles. The second wave of

feminism addressed gender roles and centered around a woman's choice to stay at home or go out into the workplace. Third wave feminism finally addressed intersectionality, "the interconnected structure of society that includes race, class, gender, sexual orientation, and other defining characteristics" (Sheber, 2017). It acknowledged the different power and privilege certain groups maintain over others. Third wave feminism challenged heteronormativity and cisnormativity. Fourth wave feminists acknowledge the complexities of intersectionality and encourage activism in regard to societal oppression. The Encyclopædia Britannica (2020) stated:

Although debated by some, many claim that a fourth wave of feminism began about 2012, with a focus on sexual harassment, body shaming, and rape culture, among other issues. A key component was the use of social media to highlight and address these concerns.

I view myself as a fourth wave feminist concerned with speaking out about injustices. After learning what feminism actually is, I knew it was already a part of me rather than something I needed to adopt. It made sense with how I saw the world. My feminist outlook created space for the insight that even sexual offenders need to be treated humanely and with dignity.

I initially had every opportunity to hate sexual offenders and not see their point of view given my history as a woman who was raped and then ignored by the criminal justice system. I knew that there were no consequences for my perpetrators, and I was resentful and overcome with emotion thinking about the lack of justice. But my feminist side became apparent to me when I was able to see the other side as well. After learning about the issues that registered sex offenders go through, my sense of injustice and desire

to rectify it overrode my initial personal feelings about sex offenders. Once I realized that there was no sex offender that could not be humanized and empathized with, I felt compelled to do what I could for these men and women. Over time, my feminist identity became even stronger through my advocacy for these offenders. Part of fourth wave feminism is speaking out and taking action, and I became a voice for people who don't have one. I will continue to share my belief that the injustice someone has inflicted in the past should not be a justification for severe mistreatment in the present.

Understanding myself as a moral philosopher.

Vignette #2. It was midafternoon and I had just begun my sluggish quest for caffeine. The kitchen started to fill with a coffee aroma, yet it still smelled like cinnamon rolls. It seemed to always smell like cinnamon rolls—his favorite. I felt nauseous as I became involuntarily fixated on the cinnamon smell that was now solely associated with him. I could still hear the drip of coffee percolating when he approached me and expressionlessly took off my clothes, as he had so many times before. I became aware of how cold it was in the room for a moment before my mind automatically drifted away again into a self-protective, dissociative state.

By this time, I had become used to feeling listless as his hands restrained me. I imagined him as a puppeteer dirtying the puppet with soot while the puppet's strings broke one by one. It was a marionette show, but he was performing only for me, the lucky audience member. I was both the puppet and the crowd.

To this day I can't remember how many times I was raped. In the beginning I counted to help keep track of the days, like a prisoner in solitary confinement. But I stopped trying to count after I had reached three-digit numbers.

My thought, “It will be over soon” came and went. “Probably,” I corrected myself. He held me from behind and pushed my body against the cold granite. I looked languidly yet somehow inquisitively at the patterns in the granite as if figuring out the pattern would help me somehow understand my situation of being trapped here. I suddenly recalled when he had slammed my head down on this same countertop, and I remembered the throbbing and confusion of the concussion. I became even more lifeless and tried not to focus on wondering what he would do this time. That always made it worse.

Still grasping me from behind, he began running his hunting knife down my back: first the left side, then the right. The granite wasn’t enough anymore, and I had to find a new way to distract myself from the pain. “Interesting. He’s left-handed; I would have thought he would have started on the right. Maybe not. We write English from left to right, so maybe that’s why.” His pressure increased with his boldness and the cuts became deeper and the pain intensified. I remained motionless and searched for other distracting thoughts. “Why does he have a hunting knife? I don’t think he’s ever hunted before,” I thought. “Not animals, only people, I guess.” I tried to remind myself of the fine points of “The Most Dangerous Game” in as much detail as I could muster, but I hadn’t read it since seventh grade.

He leaned over my right shoulder and pulled me back by my neck. He must have noticed my attempted dissociation. He held the knife to my throat and made a small incision, presumably as a sort of test. It was that cut that caused my mind and body to wake up again, and fear undoubtedly flashed in my eyes. I couldn’t think of anything

other than that moment. He smiled with pride at his work and didn't break gaze. Finally, the audience was appreciating his puppeteering.

For the first time I said aloud, "So it's the power that turns you on—the fear." He smirked and I knew I was right. I felt simultaneously sickened and relieved that I had successfully figured out this puzzle. I waited. I vacillated through enduring the pain and contemplating the validation I had received about the importance of fear for him. When he was done, I couldn't help but ask one last question: "Why?" I had meant to ask him why he was doing this, which he understood without further explanation. "Because I can," he replied.

Moral philosophy and multiple truths. There are many ways that I could tell this story, each one of them being true for me. For example, I could describe this perpetrator as an evil sociopath who wanted nothing more than to inflict harm on as many people as he could. I could also tell this story from a more therapeutic perspective that highlights different context not stemming from emotion or fear. I could say that he is good, evil, both, or neither and all of these would be true; there isn't one absolute explanation.

I wrote my undergraduate capstone about truth, morality and the nature of good and evil in the book *The Brothers Karamazov*. Since reading it a decade ago, it has been my favorite book. No other piece of literature has affected me in the same way. As an agnostic, I admit that it serves me like a holy text; I always come back to it in times of joy, despair, anger, anxiety, or ennui. It remains the closest representation of how I think and see the world. What I have always appreciated about the author, Dostoyevsky, is his ability to tell a story that gives the reader ambiguity instead of definite answers. He portrays his characters as human rather than absolutely good or evil.

At the risk of spoiling the story for someone who has never read it, I will reveal some (okay, a lot) of the plot. The book centers around patricide. The father, Fyodor, has four sons (or does he? One of his sons is his alleged illegitimate child). Fyodor's oldest son, Dmitri, wants to murder Fyodor for sleeping with the woman that he loves; he is worried that Fyodor will take her away and that Dmitri won't be able to marry her. Dmitri is emotional and vocal about his thoughts of murdering his father, and the reader is unsure whether Dmitri means it as an actual threat or whether it is only said as a result of his passionate emotions. As the reader waits in suspense to see if Dmitri will really kill his father, we learn more about Fyodor's other sons. Fyodor's alleged illegitimate child, Smerdyakov, is the son who actually performs the act of murder, and we receive details throughout the book that strongly suggest that Smerdyakov is a sociopath. But a conversation between Smerdyakov and the second oldest son, Ivan, indicates a different view on moral culpability. Smerdyakov tells Ivan it was Ivan's atheistic intellectualism that indirectly gave Smerdyakov the motivation and courage to commit the murder. Dostoyevsky raises questions like, "Who is the bad guy?" and "Who is responsible for Fyodor's murder?" Dostoyevsky has the reader consider that every son bears some responsibility for the murder, and that to say only one is responsible for the death of their father would thus be inaccurate. Dostoyevsky's novel raises philosophical questions about the nature of mankind and morality by emphasizing that there is no one true story.

Dostoyevsky's consistent emphasis on there not being one Truth speaks to me on a deep level. At the risk of being misunderstood, I will offer my opinion that I bear some responsibility for what happened to me; it was a relational event and as such necessarily

needs two people to occur. However, this does not mean that I asked to be raped nor that I deserved to be raped.

So, what exactly happened? My second perpetrator showed a lot of signs that would indicate sociopathy—many that mirror Smerdyakov, in fact. If I wanted to, I could ask endless questions about him and his character. Was he struggling with his inability to experience love in the same way non-sociopaths do? Was his loneliness pushing him to connect with others on any level regardless of what that looked like? Was he aiming to organize his life around hurting others? Was he compelled to be cruel? I could question what “truly” happened *ad infinitum*.

I’ve learned from experience that human beings crave certainty, but there is truth to many opposing and outright paradoxical explanations. Dostoyevsky put it this way: “In most cases, people, even wicked people, are far more naïve and simple-hearted than one generally assumes. And so are we” (Dostoyevsky, p. 9). It feels more comfortable to vilify others and label them as evil; this draws a barrier between *us* and *them* so that we are reassured that we could never do something like *they* did. In my opinion, human beings are more complicated than that. My mentor, Dr. Rambo, used to say that he hasn’t committed a sexual offense—yet. He wasn’t indicating some dark, repressed perversion, but he was trying to convey that any human being has the capacity to do bad things; as he would say, this doesn’t make them bad people in any absolute sense. Even if it makes us uncomfortable, I believe there are multiple, often contradictory, truths in every story.

Understanding myself as a collaborative therapist. I know what it is like to be manipulated and to feel overwhelmed by the things that are happening in my life. My experience with my second perpetrator led to my feeling lost and like I didn’t have power

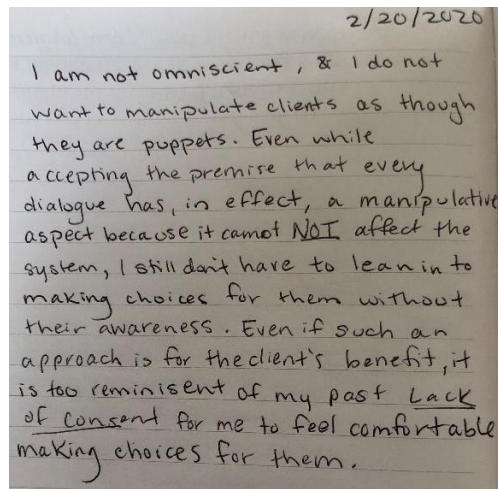
in my life. That knowledge has informed who I am and thus my way of conducting therapy sessions. I understand the benefits of sharing a collaborative space with somebody versus potentially being manipulated or bullied into something they should feel or should do or someone they should be.

Collaborative Language Systems (CLS), known more simply as collaborative therapy, is a therapeutic approach based upon the belief in multiple truths that I think honors a client's autonomy and personal experience without the therapist determining the so-called right way. To explain multiple truths further, in parts of West Africa, depending on culture and language, there are only two colors: blues and purples are grouped into one color while reds, yellows, and oranges are grouped into another. Color presents itself on spectrum, and where you draw your line along that spectrum is arbitrary, but we forget that there's not Red and Blue; rather, we have delineated a point on a spectrum and called one point red and another point blue.

As a collaborative therapist, I would honor a client's reality by not superimposing my idea that there should be six colors. In doing so, I am validating the client's reality. A collaborative therapist notes the language the client uses and builds upon it, so both participants build upon one another and carry on a dialectical conversation that creates a space for both parties to be heard.

I am not omniscient, and I do not want to manipulate clients as though they are puppets. Even while accepting the premise that every dialogue has, in effect, a manipulative aspect because it cannot not affect the system, I still don't have to lean in to making choices for them without their awareness. Even if such an approach is for the client's benefit, it is too reminiscent of my past lack of consent

for me to feel comfortable making choices for them. (Field Journal Epiphany 2/20/2020)



2/20/2020

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Figure 2. Field journal entry 2/20/2020

Because my experiences with sexual violence have made me very wary of manipulating others, I prefer a model that allows me to facilitate therapy without controlling them. This epistemological and ontological stance has become a part of who I am and how I see myself.

Summary

While I currently see myself as a feminist, a moral philosopher, and a collaborative therapist, I am always learning and growing. The three identities that make up my understanding of who I am are subject to change and should be regarded as a snapshot of my current self rather than a closed way of being. My belief in multiple truths, my understanding that there is no absolute good or evil, my wish to not manipulate others, and my desire for social justice allow me to remain open and willing to learn from my clients no matter who they are.

What I found to be the most important aspect of my research is the catharsis that I experienced by going through what I will term my Therapeutic Autoethnographic research process. When I began my research journey, I thought that I would better understand how I was able to work with sexual offenders so I could share that with others. At the end of my research process, I can look back and see the therapeutic strides I made through this research and how I have done more than I set out to do. My research became more introspective as it went on, and I came to understand myself through different identities apart from those in relation to others (i.e., victims or offenders)—identities that were there but not yet highlighted or fleshed out.

I did not anticipate how therapeutic it would be for me to write about my experiences as a victim. In fact, in the early stages of my research I would approach those writing days with dread. But over time, the process became therapeutic in itself. I also had a hard time writing about identifying as an advocate for sexual offenders because of the death of my mentor last December. But the iterations of my autoethnographic research progressed, I allowed myself to recall details I had pushed away, and by tussling with those visceral memories, I was able to come to more epiphanies, which then led to catharsis.

CHAPTER V: DISCUSSION AND IMPLICATIONS

My Research Process

In conducting my research, I found my process similar to other autoethnographers, notably, expert autoethnographers Heewon Chang and Carolyn Ellis. My research process mirrored Chang insofar as my initial thematic analysis was more analytical and presented in a straightforward rather than evocative manner. It stayed in a relational place where I analyzed myself in relation to two cultures: victim and advocate. Yet my process evolved over time into a more self-focused exploration that mirrored Ellis insofar as I sat with my results and held them until they were naturally molded into new results and repeated the process. Finally, my process birthed something new: a new way of carrying out autoethnography that I have termed Therapeutic Autoethnography.

Similarities with Previous Literature

As I explained in Chapter II, there is a dearth of literature on mental health practitioners who work with sexual offenders and have positive experiences doing so (e.g., Bach & Demuth, 2018). Thus, there is a knowledge gap that is widened by the fact that there is no research on victims of sexual violence who work therapeutically with sexual offenders. The results of my research into a victim identity coincide with previously published research on victims' experiences, qualitative research in particular. Resilience, for instance, is a commonly discovered research theme (see Abraham, 2018; Alessi, Greenfield, Manning, & Dank, 2020; Kaiser & Sinanan, 2019; Newsom & Myers-Bowman, 2017).

The results of my research into an advocate identity also align with published research on advocates' experience such as knowledge and awareness (see Hanson et al.,

2020; Tuominen, Leino-Kilpi, Meretoja, 2020). However, some of my results for an advocate identity, such as empathy and humanization, were specific to being an advocate for sexual offenders, and I did not find them in other published research on an advocate identity.

Other researchers' projects may have a larger sample size, whereas I am the researcher and the researched. Because of this, I did not find some of the things that other researchers did, for instance, Bach and Demuth's results that mental health practitioners were burnt out from providing treatment to sex offenders. My experience has only motivated me to continue to work with this population. Unlike most published results on victims of sexual violence, my research did not cover symptoms of PTSD. My research takes a more humanistic approach and covers the complexities of my lived experience as something that is neither good nor bad, but just is.

New Contributions

There were also some areas of my results that were not covered in previously published research, namely what I have termed the Therapeutic Autoethnographic process. I know how personally impactful my research has been in processing my past and exploring different parts of myself. I expected that my research might be a bit different than other autoethnographies given my background as a therapist, but I could not have anticipated that I would end up where I have.

I tussled with my thematic analysis of my journal entries, which led to epiphanies, which led to the creation of an entire narrative, which led to additional epiphanies, which led to a creation of vignettes and ended with a deep, introspective look into who I am. Although it was not my initial goal, all the while it had been therapeutic. Over the course

of those months, I had time to sit with the epiphanies that unfolded throughout this process. I would check in with my Dissertation Chair, Dr. Ron Chenail, and our meetings served almost as mini therapy sessions themselves as I sat with my research results and the new questions that consequently emerged. I discussed ideas along the way with family, friends, and colleagues, sometimes with laughter, often with tears.

As the iterations of my autoethnographic research progressed, my emotionally arduous work paid off in epiphanies which led to emotional catharsis. Catharsis is defined as (a) “purification or purgation of the emotions primarily through art,” (b) “a purification or purgation that brings about spiritual renewal or release from tension,” or (c) “elimination of a complex by bringing it to consciousness and affording it expression,” (Merriam-Webster, 2020). I allowed myself to experience catharsis by recalling memories I had hid away. Instead I stayed in them, working through them rather than around them. It might sound daunting, but the experience for me was worth it, and I would like to make this contribution to the qualitative research community: that Therapeutic Autoethnography can be a worthwhile pursuit.

Implications

For Researchers

Since the research on sex offender treatment is bleak with conclusions based on the assumption that mental health care providers get burnt out and that offenders cannot be rehabilitated, research could be done on the positive experiences of sex offender treatment providers and on sex offender treatment providers who work from a strengths-based lens. I would be also interested to see qualitative research that directly investigates sexual offenders’ narratives so that the stories of these men and women could speak for

themselves, shedding light on their truths and likely challenging many of the dominant discourses about offenders in our society. Additionally, because I know that there are victims of sexual violence besides myself who work or have worked with sexual offenders, my hope is that there will be more research which investigates the experiences of these individuals which can then be made accessible to the public.

An additional consideration that I wanted to explore, but did not have room for in this dissertation, was the incongruity in sex offender sentencing. Some clients would have to attend court mandated therapy but did not serve time in jail or prison and would not be required to register on the sex offender registry. Meanwhile, other clients would have prison sentences, probation limitations, and have to register as a sex offender for life—and even after, as it is known that individuals may remain on the sex offender registry even after death (Clarke, 2016). The discrepancy in the charges of the male sexual offenders I worked with was based upon two factors: race and social economic status. In my experience working with sexual offenders, I would see two clients who had the same charge but different skin tones, and thus vastly different consequences. Research should be done on this and its societal effects, such as perpetuating social discourses that Black men are more dangerous and capable of sexual violence than White men. Miller's (2019) article, *"Should Have Known Better than to Fraternize with a Black Man": Structural Racism Intersects Rape Culture to Intensify Attributions of Acquaintance Rape Victim Culpability*" validates that this is needed. Miller found that participants in her study identified Black men as more sexualized than their White counterparts, and the participants also found Black men more culpable than White men in rape scenarios.

Furthermore, gender plays a huge role in sex crime sentencing, as we can see socially in that disproportionately fewer females are charged with sex crimes. Shields and Cochran (2019) reported the results of their study, which analyzed 15 years of data, as follows: “male sex offenders are more likely to be sentenced to prison, and given longer terms, than female sex offenders” (p. 95). Future researchers could explore the specific reasons behind this gender gap. The significances of gender are so pervasive that I only saw two female offenders during my time providing therapy to sex offenders.

Supplementary factors of intersectionality could also be explored in future research. For instance, aside from Sahota (2020), there is no published research on transgender sex offenders. Further, “research shows that women of color, poor women, people with disabilities, and queer, gender-nonconforming, and transgender people experience higher rates of sexual and gender violence than their cisgender, White counterparts” (Levine & Meiners, 2020, p. 5). How does this affect whether an individual is charged with a sex crime? How is their experience different once identified as a sex offender?

For Practitioners

Most therapists I have spoken with from my master’s and doctoral studies have told me that they would be unable to work with sexual offenders, but my hope is that this dissertation may inspire them and other practitioners to realize that they are capable of more than they know. As therapists, we never know who will walk through our door, so I pose a scenario and some questions to the mental health practitioners who may be reading this: A client you have been working with for a long time confesses to being a sexual offender and withholding that information out of fear that you would discontinue therapy.

What would you do when your client finally revealed this information? Would the context of the offense matter? Would their gender make a difference to you? Do you have an ethical responsibility to continue to provide services to this individual? These are questions that each mental health professional would have to answer for themselves.

Especially now, in this time of the Black Lives Matter movement and George Floyd's death, mental health practitioners need to be aware of the real racism and systemic injustices in our system. Prisons in the United States are currently punishment rather than rehabilitation focused. Our justice system is far from just, and institutionalized racism and sexism are affecting social narratives, specifically on people of color (cf. Rickford, 2016). Hammad (2019) discussed this mass incarceration and Williams, Wilson, and Bergeson (2019) discussed the Black male experience of reentry after prison in their article: *"It's Hard Out Here if You're a Black Felon."* Unfortunately, as it is now, the story is the same: people of color face more discrimination, are more likely to be incarcerated, and have more barriers to overcome with reentry.

It is important that therapists and other mental health professionals keep this current climate in mind when meeting with clients from all backgrounds, but especially so with people of color, and specifically felons and sexual offenders so we do not perpetuate these racist ideas and practices or unintentionally retraumatize our clients. This way, therapists will be more effective in helping their clients while also helping to effect societal change and promote racial justice.

For Training Facilities

Training facilities for mental health practitioners interested in sexual offender treatment may be surprised to learn that there are strengths-based, rehabilitation-focused

methods to work with sexual offenders. As we progress in our understanding of the approaches that work best for victim and sex offender treatment, we can consider how helpful it would be to prepare student practitioners before they go out into the field. Academic institutions often prepare students for how they would conduct therapy with a victim of sexual violence. These institutions could also prepare student therapists for the possibility that they will encounter a sex offender or the family of an offender. Professors could walk the students through scenarios that involved treating an individual, couple, or family of a sex offender; meanwhile, a guest speaker could present on the realities of working with the population.

Academic institutions often have mandatory diversity classes. A special class, presentation, or even conference on the realities of the prison system is needed to spread awareness and effect change. These classes would serve not only to prepare mental health practitioners for the clients that they would encounter but would also train students to evaluate and become aware of their biases so that they are not controlled by them. Site training would also offer the same benefits to those who did not receive such training at a university.

For Me and Folks Like Me

Speaking as someone who has experienced sexual violence, I hope that my transparency in sharing my raw stories will have broken somewhat the shroud of shame around rape and sexual violence. I hope this dissertation has created space for readers to create different identities and have a new relationship to their own traumas. If nothing else, I believe that a victim-survivor reading this can walk away with space to have

different conversations and ask different questions than they would have been able to without this research.

As a White woman who maintains a lot of privilege because of my social location, I see the power I have to give voice to those who may not have the same opportunities. I hope my dissertation inspires readers to take advantage of any privileges they may have to speak up about injustices, even if those injustices seem to not affect them or only affect them indirectly. Oftentimes people underestimate the good they can do for the community, so another hope I have is that this dissertation motivates readers to take ownership and become advocates for marginalized populations if they are not already.

Lastly, I know that I am now able to express empathy towards sexual offenders, something I previously never thought I could do. If you were to tell my 16-year-old self that I would be here today, I would not have believed you. But over time I have learned to separate the “monstrous acts” from human beings, my own perpetrators included.

Final Thoughts

Understandably, my Therapeutic Autoethnographic process may not have worked for others or even for myself at an earlier point in my life; however, I found that my process of recursively writing about, thinking about, and talking about my experiences was liberating and intensely beneficial. I realized that in trying to carry out an evocative autoethnography, I ended up doing an entirely different thing. I took a risk with this dissertation, and I derived a lot of benefit from my transparency and emotionally demanding work. I firmly believe this process can be repeated by others who may find refuge, self-awareness, and catharsis in carrying out a Therapeutic Autoethnography.

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