

# The body as a site of knowledge: Tacit and embodied narratives of child sexual abuse

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## Abstract

Research on child sexual abuse has underacknowledged the multifaced, tacit and embodied dimensions, leaving the literature without a full picture of events that are often unspeakable, especially with regards to disclosure. This study thus placed emphasis on and highlighted the importance of increased awareness around lived lives and bodily narratives of child sexual abuse. The qualitative study consisted of 14 in-depth, retrospective interviews with Norwegian participants over the age of 18 who experienced child sexual abuse. The analysis shed light on the participants' silenced and embodied experiences as children, captured by two overall narratives: a) the body speaks the truth and b) living with embodied messiness, complexity and confusion. The narratives that unfolded in participants' recollections of their childhood embodied stories contain reflections on how the experiences are re-played within their bodies as adults. Study findings focus on participants' embodied narratives of child sexual abuse – experiences that are often not captured by verbal language. The narratives brought forward in the interviews are linked with participants' past experiences and current context, as well as interpersonal, emotional, cognitive and embodied processes, as part of the participants' meaning making around their child sexual abusive histories. Study findings help explain embodied, tacit and complex dimensions concerning lived experiences of child sexual abuse. As such, this research speaks to the field of social work that encounters children and families facing this phenomenon.

## Keywords

Body, child welfare, sexual abuse, narrative

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## Introduction

Child sexual abuse is a widespread societal and public health problem (Collin-Vézina and La Sablonnière-Griffin, 2021; Purvis and Joyce, 2005). Research indicates that about 1 in 8 people experience child sexual abuse globally (Stoltenborgh et al., 2011) and according to the Convention of the Rights of the Child, state parties are obliged to undertake actions to protect children from all forms of sexual exploitation and sexual abuse (UN, 1989). Studies acknowledge the long-term psychological and physiological effects of adverse childhood experiences such as child sexual abuse (Felitti, 1991, 2019). Unfortunately, children often do not disclose the abuse until they are adults: research shows that it takes on average 17 years for victims to disclose abuse (Pribe and Svedin, 2008). Nevertheless, early disclosure may decrease the risk of serious long-term mental health consequences and the risk that the perpetrator will victimise other children (Arata, 1998; Schönbacher et al., 2012). Studies on barriers to child sexual abuse disclosure highlight a lack of awareness or understanding, fear of being disbelieved and blamed, perceived responsibility, a close and multifaceted relationship with the perpetrator and fear of negative consequences for themselves or family members (Alaggia, 2004; Collin-Vézina and La Sablonnière-Griffin, 2021; Winters et al., 2020). Research also suggests that many adults, despite increased societal awareness and understanding of child sexual abuse, continue to be poorly informed about the behaviour of sexually abused children and the underlying dynamics of such abuse (Shackel, 2009). Child sexual abuse is a physical assault upon the body and is considered a complex traumatic experience affecting both body and mind (Daphna-Tekoah, 2019; Felitti, 1991; Levine, 1997; Porges, 2011; Van der Kolk, 1994). However, adults' perceptions and beliefs regarding the ways in which sexually abused children express themselves may rely on the words they say, while bodily manifestations remain unacknowledged and understudied. Hence, the aim of this article is to explore embodied, acted and 'muted' narratives of child sexual abuse, through qualitative, retrospective, in-depth interviews with 14 Norwegian participants. This research speaks to the field of social work that encounters children and families facing this phenomenon.

With social movements such as #MeToo, the public issue of sexual suffering is being discussed more broadly (MacKinnon and Mitra, 2019). However, the topic of child sexual abuse has not received attention, nor the fact that disclosure is often delayed (Alaggia, 2004; Plummer, 2006). Children report that they often 'test' and interpret how others react to what they say and do (Solberg et al., 2021). While a child may make a straightforward report after the first incident, they may also express what happened through abnormal behaviour, restlessness and an inability to concentrate in school. Further, they may show increasing emotional dysregulation, dissociation, sexualised behaviour and behaviour problems in school (Hébert et al., 2018). There can additionally be signs on or in their bodies, such as genital damage, sexually transmitted diseases or pregnancy (Alaggia, 2004). Often, family members 'sense' that something is wrong, but have difficulty identifying or even accepting that abuse might have occurred (Fontes and Plummer, 2010).

Child sexual abuse is a complex phenomenon, compounded by individual and sociocultural factors (Alaggia, 2005; Plummer, 2006). Further knowledge is needed,

including on the more complex, problematic elements that constitute silenced voices (Spyrou, 2016) among those exposed to abuse, who never disclosed it or did so as adults. Retrospective studies with adult survivors of child sexual abuse, however, may be subject to recall bias, reinterpretation or misremembering of past experiences (Manay et al., 2020); nevertheless, these studies offer valuable insight into the lived lives of those exposed to abuse in their childhood, when they finally revealed it years later.

This study adds to this body of research by contributing knowledge from individuals who grew up with and carried around their lived and embodied narratives of child sexual abuse. The study also adds to the recently highlighted need for a life course perspective and a stronger emphasis on understanding the lived experiences of child sexual abuse (Alaggia et al., 2019). Findings can thus be viewed as a contribution to the research field and to practical social work through a narrative, in-depth, embodied awareness of child sexual abuse. The physical body is seen as a valid site of knowledge production with regards to recovery from and prevention of child sexual abuse in previous research (Gildea, 2021). This article shifts the focus of disclosure as a verbal act to an in-depth exploration of the participants' meaning making and narratives of embodied disclosure, as acted events that were brought forward in the interviews, in their recollections.

### *Embodiment and the body-mind phenomena*

Ponterotto (2016) explains that embodiment, in its simplest understanding, is the lived experience of human beings. As framed by Merleau-Ponty and Smith (1969), the body is in the world as the heart is in the body: the body and the world are thus dialectically interwoven, pre-reflective understandings of relationships with other people, oneself and the world (Engelsrud and Rosberg, 2021). Fuchs (2016) argues that in close encounters between people, this can be experienced as a web of bodily resonance processes, and that this mutual bodily resonance arises in the dynamic interaction of the encounter with others. It is argued that this resonance is the basis for a common understanding of each other and the world (Fuchs, 2016; Porges, 2011). In other words, the body and bodily resonance reflect something that cannot be expressed through language – this is the focus of the narrative analysis detailed in this article.

In writing an article on embodied narratives of child sexual abuse, certain theories and perspectives ought to be acknowledged connecting the mind and body. Systematic investigations of the mind–body relationship concerning child sexual abuse have been conducted in psychology, medicine, psychiatry and psychophysiology. Research emphasises a continuity between neuro-physiological and psychological processing and medical consequences of sexual abuse (Felitti, 1991; Porges, 2011; Van der Kolk, 1994).

In brief, polyvagal theory describes the autonomic nervous system, which is the foundation of our lived experiences (Porges, 2011). The central nervous system responds to signals from both the environment and bodily organs (Porges, 2018). People's responses to overwhelming experiences such as child sexual are stored in their somatic memory, and expressed as changes in the nervous system and as a biological stress response (Porges, 2011). Intense emotions at the time of the abuse can initiate long-term conditional responses to reminders of the event, which are associated with chronic

alterations in one's physiological stress response, memory loss and hypermnesia (Van der Kolk, 1994). Intense emotions may also cause memories of particular events to be dissociated from one's consciousness, however; these may be 'stored' as gut sensations such as anxiety and panic, or as visual images such as nightmares and flashbacks (Van Der Kolk, 2003).

Individuals' behaviour is always a bodily practice. How people act with their bodies in relation to others is thus a key factor in people's everyday participation in everyday life (Eßer, 2017). For the purposes of this article, participants' narratives about their embodied experiences are therefore highlighted.

## Materials and methods

This study employed a qualitative design, consisting of in-depth, retrospective interviews with 14 participants over the age of 18, 2 of whom were men and 12 women. All experienced sexual abuse as children over several years, ranging from the age of 2–15. They were asked questions about their abusive experience, following a semi-structured interview guide that allowed them to speak freely. Each interview lasted approximately 2 hours. To recruit participants, flyers with information about the project were posted online and in different support centres for survivors of sexual abuse. Two pilot interviews were conducted to evaluate the terms used in the interview questions: for example, 'victims' versus 'survivors. Adjustments were then made to the interview guide.

Once each interview was complete, they were transcribed verbatim, identifying information was removed from the transcript and participants were given pseudonyms. The transcripts were later translated into English. For ethical reasons and privacy concerns, the data set cannot be shared.

The participants joined voluntarily, on their own initiative, and could withdraw from the study at any time. No participants withdrew. Moreover, all the participants seemed motivated to contribute, sharing rich descriptions of their experiences and perspectives of child sexual abuse during the interviews and wanting to participate in a second interview 6 months later. All participants commented that their participation generated positive feelings about being able to help spread knowledge of child sexual abuse.

All participants lived with abuse for multiple years as they were growing up. The perpetrator was their father, uncle, brother, grandfather or a person hired by child protective services. As all knowledge is situated, the findings and implications are influenced by the cultural context in which the study was conducted, as well as through the position of the researchers, discussed below.

## Narrative analysis

In the preliminary analysis, the interview data were organised according to broad themes. After reading through the material several times, a narrative framework was found suitable for analysing the interviews. Because the participants reflected retrospectively, their understanding of the abuse changed over time and with age, redefining their situation.

In the analysis, attention was directed to how the participants made meaning of their lives in a storied form, framed within larger stories: for example, the ‘grand’ narratives of child sexual abuse (Gergen, 2001; Riessman, 2008). Analytical questions asked of the interview material targeted how participants presented their abusive experience, and what meanings they attributed to these experiences.

In general, a narrative approach attends to how people make meaning of their past and present lives while anticipating the future (Riessman, 2008), and the participants told their stories in the present, reflecting back and choosing events, then presenting their stories in light of their future. Narratives are a fundamental human way of giving meaning to experience, mediating between an inner world of thoughts and feelings and an outer world of observable actions (Mattingly and Garro, 2000) – in this research, relating to the complex phenomenon of child sexual abuse.

As individuals, the participants entered social situations equipped with the culturally shaped ideas of ‘possible lives’ and ‘possible selves’ in a given social context, at a given time (Bartoszeko, 2021). According to Mattingly (1998), research participants locate themselves in unfolding stories that inform ideas about what is possible and desirable, and anticipate judgements about how things should and could unfold – aiming to understand the motives and actions of the interlocutors (Bartoszeko, 2021; Mattingly, 1998). This approach speaks to the lived experience, the embodied, lived narratives of child sexual abuse and, following Mattingly (1998), these narratives are not only told but acted stories.

Storying one’s life represents an active process of life- and self-presentations (Gergen, 2001), influenced by dominant discourses and societal contexts, including social understandings of child sexual abuse, trauma, memories, healing and social norms and views (Gergen, 2001; Riessman, 2008). In ‘storying’ their lives – or aspects of their lives – through the interviews, participants appeared to attribute meaning to their stories within a Norwegian context, through grand narratives about the phenomena of sexual abuse, trauma, gender and sociocultural norms and views. Alongside the verbal dimensions, participants narrated stories about their body; their acted lives were thus a central focus of analysis. The analysis of embodied narratives, informed by the participants, brought attention to their meaning making, both individual and collective levels of meaning.

The analytical process consisted of searching for common themes across the data and discovering differences. In this part of the analysis, the material was presented to other researchers, and it was necessary to pay special attention to how the participants seemed to present themselves and their bodies as part of a larger story, by describing events, actions and relationships; important here was how they attributed meaning to these events as a part of the assemblages within which they found themselves – and as part of a larger plot (Bruner, 2004).

### *Reflexivity*

In analysing the narratives, I was attuned to both what was happening, the content of the narrative, but also to the context in which the events happened, societal, cultural and familial. In addition, I also tried to identify my own feelings and in what way these affected me as a researcher. As the participants’ stories were re-told by me and are

inherently co-constructed, this necessitated that I pay specific attention to my own subjectivity in the re-telling, to examine the ways in which ‘the author’s meanings’ may be at work in the new narrative (Herland, 2017). Thus, I examined my own position in a reflexive manner, looking into my own emotional responses. I reflected on how the interviews affected me and asked myself why I was affected, then questioned how this impacted the interviews and the analytical process. I wrote down my thoughts and feelings, in combination with the notes taken immediately after the interviews. I felt strongly empathetic towards all the participants during and after the interviews, as if I was feeling their pain when they talked about their childhood trauma. I could feel in my body an anxiousness, a nausea, as if I could relate bodily to their difficult experiences, although I had not experienced child sexual abuse. This was strange and furthermore unexpected. Reading different literature within this field, I became intrigued by Porges (2011) polyvagal theory. This theory describes the autonomic nervous system, which is influenced by the central nervous system and responds to signals from both the environment and the body’s organs. Thus, perhaps I did bodily relate to the narrated experiences, possibly through my nervous system. I had wondered whether I had suppressed a traumatic experience myself, or perhaps my response was simply rooted in other, more ordinary, yet still stressful experiences (Levine, 1997). However, it may also have been due to the involuntary firing of mirror neurons that were encoded in my neural networks, and when stimulated, automatically enabled me to empathise with or share the feelings of the participants (Herland, 2022).

Accordingly, I began reflecting on the sensitivity and social taboo related to sexual abuse, and on this bodily resonance; I became aware of the importance of addressing issues of retraumatising factors both in relation to the participants and to myself as a researcher. Interestingly, I also encountered surprising responses when I presented the topic of my research to others, as if I was awakening a discomfort in them. While the taboo related to child sexual abuse is a known phenomenon (Alaggia, 2004), it was interesting to experience it first-hand. These ideas and experiences contributed to a greater recognition of the relationships between the storytellers and the listeners/readers, and between the knower and what is known: that is, that which each of us brings into the research relationship to create meaning and understanding (Etherington, 2004).

## *Ethics*

The study was approved by the ethical board in Norway. Maintaining a focus on the participants’ emotional well-being throughout the study and treating the participants and material with respect were important aspects. Throughout the study, the participants were followed up on several occasions, given information regarding where to seek professional assistance and offered help seeking such support. The participants, however, all had already contact with support system and expressed positive feelings about sharing their experiences, hoping that it would help others.

Throughout the entire research process, ethical dilemmas were continually discussed with colleagues: for example, regarding how to ask openly but appropriately about participants’ experiences. The interview questions were carefully developed with respect

to the participants and as noted, participants were asked about their preferred terms (e.g. ‘survivor’ versus ‘victim’).

## Results

Most of the participants in this study explained that, as children, they never told anyone about the abuse but sometimes behaved differently than other children their age. They thought that, what was happening to them could not be captured by verbal language, it was their bodies who spoke, revealing what was going on. They explained that they either did not have the words for or the understanding of what was happening to them, or that they simply did not want to tell anyone about the abuse because they remember thinking it was embarrassing. For example, it was awkward talking about sex, especially to grownups, and they also recalled feelings of guilt, humiliation and shame.

Study findings shed light on the participants’ silenced and embodied experiences, captured by two overall narratives: *the body speaks the truth* and *living with messiness, complexity and confusion*. These point to narratives that unfolded in participants’ recollections of their childhood embodied memories, as well as present reflections on how these experiences are re-played within their bodies as adults, primarily as nightmares and flashbacks. The first overall narrative, *the body tells the story*, points to how the participants often disclosed sexual abuse through their body by displaying certain signals or signs, and that their body continued to speak on their behalf. The second, *living with embodied messiness, complexity and confusion*, captures the cognitive and bodily sensations, such as feeling confused and conflicted. It also highlights the complexity of the phenomena, including the messiness and conflicting feelings and reactions within their bodies, and conceptualises these as something wordless – a type of tacit dimension.

### *The body tells the story*

Through the participants’ reflections in the interviews, it became apparent that their body played an important role concerning child sexual abuse disclosure. This was visible on many levels and in different ways within their narratives. As children, they remembered different behaviours and feelings, and as adults, the experience stayed with them, situated in their bodies. Anxiety, flashbacks, nightmares and other bodily events were memories that haunted them through their bodies. These embodied narratives reached beyond their ability to verbalise their experiences with abuse as children. In this way, their bodily expressions constituted their language then, and continued to do so. Emma explained it in this way:

It felt as if my heart somehow jumped to another place and beat fast and hard – it kind of stung. Later, I realised that it may have been anxiety, perhaps. But that was never an issue. I don’t think I told anyone about it, and I didn’t think much about it either. It was just uncomfortable [in my body] while it was going on.

Like Emma, the other participants shared rich descriptions about their feelings and bodily sensations, which only later in life did they connect to their experiences of abuse. The participants' meaning making about their previous experiences was thus connected to their present understanding of child sexual abuse. Moreover, their sharing around what had happened to them as children was co-constructed by their ongoing or recent therapy or current knowledge of child sexual abuse. The body, however, played a significant role in these perceptions. For example, as Anna described:

I've probably, for as long as I can remember, hated my body. To be betrayed by my own body...I denied all physical needs – didn't eat when I was hungry, didn't go to the toilet until I absolutely had to decide for myself.

Anna described a bodily self-hatred and a complicated relationship with food and feelings – a recurring pattern within the interviews with other participants, as well. In participants' recollections of their child sexual abuse experiences and their thoughts about it as children, the self-blame was emphasised later. As Nina explained:

Intellectually, I know I was a victim, I was a child – however, emotionally, it feels wrong, I felt wrong, and my body betrayed me.

To feel betrayed by themselves and their bodies was common among both the women and the men in the study. Although their narratives about the abuse as adults reflect an 'intellectual' awareness that they were victims, in accordance with societal discourse around the concept of abuse, in their meaning-making processes, they were ashamed, embarrassed and 'felt wrong', and felt that their bodies had deceived them. One of the women, Silje, explained the process in this way:

It must have been my fault, I believed, but I didn't want to think about it. I knew who did what...and thus, no one to blame but me. I was wrong, that is why they [her brother and brother's friends] did it.

Interviewer: Are those feelings that have been with you all the way?

Yes, to be wrong, yes. It is easier to carry your own guilt than to blame others. It's like that still.

Because she felt that she in a way was part of it – that her body was part of it – Silje felt like she was wrong and that she was the one to blame, as she was unable to say no or stop things from happening at the time.

All the study participants explained that they remembered having various strategies as children, and ways of explaining nonverbally what was happening. Erik, for example, did not speak, but used to scream:

When I had to visit my grandfather, I used to scream. I screamed, screamed and screamed. I knew what was about to happen.

Others also reported screaming or crying, especially when the abuse was imminent, as a way of communicating that something was wrong. However, in contrast, some participants described being quiet. Anne and Rita explained:

I was kind of still in a way. I was also terribly tired, because many of the times the abuse went on during night-time.

I fell asleep in class. I was still, pale and had dark circles under my eyes. My mom took me to the doctor, but they didn't find anything wrong. They never asked me anything.

Anne and Rita were quiet, tired and still through their body language. These internal bodily expressions were not present in the other participants, however. Thor, for example, had a more external body language, exemplified with the following quote:

I ran away from home many, many times. Jumped out of the window during wintertime.

Several others also described jumping out of windows, as though communicating a message, not through their vocal language, but with their bodies and actions, signalling that something was wrong. These are all examples of 'acted stories' of disclosure, brought forward in the interviews.

Some of the narratives seemed to be framed by societal understanding of child sexual abuse and grand understandings of trauma, likely informed by therapy. Of the 14 participants, 12 were diagnosed with complex post-traumatic stress disorder. It was as if, as adults, the participants had been given an understanding of their experiences with abuse – a language for these experiences – that they did not have as children. One of the participants, Nina, explained how her child sexual abuse experiences appeared to be living in the present time within her body:

There can be a lot of nightmares. What is really strange is that sometimes you get these strong sensations in your body, all of a sudden – and then you react really strongly. It also happened once, back when I was in middle school, and that is the clearest memory I have. I broke down in school, just like that, all of a sudden.

Like Nina, other participants also recollected how the sensations and feelings that were activated in them as children were present or activated in them as adults, through their bodies. Nina noted that learning about sexual trauma in therapy helped her understand both her childhood reactions and those she was currently experiencing.

Although participants told stories about their childhood experience with abuse, their present struggles interfered in their narratives, as well as their thoughts for the future, all playing a part in their meaning making related to this phenomenon. Reflecting on this, Sara said:

I think all the experiences have been with me as something wordless.

As Sara frames it, it is still something ‘wordless’ – an experience that language cannot capture. This points to the tacit dimension and senses, such as feelings, bodily resonance and bodily events, being brought forward in the interviews.

### *Living with embodied messiness, complexity and confusion*

Overall, the participants expressed that their relationships with others and primarily with their bodies were complicated; their narratives consist of bits and pieces that sketch a complex picture, capturing the ‘messiness’ related to child sexual abuse. For instance, childhood memories of confusion and ambivalence were cited by all the participants regarding tensions around wanting to tell, not wanting to tell and not being able to tell. This also underscores the complexity of disclosure among abused children.

Some participants explained that ‘not being able to tell’ was because they did not understand what was happening, due to their young age – it was just a bodily feeling. They remember recognising that it was inappropriate, but this was as something silenced, and not verbalised. Many emphasised that they were confused about what was happening but did not have the words with which to articulate it. Those words could have helped them understand their experiences, but without them, it was their bodies that contained the abuse. The confusion often made it difficult for them to concentrate or sleep. Moreover, it was rooted in a disconnect: they had the cognitive capacity to feel that the abuse was wrong, and to know that it should not have happened – even questioning whether they were responsible – but this could not be validated by the adults upon whom they depended to help them make meaning about it. This type of confusion for a child also cannot be captured by language. Tina, for example, reflected on this:

It was an insane confusion really. I didn’t understand anything. I was just confused and can remember thinking that no one know could know this. He [her father] did not say anything, but I knew...I had to lie down and rest with my father, and then he unbuttoned my pants, and his hands went everywhere. The confusion was mind-blowing.

Like Tina, other participants also described confusion when experiencing abuse for the first time. These new life experiences evoked a mix of conflicting feelings and bodily reactions. Tina’s use of the phrase ‘mind-blowing’ perhaps emphasises that she was negotiating with an understanding of what is culturally or morally unacceptable and her childhood recollection of this as a sensation within her body.

Another woman, Ulla, talked about her everyday life, and how, looking back, she could remember her feelings, both initially and when she first realised that what had happened was wrong:

It was weird and terrible, but when you have been told that, from when you were five or six years old, that this is normal, it’s a good thing, then you trust that... It was only me and him [her father] and you don’t think that something bad is going to happen...It was very clear to me as a child that this is something that no one would understand.

Ulla explained that she could remember the abuse from when she was five or 6 years old, and that it was her ‘normal’ for a long time. Later in the interview, she described it as being very ‘mechanical’, a part of her everyday life, and that she adapted to it. As is illustrated in the above quote, it was clear to her that no one would understand. In other words, there were no words that she could use to make people understand what she was experiencing.

The ways in which the participants made meaning of their experience as adults can be connected to their feeling that they did not have a choice as children. Like Ulla noted in her interview, as a child, one adapts, even if it is painful: the only option one has is perhaps to not verbalise it. Erik added more nuance to this, explaining how things became more complicated once he realised that what was happening was illegal:

I think, in my experiences...child sexual abuse is something shameful and illegal, and as a child you never wanted anyone to find out.

As Erik describes it, as a child, he knew not to talk about these experiences; this represents a paradox in the field of child sexual abuse, with its efforts to develop ways to facilitate children’s verbal disclosure. Erik was abused by someone hired by child protective services to help him when his mother was struggling to make ends meet after his father died. In the interview, he said that telling anyone was never an option: the experiences were too confusing and embarrassing, and he therefore chose to keep silent. Erik said he knew – indeed, felt in his body – that what had happened was wrong for as long as he could remember. However, he could never reveal what had happened, since he learnt it was illegal, and it felt embarrassing: a sentiment expressed by many of the participants. Keeping everything inside their bodies, not articulating or verbalising it, was their only option.

## Discussion

Through participants’ narratives, this study helps explain embodied, tacit and complex dimensions concerning lived experiences of child sexual abuse. People’s responses to overwhelming experiences have been systematically explored, and researchers have noted that traumatic experiences are stored in the body (Felitti, 2019; Porges, 2011; Van der Kolk, 1994). Although the mind–body connection has long been acknowledged in terms of treatment and healing (Van der Kolk, 1994), the embodied narratives and lived experiences of child sexual abuse are understudied (Alaggia et al., 2019; Chase, 2021). The participants’ recollections contained memories and bodily sensations, and they attributed meaning to these experiences – in many ways, they were connecting their body and mind themselves. Study findings thus have relevance for social work practice, as its narrative approach enabled exploration of the participants’ meaning making, contributing understandings of the complexity from those living with abusive experiences.

There are, as noted earlier, many reasons why children never disclose the abuse, or only do so many years later; these include threats made by the perpetrator, fear, lack of perceived opportunity and lack of understanding (Schaeffer et al., 2011). It may also be

that, as children, the embodied experience with child sexual abuse could not be captured by verbal language – it was instead held within their bodies. Flâm and Haugstvedt (2013) argue that the first signs of sexual abuse are embedded in children’s dialogue; however, it may also be that these experiences are sometimes only embedded in children’s behaviour, and in their bodies. Indeed, Spyrou (2016) suggests that childhood scholars have failed to critically examine the more complex and problematic features that constitute voice, such as silence. Because child sexual abuse is socially taboo, these silenced or muted experiences may primarily be situated in the body. As the analysis shows, participants knew not to talk about these experiences as children, which represents a paradox in the field of child sexual abuse, with its efforts to develop ways to facilitate children’s verbal disclosure.

It is important to inform adults about the signs for which to look, or as illustrated in this study, embodied stories of abuse, because it cannot be the responsibility of children or youth to disclose something as difficult as sexual abuse (Solberg et al., 2021). In the present study, participants narrated the different bodily attitudes and feelings they had as children, looking back, such as being anxious, feeling sad and depressed or angry and stressed. They often felt guilty and embarrassed about their experiences. They also felt confusion about what they were feeling and about what had happened/was happening to them. They often had headaches and nightmares, were tired and fell asleep in school, and felt sick, nauseated and often scared. As adults, in their meaning making around their childhood abuse stories, they expressed having many of the same sensations as adults. They still felt stressed, unable to concentrate, uncomfortable and often disturbed by old memories, having nightmares and unable to sleep. The participants’ behaviour as children was perhaps signalling to their surroundings that something was ‘wrong’: this was rarely verbal, but in their narratives as adults, they expressed the belief that this was being signalled through their bodies. The two grand narratives brought forward – the body tells the story, and living with embodied messiness, complexity and confusion – illustrate the well-established mind–body connection (Felitti, 2019; Van der Kolk, 1994); moreover, this study includes the multi-layered features that constitute the lived lives of those having experienced child sexual abuse. The question about recall bias, or misremembering, is not viewed as a limitation to the study; rather, it is a central aspect of the methodological approach. Although we cannot know that these constructed narratives of bodily senses and behaviour were observable when the informants were children, their reflections in retrospect may nevertheless contribute valuable knowledge to the field.

### *Practical implications for social work*

Although there is a drive to identify barriers and openings to children’s disclosure of sexual abuse, this remains challenging. Study findings demonstrate, however, the importance of being responsive to and curious about children’s bodily practices, embracing the messiness and confusion, when working with children exposed to sexual abuse or suspected of such. Research shows that adults may misinterpret children’s signs of sexual abuse (Flâm and Haugstvedt, 2013; Solberg et al., 2021; Stige et al., 2020), and Solberg et al. (2021) pose the question: Why do the adults around victims so often seem either to

not understand or to overlook the signs displayed by children and youth experiencing sexual abuse? This is a valid question, if complex. By focussing on tacit and multifaceted dimensions, the present findings emphasise the importance of acknowledging the body as a site of knowledge, possibly also in facilitating disclosure. If social workers are open and responsive to children's embodied stories, this may represent a strong place from which to start.

### *The unspoken enquiries related to disclosure – a need for further research*

Despite robust research body on child sexual abuse and the phenomena of disclosure, the literature does not fully capture a cohesive picture of the complexity. Narratives of embodied disclosure, which include the messiness, point to an unspoken enquiry: given that these experiences are often situated in the body, they are often 'wordless' for children, and furthermore are complicated events. In a recent research update regarding disclosure, [Alaggia et al. \(2019\)](#) identify the lack of a life course perspective in the field of child sexual abuse in response, the present retrospective study emphasises the lived experience through a narrative approach. This includes a focus on how the participants narrated the ways in which they acted with their bodies as children ([Eßer, 2017](#)).

### **Concluding remarks**

The study's overall findings stress the complexity, confusion and messiness built into the participants' narratives around what they emphasised as embodied disclosure. The findings furthermore highlight the body as a central part of knowing, following other researchers in this field ([Gildea, 2021](#); [Van der Kolk, 1994](#)). The narratives in this study are linked inexorably with the participants' past experiences and current context, as well as the interpersonal, emotional, cognitive and embodied processes in participants' meaning making around their child sexual abuse histories. Findings illustrate a complex interplay between individual, embodied, familial, contextual and cultural issues.

Research on child sexual abuse has underacknowledged the multifaced, tacit and embodied dimensions, leaving the literature without a full picture of these deeply personal and often devastating events ([Chase, 2021](#)) – events that are also often unspeakable. This study has therefore placed emphasis on and highlighted the importance of increased awareness around lived lives and bodily narratives. Finally, the findings stress the importance of exploring the 'silent' embodied stories of child sexual abuse retrospectively, but also being aware of what children's bodies may be signalling.

### *Limitations*

This study's sample of 14 participants, only 2 of whom were men, could be viewed as a limitation; the study had aimed to recruit more men, especially since research shows that men often experience different impediments to (non)disclosure than women ([Alaggia, 2005](#)). Recruitment of more men into study samples should thus be taken into consideration in future research.

The study employed a qualitative design, and the findings ought to be viewed accordingly. The retrospective nature of the study may represent a limitation, since it can be seen as problematic to use adults' knowledge to enhance understanding of child sexual abuse, given that the memories might be subject to recall bias, reinterpretation or misremembering of past experiences (Manay et al., 2020). That being said, we cannot know that these constructed embodied narratives were observable when the informants were children, especially when recollecting the relationship between their inner bodily senses and external behaviours at a young age. However, as the participants' reflections contribute valuable knowledge regarding the meaning making around their experiences and narratives through a retrospective lens, the article should be read accordingly.

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### References

- Alaggia R (2004) Many ways of telling: expanding conceptualizations of child sexual abuse disclosure. *Child Abuse and Neglect* 28(11): 1213–1227.
- Alaggia R (2005) Disclosing the trauma of child sexual abuse: a gender analysis. *Journal of Loss and Trauma* 10(5): 453–470.
- Alaggia R, Collin-Vézina D and Lateef R (2019) Facilitators and barriers to child sexual abuse (CSA) disclosures: a research update (2000–2016). *Trauma, Violence, & Abuse* 20(2): 260–283.
- Arata CM (1998) To tell or not to tell: current functioning of child sexual abuse survivors who disclosed their victimization. *Child Maltreatment* 3(1): 63–71.
- Bartoszko A (2021) Love with the virus: reducing harms, promoting dignity, and preventing hepatitis C through graphic narratives. *Health Promotion Practice* 22(2): 9S–22S. DOI: [10.1177/15248399211041075](https://doi.org/10.1177/15248399211041075)
- Bruner J (2004) Life as narrative. *Social Research: An International Quarterly* 71(3): 691–710.
- Chase C (2021) *Life as Prey: Effects of Sexual Trauma on Experiences of Embodiment*. Pittsburgh, PA: Point Park University.

- Collin-Vézina D and La Sablonnière-Griffin D (2021) How many times did I not want to live a life because of him”: the complex connections between child sexual abuse, disclosure, and self-injurious thoughts and behaviors. *Borderline Personality Disorder and Emotion Dysregulation* 8(1): 1–13.
- Daphna-Tekoah S (2019) My body protests: childhood sexual abuse and the body. *Journal of Loss and Trauma* 24(5–6): 533–549.
- Engelsrud G and Rosberg S (2021) Theorizing bodily dialogs – reflection on knowledge production in phenomenological research. *Physiotherapy Theory and Practice* 1–10. doi: [10.1080/09593985.2021.1923098](https://doi.org/10.1080/09593985.2021.1923098).
- Eßer F (2017) Enacting the overweight body in residential child care: eating and agency beyond the nature–culture divide. *Childhood* 24(3): 286–299.
- Etherington K (2004) *Becoming a Reflexive Researcher: Using Our Selves in Research*. Jessica Kingsley Publishers.
- Felitti VJ (1991) Long-term medical consequences of incest, rape, and molestation. *Southern Medical Journal* 84(3): 328–331.
- Felitti VJ (2019) Origins of the ACE study. *American Journal of Preventive Medicine* 56(6): 787–789.
- Flåm AM and Haugstvedt E (2013) Test balloons? Small signs of big events: a qualitative study on circumstances facilitating adults’ awareness of children’s first signs of sexual abuse. *Child Abuse & Neglect* 37(9): 633–642.
- Fontes LA and Plummer C (2010) Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse* 19(5): 491–518.
- Fuchs T (2016) Intercorporeality and interaffectivity. In: *Intercorporeality: Emerging Socialities in Interaction*: Oxford University Press, pp. 194–209.
- Gergen K (2001) Self-narration in social life. *Discourse Theory and Practice: A Reader* 247–260.
- Gildea I. J. (2021) Body-speak: poetic intervention for adult survivors of childhood sexual abuse (CSA)—an autoethnographic approach. *The Arts in Psychotherapy* 74: 101796.
- Hébert M, Langevin R and Oussaïd E (2018) Cumulative childhood trauma, emotion regulation, dissociation, and behavior problems in school-aged sexual abuse victims. *Journal of Affective Disorders* 225: 306–312.
- Herland MD (2017) Reflexive research: investigating the process of growth in recognition of self-awareness and affect. *Qualitative Social Work* 16(4): 566–580.
- Herland MD (2022) Emotional intelligence as a part of critical reflection in social work practice and research. *Qualitative Social Work* 21(4): 662–678. DOI: [10.1177/14733250211024734](https://doi.org/10.1177/14733250211024734)
- Levine PA (1997) *Waking the Tiger: Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences*. Berkeley, CA: North Atlantic Books.
- MacKinnon CA and Mitra D (2019) Ask a feminist: sexual harassment in the age of# MeToo. *Signs: Journal of Women in Culture and Society* 44(4): 1027–1043.
- Manay N, Collin-Vézina D, Alaggia R, et al. (2020) It’s complicated because we’re only sixteen”: a framework for understanding childhood sexual abuse disclosures to peers. *Journal of Interpersonal Violence* 37: NP1704–NP1732.
- Mattingly C (1998) *Healing Dramas and Clinical Plots: The Narrative Structure of Experience*. Cambridge, MA: Cambridge University Press (Vol. 7).

- Mattingly C and Garro LC (2000) *Narrative and the Cultural Construction of Illness and Healing*. California, CA: University of California Press.
- Merleau-Ponty M and Smith C (1969) *Phenomenology of Perception*. Oxford, UK: Routledge.
- Plummer CA (2006) The discovery process: what mothers see and do in gaining awareness of the sexual abuse of their children. *Child Abuse & Neglect* 30(11): 1227–1237.
- Ponterotto D (2016) Resisting the male gaze: feminist responses to the “normalization” of the female body in western culture. *Journal of International Women’s Studies* 17(1): 133–151.
- Porges SW (2011) *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation (Norton Series on Interpersonal Neurobiology)*. New York, NY: WW Norton & Company.
- Porges SW (2018) Polyvagal theory: a primer. *Clinical Applications of the Polyvagal Theory The Emergence of Polyvagal-Informed Therapies* 50: 69.
- Priebe G and Svedin CG (2008) Child sexual abuse is largely hidden from the adult society: an epidemiological study of adolescents’ disclosures. *Child Abuse and Neglect* 32(12): 1095–1108.
- Purvis M and Joyce A (2005) Child sexual abuse is a global public health problem: where is Australia? *Psychiatry, Psychology and Law* 12(2): 334–344.
- Riessman CK (2008) *Narrative Methods for the Human Sciences*. Sage.
- Schaeffer P, Leventhal JM and Asnes AG (2011) Children’s disclosures of sexual abuse: learning from direct inquiry. *Child Abuse and Neglect* 35(5): 343–352.
- Schönbucher V, Maier T, Mohler-Kuo M, et al. (2012) Disclosure of child sexual abuse by adolescents: a qualitative in-depth study. *Journal of Interpersonal Violence* 27(17): 3486–3513.
- Shackel R (2009) How child victims respond to perpetrators of sexual abuse. *Psychiatry, Psychology and Law* 16(1): S55–S63.
- Solberg ET, Halvorsen JE and Stige SH (2021) What do survivors of child sexual abuse believe will facilitate early disclosure of sexual abuse? *Frontiers in Psychiatry* 12(945): 639341. DOI: [10.3389/fpsy.2021.639341](https://doi.org/10.3389/fpsy.2021.639341)
- Spyrou S (2016) Researching children’s silences: exploring the fullness of voice in childhood research. *Childhood* 23(1): 7–21.
- Stige SH, Halvorsen JE and Solberg ET (2020) Pathways to understanding—how adult survivors of child sexual abuse came to understand that they had been sexually abused. *Journal of Child Sexual Abuse* 29(2): 205–221.
- Stoltenborgh M, Van IJzendoorn MH, Euser EM, et al. (2011) A global perspective on child sexual abuse: meta-analysis of prevalence around the world. *Child Maltreatment* 16(2): 79–101. DOI: [10.1177/1077559511403920](https://doi.org/10.1177/1077559511403920)
- Van Der Kolk B (2003) The body keeps the score. *Trauma* 2: 50.
- Van der Kolk BA (1994) The body keeps the score: memory and the evolving psychobiology of posttraumatic stress. *Harvard Review of Psychiatry* 1(5): 253–265.
- Winters GM, Colombino N, Schaaf S, et al. (2020) Why do child sexual abuse victims not tell anyone about their abuse? An exploration of factors that prevent and promote disclosure. *Behavioral Sciences and the Law* 38(6): 586–611.