Borders of Evidence: A Critical Reflection

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Introduction

It is an obvious truism that the creators, users and even casual purveyors of data about sexuality are also human beings for whom a life task is to negotiate their own sexuality, even if the chosen expression of that is celibacy or some other asexual stance. Such acknowledgement of the impact of life experiences on the reader has had considerable influence in fields such as literary and biblical studies in recent times, with considerable attention now being given to the reader, rather than just concentrating on the text (eg Gottwald, 1995; Yee, 1995). One of the best known and seminal texts is undoubtedly Stanley Fish' (1980) *Is there a Text in this Class?* which has as its thesis the idea that the meaning of text resides in the reader who interprets the text according to the social norms and expectations of their context. This raises the possibility of a plethora of competing interpretations arising, but rather than being necessarily problematic can be advantageous if it raises new and hitherto unanswered questions about a text. In particular, it may provide opportunities for the perspectives of marginalised groups to be given credence alongside the supposedly objective and authoritative interpretations of texts which have sometimes better served the needs of powerful elites than scholarship (Rowland, 1995; Watson, 1994).

One literary method which intentionally draws on the subjective experiences of the reader is 'autobiographical criticism'. (eg Moloney, 1998; Veeser, 1996). The strength of this approach is an openness to the insights drawn from readers' unique experiences, which may be liberating for survivors of sexual assault or for members of sexual minorities. However, because legitimacy is often gained by citing personal experience, the confessional nature of much autobiographical criticism is potentially problematic (Crisp, 2001).

An alternate hermeneutical approach is to focus on the social location or life experience of the reader. Not restricted to the actual interpretations of a given individual, there is a freedom to hypothesise textual interpretations which are consistent with particular social locations while enabling the concerns of those who have been

marginalised and silenced by other paradigms to be given a voice (Welch, 1985).

In this paper, we aim to explore how our own social locations and individual biographies impact on our reading of data pertaining to two aspects of sexuality, HIV/AIDS risk practices and sexual abuse. We have chosen these topics to critically reflect on because they transcend the boundaries between our professional and personal lives, and as such are not dispassionate outsiders to the discourses on these topics.

It is perhaps important that we acknowledge something of our own biographies. We were born in Australia and New Zealand and both of us completed our doctorates (one in psychology the other in social work) in Australia where we both worked in academic posts for many years. One of us is now based in Glasgow, Scotland and the other in Houston, Texas, one of us is male and the other female, one of us heterosexual, the other gay. Both of us have many years experience in health and welfare research, especially in large scale quantitative studies, and both of us are regularly involved in reviewing the submissions of our peers to journals and funding authorities. We would also acknowledge that there are many other filters which impact on the ways in which we perceive social realities including our religious and political beliefs, interactions with family and friends, what we read both in and beyond our areas of professional interest, as well as the diverse opportunities, including travel, which we have been fortunate to receive.

Borders of Evidence

Before we reflect on the two areas of data which we have set as our task for this paper, it is worth considering more generally some of the many ways in which scholars apply borders to research evidence. We make no claims as to the completeness of the identified set of borders.

Place

The places where research has been conducted and/or published can readily impact on its acceptability to those who may utilise it. It is not uncommon for academics other professional users of data to limit their use of evidence to that produced from within their own country (White, 1997) or even from within their local region (Learmonth and Watson, 1997).

Who

Research evidence which is produced by eminent researchers, particularly if they are associated with a prestigious university or research institute, or which is given the imprimatur of those held in high esteem may be critical in determining what evidence is privileged (Gambrill, 1999). This can result in the production of documents such as practice guidelines which are based on the consensus of "experts" rather than actual evidence (Lomas, 1993; Swan, 1999). Admired colleagues and peers may also influence what we read and who we consider to be the authors of credible professional knowledge (Saleeby, 1999).

Biography/ context

Evidence which coheres with our own life experience or beliefs about normality may seem more credible than that promulgated by esteemed authorities (Freud, 1999). Indeed, some new knowledge may only be regarded as credible because of its fit with the existing canon of accepted scientific thought to which we subscribe (Vandenbroucke, 1998) or to our own political, religious or other personal beliefs. Further, some evidence which is produced by scientists who are themselves members of the populations or minorities they may study may be considered more veridical, and evidence by "outsiders" more subject to bias or stereotyping and thus subject to discount.

Language

A key aspect of one's biography which limits most people's ability to review available sources of evidence is linguistic skills. While restricting reviews of published literature to books and articles written in English may reflect a lack of capacity to have other material translated, it may also suggest "an underlying prejudice that articles from other languages may be of inferior quality" (Moher and Berlin, 1997: 256) although limited evidence would suggest this not to be so (Moher et al., 1996). However, there is some evidences from the medical literature on the reporting of clinical trials which suggests that researchers may publish different findings in English-language journals from those they publish in other languages (Egger et al., 1997).

Temporal

Ideas as to what is "normal" and therefore credible change over time (Freud, 1999), so that "yesterday's precedent may be today's anachronism" (Mulrow and Lohr, 2001: 262). While some data can evidence can be superseded almost as soon as it is published (Sackett, Strauss, Richardson, Rosenberg and Haynes, 2000), historic evidence should not necessarily be discounted and may be just as pertinent today as when it was first produced (Silverman, 1998). Further, new technologies such as computerized literature searches add their own bias: it may be common for researchers to limit searches to papers published in the past ten years, and many databases may only list publications that came out from the data the database was established. Thus, pertinent studies that were carried out prior to the "event horizon" of the database will be missed and ignored. Particularly in the social sciences, it may be wrongly assumed that older studies are not relevant, applying the logic of the medical or physical sciences.

Pragmatic factors

Time pressures can make it difficult to find and evaluate appropriate evidence and then apply it (Haynes, 1993). Hence use of research evidence may be limited to that which individuals have ready access, however imperfect or limited that might be (Brook, 1993). This is a particular problem when full reports in publications may be limited at a local library, or only abstracts available on on-line searches. Further, the tendency to include scientific papers but not books or reports in computerized search systems, and the enormous body of published literature, makes it difficult to manage the search. This leads to attempting to limit searches to manageable numbers of citations by adding restrictive key-words. Key words themselves may reflect the biases of the researcher and not give full range to the intellectual or theoretical topic of the publication.

Publication

While many academics privilege evidence which emanates from articles in peer refereed journals, absolute privileging of evidence from refereed journals is not unproblematic. Firstly, the time lag between preparation and publication can result in the newest evidence not being widely available (Haynes, 1993). Secondly, despite peer review, many articles appearing in journals are methodologically flawed (Silverman, 1998). Thirdly, much potentially credible research never

appears in the journals (Altman, 1993) or is even submitted for publication (Weber, Callaham, Wears, Barton and Young, 1998). It is well known that negative findings are frequently neither submitted (Dickersin and Min, 1993) nor accepted for publication (Coursol and Wagner, 1986), providing a strong bias toward only positive confirmation of findings (McAuley, Pham, Tugwell and Moher, 2000).

Profession

It is possible that the knowledge of, or allegiances to, the profession in which one gained one's initial qualifications will influence the evidence accessed through reading, choice of search engines, attendance at conferences etc. However the extent to which users of research data privilege (implicitly or explicitly) evidence, originating from within or beyond the profession(s) in which they have formal qualifications, is unknown. Abstracting systems may be based on professional boundaries, eg Psychinfo, Medline, and thus exclude relevant data from other professional areas.

Methodology

Perhaps the most apparent ongoing debate around borders of evidence for social and behavioural scientists concerns the relative merits of quantitative and qualitative data, whereas in clinical medicine, the randomised controlled trial, when conducted under the appropriate conditions, is generally considered the 'gold' standard of evidence. Research methodologies each have their strengths and limitations (Gambrill, 1999), so although it may be more appropriate to consider whether the methodology is appropriate for to answer a particular research question, it is not uncommon for de-contextualised methodologies to be heralded or scorned, and research data emanating from these to be uncritically accepted or denigrated.

HIV/AIDS Risk Practices

Direction of data

The data on sexuality in the context of HIV/AIDS and risks associated with infection has often been conceptualized in a public health rather than a sexuality context, thus appearing to at least partially "medicalize" the issue. This has to some extent been a response to funding sources and the fact that from the beginning of the epidemic, HIV disease was seen as a medical issue. The significant funding associated with HIV-related research also lead to keen competition

between sexuality researchers and those in public health and infectious diseases, often to the detriment of sexuality researchers. Further, at least in the western nations, the focus was on problematizing the apparent source of the epidemic, sex between men, and de-emphasizing the apparently heterosexual risks. The narrow conceptualization of risk as being sexual also lead to the development of hierarchies, for example considering the injecting-related behaviours of injecting drug users and often neglecting their sexual behaviours (even when those sexual behaviours contributed more to the infection rate than their injecting behaviours). Until the second decade of the epidemic, the attention paid to the vast number of heterosexual cases in Africa and more recently Asia was minimal, and where it was paid, tended to be focussed on the relatively powerless, for example commercial sex workers rather than their clients.

The attention paid to sexual acts rather than their contexts, and to individual agency rather than to the collectivistic nature of sexuality outside of relatively middle class and white western settings was in many ways contrary to the evolving direction of studies in human sexuality. The arithmetic of sex (not even of sexuality) took precedence over its meaning. For example, only a tiny proportion of papers on sexuality and HIV disease mention pleasure and the positive functions of sexuality, or the alternatives to peno-vaginal or peno-anal sexual acts (note the emphasis on "peno-" as the first and defining part of the expression), implying that these are the sum of "real" sex. Sex has, like studying basic particles in a vacuum, been removed from the real world for investigation.

Michael's critical reflection

When HIV disease first emerged, a significant number of researchers in the field of male homosexuality already had the background and experience to move into the field of disease prevention. My previous work, generated from my participation in gay liberation movement of the 1970s, was based on the de-pathologizing of the homosexual label and looking at the cross-cultural variation in homosexual behaviour in western societies. HIV and the "blaming" of gay men and later men who have sex with men fitted well into such empirical research and provided an opportunity to provide sensitive analysis and prevent scapegoating or legally repressive measures.

In Australia and other places, however, some members of the medical profession were not eager to pass up an opportunity to maintain power or to let the money and prestige pass to social scientists, leading to some attempts to set several of the leading teams of social

science and sexuality researchers against each other. In the injecting drug use field, however, the experience was very different, with strong cooperation across disciplines, perhaps due to the even more stigmatized nature of drug users and illicit drug research. In general, though, the formative work was carried out in the United States and to a lesser extent Europe given the much earlier emergence of the epidemic there. This lead to the US work being regarded as the "gold standard", with non-US research often scantily reported, particularly when reporting similar findings.

Research finances and the amount of money available to research is also an important component. From a public health model, the endpoint of research is intervention at the individual, community or policy level to reduce risk of HIV transmission, and there has been a tension between researchers who seek knowledge for its own sake compared with those who seek to use such knowledge to reduce morbidity or mortality. Intervention studies are expensive but from my perspective, a logical endpoint and a social responsibility. I believe that the theoretical and political basis, design and analysis of such studies has received less debate than it should. However, being a gay man means that I am perceived to have a bias and thus anything I publish has to meet higher standards of defensibility given that I may be seen to be promoting a gay point of view. Heterosexual researchers in the area are seldom questioned as to the bias that their sexuality may contribute to their studies in the HIV field! More recently, my work in the US with HIV and STD prevention in black communities has shown me just how culturally biased and often minimally translatable research on white (and often middle class) populations may be. Paradoxically, not being from the US has been an advantage in this respect since I see both cultures as foreign! On the down side, being gay is more heavily stigmatized in some black subcultures and so the emphasis on my own sexual orientation in such research is less important. However, my personal reflection on my career in sexuality and HIV research does reveal some of the underlying political currents in HIV- and sexuality-related research that must be understood in evaluating the context as well as the conduct and reporting of research in this field. Even before the publication, the choice of what is funded, designed and reported brings into play a significant number of underlying historical, political and personal tensions that are nevertheless powerful "texts" in understanding HIV risk research.

Sexual Abuse

Snippets of data

Some readers may question the very inclusion of the topic of sexual abuse in a paper essentially about sexuality, claiming that such behaviour is more correctly categorised as a form of violence. While there is little doubt that many victims of sexual abuse perceive their experience as primarily of violence, there is much evidence to suggest that sexual abuse can have an impact on survivors' subsequent sexual behaviour. For example, sexual abuse has been linked with higher rates of sexual activity (Pinto et al., 1994). Sexual assault in early adolescence for girls has been associated with having high numbers of sexual partners and early onset of intercourse (Paolucci, Genuis and Violato, 2001; Pedersen and Skrondal, 1996). Among a sample of predominantly African American females attending a STD clinic, childhood sexual abuse was associated with a greater likelihood of having 2 or more sexual partners in the previous 90 days (Thompson, Sharpe Potter, Sanderson and Maibach, 1997). Yet interestingly, women prisoners in Scotland who reported ever having been raped were more likely to have either no sexual partners in the year prior to their current sentence beginning or to have had multiple partners, when compared to those who did report a history of rape (Gore, Bird, Burns, Ross and Goldberg, 1997).

High numbers of sexual partners may be due to involvement in prostitution, and there is some evidence which suggests there is a relationship between childhood sexual abuse and prostitution (Paolucci et al., 2001). However, in England, for women attending a genitourinary medicine clinic, the rate of involvement in commercial sex work was similar irrespective of whether respondents had experienced some form of child abuse (Petrak, Byrne and Baker, 2000). Similarly, among a sample of women prisoners who reported using drugs in the six months prior to incarceration, there was no association between trading sex and reporting ever having been raped or sexually abused (Bond and Semaan, 1996). Interestingly, condom use by a sample of female street-sex workers in New York City has been found to be positively associated with a history of childhood physical or sexual abuse but less likely among those who had experienced physical or sexual abuse from a commercial partner in the year prior to interview (Witte, Wada, El-Bassel, Gilbert and Wallace, 2000).

Beth's critical reflection

My teenage years in the 1970s coincided with discussions of rape and sexual abuse entering the public discourse. Internationally, the events of International Women's year in 1975 provided new-found opportunities for coverage of issues of particular concern to women. During this year Susan Brownmiller's (1975) seminal text *Against Our Will: Men, Women and Rape* was also published. The first rape crisis services in Australia also date back to this period (Weeks, 1994). By the time I trained as a social worker in the late 1980s, networks of centres against sexual assault have been developed across Australia, and there was already a growing mountain of literature about the impacts of rape and how one should work with victims/survivors of sexual assault.

I am conscious that my long-standing recognition of the potential impact of sexual assault on human lives is not universally accepted even within my own culture. The recent crises faced by the Catholic church in Australia, Britain, the United States and elsewhere, are undoubtedly the result of decades of failure to recognise the profound impact that sexual assault can have. However, while my religious beliefs certainly influence how I perceive social realities, I am aware that even within, and certainly beyond, the church hierarchy, there are many religious women and men who do understand the devastating effects of sexual assault and who have been more influential on my understanding of sexual abuse than the church hierarchy (eg Trible, 1984; Weems, 1995).

Although the findings concerning the impact of sexual abuse on sexual behaviour previously cited were from American and European studies which collected data using standardised instruments, they are consistent with my own readings of case studies and qualitative studies as well as with observations stemming from numerous conversations that I've had in Australia with friends and through my work there as a social worker and educator. However, I'm conscious of the fact that as an English speaking female living and working in a white western first world context, the women I mix with (of whom far too many can tell of their experiences of sexual assault) are subject to fewer cultural taboos in revealing one's status as a survivor of sexual assault than those from some other cultures (cf Kinukawa, 1995; Kyung, 1996). My very limited discussions with male survivors of sexual abuse also warn me not to assume that their experiences and reactions to incidents of sexual assault are the same as those for women.

There is no one way in which people respond to an experience of sexual assault, which no doubt explains some seemingly contradictory statistical findings about the sexual behaviour of survivors, such being more likely to have much higher numbers of sexual partners or none at all. The effects of sexual abuse are often deeply profound and be wide ranging in their impact (Kilpatrick et al., 1989), and few survivors do not regard the experience as life changing (Pellauer and Thistlewaite (1990). Furthermore, I am more likely to privilege research findings on sexual assault which concur with this view of the world than those which minimise the impact of sexual assault, almost irrespective of where these findings have been published or how eminent the researcher(s).

One of the real issues I have with many research studies which seek to classify participants as having experienced sexual assault or not, is the assumption that all respondents with a history of sexual assault were willing or able to recall it for the researchers (Kunitz, Levy, McCloskey and Gabriel, 1998). Survivors may live for years or even decades without disclosing the experience to anyone and yet that does not make the experience any less real. Threats of death from the perpetrator, should the victim ever disclose sexual assault are not uncommon and should disclose one's status as a survivor, the response may be far from positive and may even result in further victimisation. Alternatively, if the receiver is prepared to listen to the story, survivors may find themselves pressed to disclose even more than they believe is necessary or that they feel comfortable to reveal. Although as Cheryl Exum (1993: 170) has written "Raped by the pen is not the same as rape by the penis", the process of articulating a traumatic event such as rape can nevertheless be highly distressing, and it may be that only those who are sufficiently comfortable to discuss their experiences of sexual abuse will reveal their status to researchers.

A further problem with much research on sexual abuse is that researchers and research participants share the same definition as to what sexual abuse is. Some victims may not readily identify themselves as having experienced abuse unless asked about specific experiences (Burge, 1998; Laws, 1993). Hence, rather than asking respondents whether they have been sexually abused, some studies have asked respondents to indicate whether they had particular experiences, positive responses being deemed as abuse (Wilsnack, Vogeltanz, Klassen and Harris, 1997). Furthermore, it has been argued that multiple screening questions will reveal higher rates of sexual abuse than a single question used many studies (Bolen and Scannapieco, 1999). This finding is no doubt just as applicable for

human service professionals conducting assessments of their clients, as it is for social and behavioural researchers.

Conclusion

In this paper we have explored some of the filters which we know in general to form borders of acceptability for research evidence, and in particular we have explored some of the issues which emerge for us when we read statistical evidence in relation to HIV/AIDs risk behaviours and sexual abuse. In doing so, we have been far more explicit about the impact of our own biographies and social locations on our reading of the research evidence than is normally the situation in academic articles. Moreover, we would contend that it is probably impossible for us to read the research evidence on the topics which we have reflected on without our biases having an influence, albeit implicit. Readers of this paper have the option of either acting as voyeurs of our lives and work, or, as we would rather be the case, take up our challenge and explore the factors which determined the limits of their own use of the research literature in their studies, research and professional practice.

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